

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
Wednesday 25 March 2015, 12.45pm

PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		12.45pm
2 Minutes of the meeting of the Board held on Wednesday 18 February 2015	min/ Feb15/ public	12.50pm APPROVE
3 Matters arising from minutes		1.00am
4 Declaration of Interests		1.05pm
5 Chairman's Report Chairman	A/03/15	1.10pm NOTE
6 Chief Executive's Report Chief Executive	B/03/15	1.20pm NOTE
7 Director of Regulation's Report Director of Regulation and Nursing	C/03/15	1.35pm NOTE
8 Finance Report Director of Corporate Services	D/03/15	1.50pm NOTE
9 Update on Preparation of New Hospital Inspections Director of Reviews and Medical Director	E/03/15	2.00pm NOTE
10 Business Plan 2015-16 Director of Corporate Services	F/03/15	2.20pm APPROVE
11 RQIA Savings Plan 2015-16 Director of Corporate Services	G/03/15	2.35pm APPROVE
12 Transfer of GAIN to RQIA Director of Reviews and Medical Director	H/03/15	2.50PM NOTE

- | | | | |
|----|--|---------|-----------------------|
| 13 | Audit Committee Business
Committee Chairman
To include: <ul style="list-style-type: none">• Approved Minutes of Meeting of 16 October 2014• Verbal update on Meeting of 26 February 2015• RQIA Procurement Practice• RSM McClure Watters Action Plan | I/03/15 | 3.00pm
NOTE |
| 14 | Any Other Business | | 3.30pm |
| 15 | Board Governance Self-Assessment Tool
Chairman | | 3.45pm |

Date of next meeting: Thursday 14 May 2015, Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Feb15 / public
Author	Hayley Barrett
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 18 February 2015.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 18 February 2015.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, 9th Floor, Riverside Tower, Belfast
18 February 2015, 10.45am

Present

Dr Alan Lennon OBE (Chair)
Dr John Jenkins CBE
Seamus Magee
Gerry McCurdy
Daniel McLarnon
Norman Morrow
Patricia O'Callaghan
Denis Power
Lindsey Smith
Mary McColgan OBE
Robin Mullan

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
David Stewart (Director of Reviews and Medical Director)
Maurice Atkinson (Director of Corporate Services)
Kathy Fodey (Director of Regulation and Nursing)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Stuart Crawford (Planning & Corporate Governance Manager)
Hayley Barrett (Board and Executive Support Manager)

Apologies

Sarah Havlin
Stella Cunningham

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Mrs Sarah Havlin and Mrs Stella Cunningham.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on 21 January 2015 (min/Jan15/public)

- 2.1 Following discussion and proposed amendments for consideration, the Board **APPROVED** the public session minutes of the Board meeting held on Wednesday 21 January 2015.

3.0 Agenda Item 3 - Matters arising from minutes

- 3.1 Board members noted that actions 76, 80, 81 and 83 are now complete.
- 3.2 Actions 75 and 79 will be completed at the Audit Committee meeting on 26 February 2015.
- 3.3 Board members noted that Actions 34, 77, 78 and 82 will be actioned at the next Board meeting on 25 March 2015.

4.0 Agenda Item 4 - Declaration of Interests

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

5.0 Agenda Item 5 - Chairman's Report (A/02/15)

- 5.1 The Chairman invited comments on his report from Board members.
- 5.2 The Chairman informed Board members that the NICON Annual Conference will take place on 22 and 23 April 2015. The Chairman invited Board members who wished to attend the conference to notify the Board and Executive Support Manager.
- 5.3 The Chairman informed Board members that an RQIA Staff Development Day will take place on 30 April 2015 at Mossley Mill. The Chief Executive advised that the STEP Steering Group is devising a programme for the day. This event will celebrate RQIA's 10th Anniversary and will focus on looking forward and how RQIA functions as an organisation.
- 5.4 The Chief Executive invited Board members to the RQIA Staff Development Day.
- 5.5 A Board member raised the recently published Sir Robert Francis report in relation to whistleblowing. The Chief Executive advised that the Donaldson Review addresses whistleblowing in the Northern Ireland context and RQIA is currently engaging with DHSSPS regarding a proposed review of whistleblowing.
- 5.6 **Resolved Action (84)**
The Director of Regulation and Nursing will report on a recent survey of regulated services with respect to whistleblowing policy and procedure. This information will be included in The Director of Regulation and Nursing's regulation report on 25 March 2015.
- 5.7 Board members discussed the use of CCTV cameras within Nursing Homes, Residential Homes and Domiciliary Care Agencies. The Director of Regulation and Nursing advised Board members that the use of CCTV cameras impacts on the privacy and dignity of residents / patents. The Chief Executive stated that despite guidance, some families may continue to put CCTV cameras in relatives' homes.
- 5.8 The Board **NOTED** the Chairman's Report.

6.0 Agenda Item 6 – Response to Sir Liam Donaldson’s Review (A/02/15)

- 6.1 The Chief Executive invited comments on two papers setting out RQIA’s response to the Donaldson Report. These comprised a more detailed response and a concise version. The Chief Executive informed Board members that an RQIA response to DHSSPS will be part of a public consultation and will be forwarded to the Minister. Board members were invited to comment as to the content and format of the final response.
- 6.2 The Chief Executive advised Board members that recommendations within the Donaldson Review involving RQIA and Regulation have been considered within the draft responses.
- 6.3 Board members discussed the content of both draft responses and advised that the response should consider: the inclusion of a foreword; focus mainly on the recommendations relating to regulation but also consider the wider recommendations; emphasise that any new structures should not create additional silos; and highlight the need for organisations to work collaboratively to improve quality of services.
- 6.4 Board members discussed the Quality 2020 Workshop, taking place on 6 March 2015, which is focused on the Donaldson report. A Board member stated that the O’Hara enquiry is pending publication and will discuss governance issues within the Trusts.
- 6.5 Board members discussed the role of the Patient Safety Forum and identified that Patient Safety is every bodies business and should be not become isolated.
- 6.6 The Chief Executive advised that DHSSPS had indicated that it will not outsource inspections / reviews of acute hospitals in Northern Ireland. However, RQIA will liaise with other regulators, including Healthcare Improvement Scotland, in preparing the rolling programme of inspections of acute hospitals which will be introduced in 2015.
- 6.7 The Chairman advised Board members that Gavin Lavery, the Director of the HSC Patient Safety Forum is working with RQIA to develop the Hospital Inspection Programme.
- 6.8 Following discussion, Board members agreed that the shorter paper following the consideration of proposed amendments to the report by the Chief Executive should be published to the DHSSPS.

- 6.9 The Board **NOTED** the draft response to Sir Liam Donaldson’s Review

7.0 Agenda Item 7 – Corporate Performance Report (B/02/15)

- 7.1 The Planning & Corporate Governance Manager joined the meeting.
- 7.2 The Director of Corporate Services introduced the Corporate Performance Report up to Quarter 3 to all Board members. The Director

of Corporate Services advised that at the Board meeting in May a final corporate performance report would be presented for the year 2014-15.

7.3 The Director of Corporate Services informed Board members that six actions are in exception i.e. amber or red, and the majority of actions are on track to be completed by year end.

7.4 Board members discussed the major injection of inspections to meet the statutory target in quarter four. The Director of Regulation and Nursing confirmed that quarter four is more intense than other quarters.

7.5 Board members **NOTED** the Corporate Performance Report.

7.6 **Resolved Action (85)**

The Director of Corporate Services will present a final Corporate Performance Report for 2014-15 at the Board meeting on 14 May 2015.

8.0 Agenda Item 8 – Business Plan 2015-16 (C/02/15)

8.1 The Chairman introduced the draft Business Plan 2015-16 for Board members to consider and further develop, with the support and advice of the Executive Management Team.

8.2 The Chairman informed Board members that the final Business Plan 2015-16 would be presented for approval at the Board meeting on 25 March 2015.

8.3 Following extensive discussion of the seven strategic themes detailed in the Business Plan 2015-16, Board members proposed amendments to be considered by the Corporate Strategy Steering Group and the Executive Management Team.

8.4 The Chairman advised Board members that the Corporate Strategy Steering Group and the Executive Management Team would reconvene to reflect on and edit the draft plan emerging from the Board meeting.

8.5 **Resolved Action (86)**

The Corporate Strategy Steering Group and the Executive Management Team will reconvene to reflect on and edit the draft Business Plan 2015-16 emerging from the Board meeting.

8.6 A Board member noted that GAIN will be new to RQIA from 1 April 2015 and advised that a stronger focus on how to bring GAIN on board and fully engage with RQIA is required.

8.7 A Board member requested a paper on the transfer of GAIN to RQIA.

8.8 **Resolved Action (87)**

A paper on the transfer of GAIN to RQIA will be presented at the Board meeting on 25 March 2015.

- 8.9 The Chairman advised that off business plan activities, for example communication plan, HR plan, IT plan etc. will require input from Board members and brought forward for approval as per the business plan.
- 8.10 A Board member noted that cross referencing throughout each strategic theme of the Business Plan would help RQIA to look at intended outcomes / outputs collectively.
- 8.11 Board members noted that a greater emphasis on the use of information technology and digital technology should be detailed within the Business Plan.
- 9.0 Agenda Item 9 - Any Other Business**
- 9.1 As there was no further business the Chairman brought the public session of the Board to a close at 2.00pm.

Date of next meeting:

Wednesday 25 March 2015, Boardroom, RQIA.

Signed

Dr Alan Lennon
Chairman

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
34	14 November 2014	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board meeting.	Chief Executive	25 March 2015
75	13 November 2014	Ongoing actions on the Audit Committee action list should be amended to detail a date for completion	Chair of Audit Committee	26 February 2015
77	21 January 2015	The Chief Executive to consider the addition of quantitative information to the dashboard to highlight workload pressures.	Chief Executive	25 March 2015
78	21 January 2015	Director of Regulation and Nursing to consider the addition of information within this report to detail planned inspections not completed within the designated timeframe.	Director of Regulation and Nursing	25 March 2015
79	21 January 2015	Action plan of recommendations in response to the RSM McClure Watters landscape review to be prepared and disseminated to the Audit Committee and Board members before submission to DHSSPS.	Chief Executive	26 February 2015
82	21 January 2015	Board Governance Self-Assessment Tool to be brought to March Board meeting for discussion.	Chairman	25 March 2015
84	18 February 2015	The Director of Regulation and Nursing will report on a recent survey of regulated services with respect to whistleblowing policy and procedure. This information will be included in The Director of Regulation and Nursing's regulation report on 25 March 2015.	Director of Regulation and Nursing	25 March 2015

85	18 February 2015	The Director of Corporate Services will present a final Corporate Performance Report for 2014-15 at the Board meeting on 14 May 2015.	Director of Corporate Services	14 May 2015
86	18 February 2015	The Corporate Strategy Steering Group and the Executive Management Team will reconvene to reflect on and edit the draft Business Plan 2015-16 emerging from the Board meeting.	Chief Executive	25 March 2015
87	18 February 2015	A paper on the transfer of GAIN to RQIA will be presented at the Board meeting on 25 March 2015.	Director of Reviews and Medical Director	25 March 2015

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/03/15
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 19 February 2015 and 13 March 2015, I attended 5 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings attended below:

- 4 March – Meeting regarding Business Plan
- 6 March – Q2020 Workshop
- 12 March – Shannon Inspection Meeting

1.0 Business Planning Committee

I met with the business planning committee on 4 March 2015. The management had made a number of changes to the document presented to the Board and the committee made a number of further changes to the document. Subject to these final changes, the committee was content for the plan to go forward to the March Board meeting with the Committee's full support for approval. One matter for ongoing discussion is the extent to which we commit to developing rating measures to better inform the public, commissioners and encourage performance improvement by the providers themselves. This has been included in the plan as a commitment to development and piloting / review and consulting in 2015.

I had hoped that we could deal with the agreement of KPIs at the same time but we did not achieve this. I have issued a draft set of about 12 KPIs to committee members and management and await proposals from management as to next steps.

The purpose of KPIs (key performance indicators) is that they are a set of metrics, usually numerical, presented graphically or in tabular form which can be quickly reviewed monthly, often using a red, amber, green indicator to characterise the metric. These will be expanded upon quarterly in a more detailed format along with all the business plan performance measures. KPIs as the name suggest should be key indicators of performance and hence are quite tricky to define in about 12 off.

2.0 Quality 2020 Workshop (Donaldson)

I attended the departmental 2020 workshop which focussed on the Donaldson report and our collective responses to it (this is in addition to the formal written feedback). It was a workshop format. Of note was that Regulation was a topic was on the agenda. Of further note was that a couple of attendees wished to explore further the Scotland issue. I plan to follow that up with them.

A final point in respect of our position is to note that the CEO of the SE trust raised Regulation in his presentation in the context of the need to develop good news stories as well as adherence to minimum standards. This recognising upside fits well with our developing approach to auditing QI in Trusts - ie the strategic leadership of quality improvement.

We have issued the response to Donaldson on behalf of the Board.

Having now come through an intensive period, essentially of agenda setting, I envisage that some of my time going forward will now focus on external influencing with key stakeholders.

3.0 Dr John Jenkins Email – Appendix 1

Update on Preparation of New Hospital Inspections (*Agenda Item 9*)

4.0 Shannon Clinic

Along with Theresa Nixon, Patrick Convery and 5 RQIA Board members, I met with clinicians and senior management of the Shannon Clinic and had a brief walk around. The unit is a medium security psychiatric unit including patients coming from and possibly returning to the criminal justice system.

We had a very informative meeting. Whilst the unit itself attracts plaudits from our inspectors and elsewhere, it is clear that the treatment system as a whole is sub-optimal. Failures in the CJ System to provide adequate in-prison psychiatric care cause problems with intake; conversely problems in community facilities cause "bed blocking".

This was an experience of a part of a broken system which, I believe, supports the need for more strategic system wide (higher level end to end) reviews by RQIA of the provision, quality and management of healthcare, as well as the compliance inspections of individual units, in order to shine a light on strategic issues I've asked Theresa to create a follow up discussion with relevant management and Board members to discuss possibilities for RQIA to further add value.

DR ALAN LENNON

Chairman

Appendix 1:

Dear Alan

I hope it will be helpful if I follow up on our previous emails with my current thoughts as the development of plans for our hospital inspection programme continues. I am fully supportive of the work being taken forward under David's leadership, and recognise that the programme will evolve across the three year period with additional components being added. However, I also believe that a discussion at Board level is required as a matter of urgency in order to achieve the degree of clarity for Board members which we need to have at this stage in its development. This was discussed by the Project Board, who agreed that there is need for a wider, more strategic, discussion with the RQIA Board to assess how the HIP sits within the larger programme of reviews and inspections. David agreed to bring this to a future RQIA Board Meeting, and I hope it will be possible to identify an opportunity for this to take place as soon as possible in view of the time scale for introduction of the pilot stage of the inspection programme.

As my own thinking around this work continues to develop I have been greatly assisted by reading the Marks report for HIW, and the King's Fund evaluation by Kieran Walshe of the CQC model, and it may be helpful if the key conclusions of these could be shared with Board members.

At the last meeting of the Project Board it was agreed that this initiative needs to be clearly identified as part of a wider programme of inspection and review, all of which combine to provide assurance in relation to patient safety and to drive improvement across the HSC. As you know I strongly believe that this needs to include evaluation by RQIA of the processes at Board level in each Trust for measurement of safety and quality, and the effectiveness of their systems in active pursuit of continuous improvement and innovation throughout each organisation. This is a feature of the Marks report, which uses the term 'Third line of defence' to highlight the primary responsibilities of clinical and care professionals, and secondary responsibilities of providers and commissioners of services. It is also relevant to the approach outlined in a document by the Washington State Department of Health which was circulated to Project Board members recently.

In promoting such a culture of self-assessment at local level we will need to achieve the right balance of support and encouragement on the one hand, with external and independent scrutiny and validation on the other. Our approach to achieving this balance will impact on the extent and frequency of direct inspections, with a carefully thought-through framework and criteria to deliver a 'right-touch', risk-informed policy and procedures. The Project Board agreed that it would be important to develop a "Statement of Risk" which would inform our frequency of inspections, a further reference to one of the recommendations in the Marks report. Important elements of such an approach would be effective access to, and analysis and interpretation of, relevant data to create intelligence, and structured communication and collaboration with other organisations and bodies with complementary roles

and responsibilities.

There are also many important and helpful aspects of the Walshe review of the somewhat different processes of the CQC model, and no doubt David and the team will give these careful consideration in developing the detail of the RQIA procedures. It is also important that we take note of a number of significant warnings in this report about likely difficulties if it was intended to replicate aspects of those processes here, not least in the overheads involved (both for RQIA and the clinical specialists who would be needed to join the inspection teams), not to mention the financial implications!

Arising from my consideration of the progress made since the Minister's initial statement, and as part of any such Board discussion I would like us to consider the following questions:

- What exactly have we been tasked by the Minister/Department to do?
- What can we realistically deliver with our current resources, without creating additional risk to the effective delivery of the rest of our responsibilities?
- Setting those 2 points aside for the moment, what do we think needs to be done to create an efficient, effective and sustainable programme which will drive quality improvement in this sector?
- What resources would we need to deliver this (not just finance)?

From this I would suggest that we need to develop a clear statement of exactly what we are taking forward in the current phase of development, including its limitations, together with clarity (? a business case) regarding what we believe would need to be funded, developed and implemented in order to meet the expectations of key interest groups, including the public, politicians and the media (as best we can define these expectations, possibly through consultation). In my opinion this degree of clarity is essential for us as an organisation and Board if we are to minimise the risk of negative external perceptions in future through lack of clarity and/or misunderstanding of what the current development actually entails and can deliver.

I will copy to Glenn and David who have been involved in previous email exchanges (copied below for convenience), together with Patricia and Norman who are also members of the Project Board. As always, happy to discuss (we have yet to have our discussion as mentioned in previous messages).

Best wishes
John

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	6
Reference	B/03/15
Authors	Executive Team
Presented by	Glenn Houston
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	<p>Updates are provided in respect of the following –</p> <ul style="list-style-type: none"> • Regulation • Reviews • Mental Health & Learning Disability • Quality Improvement Workstreams • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to COMMENT on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	<i>Is the programme of work in Regulation on track?</i>	Update	<p>RQIA is on track to complete the statutory minimum number of inspections of all regulated establishments and agencies. This has been achieved through a combination of care, estates, pharmacy and finance inspections. Not all residential care and nursing homes have received two care inspections in 2014/15, but some have received three or more inspections in response to specific concerns.</p> <p>Enforcement action continues to be monitored via the Serious Concerns Group and enforcements are published on the RQIA website.</p>
		Significant risks, issues or concerns for escalation to the Board	<p>There has been a significant delay in the Care Tribunal responding to appeals which have been lodged, with the longest delay being 12 months. This has been referred to the Directorate of Legal Services for action.</p> <p>Senior decision making capacity at Head of Programme and Senior Inspector level is currently impacted by vacancy controls and sickness absence. Contingency arrangements are now in place.</p>
Reviews	<i>Is the programme of work in Reviews on</i>	Update	<p>The programme is on track and arrangements are in hand to publish the Review of Care of Older People in Acute</p>

Performance Area		Commentary	
	<i>track?</i>		<p>Hospitals. Other reviews are completed and with DHSSPS (Diabetic Retinopathy and Addiction Services). Others are in the process of being completed, (e.g. Eating Disorders). The report of a joint inspection of Magilligan prison has been published.</p> <p>The Three Year Review programme for 2015/16 – 2017/18 was approved by the RQIA Board (February 2015).</p> <p>There has been significant progress in preparing for the new programme of acute hospital inspections starting in 2015/16.</p>
		Significant risks, issues or concerns for escalation to the Board	<p>The forthcoming general election will result in a period of six weeks during which some review reports will not be published.</p>
Mental Health & Learning Disability (MHL D)	<i>Is the programme of work in MHL D on track?</i>	Update	<p>The programme of inspections of hospital wards and patient experience inspections is on track to be completed on time and within budget. Lay Assessors have been recruited and are being deployed in inspections. Plans are developed to pilot and then implement a new inspection methodology in 2015/16, which will incorporate changes to the format of inspection reports, and rating of inspection outcomes against the three stakeholder outcomes of safe,</p>

Performance Area		Commentary	
			effective and compassionate care
		Significant risks, issues or concerns for escalation to the Board	A Band 7 inspector post is currently vacant and has not been filled pending the outcome of the development of the RQIA Savings Plan to achieve the 3% reduction in the RRL for 2015/16.
Quality Improvement Programme	<i>Is the Quality Improvement Programme on track?</i>	Update	The three quality improvement workstreams are on track and progress is being reported through the Strategic Improvement Steering Group. In addition the individual workstream in respect of the new programme of hospital inspections is supported by a Project Board including three Board members.
		Significant risks, issues or concerns for escalation to the Board	
Finance	Are we on target to achieve break-even?	Update	RQIA is on target to achieve break even on income and expenditure at 31 March 2015, due to receiving a non-recurring allocation (Q4) to cover additional costs of reviews (CSE Inquiry and Emergency Care).

Performance Area		Commentary	
			The RRL for 2015/16 includes an adjustment for GAIN (£400k) and 3% recurring reduction.
		Significant risks, issues or concerns for escalation to the Board	RQIA is developing a savings plan to address the 3% reduction which requires savings of £200k approximately. Other inflationary costs have been factored into the savings plan. Until the plan is approved RQIA will continue with the vacancy controls forum.
Other significant issues or emerging risks for escalation to the Board	<p>There are no other significant risks to report at this time.</p> <p>Arrangements are in hand to complete the transfer of GAIN to RQIA on 1 April 2015.</p> <p>It is planned that the iConnect web portal will go-live in August 2015. Capital funding will need to be secured to extend the iConnect Project manager's contract into 2015/16 and this will be subject to approval of a business case by the Department.</p>		

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	RQIA Director of Regulation and Nursing Report on Registration, Inspection and Enforcement Activity
Agenda Item	7
Reference	C/03/15
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To inform the Board on relevant registration, inspection and enforcement activity since the last board meeting.
Executive Summary	An overview of registration, inspection and enforcement activity as at 18 March 2015
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the updated RQIA Report from the Director of Regulation and Nursing.

Introduction

This report summaries the activity of Regulation Directorate. The report provides an overview of registration and inspection functions along with a review of current enforcement activity.

The report provides a synopsis of:-

- Registration
 - Overview of registration activity and dashboards
 - Responses from providers on Whistleblowing policy and procedures
- Inspection
 - Inspection activity
 - Profile of the work of the Estates Support Officer
- Enforcement
 - Current enforcement activity

Executive Summary

As at 18 March 2015, we are on target to meet the statutory number of inspections as set out within the Fees and Frequencies of Inspections Regulations (DHSSPS 2005). Additional inspections beyond the statutory minimum have been focussed on establishments and agencies where concerns have been identified.

Workload contingency measures, put in place to address deficiencies in resource have worked well to release capacity to inspect. Recruitment to vacant posts concluded in February 2015 with 8 new inspectors recruited overall. This represents 17% of total of all inspectors, 50% of residential care homes team and 30% of nursing homes team. Induction and supervision of all new inspectors continues and one further vacancy inspector post is currently held under vacancy control measures.

Kathy Fodey

Director of Regulation and Nursing

Section 1: Registration

Registration Dashboard

The Registration Team undertakes the administrative tasks associated with the registration procedures and the maintenance of the RQIA register. Procedures are defined by the legislative framework and minimum standards published by DHSSPS. The Team is the point of contact on registration matters between: applicants and/or existing registered providers/managers; inspectors who assess and make recommendations relating to registration; Senior Inspectors and Heads of Programme who oversee the assessment and registration outcomes.

There are five main areas to registration:

- Application by an entity proposing to carry on a regulated service eg sole provider; partnership or organisation
- Application by person proposing to manage a regulated service
- Application to variation condition(s) of registration eg category of care; number of places
- Notification of absence of Registered Manager
- Application for voluntary cancellation of registration

Registration work is allocated by service type to the members of the team. The volume and type of registration activity varies by service type and volume of incoming work is unpredictable. The progress of applications is monitored using a Red /Amber /Green status.

New Information Management System

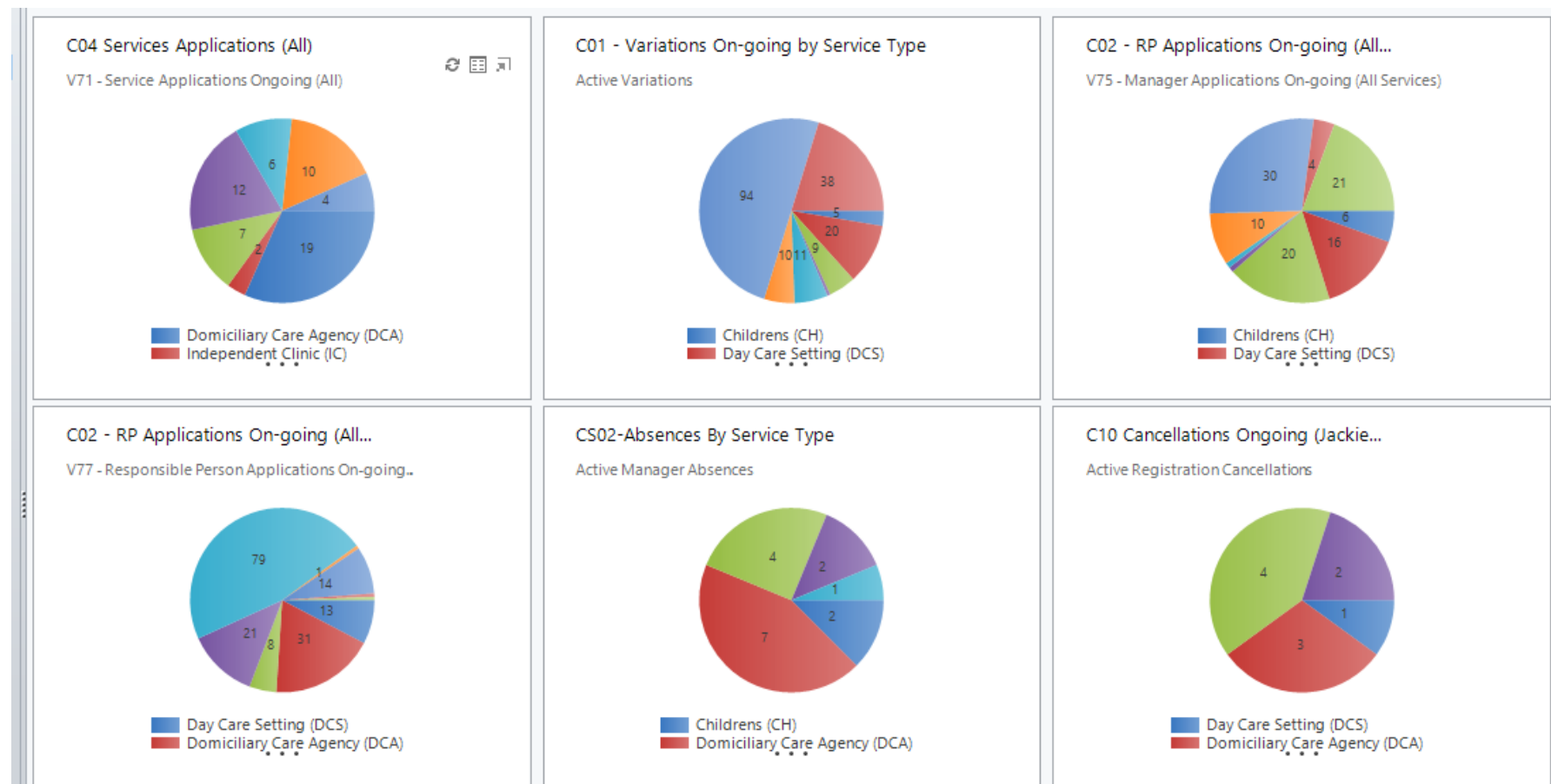
The new iConnect information management system has brought together various databases and information records into one system. The iConnect dashboard concept allows for a pictorial representation of registration activity and can be set to the role of individual staff member eg administrator, inspector, line manager, team manager to facilitate organisation of work tasks. Each segment of the dashboard can bring the user through to the relevant data in spreadsheet format, which allows for interrogation of information.

Registration activity is defined by legislation and reasonable time frames have been set against specific tasks within the process. The following examples describe some issues that lead to applications exceeding time bound limits:

- Applicant not making full and complete application
- Fees not being paid
- Responses from referees / access NI / third parties delayed
- Meeting may be required to meet with applicant to discuss issues that require clarification

The following screen shot provides an example of a dashboard available from iconnect.

Table 1: Screenshot of Registration Dashboard from i-connect



Survey of registered providers

Background

Recommendation 12 of *The Independent Review of the actions taken in relation to concerns raised about the care delivered at Cheery Tree House, Carrickfergus (July 2014)* states: "RQIA should assure itself that, in line with existing minimum care standards, all residential and nursing homes have in place a whistleblowing policy that includes support and protection for whistle blowers."

Action

In November 2014, a letter was sent to all registered providers containing the following information and action:

- identifying RQIA as a designated body prescribed by the Public Interest Disclosure (Prescribed Person) Order (NI) 1998
- reminding registered providers of their responsibility to have in place a whistleblowing policy and procedures
- signposting to RQIA website and relevant guidance
- requesting providers to confirm they have a whistleblowing policy and procedures in place
- to require that the policy and procedure is known to all staff and would be available to RQIA on inspection.

Response

An electronic survey was developed to facilitate provider responses. Those providers who have no access to email received a letter in the post. Response to the survey is as follows:

- 94.5% of providers provided positive confirmation that they have policy and procedure in place
- 0.3% (two) replied that they did not
- 5.2% require follow up

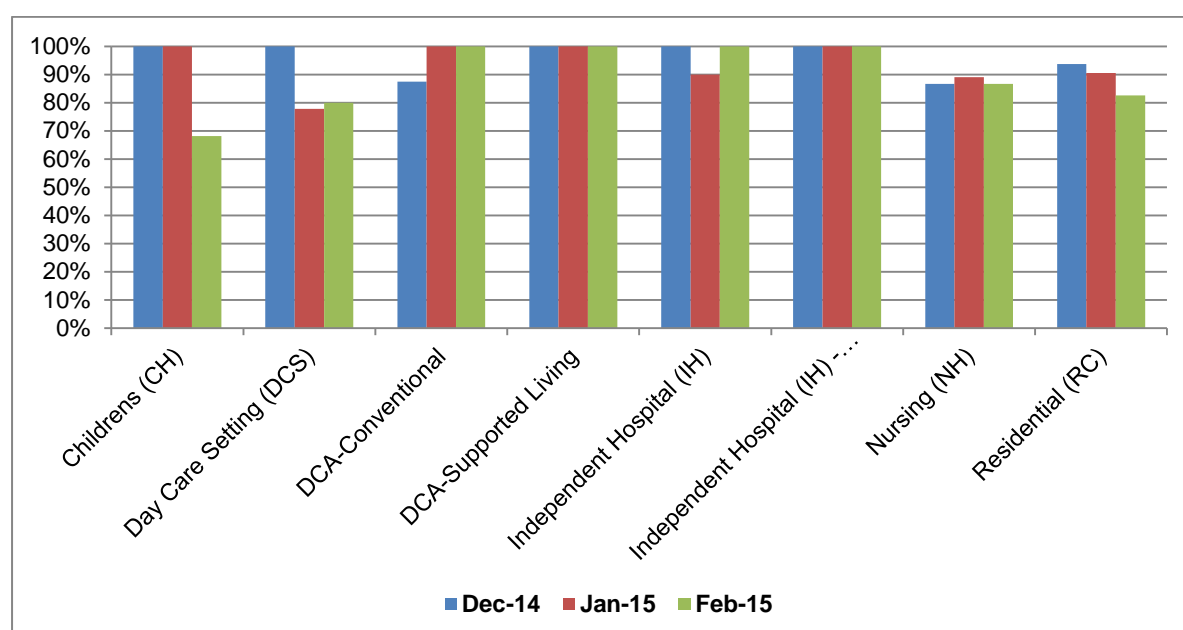
Those services that were unable to affirm that appropriate policy and procedures were in place will be followed up on inspection.

Section 2: Inspection

Inspection Activity

Contingency measures implemented to address sickness absence and vacancies at Inspector level have been successful in assisting teams to meet the statutory requirement of the Fees and Frequencies of Inspection Regulations whilst retaining capacity to respond to emerging concerns. Inspectors have worked flexibly across teams with the majority of inspections undertaken on an unannounced basis.

Table 2: Inspection activity: percentage of inspections scheduled against inspections completed



Comment

Inspection activity scheduled to take place with the month can be deferred because of inspector sickness absence or to respond to emerging concerns within another service. Across the month of February, a number of nursing and residential homes reported outbreaks of bacterial infections and inspectors redirected inspection activity to other services. Also to note that where a third inspection had been identified within a service that had received the statutory minimum and where there were no concerns, then this activity was redirected to another service type.

Inspections are scheduled to manage inspector workloads and include both announced and unannounced inspections. Inspections scheduled but not completed within the month must be assigned a future date following discussion with Senior Inspector / Head of Programme. As the majority of inspections are unannounced this significantly reduces any detrimental impact on the service provider.

Table 3: Inspection activity as at 10 March 2015

Service Type	Total No of Registered Services	No of Services With Minimum No of Inspections Conducted	% of Services With Minimum No of Inspections Conducted
Adult Placement Agency (APA)	4	3	75%
Childrens (CH)	49	45	92%
Day Care Setting (DCS)	185	174	94%
DCA-Conventional	123	107	87%
DCA-Supported Living	181	162	90%
Independent Clinic (IC)	6	6	100%
Independent Hospital (IH)	45	44	98%
Independent Hospital (IH) - Dental Treatment	375	363	97%
Independent Medical Agency (IMA)	5	4	80%
Nursing (NH)	268	262	98%
Nursing Agency (NA)	32	20	63%
Residential (RC)	203	189	93%
Residential Family Centre (RFC)	1	1	100%
Voluntary Adoption Agency (VAA)	4	2	50%
Grand Total	1481	1382	93%

Comment

To note that there are 32 Nursing Agencies based across Northern Ireland and this is part of the caseload of a single inspector. The agencies (including APA and VAA) are generally inspected in the last quarter of the year and all services have an inspection planned to meet the statutory requirement. All services are on target to receive the statutory minimum number of inspections.

Estates Support Officer

This profile sets out the background and initial evaluation of the appointment of the new post of Estates Support Officer (ESO). This post was developed to respond to delays in the confirmation of compliance against estates related issues.

Background

Specialist estates inspectors undertake a full estates inspection to nursing homes, residential homes and day care services once every three years. The number of unique inspections able to be conducted in any given year is impacted by the number of follow up visits required to confirm compliance with requirements and recommendations made on the initial inspection. The need for additional and intense follow up of quality improvement plans and increased inspection activity for areas of high risk including fire safety, water safety and general health and safety issues was identified as an area where greater efficiency and productivity gains could be made.

In addition, RQIA has seen an increase in requests for assessment of building plans and extensions. Estates officers scrutinise proposals against DHSSPS minimum standards, building notes and other relevant guidance. The addition of services new to regulation had also identified issues relating to the adequacy of fire safety and legionellae risk assessments. Pre-registration inspections have been followed by additional visits to assess compliance. This activity was not factored into the resource allocation or business case submissions.

Following the publication of the fatal inquiry report into 14 deaths at Rosepark Care Home (Glasgow), RQIA estates inspectors have increased their focus on fire safety management in registered homes during inspections and have developed new learning checklists for providers. New fire safety legislation (Fire Safety Regulations (NI) 2010) has led to Northern Ireland Fire and Rescue Service (NIFRS) undertaking audits of premises. As a direct result of the introduction of these regulations, NIFRS and RQIA have developed a Memorandum of Understanding and are working more collaboratively. This is increasingly leading to additional inspection activity related to fire safety.

Options appraisal and cost benefit analysis

RQIA inspectors are graded on the nationally agreed pay banding: Agenda for Change. Staff are placed in one of nine pay bands on the basis of their knowledge, responsibility, skills and effort needed for the job. RQIA inspectors are banded at Band 7; the post of Estates Support Office was banded at Band 5. This represents a 30% saving against the pay costs of an Inspector. This cost saving is balanced against the limitations of the role and responsibilities of the ESO and the level of supervision and guidance required. The development of the role of a Band 5 ESO is

subject to further evaluation but may present cost effective long term benefits and was introduced following an initial pilot of the post on a non-recurrent basis.

Funding for the post on a permanent basis was realised through efficiency savings made within the regulation directorate as a direct result of the introduction of the new information management system.

Non monetary benefits include the impact of an increased regulatory footprint across a range of services with enhanced assurance provided by independent verification of actions taken to respond to requirements and recommendations.

Role and responsibilities

The following activities summaries the main areas of responsibility for the ESO:

- initial screening assessments of applications for new builds and extensions/alterations prior to estates inspectors making a detailed overall assessment
- participate in the registration, re-registration and de-registration processes for a range of regulated services.
- participation in estates inspections as second inspector, releasing resource for additional primary inspections
- follow up of estates inspections as assigned by the senior estates officer assessing the suitability of regulated establishments against the range of legislative requirements and technical codes of practice
- acting as a point of contact to provide advice, support and guidance to Proprietors/Managers/ Statutory Sector Estates Officers/Proprietors' Representatives on the standards required to ensure compliance with legislation, quality standards and good practice
- preparation of advice and guidance for a new 'one-stop shop' resource for providers on premises/estates related information
- provision of technical advice and guidance and interpretation of relevant HPSS regulations and technical codes of practice to internal and external stakeholders
- assessment of returned Quality Improvement Plans (QIP) for the issues regarded as higher risk e.g. fire safety, health and safety/water safety to identify areas where compliance has not been clearly demonstrated
- independent verification where compliance was required within a timescale using a range of methods including: telephone; email contact; inspection; visits

Evaluation of effectiveness

The following outputs have been achieved:

- over the initial six months, follow up activity in respect of almost 200 requirements across 93 establishments
- confirmation of compliance assessed and verified by ESO in timely manner enhancing the safety and welfare of service users
- active follow up of request for submission of evidence leading to more timely submission of documentation by providers
- early follow up inspection visit undertaken to validate and verify provider compliance
- effective management of outstanding concerns

The role of the Estates Support Officer provides an extra level of assurance that requirements and recommendations from the QIP are being fully addressed. In many cases, the additional contact from ESO has been the factor which has moved providers towards taking the corrective action. Many of these follow ups will not have been carried out in previous years. Except for more serious issues, the provider response on QIPs may have been accepted as the assurance that action had been taken.

In one recent case, a residential care home returned their quality improvement plan stating that issues relating to Fire Safety had been addressed. A follow up visit was conducted by the ESO to validate the QIP and during the visit it was clear that these issues had not been actioned. This was reported back to the estates inspector and has resulted in an escalation to consider enforcement action.

The role of ESO continues to evolve and providers are becoming increasingly aware that Estates Follow Up activity will take place. This has led to greater contact with providers to understand and implement the requirements and recommendations identified at inspection.

Summary and conclusion

The regulatory landscape in health and social care in Northern Ireland is changing. The direction of travel identified within Transforming Your Care is towards care closer to home with a proposal to reduce the statutory provision of residential care and a model of care delivery based within the community setting.

The additional workload burden of services new to regulation identifies a regulatory risk not only from the volume of services requiring to be regulated but from the consequences and impact of potential failings arising from unidentified and unmanaged risk.

Assurance to DHSSPS that RQIA will continue to meet legislative requirements for registration, inspection and follow up of enforcement activity (resulting from

identification of deficiencies in compliance against DHSSPS minimum standard) is tempered by current workforce capacity.

RQIA challenge function will be enhanced by improved inspection methodology which includes exploration of new workforce roles. The potential to deliver positive improvements in the delivery of safe, effective and compassionate care is enhanced by reducing the time taken to return a service to compliance with minimum standards and the role of Estates Support Officer is presented as an effective and sustainable model to achieve this aim.

Section 3: Enforcement

Overview of Enforcement Activity as at 10 February 2015

Enforcement Panels

Two enforcement panels have been required since the last Board meeting:

- Notice of proposal to cancel registration relating to a dental practice: Outcome: Notice of Decision issued
- Failure to comply notice issued to a residential care home: Outcome:

Dental Practices

Establishment / service	Enforcement / Concern	Update
Ballymena Dental Care, R McMitchell Dental World Ltd	25 June 2014 Notice of Decision to refuse an application for registration	Appeal lodged with Care Tribunal: 25 July 2014 Action: Further letter sent to Care Tribunal on 16 January 2015 requesting that case be listed for hearing
Donaghadee Dental Surgery, R McMitchell Dental World Ltd	4 March 2014 Notice of Decision issued to refuse to register an application for registration.	Appeal to Care Tribunal lodged: 18 March 2014 Care Tribunal deferred judgement until October 2014 on a commitment from the provider that he would achieve compliance with regulations. 23 October 2014. Necessary certificate obtained by RQIA. No further action permissible by RQIA until Care tribunal made a determination or the case is withdrawn by Mr McMitchell. 20 February 2015 letter received from Care Tribunal with Directions regarding submission of witness statement from RQIA staff to be submitted by 2 April 2015. RQIA met with legal services regarding the continued progression of this case given that registration of this dental practice cannot proceed when subject to appeal.

Dental Practices contd.

Establishment / service	Enforcement / Concern	Update
Dundonald Dental Surgery, R McMitchell Dental World Ltd	13 June 2014 Notice of Decision issued to refuse to register an application for registration	Appeal lodged with Care Tribunal: 8 July 2014 Action: Further letter sent to Care Tribunal on 16 January 2015 requesting that case be listed for hearing
Leitch Dental Practice	19 January 2015 NOP to cancel registration of registered person	Period for making representation expired on 19 February 2015 Enforcement Decision Making Panel met on 23 February 2015. Outcome: Notice of Decision issued. Period for appeal to Care Tribunal expires on 27 March 2015

Domiciliary Care Agencies: Conventional

Establishment / service	Enforcement / Concern	Update
Support Care Recruitment Ltd DCA, Belfast	10 October 2014 Two conditions of registration: (a) The agency shall ensure that a registered manager with the required qualifications, skills and experience is in place to manage the day to day operation of the agency. (b) The agency must not operate as a DCA until they demonstrate compliance with the DCA Regs and minimum standards.	Update: Registered Manager and Responsible Individual has withdrawn from this company. New individual to be brought forward for registration. No staff may be placed by this agency until such time as they are fully compliant with the requirements of the legislation.

Nursing Agencies

Support Care Recruitment Ltd Nursing Agency, Belfast	<p>10 October 2014</p> <p>Three conditions of registration:</p> <p>(a) The agency shall ensure that a registered manager with the required qualifications, skills and experience is in place to manage the day to day operation of the agency.</p> <p>(b) The agency must not operate as a NA until they demonstrate compliance with the NA Regs and minimum standards</p> <p>(c) Where the agency is acting as an employment business, the registered person shall ensure that any staff member supplied to a RCH or NH is registered with NISCC.</p>	<p>Update: Registered Manager and Responsible Individual has withdrawn from this company. New individual to be brought forward for registration. No staff may be placed by this agency until such time as they are fully compliant with the requirements of the legislation.</p>
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Nursing Homes

Establishment / service	Enforcement / Concern	Update
Colinvale Nursing Home, Belfast (Raymond Murphy)	<p>8 August 2014</p> <p>Conditions placed on registration to:</p> <p>(01). nurse manager to take control of the day to day management and control of Colinvale Court.</p> <p>(02) No new admissions</p> <p>(03) Reg 29 visit reports to be submitted to RQIA</p>	<p>Subject to ongoing review</p>

Nursing Homes contd.

Establishment / service	Enforcement / Concern	Update
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	<p>June 2013: Two conditions on registration</p> <ol style="list-style-type: none"> 1. hours worked by the nurse manager will be supernumerary 2. regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. <p>July 2014, Notice of Proposal to cancel registration of Adarra Developments Ltd</p> <p>October 2014: Following consideration of representation on 15 August 2014 RQIA decision making panel decided not to implement the NOD and the NOP was withdrawn</p>	<p>October 2014 the proprietors of Maine Nursing Home appeared at Antrim Courthouse on 27 October 2014 to answer charges in relation to the death of a resident which occurred on 8 April 2013.</p>
Clifton Nursing Home Belfast, Runwood Homes	<p>19 December 2014</p> <p>Three Failure to Comply Notices issued relating to</p> <ul style="list-style-type: none"> - quality of nursing services - food and fluids - health and welfare of patients 	<p>Compliance assessment undertaken on 23 February 2015</p> <p>Compliance achieved with notice (02) relating to food and fluids</p> <p>Notices (01) relating to quality of care and (03) relating to health and welfare were extended to the full 90 day limit: compliance required by 25 March 2015</p>
Karina Lodge Nursing Home, Kilrea (Mr Thomas Girvan)	<p>25 February 2015</p> <p>Two Failure to Comply Notices issued relating to:</p> <ul style="list-style-type: none"> - fitness of workers - staff records 	<p>Compliance required by 28 April 2015</p> <p>Period for making representation closes on 13 March 2015</p>

Residential Care Homes

Establishment / service	Enforcement / concern	Update
Bawn Cottage Residential Care Home, Hamiltonsbawn (Mr N and Mrs M Wylie)	31 January 2014 Prosecution action ongoing	Court date 18 March 2015
Hebron House Residential Care Home, Markethill (Mr N and Mrs M Wylie)	31 January 2014 Prosecution action ongoing	Court date 18 March 2015
Anniscliff Residential Care Home Maghera (Bernadette McGilligan, Jacqueline Davies)	13 February 2015 Failure to comply notice relating to treatment and advice issued.	Compliance required by 10 April 2015 Representation received on: 23 February 2015 Enforcement review panel met on 18 March. Outcome:
Glasswater Lodge Residential Care Home Crossgar (Mr LJ and Mrs S Reid)	19 February 2015 Three failure to comply notices issued relating to: - safeguarding training - fitness of workers - staff records	Period for making representation closes on 19 March 2015 Compliance required by 22 April 2015

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	Summary Finance Report
Agenda Item	8
Reference	D/03/15
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	<p>To present RQIA's summary financial position as at 31 January 2015 along with other pertinent financial information.</p> <p>To provide Assurance on appropriate Procurement Practice.</p>
Executive Summary	Forecast breakeven
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this update.

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

In the last funding report to the Board RQIA's RRL stood at £6,536,136 which included a 2.5% (£167K) in-year non-recurring reduction.

In February RQIA's allocation was increased non-recurrently to £6,761,830. This £225,694 non-recurrent allocation comprised of:

	£
Clinical Excellence Award	38,076
Child Sexual Exploitation Inquiry	165,618
Review of Unscheduled Care	<u>22,000</u>
	<u>225,694</u>

No further revenue allocations are expected in 2014/15.

Revenue Position

RQIA's expenditure up to and including January equalled £6.24 million compared to a budget of £6.01 million creating a year to date under spend of £211K. The year to date under spend is generated through the timing of non-pay expenditure, the delay in the implementation of the 2014/15 pay awards, and the timing of bank staff claims.

A number of measures implemented in response to the in year RRL reduction remain in force e.g. Vacancy Control Forum, controls on several areas of non-pay expenditure.

The forecast outturn expenditure in the January Departmental monitoring return was £7.7 Million which was more than matched by actual income leading to a projected underspend of £24K. This forecast position is based on a number of operational assumptions in relation to both expenditure and income.

February's forecast is still being calculated but initial indications show that further slippage has occurred in several non-pay areas and that bank staff usage may be significantly lower than forecast. A rough estimate, at the time of writing this report, would show a projected underspend of between £24-50K.

Capital Resource Limit (CRL)

RQIA's current CRL allocation stands at £334,510 for 2014/15.

The breakdown of this funding is:

	£
I-connect	231,998
PC Refresh	36,513
Comms Room	2,700
Disaster Recovery	14,200
Enterprise Agreement	40,183
Video Conferencing	8,916
	<u>334,510</u>

At the end of January we had spent £201K. It is anticipated that we will utilise all available CRL funding by the 31 March 2015.

Prompt Payment Compliance

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

From April to January Shared Service's (SS) paid 908 invoices on RQIA's behalf, of which 84.3% were processed within the departmental 30 day target. The following table shows our 30 day performance from April to January.

Table 1: Payment Performance Vs the 30 Day Target (95%)

Month	Invoices Paid			% Paid Promptly
	Total	< 30 Days	> 30 days	
Apr	133	118	15	88.7%
May	84	61	23	72.6%
Jun	112	84	28	75.0%
Jul	87	74	13	85.1%
Aug	74	63	11	85.1%
Sept	82	76	6	92.7%
Oct	111	92	19	82.9%
Nov	76	72	4	94.7%
Dec	91	74	17	81.3%
Jan	58	51	7	87.9%
Total	908	765	143	84.3%

The poor performance in December was largely caused by the clearing of a backlog of invoices that had been sent to a manger for approval that was on long term sick leave. New reporting arrangements in relation to invoices should help to prevent this in future.

Of the 908 invoices paid by SS's over April to January 60.7% were paid within 10 days. The following table shows performance from April to January against the 10 day target.

Table 3: Payment Performance Vs the 10 Day Target (70%)

Month	Invoices Paid			% Paid Promptly
	Total	<10 Days	> 10 days	
Apr	133	77	56	57.9%
May	84	37	47	44.0%
Jun	112	52	60	46.4%
Jul	87	55	32	63.2%
Aug	74	52	22	70.3%
Sept	82	59	23	72.0%
Oct	111	63	48	56.8%
Nov	76	59	17	77.6%
Dec	91	63	28	69.2%
Jan	58	34	24	58.6%
Total	908	551	357	60.7%

Outstanding Annual Fees (Debtors)

As at the 16 March 99.8% of Fee income had been received leaving £1,610 still to be recovered. This amount relates to 3 establishments. On analysis of the £1610 I would note that £322 is in dispute and £460 relates to an establishment that entered voluntary liquidation.

The Finance team continue to pursue these debts and have notified Regulation of those establishments failing to pay their 2014/15 fees.

Assurance of Procurement Practice

Nature and Scale

RQIA spends just over £1.25 Million on non-pay expenditure each year. After removing items such as long term Building Leases, Rates, BSO SLA's, and expenses approximately £470K is expended directly through conventional procurement routes.

RQIA uses the Business Services Organisation Procurement and Logistics Service (PALS), via a Service Level Agreement, as our procurement expert. The vast majority of procured expenditure is initiated through the raising of a requisition on e-procurement, which is then authorised by an appropriate RQIA Manager, and is then passed to a buyer at PALS who performs the necessary diligence prior to generating an official order for a particular supplier. This ensures that appropriate procurement expertise is provided on all order based procurements.

In addition to revenue procurement each year RQIA will also procure items using capital funding. The annual amount procured fluctuates depending on

our requirements in any particular year and ultimately it is limited by our allocated Capital Resource Limit (CRL). These procurements follow the same procurement rules as our revenue procurements but in all cases they are supported by a proportionate business case.

The vast majority of procurements undertaken by RQIA are simplistic in nature and RQIA staff are familiar with relevant procurement rules. This understanding has been reinforced by recent training in relation to the implementation of the BSTP e-procurement system. A resource also exists on the RQIA staff intranet to enable easy access to pertinent procurement guidance and the RQIA Finance Team provides advice when required on procurement related issues.

Procedures, documentation, and reporting arrangements exist for those areas of procurement where the Department requires special attention. In relation to Direct Award Contracts (DACS) (also known as Single tender actions – STA's) all such procurements require a legal compliance view from PALS and can only proceed on approval from RQIA's Chief Executive. DAC's are reported at each Audit Committee meeting. External Consultancy forms another area subject to additional scrutiny. Over the past 2 years RQIA has not engaged any External consultancy.

Procurement Assurance

Each year procurement practice is subject to scrutiny by RQIA management through the application of the Purchasing and Supply Controls Assurance Standard (CAS) self-assessment tool. This exercise is performed in mid-March each year. In March 2014 this CAS scored 82% which equates to substantive compliance. This exercise was also independently validated by BSO Internal Audit.

In December 2014 Internal Audit carried out an Audit of Procurement and The Management of Contracts. Internal Audit provided a satisfactory assurance on the system of control with regard to Procurement and the Management of Contracts and did not identify any priority 1 weaknesses. Four priority 2 recommendations were identified. RQIA management have accepted these findings and have formulated actions to address.

As detailed earlier RQIA rely on the procurement expertise provided by BSO PALS and therefore an assurance of our performance in relation to procurement would not be complete without an assurance on BSO PALS performance. Each year the Chief Executive of BSO provides an assurance on governance arrangements in relation to the services we procure from BSO via SLA. The last assurance letter received covered the 2013/14 financial year. For that year in relation to PALS I would note that an audit into PALS Procurement and an audit into PALS Logistics and Stock took place and both received a satisfactory rating. BSO also completed a Controls Assurance Standard regarding Purchasing and Supply and received substantive compliance. This substantive compliance was also independently verified by Internal Audit. PALS is a recognised Centre of Procurement Expertise

(COPE). In October 2013 PALS passed the re-accreditation process to maintain this status for the next 3 years. In 2012 the Department undertook a review of Direct Award Contracts (DAC) Managed by PALs and identified a number of contracts that required renewal through competition. In November 2013 BSO wrote to the Permanent Secretary confirming that 96.22% of the affected contracts had been renewed.

Recommendation

It is recommended that the Board **NOTE** the Finance report including Procurement Assurance.

Maurice Atkinson

Director of Corporate Services

RQIA Board Meeting

Date of Meeting	25 March 2105
Title of Paper	Update on the development of a new Acute Hospital Inspection programme
Agenda Item	9
Reference	E/03/15
Author	Dr David Stewart
Presented by	Dr David Stewart
Purpose	The purpose of this paper is to update the Board on the progress in taking forward the development of a new acute hospital inspection programme to commence in 2015/16.
Executive Summary	<p>In April 2014 RQIA was commissioned by DHSSPS to put in place appropriate arrangements to deliver a rolling programme of unannounced inspections of the quality of services in all acute hospitals in Northern Ireland each year, from 2015/16 onwards.</p> <p>Following the RQIA Board meeting on 11 September 2014, a Project Board was established to take forward the development of the new programme. The Project Board has been expanded to have representation from DHSSPS, HSC Safety Forum, Public Health Agency and lay representation, as well as three RQIA Board members.</p> <p>The project is being taken forward as one of three RQIA strategic projects for 2014/15 being overseen by the RQIA Quality Improvement Steering Group.</p> <p>This paper provides an update for Board members on progress which has been made to commence pilot inspections in April 2015. The full programme of inspections is planned to commence by October 2015, following evaluation of the learning from the pilots in each trust area.</p>

FOI Exemptions Applied	None
Equality Impact Assessment	An equality screening document has been submitted to Equality Unit in BSO. From the screening exercise we have concluded that a full equality impact assessment is not required.
Recommendation/ Resolution	It is recommended that the Board should NOTE the update on the development of the new acute Hospital Inspection programme.
Next steps	<p>Further updates will be provided to the Board following the pilot phase and prior to the commencement of the full programme.</p> <p>The project will continue to be taken forward by the Project Board and Project Team with oversight by the RQIA Quality Improvement Steering Group.</p>

Update on the development of a new Acute Hospital Inspection programme to be introduced in 2015/16.

1. Background & Context

This project has been commissioned from the RQIA by the DHSSPS. The Minister for Health, Social Services and Public Safety has tasked RQIA to carry out a series of inspections in acute hospitals across Northern Ireland.

This rolling programme of unannounced inspections, will examine the quality of services in acute hospitals in Northern Ireland from 2015-16 onwards.

The programme is being designed to carry out inspections which will report on the safety, effectiveness and patient experience of care, in line with the three stakeholder outcomes, agreed for the period of the RQIA Corporate Strategy for 2015 to 2018.

2. RQIA Process to establish the new programme of inspections

A project has been established by RQIA to design, develop and pilot an agreed hospital inspection programme, and associated procedures, which will conclude with the delivery of a fully tested process to deliver the programme of acute hospital inspections. Pilot inspections are planned to take place in each trust area from April to June 2015. The full programme of inspection is to commence, by October 2015, following evaluation of the pilots.

This project is subject to the PRINCE project management approach. All planning, decisions and actions are to be appropriately recorded and managed within acceptable timescales. Any emerging risks, exceptions or issues arising will be recorded throughout the life of the project.

The RQIA Board agreed that a Project Board should be established at its meeting on 11 September 2014. Membership of the Project Board includes representation from DHSSPS (Standards), the HSC Safety Forum, the Public Health Agency, a Lay representative and three Board members and is chaired by the RQIA Director of Reviews and Medical Director.

The Project has been selected as one of three strategic projects for which oversight is provided by the RQIA Quality Improvement Steering Group. An update on the project was provided for members of the Quality Improvement Steering Group on 19 February 2015.

3. Project Plan

At the outset of the project 27 proposed products/outcomes were established relating to specific key phases of development. (Appendix A) These have been translated these into a series of milestones (Appendix B).

The design project is scheduled to complete by September 2015. At this point the tools and procedures to carry out the new programme of Hospital Inspections will be handed over for implementation by the Reviews Directorate.

It is planned to seek regional endorsement of the inspection tools by DHSSPS, prior to commencement of the full programme so that HSC organisations can use the tools as part of their internal processes of quality assurance. This process follows the model used when the RQIA programmes of infection prevention and hygiene inspections were established.

The need to subject the Hospital Inspection Programme to Equality Screening has been considered and it was determined that screening was required. A screening exercise has since been completed and submitted to the Equality Unit, BSO, which will be made available through the BSO website.

4. Progress to date with the development of the programme

4.1 Design of inspection programme

The Project Board has considered and agreed proposals for the design of the inspection programme in relation to the planned frequency of inspections over a three year period and the number of clinical areas to be inspected.

Appendix C sets out the proposed frequency of inspections by hospital for the initial three year period. This will be kept under review. There is the potential that additional inspections will be required either to carry out compliance assessments that recommendations have been carried out, or in response to emerging intelligence about particular concerns.

The proposed frequency would result in 6 to 8 unannounced inspections planned to take place each year.

It is planned that there will be a core set of areas considered at each inspection with a small number of additional themes for each year.

4.3 Inspection Tools

Draft inspection tools have been prepared to test during the pilot inspection period. These include a core inspection tool and a tool for lay assessors to use to collect information from patients during inspections. The core inspection tool has been designed to provide a numerical score for each of the three RQIA stakeholder outcomes of safety, effectiveness and compassion of care.

The pilot inspections have been designed to test the applicability of individual questions areas and also the feasibility of collecting the information during a two day inspection period.

All inspection documentation, tools, process documents, inspection handbook are to be finalised before the project completes.

4.4 Information to support the inspection process

Meetings have been held with organisations that have access to information which could be helpful to inform the inspection process. A range of potentially useful information has been identified and further work will be progressed during the pilot phase to consider the potential for creating pre-inspection profiles to inform the teams carrying out the inspections.

4.5 Membership of inspection teams

The proposed initial membership of inspection teams has been agreed. Each team will be led by an RQIA inspector and will have an allocated project manager from RQIA. Team members will include:

- RQIA inspectors
- Lay assessors from the panel recruited by RQIA
- Peer assessors from the RQIA panel, to which additional members are currently being recruited
- A senior trainee in a medical specialty (through cooperation with NIMDTA)
- Student nurses (through cooperation with QUB and University of Ulster)

The size of teams will vary depending on the size of the hospital and the number of clinical areas to be inspected.

A recruitment exercise is being carried out, with support from DHSSPS, to invite staff from HSC organisations to join the RQIA panel of peer assessors. There has been a very positive response to this invitation and it is anticipated that a panel of over 60 members, from a range of professional backgrounds, will be available to support the new inspection process.

Discussions are taking place as to the potential to have a clinical pharmacists participating in each inspection as medicines governance is a core element of patient safety in acute hospitals.

The Project Team is to design and deliver a training package for peer reviewers.

4.5 Links with other regulators

Links have been established with Healthcare Improvement Scotland and the Care Quality Commission to learn from their experience in developing programmes of acute hospital inspections. Plans are being developed to enable RQIA inspectors to take part in these inspection processes and the potential for observation visits by colleagues from Scotland during RQIA pilot inspections is being explored.

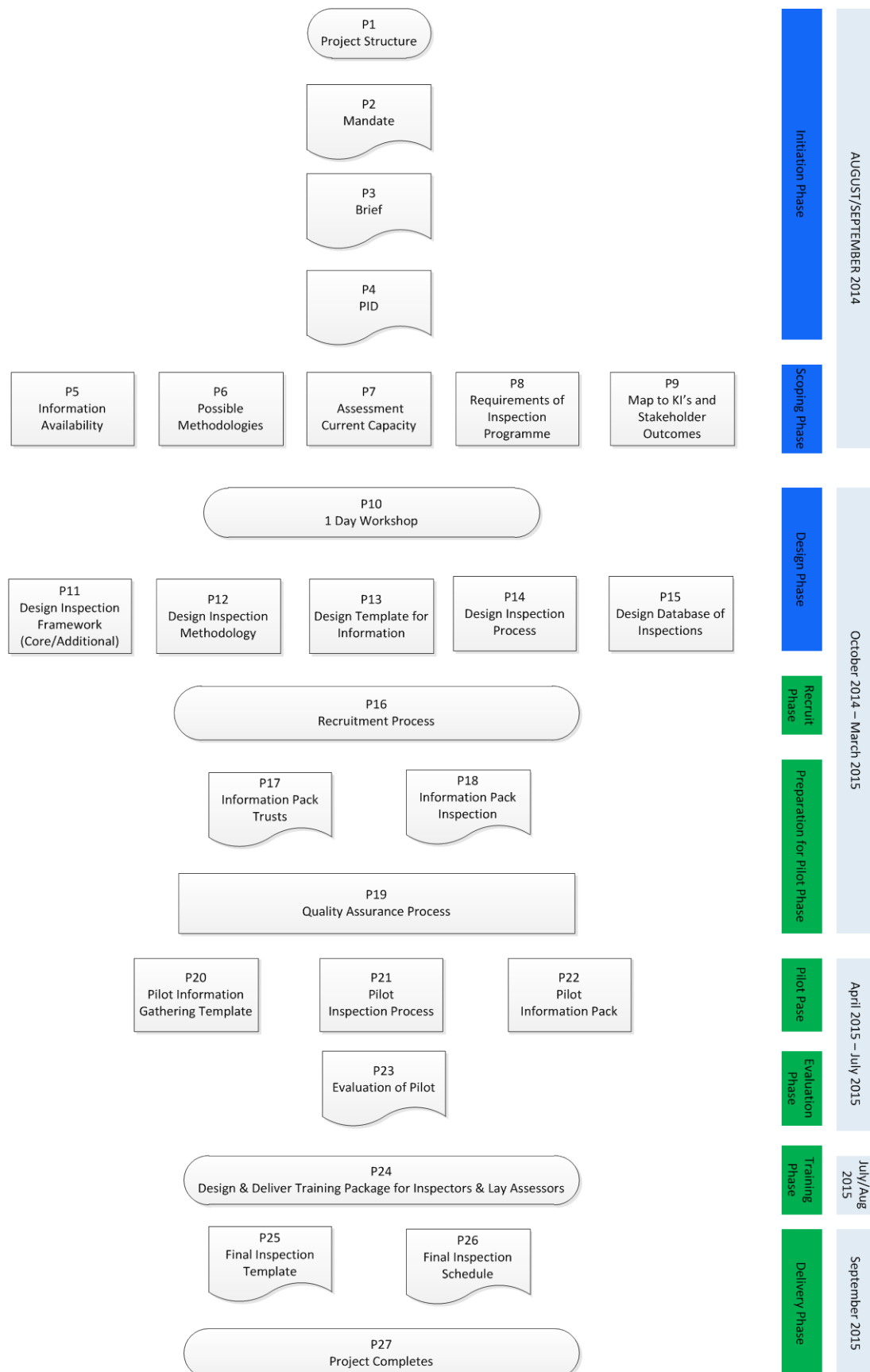
5. Next steps

During the period April to June 2015, pilot inspections will take place in each trust area to test the use of the inspection tools and processes. Informal feedback will be provided to each trust.

A further update will be provided to the RQIA Board following the completion of the pilots and the project will continue to report to the Acute Hospital Inspection Project Board with oversight by the Quality Improvement Steering Group.

Appendix A

Acute Hospital Inspection Project Flow Diagram



Appendix B

Project Milestones

Milestone	Products/Outcomes	Completion By
Initiation Phase	<ul style="list-style-type: none"> • Project Structure • Project Mandate • Project Brief • Project Initiation Document 	End of September 2014
Scoping Phase	<ul style="list-style-type: none"> • Information Availability throughout the HSC • Possible Methodologies across GB • Current capacity within RQIA to deliver the programme • The requirements of the inspection programme (key indicators) • Possibility of mapping the key indicators to RQIA stakeholder outcomes 	End of September 2014
Design Phase	<ul style="list-style-type: none"> • One day design workshop • Inspection Framework • Inspection Methodology • Information Templates • Inspection Process • Database/Inspection Planner 	End of February 2015
Recruitment Phase	<ul style="list-style-type: none"> • Recruitment Call • Supporting statement from CMO • Information Leaflet • Nomination Form • Reviewer Database 	Mid-March 2015
Preparation for Pilot Phase	<ul style="list-style-type: none"> • Inspection Tool • Supporting Documentation • Inspection Handbook • Inspection Process 	End of March 2015

Pilot Phase	<ul style="list-style-type: none"> • Pilot visits to Trusts • Piloting the Process • Piloting of Inspection Tools • Piloting Supporting Documentation • Raising awareness of the programme • Fostering good realtions 	1 st week of July 2015
Evaluation Phase	<p>This will include engagement with</p> <ul style="list-style-type: none"> • Project Team • Universities • NIMDTA • Other Regulators (if participating) • Trusts <p>With a view to refining and quality assuring the:</p> <ul style="list-style-type: none"> • Inspection Process • Inspection Tool • Supporting Documentation • Inspection Handbook 	By end of July 2015
Training Phase	<ul style="list-style-type: none"> • Design of Training for Peer Reviewers/Lay Assessors • Delivery of Training for Peer Reviewers/Lay Assessors 	By end of August 2015
Delivery Phase	<p>Finalising the:</p> <ul style="list-style-type: none"> • Inspection Process • Inspection Tool • Supporting Documentation • Inspection Handbook • Inspection Schedule 	By end of September 2015

Appendix C: Unannounced Inspection - 3 year rolling programme

Larger Acute Hospitals

Hospital	Trust	Inspection Schedule*
Royal Victoria Hospital	BHSCT	Minimum of 2 inspections over 3 years. 4 areas on each inspection.
Belfast City Hospital	BHSCT	
Antrim Area Hospital	NHSCT	
Ulster Hospital	SEHSCT	
Craigavon Hospital	SHSCT	
Altnagelvin Hospital	WHSCT	

Smaller Acute Hospitals

Hospital	Trust	Inspection Schedule*
Musgrave Park Hospital	BHSCT	Minimum of 1 inspection over 3 years. 2 or 3 areas on each inspection.
Daisy Hill Hospital	SHSCT	
Causeway Hospital	NHSCT	
Mater Hospital	BHSCT	
South West Acute Hospital	WHSCT	
Downe Hospital	SEHSCT	
Lagan Valley Hospital	SEHSCT	
Royal Belfast Hospital for Sick Children	BHSCT	

Other Hospitals

Hospital	Trust	Inspection Schedule*
Mid Ulster Hospital	NHSCT	RQIA may inspect these hospitals if information indicates an inspection is required. These will continue to be subject to the regular inspections under the hygiene programme.
Whiteabbey Hospital	NHSCT	
South Tyrone Hospital	SHSCT	
Tyrone County Hospital	WHSCT	

* The inspection schedule above may vary dependent on availability and resources

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	Business Plan 2015-16
Agenda Item	10
Reference	F/03/15
Author	Stuart Crawford
Presented by	Director of Corporate Services
Purpose	The purpose of this paper is to present to the Board the RQIA Business Plan 2015-16 for approval.
Executive Summary	<p>The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal for the period 2015-16.</p> <p>In addition actions / outcomes and measures have been identified to monitor our progress in achieving the business plan actions.</p> <p>The Business Plan has been amended taking account of the discussion of the draft plan at the Board meeting on 18 February and further consideration by the RQIA Strategy Steering Group on 4 March 2015. Minor amendments highlighted in red font are based on feedback received from Conrad Kirkwood (DHSSPS).</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should APPROVE the Business Plan 2015-16.
Next steps	The Business Plan will be sent to DHSSPS by 31 March 2015 for approval.

Draft RQIA Business Plan 2015-16

Assurance, Challenge and Improvement in Health and Social Care

**Amended following Board meeting on 18 February
and RQIA Strategy Steering Group on 4 March 2015**

Our Vision, Purpose and Values

Vision

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

Purpose

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

Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

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

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

Foreword

This Business Plan sets out RQIA's key business objectives and priorities for 2015/16. These are derived from the three key stakeholder outcomes and the seven strategic priorities described in our Corporate Strategy 2015 - 2018.

The Business Plan identifies the things we must do to meet our statutory responsibilities. In addition, it sets out the actions and deliverables designed to ensure quality improvement, and to achieve best practice in regulation and inspection.

As a regulator we inspect over 1400 registered establishments and agencies each year. We have a statutory duty to carry out inspections, investigations and reviews of services, including services delivered by the health and social care trusts. We have specific statutory responsibilities under the Mental Health (NI) Order 1986 to protect the interests of patients. We are also a designated authority under the Public Interest Disclosure Order (NI) Order 1998 to whom employees of health and social care bodies may make a protected whistleblowing disclosure.

Our three year review programme describes the planned reviews we will undertake this year. We have been asked by the Minister to introduce from April 2015, a rolling programme of inspections of acute hospitals focusing on the patient experience. **This development is also endorsed by** a specific recommendation from the Sir Liam Donaldson's review 'The Right Time at the Right Place' (December 2014).

RQIA has considered the findings and recommendations of this report and has responded to the Department with specific proposals to improve the regulatory framework in Northern Ireland.

We work within a prescribed budget and must achieve break-even year on year. Our budget for 2015/16 may be reduced in comparison with previous years. We have responded to the Departmental requirement to submit proposals to work to a reduced budget, which may require a significant adjustment of our work programme going forward. We will continue to use our resources to best effect to maintain a robust programme of regulation and inspection.

In 2014/15 RQIA was subject of an independent evaluation, or landscape review. The final report includes recommendations to strengthen and improve internal operating systems and processes. It also identifies issues which will require engagement with DHSSPS, such as the need to consider revising inspection frequencies going forward. This report will be a useful reference in delivering effective regulation of health and social care.

We are committed to excellence and have developed a strategic improvement programme which will impact across all aspects of our work. We will improve the way we conduct inspections, how we report the findings of inspections and how we assess the quality of care provided in registered services. Our improvement journey continues, facilitated through our STEPs to Excellence Improvement Programme (STEP); where staff take responsibility and lead on improvement initiatives identified in our first European

Foundation for Quality Management (EFQM) assessment, completed in 2012. We will make our second application to EFQM in 2015, further demonstrating our commitment to continuous improvement and to achieving an enhanced level of recognition.

In the current business year we will commit to achieving a better balance between our focus on quality assurance and quality improvement. We will be proactive in developing the quality improvement agenda through Quality 2020.

The Guidelines and Audit Implementation Network (GAIN) was established in 2007 to support the development of clinical and social care audit and the production of regional guidelines in Northern Ireland. The Minister has confirmed that GAIN will transfer to RQIA in April 2015 from its present location within DHSSPS. This is a welcome development, as there is clear synergy between the work of RQIA and GAIN. We will facilitate a seamless transfer, making sure that GAIN continues to operate within RQIA as a catalyst for quality improvement in health and social care.

We will implement an improvement plan based on the feedback from the successful Investors in People accreditation in 2014, taking further steps to improve the leadership, management and development of our staff. We will assess the capacity and capabilities of the workforce to undertake the core activities required of us as a regulator and maintain a robust workforce planning process to support our business requirements going forward.

We expect 2015/16 to be a seminal year for RQIA as a result of a programme of improvements which will deliver better outcomes for people who rely on us to provide independent assurance about the quality and availability of health and social care.

Corporate Strategy 2015-18

This Business Plan has been developed within the context of the RQIA corporate strategy, which sets the strategic direction for RQIA.

RQIA's strategy map (**Figure 1**) serves as a roadmap to guide the activities of the organisation for the period 2015-18. It is a visual representation of our strategy.

RQIA's strategy map identifies three key stakeholder outcomes:

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?

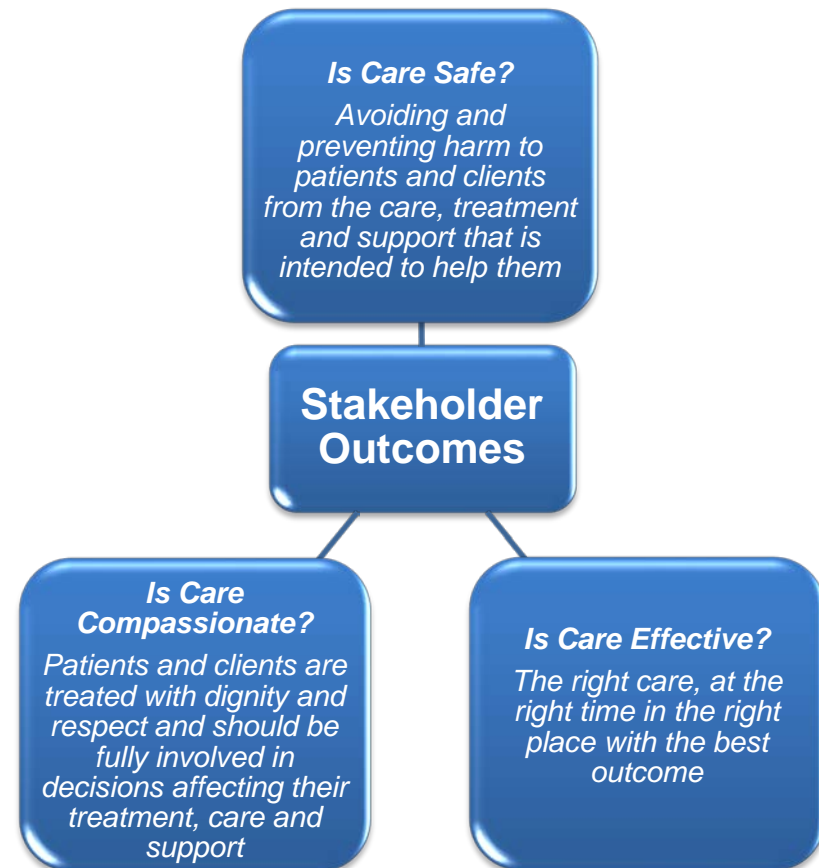
These define how we intend to demonstrate our effectiveness and impact as a regulator:

These stakeholder outcomes have been aligned with the DHSSPS strategy, Quality 2020. Our intention is to engage stakeholders when making independent and robust assessments to determine whether care is being provided safely, effectively and compassionately.

These stakeholder outcomes and the seven strategic themes represent the pillars on which we will continue to build our success and achieve our vision. This will be underpinned by the EFQM Quality Excellence Framework.

The strategy map will be kept under review to ensure that we can respond flexibly to emerging challenges.

Stakeholder Outcomes



RQIA Strategy Map 2015-18

Figure 1



What We Do

RQIA works to bring about measurable and enduring improvements in the safety and quality of health and social care services for the people of Northern Ireland by undertaking an agreed programme of service reviews and inspections.

RQIA reports on the results of its investigations into and reviews of, specific health and social care services and recommends actions to improve the quality of these services.

RQIA publicly reports and advises DHSSPS and the general public on the safety, quality and availability of health and social care and use our powers and influence to raise service standards, sustain good practice and build public confidence. RQIA uses evidence-based practice to inform an overall assessment of health and social care in Northern Ireland.

RQIA acts to protect the rights of all vulnerable people using health and social care services by taking account of the principles of Human Rights and Equality and by discharging its statutory functions under the Mental Health (Northern Ireland) Order 1986. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

RQIA registers and inspects a wide range of health and social care services. Through our inspections, we aim to ensure the safety, comfort and dignity of those using these services.

During our announced and unannounced inspections we assess the quality of the services provided against regulations and minimum care standards. Following an inspection we ask the service provider to make any changes we consider necessary through the quality improvement plan and we publish this information in a report of our findings, available on our website, www.rqia.org.uk.

We work to assure the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies through our programme of reviews. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.

RQIA undertakes announced and unannounced infection prevention / hygiene inspections at a range of health and social care facilities, including hospital wards and clinical areas. In 2015-16 we will develop this programme to include a new series of inspections focused on the patient experience.

As at 31 December 2014 the following services were registered with RQIA.

Type of Service	Number of Registrations
Nursing homes	268
Residential care homes	203
Children's homes	49
Independent clinics	7
Independent hospitals	47
Independent hospitals - dental treatment	375
Independent Medical Agencies	5
Nursing agencies	33
Day Care Settings	187
Domiciliary Care Agencies - Conventional	123
Domiciliary Care Agencies - Supported Living	182
Residential Family Centres	1
Adult Placement Agencies	4
Voluntary Adoption Agencies	4
Overall Total	1488

Financial Context 2015-16

RQIA derives its income from a recurring allocation (revenue resource limit) from DHSSPS and through income generated from the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. In addition, RQIA receives a capital allocation each year from DHSSPS.

Details of RQIA's funding requirements in 2015-16 are set out in the finance section of the Business Plan (see Appendix 1).

Confirmation of the 2015-16 RRL was received from DHSSPS on 9 February 2015. As a result of the Guidelines and Audit Implementation Network (GAIN) transferring to RQIA on 1 April 2015 we have received an allocation of £400,000. A budget cut of 3% has been applied to the opening 2015-16 position which equates to a reduction of £201,112. The 2015-16 expenditure allocation for RQIA is £6,902,617.

The estimated income from charges in 2015-16 which is based on the current fees and frequencies regulations and includes estimates in relation to registered places and registration fees is £895,000.

At the request of DHSSPS, RQIA developed a Savings Plan 2015-16, to meet the 3% reduction of £201,112 through workforce controls, and review and control of non-pay spend.

Capacity and Capability

RQIA must complete the statutory minimum number of inspections of all regulated services. In addition, RQIA must increase its regulatory oversight of agencies or establishments found to be in breach of regulations and/or the minimum standards.

RQIA has limited capacity to undertake additional unscheduled inspections in response to increased concerns. Therefore, in order to respond more effectively to whistleblowing and public concerns RQIA will be obliged to make strategic choices in determining how best to deploy its available capacity to best effect. **We will work with DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005, to move to a risk based model of regulation and the introduction of a revised scheme of charges.**

RQIA has submitted business cases for additional capacity to DHSSPS in relation to Regulation and Nursing and Mental Health and Learning Disability Directorates. An additional business case has been submitted to DHSSPS in relation to the Independent Provision of a Second Opinion in cases of detention under the Mental Health (NI) Order 1986 where consent is not provided. The context and rationale for these business cases remain valid. RQIA will continue to make the case for additional investment to meet the public expectation that we continue to provide effective regulatory oversight of all regulated services.

Business Plan 2015-16

This Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal. Measures of success have been identified to monitor progress in achieving our strategic objectives.

RQIA will report on performance at public Board meetings, and through the publication of an annual report and accounts, and an annual quality report (these reports are available at www.rqia.org.uk). RQIA will also provide reports of its activities through the biannual accountability review meetings with DHSSPS.

This plan should be read in conjunction with the Corporate Risk Assurance Framework, which identifies risks in relation to the delivery of corporate objectives and how these risks are managed.

The Business Plan 2015-16 was approved by the RQIA Board on 25 March 2015.

Further Information

For further information on the Business Plan 2015-16 or the Corporate Risk Assurance Framework, please contact:

Maurice Atkinson, RQIA Director of Corporate Services

tel: 028 9051 7480

email: maurice.atkinson@rqia.org.uk.

Strategic Themes 2015-18

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

1. Deliver Operational Excellence

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

2. Develop and Execute New Capabilities

Adapting our inspection and review programmes to address emerging needs and priorities

3. Use Resources Effectively

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

4. Continuously Improve Key Systems and Processes

Developing and delivering quality improvement work-streams

5. Develop and Enhance Effective External Relationships

Communicating effectively with all our stakeholders and sharing information with other organisations

6. Focus Improvement Activities on Outcomes

Pursuing opportunities to drive quality improvement across health and social care

7. Actively Lead Change and Manage Risk

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

Strategic Theme 1 - Deliver Operational Excellence

Strategic Priorities 2015-18

Improve the delivery of our core functions, taking account of best practice

Our Strategic priorities:

- Complete a strategic review of inspection systems and processes to create a more agile inspection regime
- Redesign our inspection and review reports to better demonstrate our assessment of the delivery of safe, effective and compassionate care and to make our reports easier to read and understand
- Strengthen our internal quality assurance systems and processes to improve the quality of our inspection and review reports

Actions 2015-16	Intended Outcome / Output	Success Measures	Action Owner	Timescale
1.1 ¹ Implement a strategic review of inspection systems and processes as set out in the Regulation Directorate Improvement Plan	Inspection system which better informs service providers about the quality and safety of regulated services	Evaluation of year 1 actions successfully implemented and monitored through the Strategic Improvement Steering Group	Director of Regulation and Nursing	Quarters 1 - 4
	Improved inspection methodology embedded within the regulation directorate	Level of inspector and service provider satisfaction with new inspection methodology (baseline 80% satisfaction)		Quarters 1 – 4
	Improved inspection productivity and more agile inspection systems and processes	Increase the number of unannounced inspections of care homes to a target of 80% of all inspections		Quarters 1 – 4
		All draft inspection reports completed within the 28 day timescale (target 100%)		Quarters 1 – 4
		Attainment of satisfactory assurance through the internal audit of inspection systems and processes		Quarter 4
		A revised system of reporting compliance with requirements and recommendations		Quarter 4

¹ 1.1 – Also relates to Theme 7

Actions 2015-16	Intended Outcome / Output	Success Measures	Action Owner	Timescale
1.2 Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18	All review reports completed and published within the specified timeframe, in line with the Reviews Directorate quality assurance process	All reviews completed within the specified timeframe for each review The recommendations to improve services, as set out in RQIA review reports endorsed by the Minister for implementation	Director of Reviews and Medical Director	Timeframe agreed Quarter 1 Progress reported Quarters 2 - 4
1.3 Carry out a baseline review of systems and processes of quality improvement in HSC organisations	A strategic focus on assessing the capacity of HSC organisations to deliver improvements in the safety, effectiveness and experience of care	A baseline assessment of the current systems and processes which support quality improvement within HSC organisations	Director of Reviews and Medical Director	Quarter 4
1.4 Assess the impact of RQIA Reviews in driving quality improvement in HSC services	An agreed system developed for prioritising review recommendations Improved quality of care for the services subject to review	A system for prioritisation of review recommendations agreed 100% of review reports from 2015-16 will contain recommendations prioritised in line with the agreed system To evaluate the impact of the system for prioritisation of review recommendations	Director of Reviews and Medical Director	Quarter 1 Quarters 2 – 4 Quarter 4
1.5 Redesign the format of review and inspection reports to better reflect the 3 stakeholder outcomes, safe care, effective care and compassionate care	Service users, their families and service providers have access to comprehensive reports on the safety, effectiveness and compassion of care Service providers, service users and their families will have a better understanding of the significance and impact of the recommendations included within the reports Actions required to address shortfalls or non-compliance in service delivery are prioritised for service providers	Evaluation report of the benefits of the revised inspection and review reports (80% user satisfaction) 100% of RQIA inspection reports contain requirements and recommendations prioritised in respect of the potential to impact on safe, effective and compassionate care 100% of RQIA review reports contain recommendations themed and prioritised in respect of their potential to impact on safe, effective and compassionate care	Chief Executive	Pilot methodology Quarters 1 - 2 Complete evaluation Quarter 4

Actions 2015-16	Intended Outcome / Output	Success Measures	Action Owner	Timescale
1.6 Introduce and pilot the new inspection methodology in MHL D facilities, providing an overall rating for quality	Patients, their relatives and service providers informed of the level of RQIA's assessment of MHL D services	Introduced and piloted a revised inspection methodology, implemented and reviewed	Director of Mental Health, Learning Disability and Social Work	Quarter 1
	The revised MHL D inspection methodology fully incorporated into the RQIA MHL D inspection programme	A revised system of reporting compliance with recommendations (100% of inspection recommendations implemented within agreed timescales)		Quarter 4
	Shorter inspection reports accompanied by easy read versions	100% of MHL D inspection reports to be available in draft within 28 days, and returned to RQIA with a completed quality improvement plan within 56 days from the date of the inspection		Quarters 1 – 4
	Inspection recommendations themed according to areas that require improvement	100% of MHL D inspection reports accompanied by an easy read version available on the RQIA website		Quarters 1 - 4
	Patients directly engaged with lay assessors in the inspection process	A minimum of one inspection of all MHL D wards completed by year end		Quarters 1 – 4
		Patients subject to detention interviewed as part of the inspection process (% of detained patients interviewed per ward)		Quarter 4
		Establish baseline performance of all services inspected in 2015-16 against the new MHL D rating system		Quarter 4
1.7 Improve RQIA's internal quality assurance systems and processes for inspection and review reports	RQIA's registration, inspection and reviews systems and processes delivered to an appropriate standard of quality	Revised and robust quality assurance framework approved by the RQIA Board	Chief Executive	Quarter 1
		Agreed year 1 actions from the quality assurance framework successfully delivered on target		Quarters 2 - 4
		Evaluation of the effectiveness of the year 1 actions		Quarter 4

Strategic Theme 2 - Develop and Execute New Capabilities

Strategic Priorities

We will adapt our inspection and review programmes to address emerging needs and priorities

Our strategic priorities:

- Develop and roll out a new programme of hospital inspections, with a specific focus on standards relating to safe, effective and compassionate care to improve the quality of the patient experience
- Extend our regulatory oversight to include new service delivery models which are not currently subject to independent regulation
- Design new and improve existing inspection methodologies to discharge our core responsibilities more efficiently and effectively
- Respond to regulatory requirements of the new Mental Capacity Bill to make an assessment of the safety and well-being of those who lack capacity
- Engage with DHSSPS to extend our range of regulatory functions to address gaps in the current regulatory framework

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
2.1 Develop and implement the new hospital inspection methodology and programme	RQIA has introduced a new rolling programme of inspection of acute hospitals to provide enhanced assurance on patient safety, clinical effectiveness and patient experience	The methodology for a new programme of hospital inspections formally agreed	Director of Reviews and Medical Director	Quarter 2
		Evaluate the pilot of the new hospital inspection methodology to inform roll out of the programme		Quarter 2
		An acute hospital in each HSC trust subject to an inspection using the agreed methodology enabling baseline levels of compliance to be established		Quarters 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
2.2² Proactively engage with DHSSPS and other stakeholders in the processes to review the legislative framework and standards for regulation of health and social care in Northern Ireland	RQIA has the appropriate legislative powers to fulfil its' statutory roles and responsibilities RQIA's regulatory roles extended into relevant areas of service provision e.g. independent fostering agencies and supported accommodation for young people leaving care RQIA can assess the quality of health and social care using regionally established standards	RQIA's proposals to amend the legislation to enable us to deliver an intelligence and risk based regulatory system are accepted by DHSSPS RQIA's contribution to the development of new and revision of existing DHSSPS minimum quality standards which underpins RQIA regulatory activities	Chief Executive	Initiate Engagement Quarter 1 Quarter 2
2.3 Complete a programme of inspections of all regulated sector services using the new inspection methodology	Evidence based and timely assessments of the quality of care delivered in regulated services An improved assessment framework for inspection of all registered services Increased compliance with regulations and standards	All registered providers to receive at least one or two inspections in line with the statutory minimum frequencies (target 100%) Number of recommendations and requirements restated at the time of the next inspection Number of service providers subject to enforcement	Director of Regulation and Nursing	Progress reported Quarters 1 - 4

² 2.2 - Also relates to Theme 3

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
2.4 Contribute to the development of an effective regional response to the recommendations identified in the Donaldson report (The Right Time, The Right Place December 2014)	RQIA has engaged effectively with DHSSPS in reviewing the legislation which applies to the regulation of HSC Trusts RQIA will have a more robust framework for the regulation and inspection of HSC Trusts RQIA contributes to effective processes for capturing and acting on information and intelligence about patient safety	Evidence of participation in DHSSPS led working groups Evidence of proposed changes to the legislative framework impacting on Regulation of HSC Trusts	Chief Executive	Quarter 3 Quarter 3
2.5 Contribute to the development of the new Mental Capacity legislation and associated codes of practice and agree a plan for its introduction	RQIA is in the state of readiness to undertake the additional duties and responsibilities required of it and staff have required the required skills training RQIA protects the interests of individuals who lack capacity	Evidence of RQIA's influence with the development of the legislative framework and the associated codes of practice from its participation in multi-agency working groups The degree to which RQIA staff have attended training in the correct legal application of the Mental Capacity Act (as the codes and regulations are developed) Evaluation of state of readiness and identification of any risks which might impede effective delivery	Director of Mental Health, Learning Disability and Social Work	Progress reported Quarters 2 – 4
2.6 Transfer and clarify the roles and responsibilities of GAIN into RQIA and deliver an agreed and effective programme of GAIN guidelines and audits in the first year following its transfer	The functions of GAIN, following its transfer to RQIA, make a significant contribution to improve quality of health and social care services A programme of guidelines and audits developed, approved and implemented, with appropriate quality assurance measures established	Proposals for revised arrangements for carrying out the functions of GAIN, following transfer of responsibility to RQIA, have been endorsed by key stakeholders following consultation. An assessment of progress towards achievement of NICE accreditation for GAIN guidelines	Director of Reviews and Medical Director	Transfer to take effect Quarter 1 Progress reported Quarters 2 - 4

Strategic Theme 3 - Use Resources Effectively

Strategic Priorities

We will concentrate our resources where they are most required, in activities which have the greatest impact for service user

Our strategic priorities:

- Respond effectively to emerging risks by focusing inspection activities where they are most needed to drive improvements and promote compliance with the regulations and minimum standards
- Make recommendations to the DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005 to move to an intelligence based model of inspection
- Develop and maintain a competent, engaged and high performance workforce able to respond effectively to strategic change
- Undertake an analysis of workforce capacity and make decisions about how RQIA's workforce will respond to future needs and requirements

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
3.1 Pilot and evaluate a revised intelligence and risk based approach to inspection of regulated services	RQIA responds appropriately to emerging concerns in regulated services	New system of risk assessment developed	Director of Regulation and Nursing	Quarter 1
		Training for regulation staff completed		Quarter 4
	Outcomes for service users are improved as a result of timely intervention	Evaluation and review of pilot		Quarter 4
	Enhanced safety effectiveness and compassion for service users	Number of unscheduled inspections undertaken in response to public concerns and whistleblowing		Quarters 3 - 4
3.2 Improve inspection productivity of regulated services	More effective use of inspection resource and capacity	A framework for assessing inspection productivity	Chief Executive	Quarter 3
	An agreed framework for measuring inspection productivity benchmarked against appropriate peer organisations	An initial assessment of productivity using an agreed matrix		Quarter 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
3.3 Proactively engage with DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005	RQIA has engaged effectively with DHSSPS in reviewing the scheme of charges in the Fees and Frequency of Inspections Regulations (NI) 2005	Evidence of engagement with DHSSPS to revise the scheme of charges in the Fees and Frequency of Inspection Regulations	Chief Executive and Director of Regulation and Nursing	Initiate engagement with DHSSPS Quarter 1 Progress reported Quarters 2 - 4
3.4 Develop and commence implementation of a Human Resources and Organisational Development (HR&OD) Annual Plan (2015-16) to support RQIA's changing business needs	To develop and maintain a competent, engaged and high performance workforce in order to fulfil RQIA's purpose and vision To increase RQIA's organisational effectiveness through systematic processes of implementing effective organisational change, organisational design, capacity and resource planning to achieve our strategic goals.	A HR&OD Annual Plan (2015-16) approved by the RQIA Board % of Year 1 actions of the HR&OD Annual Plan (2015-16) successfully implemented by year end Results of annual staff pulse survey	Director of Corporate Services	Quarter 1 Quarters 2 - 4 Quarter 4
3.5 Produce an agreed budget and savings plan based on a 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2015-16	Effective and efficient use of financial resources to support RQIA's strategic priorities and maintain financial balance Business plan objectives and resources are consistent	Resource needs are established with DHSSPS Directorate and team budgets established Regular monthly monitoring reports provided to all budget owners Deliver savings and achieve an end-of-year break-even position on income and expenditure Achieve an unqualified audit opinion of final accounts	Director of Corporate Services	Quarter 1 Quarter 2 Quarters 1 - 4 Quarter 4 Quarter 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
3.6 Establish a workforce plan to deliver the organisation's key strategic and business objectives	Have identified the human resource requirements to successfully deliver the business objectives and informed by the zero based budget for 2016-17 A skilled and balanced workforce with the capacity to deliver our business requirements now and into the future	A workforce plan for 2016-17 approved by the RQIA Board	Director of Corporate Services	Quarter 4
3.7 Produce a zero based budget for 2016-17	Key activities and associated roles identified and costed Budgets aligned to the strategic needs and priorities of the organisation	Zero based budget 2016-17 approved by the RQIA Board Revised directorate and team budgets established	Chief Executive	Quarter 4

Strategic Theme 4 - Continuously Improve Key Systems and Processes

Strategic Priorities

We will develop and deliver quality improvement work-streams to improve our internal systems and processes

Our strategic priorities:

- Lead and coordinate strategic change and improvement through the RQIA Strategic Improvement Steering group
- Make better use of information and intelligence from external sources to improve our ability to assess risk, prioritise inspection activity and respond to public concern
- Improve analysis of available information to generate intelligence to support our inspection and review processes
- Optimise the use of information, communication and technology to enable RQIA to be more efficient and effective in delivering its current and future priorities
- Implement a programme of continuous improvement of internal operating systems and processes to streamline activity and reduce unnecessary bureaucracy

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
4.1 ³ Implement a programme of key strategic and quality improvement work streams	Enhanced performance across RQIA's core functions in particular:	Attainment of core objectives in each strategic work stream	Chief Executive	Quarter 2
	<ul style="list-style-type: none"> • Inspection methodology (regulated sector) • Inspections of Acute Hospitals • Readiness for implementation of Mental Capacity Legislation 	Evidence of improved performance in measuring safe, effective and compassionate care impacting on outcomes for service users		Quarter 4
	Internal systems and processes subject to appropriate benchmarking	Attainment level achieved in the EFQM assessment in 2015-16 (Baseline: Bronze 2012 / target Gold 2016)		Quarter 3

³ 4.1- Also relates to Themes 1 and 2

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
4.2 Enhance our capacity and capability to access and act on information and intelligence	<p>RQIA's inspections and reviews informed by robust intelligence and information, including from 3rd parties, such as the regulated sector, Public Health Agency and other professional regulators</p> <p>RQIA's inspections focused where they are most needed to ensure an effective and timely response to all relevant concerns</p> <p>Capability to extend RQIA's information sharing role in providing evidence of best practice</p> <p>Improved suite of management reports covering key information in respect of incident reports, whistle-blowing and complaints</p>	<p>RQIA receiving and analysing relevant information and intelligence</p> <p>RQIA implementing new data related services meeting the needs of all staff</p> <p>RQIA disseminating information appropriately to other HSC organisations and to regulated services</p> <p>Independent audit providing a satisfactory level of assurance of RQIA's internal systems and processes</p> <p>quantitative and qualitative analysis of notifiable events, complaints and whistleblowing disclosures reviewed prior to inspection</p>	Chief Executive	<p>Establish current position and action plan Quarter 2</p> <p>Progress reported Quarters 2 - 4</p>
4.3 Develop and commence implementation of a new Information and ICT Plan 2015-16	<p>An Information and ICT service which continues to support the delivery of RQIA's core activities and which is responsive to emerging business needs</p>	<p>Information and ICT Plan 2015-16 approved by the RQIA Board</p> <p>% of Information and ICT actions successfully implemented</p> <p>% of staff satisfaction with the Information and ICT service</p>	Director of Corporate Services	<p>Quarter 1</p> <p>Quarters 2 - 4</p>
4.4 Implement the Sustainability Action Plan 2015-16	<p>RQIA has integrated sustainable practice across the organisation</p>	<p>approved by RQIA Board</p> <p>% of actions in the Sustainability Action Plan successfully implemented</p>	Director of Corporate Services	<p>Quarter 1</p> <p>Quarters 2 - 4</p>

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
4.5 Implement an agreed action plan to take forward the recommendations in the Independent Landscape Review of RQIA commissioned by DHSSPS	Demonstrated to DHSSPS a managed process and progress in responding to the recommendations identified as part of this independent review	% of actions in the Action Plan, that are under RQIA's direct control, successfully implemented	Chief Executive	Quarter 4
4.6 Contribute to the development and improvement of DHSSPS regional policies and standards	Policy and standards applied appropriately to improve safe, effective and compassionate care	Evidence of RQIA utilising the revised policies and standards for regulation of health and social care	Chief Executive	Quarter 4

Strategic Theme 5 - Develop and Enhance Effective External Relationships

Strategic Priorities

We will communicate and engage effectively with people who use services, and collaborate with other HSC bodies, regulated services, and other regulators to share information and intelligence

Our strategic priorities:

- Engage and involve service users, carers and the public to obtain their views on the standard of care provision within health and social care services
- Develop our external communication systems and processes to provide the public with clearer information about our role and responsibilities
- Develop stronger partnerships with independent, voluntary and community groups to improve communication and drive improvements for service users
- Strengthen our links with other regulators, professional bodies and organisations to share intelligence to ensure that safety concerns are heard and acted upon
- Engage effectively with other organisations to deliver the aims and objectives of Quality 2020
- Strengthen our focus on quality improvement by disseminating the learning from our inspections, investigations and reviews

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
5.1 ⁴ Embed Personal and Public Involvement (PPI) into RQIA's core activities	Clear and meaningful involvement and engagement processes with service users, carers and the public in our activities	Personal and Public Involvement (PPI) Action Plan 2015-16 approved by the RQIA Board % of 2015/16 actions in the PPI plan successfully implemented on target	Director of Corporate Services	Approved by the RQIA Board in Quarter 1 Progress reported Quarters 2 - 4

⁴ 5.1 – Also relates to Theme 1

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
5.2 Develop an effective communications and stakeholder engagement plan	Enhanced public profile of RQIA and better understanding of RQIA's roles and responsibilities by key stakeholders Better public access to information about the roles and responsibilities of RQIA Improved outward facing communication and engagement	Revised communication framework developed by EMT and approved by RQIA Board DHSSPS approval of the RQIA business case for new website Survey of public opinion about awareness of roles and responsibilities of RQIA to establish baseline A new RQIA website is operational	Chief Executive	Framework approved Quarter 1 Quarter 1 Quarter 3 Quarter 4
5.3⁵ Disseminate evidence of best practice through the delivery of roadshows, seminars and conferences for key stakeholders	Improve quality of care for patients and clients Improved engagement with key stakeholders Dissemination of evidence of best practice in aspects of health and social care	Number of stakeholder engagement interactions undertaken by RQIA Degree of participant satisfaction as captured through attendance surveys	Chief Executive	Baseline agreed Quarter 1 Progress reported Quarters 2 - 4
5.4 Develop and implement a revised framework for engagement and collaborative working with other relevant regulatory organisations	Agreed working arrangements with all relevant systems and professional regulators Arrangements in place for risk summits involving other regulators and HSC organisations, where necessary and appropriate	A framework agreed setting out how RQIA will engage with each relevant organisation Individual agreements (MoUs / information sharing agreements) with relevant supervisory organisations A framework to convene a risk summit and to agree key actions	Chief Executive	Framework agreed in Quarter 2 Quarter 4

⁵ 5.3 – Also relates to Theme 2

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
5.5 Establish effective outcome focussed relationships and functions with related ALBs	A joined up approach to supporting Quality and Safety Improvement in service delivery	The quality and quantity of engagement with other ALB's	Chief Executive	Establish baseline Quarter 2 Progress reported Quarters 3 - 4
5.6 Participate appropriately to deliver the aims and objectives of Quality 2020	RQIA contributes effectively the Quality 2020 vision that HSC is 'to be recognised internationally, but especially by the people of NI, as a leader for excellence in HSC'	RQIA's participation in Quality 2020 work streams documented in the RQIA Annual Quality Report	Chief Executive and RQIA directors of Regulation and Nursing; Mental Health, Learning Disability and Social Work; Reviews and Medical Director; and Corporate Services	Quarter 4

Strategic Theme 6 - Focus Improvement Activities on Outcomes

Strategic Priorities

We will pursue opportunities to drive quality improvement across health and social care

Our strategic priorities:

- Use the experiences of service users and carers to inform the findings of inspections and reviews
- Use external expertise to identify evidence of best practice and areas of improvement in health and social care
- Actively participate in regional and national initiatives to ensure that our work is appropriately benchmarked and aligned with evidence of best practice
- Shift the balance of performance measures from internal processes and outputs to outcome measures based on the three stakeholder outcomes of safe, effective and compassionate care

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
6.1 Involve lay assessors in the service user aspects of RQIA inspections and reviews	The views of patients and clients about their experiences of care and treatment are appropriately included in inspection and review reports Lay assessors fully engaged in RQIA's inspections and providing evidence to support inspectors in making assessments about safe, effective and compassionate care	The number of inspections and reviews which have involved lay assessors Survey evaluating the experience of lay assessors engaged in inspections and reviews	Chief Executive	Initiate use of lay assessors in Regulation Quarter 1 Evaluate and Review the role of lay assessors Quarters 3 - 4
6.2 Use external expertise to identify evidence of best practice and areas of improvement in health and social care	RQIA's assessments of services during our thematic reviews and acute hospital inspection programmes are informed by relevant external expertise	Survey of the experience of external experts engaged in RQIA reviews and inspections	Director of Reviews	Results of survey reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
6.3 Work jointly with the HSC Leadership Centre and relevant academic institutions and other organisations to extend our contribution to the health and social services body of knowledge	Contribute to strategic thought leadership in respect of quality improvement in health and social care Actively engage with stakeholders in service quality and safety issues e.g. as highlighted by Donaldson report	Level of internal or available expertise Contributions through seminars, papers and reports Feedback from service delivery staff and stakeholders	Chief Executive	Establish baseline Quarter 2 Progress reported Quarters 3 - 4
6.4 Prepare for formal accreditation with the International Standard EN ISO/IEC 17020:2012	RQIA's regulatory systems and processes streamlined and improved	Assessment of readiness to apply for accreditation against the International Standard EN ISO/IEC 17020:2012	Chief Executive	Quarter 4
6.5 Research and develop an agreed approach to conducting an overall assessment of health and social care in NI	An agreed methodology for providing an overall assessment of the delivery of health and social care against the three key stakeholder outcomes of safe, effective and compassionate care	An appropriate methodology identified and agreed with DHSSPS and the RQIA Board A timeframe for completion of an overall assessment identified and agreed with the RQIA Board	Chief Executive	Quarter 4 Quarter 4

Strategic Theme 7 - Actively Lead Change and Manage Risk

Strategic Priorities

We will invest capacity in developing and leading RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Our strategic priorities:

- Develop and strengthen our leadership capacity and capability to respond effectively to changing needs and priorities
- Identify and manage known and emerging risks which impact on our core functions to maintain operational effectiveness
- Identify and escalate risks in the services we regulate in order to safeguard and protect service users
- Make better use of performance data and intelligence to further strengthen our oversight and governance processes

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
7.1 Implement a robust Risk Management Strategy	Identification and management of all potential risks facing RQIA in delivering our strategic objectives	Revised Risk Management Strategy approved by the Audit Committee and RQIA Board Attainment of substantive compliance with the Risk Management Controls Assurance Standard Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of the RQIA	Director of Corporate Services	Quarter 1 Quarter 4 Quarters 1 - 4
7.2 Implement revised enforcement and escalation policies and procedures, taking account of the learning from previous experience	Appropriate and timely interventions in response to identified failings in service provision	Number of formal enforcement actions taken Number of improvement notices issued Number of escalations to HSC bodies Numbers of relevant staff trained in the application of the new policies	Chief Executive	Implementation Quarter 1 Progress reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
7.3 Review effectiveness of all Board committees and working groups	Effective use of skills of all Board members	Recommendations for improvement in relation to committees, working groups and performance reporting agreed at Board level and implemented	RQIA Chair	Quarter 2
	Appropriate balance of executive and non-executive participation in committees and working groups	Board and executive feedback on the implementation of these recommendations		Quarter 4
		Completed annual Board Effectiveness Survey		Quarter 4
7.4 Review and revise RQIA's Performance Management Framework	<p>Effective performance assured by RQIA's Board</p> <p>Improved process for the development and deployment of the corporate strategy and business plan</p> <p>Successful governance, management of identified risks and performance delivery within a strategic framework</p> <p>Improved quarterly performance reporting and papers to the Board</p>	Revised performance management framework approved by RQIA's Board	Director of Corporate Services	Quarter 3

Evaluating and Measuring Impact

RQIA will measure our impact against the three stakeholder outcomes of safe, effective and compassionate care.

We will report our performance through monthly reports to our Board and will publish these reports on our website.

Measures of impact describe the qualitative and quantitative data that helps RQIA to make informed decisions and improve performance.

The measures of impact developed by RQIA as an integral part of our Corporate Strategy and annual Business Plan will include:

- Building our capacity to apply evidence from research in measuring the impact of regulation in driving improvements in the quality, safety and effectiveness of health and social care.
- Building our capacity to turn information into useful intelligence to inform the basis of our inspections.
- Positioning RQIA as a competent and well respected regulator of health and social care in Northern Ireland.
- Working in partnership with relevant organisations, including other regulators, academic bodies and health and social care improvement organisations to strengthen our capacity to assess the impact of quality improvement across the system.
- Improving inspection productivity, making best use of available resources, focusing inspection activity where it is most needed and making sure that registered services address non-compliances effectively and in the shortest possible timeframe.
- Measuring trends in the number and nature of requirements and recommendations arising from inspections of regulated services.
- Monitoring the impact of new activities, including the transfer of GAIN, and the implementation of the new rolling programme of inspections of acute hospitals on improving health and social care.

Appendix 1 – Finance Section

1. Revenue Resource Limit (RRL)

Confirmation of the 2015-16 RRL was received from DHSSPS on 9 February 2015:

	£'000
Recurrent Allocation Baseline	6,902
Clinical Excellence award	38
Total RRL Allocation 2015/16	6,940

This position represents a real term reduction as inescapable cost pressures such as pay awards, incremental drift, and non-pay inflationary pressures are assumed not to be funded.

2. Estimated Income from Charges

The estimated income from charges in 2015/16 is £805K.

This figure is based on the current fees and frequencies regulations and includes estimates in relation to registered places and registration fees.

3. Total Permitted Gross Revenue Expenditure

The total permitted gross revenue expenditure in 2015/16 is therefore estimated as follows

	£'000
Estimated RRL Allocation 2015/16	6,940
Estimated Income from Charges	895
Total Permitted Gross Revenue Expenditure	7,835

4. Capital Resource Limit (CRL)

The outward facing portal phase of the iConnect project has experienced slippage and is now due to complete in quarter 2 of 2015/16. A further CRL allocation of £61K is required in 2015/16 to complete this phase. An addendum to the Business Case will be submitted to cover this additional requirement.

In 2015/16 we also plan to replace our website. The business case for this development is currently being prepared but an early estimated puts the CRL requirement for 2015/16 at £40K.

Finally we require £51K CRL in 2015/16 to complete the next phase in our rolling ICT hardware refresh programme. This will facilitate the refresh of around 60 laptop computers.

RQIA's estimated total CRL requirement for 2015/16 is therefore £152K.

Glossary of Abbreviations and Terms

BCP	Business continuity plan
DDO	Disability Discrimination Order
DHSSPS	Department of Health, Social Services and Public Safety
EFQM	European Foundation for Quality Management
EPSO	European Partnership for Supervisory Organizations in Health Services and Social Care
FOI	Freedom of information
HSC	Health and social care
iConnect	Corporate Information Management System
ICT	Information communications technology
IIP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
MHLD	Mental health and learning disability
MHO	Mental Health (Northern Ireland) Order 1986
MOU	Memorandum of understanding
NIAO	Northern Ireland Audit Office
NISSC	Northern Ireland Social Care Council
NPM	National preventive mechanism
OPCAT	Optional Protocol to Convention Against Torture
PPI	Personal and public involvement
SAI	Serious adverse incidents
Lay Assessor	A member of the public who brings their own experience, fresh insight and a public focus to our inspections and reviews on a voluntary basis
Peer Reviewer	An individual with a particular skillset or an in-depth understanding of a particular service area and is engaged by RQIA to support its review and inspection programmes



The Regulation and Quality Improvement Authority is an independent organisation which aims to ensure the public in Northern Ireland has access to the best possible standards of health and social care.

RQIA was set up by the Department of Health, Social Services and Public Safety in 2005. It has a remit to regulate, inspect, and monitor statutory, private and voluntary sector bodies which provide health and social care services and to promote, and in certain areas enforce, improved standards wherever they are needed.

If you have any comments or complaints about the work of RQIA, you should contact:

The Regulation and Quality Improvement Authority
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5 Lanyon Place
BELFAST
BT1 3BT

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Email: info@rqia.org.uk

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RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	RQIA Savings Plan 2015-16
Agenda Item	11
Reference	G/03/15
Author	Jonathan King
Presented by	Director of Corporate Services
Purpose	The purpose of this paper is to present to the Board the RQIA Savings Plan 2015-16 for approval.
Executive Summary	This plan sets out a range of recurring and non-recurring actions to achieve the required reduction in expenditure to enable breakeven in 2015/16. The plan also sets out the process to be followed in 2015/16 to enable RQIA to make appropriate recurring adjustments to ensure breakeven in 2016/17 and beyond.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should APPROVE the Savings Plan 2015-16.
Next steps	The Savings Plan will be sent to DHSSPS by 31 March 2015 for approval.

Draft RQIA Savings Plan 2015-16

For Board Approval – 25 March 2015

Assurance, Challenge and Improvement in Health and Social Care

1. INTRODUCTION

This paper sets out a savings plan to address the funding gap resulting from a 3% recurring reduction in RQIA's 2015/16 RRL (£201K) and the DHSSPS decision not to fund in year cost pressures.

2. BACKGROUND

CSR efficiency savings

In the past 5 years up to and including 2014/15 RQIA has released £1,050,041 in efficiency savings which equates to a reduction of over 15% in its operational expenditure.

Budget cuts 2015-16

In a letter from the DHSSPS dated 7 November 2014 RQIA was asked to submit proposals for the potential reduction of 5%, 10%, and 15% to its budget. RQIA responded on 5 December 2014 submitting outline proposals and an assessment of the likely impact of such reductions.

In a letter dated 9 February 2015 the Department advised RQIA *"that the 2015/16 current expenditure allocation for RQIA will be £6,902,617. This represents an increase of £198,888 from the opening 2014/15 position. The increase comprises £400,000 which has been transferred from the Department to RQIA for the Guidelines and Audit Implementation Network (GAIN), offset by a reduction of £201,112 (3%) from the opening 2014/15 position."*

Furthermore *"The Department requires all HSC organisations to manage cost pressures, through improved efficiency measures, within the overall budget allocations"* therefore *"RQIA should develop its financial plans ensuring that sufficient resources are set aside to meet unplanned cost pressures arising in-year"*.

The savings proposals within the plan *"should be prioritised on the basis of those that minimise the impact on service delivery and must be practically capable of being delivered in 2015/16"* and *"given the need to maintain service reviews and inspections at a time of budget cuts, RQIA should therefore identify further specific proposals for sponsor branch assessment which do not impact on its review and inspection plans."* A copy of the full financial allocation letter is included in Appendix 1.

Capacity to deliver further savings

In a landscape review conducted in 2014 by RSM McClure Waters on behalf of the DHSSPS they stated that *"RQIA has been successful in delivering on its cost savings targets. Given the increasing workload facing the organisation, it is difficult to identify any significant opportunities for further savings."*

Currently RQIA has 3 business cases awaiting approval by the DHSSPS totalling £282K. The first two were submitted to address capacity issues within the Mental Health and Learning Disability (MHL D) Team (£54K) and within the Regulation Directorate (£193K as per latest revised version submitted January 2015). The 3rd business case relates to a DHSSPS requirement to strengthen the independence of second opinions in MHL D (£35K).

Public expectation of RQIA as a regulator continues to grow and recent reviews have also commented on the requirement to strengthen regulation. Sir Liam Donaldson's report "The Right Time The Right Place" stated that regulation of HSC organisations should be strengthened. The DHSSPS has asked RQIA to commence a new programme of acute hospital inspections in 2015-16.

3. GAP ANALYSIS

RQIA faces a recurring funding deficit of £248K in 2015/16. This deficit is the direct result of the recurring RRL reduction and unfunded in-year cost pressures abated by a small anticipated growth in other income and a carried forward prior year contingency. The table below summarises the gap.

	£
RRL Reduction	201,112
Unfunded Cost Pressures	124,628
Estimated Fees Growth	(27,622)
C'Fwd Contingency	(50,125)
Funding Deficit	<u>247,993</u>

The main elements of the in year cost pressures include anticipated pay awards, incremental progression, and estimated increased use of BSO Legal Services.

The full gap computation is included in Appendix 2.

4. SAVINGS PLAN

This savings plan consists of two distinct but related elements. The first is to ensure RQIA is able to achieve breakeven in 2015/16 and the second is concerned with achieving financial balance in 2016/17 and beyond.

Within our previous submission to the DHSSPS we outlined the impact RRL reductions at different levels would have on the discharge of our functions. We also outlined the difficulties and issues around quickly adjusting our spend due partly to our cost base consisting largely of staff, the effect of previous significant efficiencies on our ability to deliver further efficiencies, and the constraints we face as a significant portion of our activity is dictated by legislation.

Achieving Financial Balance in 2015/16

An initial review has been conducted on our non-pay expenditure. Recurring reductions have been made to a number of budget areas where it was felt that savings could be made without impacting significantly on our ability to deliver our core functions. These savings equate to £59K (4.5% of the non-pay budget) per annum.

As detailed in our previous savings plans staff are RQIA's major resource and as a consequence they are also the most significant component of our expenditure (82%). Therefore it is clear that any reduction in operating expenditure will require a corresponding reduction in staffing. Following on from the recruitment controls implemented in 2014/15 several posts, equivalent to an annual value of £206K of non recurrent savings, are being held vacant. Management will continue to review the pool of posts held based on organisational need and the level of slippage required to break even in 2015/16.

The responsibility for the management of The Guidelines and Audit Implementation Network (GAIN) will move to RQIA on the 1 April 2015. GAIN brings with it an operational budget of £400K with a significant part (approx. £280K) being available for distribution to those undertaking the production of Guidelines and Audits. RQIA aims to organise GAIN operations to ensure the full utilisation of its budget each year however it is anticipated that slippage will occur due to in 2015/16 due to transitional considerations. Until the integration process is more advanced it is difficult to estimate the actual amount of slippage that it will yield in 2015/16.

Achieving Financial Balance in 2016/17 and Beyond

As identified in our business plan we commit to undertake a workforce planning and a zero based budgeting exercise during 2015/16. This work will inform our staffing requirement and provide us with a vehicle to prioritise effectively where recurring reductions need to be made. When concluded this exercise may need to utilise the Voluntary Redundancy (VR) or Voluntary Early Retirement (VER) scheme. RQIA has notified an interest to BSO in accessing up to four posts as VR or VER in preparation for bids for these schemes.

Furthermore the workforce planning and zero based budgeting exercise will provide a framework to address further budget reductions in a systematic manner. The ability to significantly amend our workforce, should further efficiencies dictate, will be very reliant on the amendment of the Fees and Frequency legislation that prescribes how frequently we must visit each establishment under regulation. We are currently working with the DHSSPS to revise the 2003 Order to provide greater freedom to target our inspections where they are needed most.

The recurring non-pay reductions of £59K implemented in 2015/16 will carry forward into 2016/17. As part of the zero based budgeting exercise during 2015/16 further scrutiny of the non-pay budgets will occur to attempt to identify additional efficiencies.

In the previous savings proposals submission to the DHSSPS in December we identified the opportunity to increase our fee income through the amendment of the fees and frequency legislation. The fees in that legislation have not been increased since its implementation in 2005 creating an unfunded cost pressure each year. The proposals submitted provided for an increase in fees to offset any RRL reductions. In addition we suggested that an annual uplift should be incorporated, that those establishments facing a zero fee or a negligible fee should be increased, and that a provision should be included to enable RQIA to levy a charge for those that fail to meet the minimum standard and as a consequence require additional inspections. We are currently working with our Sponsor Department in relation to this issue.

5. SUPPORTING OUR STAFF

We are committed to involving staff directly and working in partnership with Joint Negotiating Consultative Forum (JNCF) to achieve these budget reductions as well as implementing improvements in the way we work.

Any staff affected will be communicated with both at the early stages and throughout the change process, and will continue to have the opportunity to meet regularly with their line manager or HR Manager for additional support and information.

Information in relation to a VR/VER scheme has not yet been made available by DHSSPS to inform the production of this plan.

6. EQUALITY SCREENING

Specific savings proposals will be subject to Equality screening.

7. RECOMMENDATION

The RQIA Board is asked to **APPROVE** the draft Savings Plan 2015-16 for submission to the Department.

Appendix 1 – Financial Allocation for 2015/16

Director of Finance



Mr Glenn Houston
Chief Executive
Regulation Quality Improvement Authority
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peter.toogood@dhsspsni.gov.uk

Your Ref:
Our Ref: DH1/15/37406 RQIA1
Date: 9 February 2015

Dear Mr Houston

FINANCIAL ALLOCATIONS AND BUSINESS PLANNING FOR 2015/16

1. I am writing to advise you of the Regulation Quality Improvement Authority's budget allocation for current expenditure in 2015/16 and to advise you of the related business planning processes. You will be aware that the Executive's final Budget for 2015/16 did not provide for any further funding for DHSSPS in addition to that outlined in the draft Budget. Unfortunately this presents significant financial challenges for DHSSPS in 2015/16 and steps must therefore be taken across the Department and its ALBs to ensure that overall financial balance can be secured.
2. In that context, I would advise that the 2015/16 current expenditure allocation for RQIA will be £6,902,617. This represents an increase of £198,888 from the opening 2014/15 position. The increase comprises £400,000 which has been transferred from the Department to RQIA for the Guidelines and Audit Implementation Network (GAIN), offset by a reduction of £201,112 (3%) from the opening 2014/15 position. The reduction is recurrent and is part of a collective Departmental response to address the overall DHSSPS funding gap in 2015/16. Further information on this savings target is set out at paragraphs 11 to 15 below. I can assure you that all aspects of the Department's budget have been scrutinised and all its ALBs will be affected, whether through RRL reductions, having to implement contingency plans or having to manage unfunded financial pressures.

3. The total allocation to RQIA for current expenditure in 2015/16 is to be allocated across the following ring-fenced area:

		2015/16 £
1	Administration	6,902,617
		6,902,617

Financial Control

4. There is a strict requirement for RQIA to contain expenditure within approved budget allocations, which are issued during the course of the year as formal Revenue Resource Limits (RRL). **These must not be exceeded.** The Department requires RQIA to ensure that a financial breakeven position is achieved by 31 March 2016.
5. RQIA must take all necessary steps to ensure that financial deficits do not arise. All deficits must be immediately notified to the Department, together with details of any contingency arrangements required to address them. The Department re-emphasises the need for compliance with the principles set out in circular HSS (F) 29/2000 "Promoting Financial Stability within HPSS Organisations". In particular, service developments should not be initiated until an appropriate source of recurrent funding has been secured.
6. The budget allocations noted in the table above are not cash limits. In line with the previous financial year, RQIA has full freedom to draw down cash to meet its liabilities as they fall due. However, given the impact of cash drawdown on the Department's Estimates position, it is essential that HSC organisations provide robust cash requirement projections to the Department, and that HSC organisations subsequently live within those projected requirements.
7. Any addition to RQIA's workforce (WTEs) in 2015/16 will require prior Departmental approval via your Sponsor Branch.

Ring Fencing of Allocations

8. The Ring Fencing of allocations means that where resources allocated for a particular purpose are not required, or not required in full for that purpose, they must be returned to the Department at the earliest possible opportunity for potential redistribution.

9. RQIA has flexibility to redeploy resources within the ring-fenced area noted in paragraph 3 above. While this flexibility provides the ability to control resources within an overall financial envelope, the Department will continue to maintain an overview of planned expenditure across all budget areas, in order to exercise both Estimate and budgetary control. This means that in-year financial monitoring arrangements will continue as at present, with control over redeployment being exercised by the Department. Approval for movement of funding outside the ring fenced area noted above must be sought in advance from the Department and will be subject to Ministerial approval as appropriate.

Administration Budget Limits

10. In light of the political scrutiny of and public interest in the administration costs of HSC organisations, a separate control on administration costs continues for 2015/16. The revenue resource limit for 2015/16 of £6,902,617 is to cover those direct staff and non-pay costs incurred by RQIA in pursuit of its administrative functions. In due course, this RRL may be adjusted to incorporate other services for which the RQIA may obtain via service level agreements with other HSC organisations.

2015/16 Savings Plans

11. The Department requires all HSC organisations to manage cost pressures, through improved efficiency or other measures, within the overall budget allocations outlined above. RQIA should therefore develop its financial plans in this context, ensuring that sufficient resources are set aside to meet unplanned cost pressures arising in-year.
12. In particular, RQIA should now finalise its savings plans for 2015/16 to meet the 3% reduction of £201,112 from the opening resource allocation for 2014/15. These should be based on the proposals within the planning scenarios that were previously developed and submitted to the Department following my letter of 7 November 2014. As noted in that letter, savings proposals should be prioritised on the basis of those that minimise the impact on service delivery and must be practically capable of being delivered in 2015/16.
13. The Department acknowledges that the initial proposals from RQIA reflect the limited options available in light of existing policy direction and the proposed savings target is therefore lower than would otherwise be the case. Given the need to maintain service reviews and inspections at a time of budget cuts, RQIA should therefore identify further specific proposals for sponsor branch assessment which do not impact on its review and inspection plans.
14. The information requirements for each savings proposal are as follows:

- Description of proposal;
- Date of implementation;
- Amount of saving in 2015/16 (and in future years);
- Service implications/impact;
- HR handling issues, including any need for VR/VER; and
- Impact on Equality and Good Relations and how this will be managed.

15. You should liaise with your Sponsor Branch as required as part of this process to ensure they have an understanding of your savings proposals, prior to formal consideration by your Board.

2015/16 Annual Business Plan

16. For 2015/16, the Department intends to adopt a more strategic approach to the business planning process and will not be setting a wide range of specific Departmental objectives for inclusion in your business planning documents. Your sponsor branch will however wish to engage with you on their expectations to ensure that all statutory, PFG, Ministerial and MSFM requirements will be addressed.
17. You should continue to produce an Annual Business Plan which contains strategic objectives focussed on your organisation's core purpose. The plan should include appropriate objectives and targets relating to corporate governance, quality, resources and service delivery/improvement.

Actions Required

18. Your 2015/16 Savings Plan and Annual Business Plan, which have both been considered and approved by your Board, should be submitted to the Department, through your Sponsor Branch, **by 31 March 2015**. You should liaise closely with your Sponsor Branch throughout this process to ensure that Departmental input is secured prior to formal submission to your Board.

Yours sincerely



PETER TOOGOOD
Director of Finance

Appendix 2 – Gap Analysis 2015/16

INCOME BUDGET	2014/15	2015/16
	£	£
<u>RRL</u>		
C'Fwd Recurrent Baseline	6,604,954	6,703,729
GAIN	0	400,000
Inescapable Cost Pressures	140,889	0
Savings Required	(42,114)	(201,112)
Recurring RRL	6,703,729	6,902,617
N/R RRL - Clinical Exc Award	38,076	38,076
Total RRL	6,741,805	6,940,693
<u>Fees</u>		
Annual Fees (Incl. Dental)	797,089	814,711
Registration/Variation Fees	70,000	80,000
Fees Total	867,089	894,711
<u>Secondments</u>		
Secondments out	64,228	0
Total Income Budgets	7,673,122	7,835,404

EXPENDITURE BUDGET	2014/15	2015/16
	£	£
<u>Pay</u>		
C'Fwd Adjusted Budget	6,214,537	6,285,224
Pay Cost Pressures		
Secondment (NR)	64,228	0
Incremental Drift	23,730	20,617
Pay Award (NR)	46,957	54,344
Management Intern (NR)	0	12,000
Clinical Fellow Engagement (NR) (Est.)		16,667
Total Pay	6,349,452	6,388,852
<u>Non-Pay</u>		
C'Fwd Recurring Budget	1,266,457	1,273,545
Non-Pay Cost Pressures		
DLS SLA Growth (Under Negotiation)		15,000
SCG Legal Rep. (Under Negotiation)		6,000
BSTP Maintenance		14,000
BSO HR & Finance SLQ Reduction (Est.)		(14,000)
Total Non-Pay	1,273,545	1,294,545
GAIN	0	400,000
Total Expenditure Budgets	7,622,997	8,083,397

Total Income Budgets (see above)	7,673,122	7,835,404
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Gap	50,125	(247,993)
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RQIA Board Meeting

Date of Meeting	25 March 2105
Title of Paper	Transfer of the Guidelines and Audit Implementation Network (GAIN) to RQIA
Agenda Item	12
Reference	H/03/15
Author	Dr David Stewart
Presented by	Dr David Stewart
Purpose	The purpose of this paper is to update the RQIA Board on progress in arranging for the transfer of the functions of GAIN to RQIA on 1 April 2015.
Executive Summary	<p>GAIN was established in 2007 through the amalgamation of three regional groups in Northern Ireland, which had roles in developing guidelines or promoting clinical audit. GAIN is currently sponsored by DHSSPS and carries out functions including the development of regional guidelines and commissioning of clinical and social care audits.</p> <p>GAIN operates under the direction of a regional strategic committee and an operational committee. The committees have representation from HSC and other relevant organisations. GAIN has a support team with four members of staff who are currently located within DHSSPS offices in Castle Buildings.</p> <p>In 2014 a landscape review of GAIN was undertaken, to assess its current efficiency and effectiveness in delivering its aims and objectives. One of the recommendations of the review was that the DHSSPS should give due consideration to the most appropriate location for GAIN. RQIA was named as one of the potential locations in which GAIN could be appropriately located.</p> <p>DHSSPS subsequently approached RQIA to invite RQIA to consider the transfer of the functions of GAIN into RQIA and this was agreed.</p> <p>A Project Board and Project Team have been</p>

	<p>established to plan the transfer.</p> <p>Arrangements for transfer of the four GAIN staff to RQIA employment in RQIA offices are agreed and scheduled to occur on 1 April 2015. A list of ongoing commitmentsto projects at the date of transfer will be formally provided to RQIA by DHSSPS.</p> <p>RQIA has been advised by DHSSPS in the allocation letter for 2015/16 that the annual budget of £400,000 will be included in the RQIA allocation for 2015/16.</p> <p>The functions of GAIN are very complementary to the objectives set out in RQIA's Corporate Strategy for 2015 to 2018.</p> <p>During 2015/16, the operational arrangements for the effective delivery of GAIN functions within the governance structures of RQIA will be defined and established.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not at present but any revisions to the operational arrangements for GAIN will be subject to screening in 2015/16.
Recommendation/Resolution	It is recommended that the Board should NOTE the update on the transfer of GAIN to RQIA on 1 April 2015.
Next steps	<p>Further updates will be provided to RQIA Board in relation to progress on the transfer of the functions of GAIN.</p> <p>Proposals on the future governance arrangements for the operation of GAIN within RQIA will be brought to the RQIA Board for consideration and approval.</p>

Transfer of the Guidelines & Audit Implementation Network (GAIN) to the Regulation & Quality Improvement Authority (RQIA)

Update for RQIA Board

25 March 2015

1. Introduction and Background

The Guidelines and Audit Implementation Network (GAIN) was established in 2007 when the Clinical Resource Efficiency Support Team (CREST), the Regional Multi-professional Audit Group (RMAG) and the Northern Ireland Regional Audit Advisory Committee (NIRAAC) amalgamated to form a single new entity.

GAIN was established to promote leadership in safety and quality through the development and integration of regional guidelines and audit and their implementation to improve outcomes for patients, clients and carers.

GAIN is not an Arm's Length Body (ALB) but a partnership body of the Department Health and Personal Social Services (DHSSPS). It is constituted under a Management Statement and Financial Memorandum.

The strategic direction and work plan of GAIN is currently overseen by two committees; a strategic committee and an operational committee. The committees are multidisciplinary, with voluntary representation from a number of organisations, including all Health and Social Care (HSC) trusts, DHSSPS, NIMDTA, Queens University, NIPEC, RQIA and representatives from primary care.

The day to day work of GAIN is supported by a small team, consisting of a GAIN Manager (AfC band 7), and 2.5 Audit Facilitators (AfC band 5) – 3.5 posts in total. The staff of GAIN are currently employees of the Belfast HSC Trust. Since it was established, GAIN staff have been located in Castle Buildings.

GAIN staff manage the programmes of audit and guideline development and have responsibility for publication of guidelines and dissemination of findings from regional audits. They also have a responsibility for providing audit training, where required, for HSC staff.

In 2013/14 GAIN had a budget of £400,000 to fund staff costs, to fund the development of guidelines and regional clinical audits and to undertake related training for health and social care (HSC) staff.

In 2014 a review of GAIN was undertaken. The review concluded that GAIN should continue to exist as a regional body for Northern Ireland wide clinical audit and the development of local guidelines where national best practice was not available or planned. The review made 57 recommendations one of related to the location of GAIN;

Recommendation 2.13.1 The current location of GAIN is not ideal and the DHSSPS must give due consideration to the most appropriate location for GAIN, including the HSC Board, the Business Services Organisation, the Public Health Agency, Regulation and Quality Improvement Agency RQIA or in the DHSSPS itself.

Following consideration of the possible options for the location of GAIN, RQIA was considered to be the preferred option. Following approval by the Minister for the relocation of GAIN to RQIA, the Chief Medical Officer wrote to the Chair of RQIA on 1 December 2014 to initiate the process to implement this decision.

It is anticipated that GAIN staff will transfer to RQIA on 1 April 2015 where they will become part of Reviews Directorate.

2 Finance

2.1 Ongoing Programme of work at time of transfer

There are a number of outstanding audits and guidelines in development for which funding has been agreed by GAIN but which will not be completed at the time of transfer. These include a small number which have not yet commenced due to particular issues including recruitment of staffing.

Actions

RQIA has been working actively with GAIN staff and DHSSPS staff to get a complete picture as to the status of the outstanding work programme. An analysis will then be carried out as to which audits will be included in the 2015-2016 audit programme under the responsibility of RQIA. It has been agreed that DHSSPS will provide RQIA with a letter setting out the formal status of each project at the time of transfer.

2.2 Funding

There is currently an allocated budget of £400,000 associated with GAIN. This will be subject to a 3% reduction in line with the savings reduction which RQIA has been tasked to deliver.

Historically, GAIN has generally not fully spent all of its annual allocation with resulting slippages being returned to the DHSSPS budget. There has been a recognised need to strengthen the processes to ensure that specific audits utilise the funding allocated to them within agreed timescales for each financial year.

Actions

The RQIA Head of Finance is building a GAIN budget, which will form part of the overall reviews directorate budget, taking account of existing staff costs and ongoing and planned audit activity.

There will be a period following the transfer where both DHSSPS and RQIA will need to liaise closely to ensure transfer of all information in relation to existing audits. Steps have been put in place to address this.

Work will be carried out to ensure that robust governance processes are in place in relation to allocation of and tracking of expenditure of money related to clinical audit and guidelines.

3 Human Resources

3.1 Staffing

On 1 April 2015, the 3.5 GAIN staff will transfer to RQIA. At present, 3 of the staff are on fixed term contracts with the Belfast Trust, with one being a permanent member of staff.

Actions

RQIA, GAIN and the Belfast Trust have held several discussions in relation to GAIN staff contracts and will continue to work closely to make the transfer as seamless as possible. Meetings have been held with GAIN staff to explain the process for the transfer and to address any HR issues they may have. The transfer of staff is subject to the Transfer of Undertakings (Protection of Employment) Regulations (TUPE).

The staff have had the opportunity to visit RQIA and to meet RQIA staff who were present at the time of the visit. A specific induction process has been developed for the GAIN staff.

4 Facilities and Fixed Assets

4.1 Facilities

The headquarters of RQIA are fully accessible on a local and regional basis to all GAIN staff. The offices are close to major transport links and have modern accessibility features. The actual RQIA office is designed in a way to facilitate GAIN staff to fully fulfil their functions.

Actions

A detailed office space exercise has been completed to ensure RQIA has the capacity to transfer GAIN staff. Hardware needs in terms of desks, phones and computers have been assessed and can be provided.

4.2 Fixed Assets

The total value of fixed assets that will transfer to RQIA is relatively small and would represent a very small proportion of RQIA's total fixed asset value. The majority of the GAIN assets relate to ICT software. RQIA will retain the licences for Sensemaker and SPSS software. GAIN also has a website with a contract in place to maintain the site.

Actions

THE RQIA head of IT has met with GAIN staff and has also had discussions with the firm responsible for the maintenance of the GAIN website.

RQIA has received a full inventory of GAIN's assets and has determined which could be of continued use and which should not be transferred.

The GAIN website will continue until development of the new RQIA website which will contain a GAIN section. The contract for website maintenance will continue until this time.

5 Risk Management

5.1 Records Management

GAIN does not maintain a large number of paper files and most information is held electronically on the DHSSPS information system.

Actions

RQIA has held several meetings with GAIN and DHSSPS to decide what paper files held by GAIN should go to storage or what should be disposed of. Decisions have been taken in relation to when and how GAIN's current files are archived.

The RQIA Head of ICT is undertaking a process to implement an electronic filing system to store the information that relates to GAIN's functions both in relation to past files and ongoing needs post 1 April 2015.

The RQIA Head of ICT is also asking its current providers of technology support to assess the use of all electronic records management systems (databases etc.) and software currently used by GAIN and confirm if these can be transferred to RQIA.

6 Review of Operational Arrangements

6.1 Operations

The functions of GAIN are organised through two committees which are presently supported by the DHSSPS. These include:

- A Strategic Committee, chaired by Dr Tom Trinick, whose function is to guide the strategic direction of the Network
- An Operational Committee, chaired by Professor Robin Davidson, whose function is to approve applications for funding and progress of projects.

Actions to date:

The present committee structure will continue initially, with meetings being hosted within RQIA. A joint meeting of the two committees has been arranged for 7 May 2015.

. A further project will be established to:

- Define and establish the operational arrangements for the effective delivery of GAIN functions within the governance structures of RQIA.

- Assess the current structures used by GAIN and determine the most effective arrangements to put in place, following the transfer to RQIA
- Take forward the recommendations from the review of the functions of GAIN
- Consider how to ensure that the functions of GAIN maximise their contribution to quality improvement within health and social care
- Consider how to maximise the benefits of locating GAIN within RQIA through harmonisation between RQIA and GAIN processes
- Review the quality assurance arrangements for GAIN processes and products.

7. Next steps.

Further updates will be provided to the RQIA Board in relation to progress on the transfer of the functions of GAIN.

Proposals on the future governance arrangements for the operation of GAIN within RQIA will be brought to the RQIA Board for consideration and approval.

RQIA Board Meeting

Date of Meeting	25 March 2015
Title of Paper	Audit Committee Update
Agenda Item	13
Reference	I/03/15
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	<p>The Audit Committee has met on one occasion since the last Board meeting.</p> <p>At the meeting on 26 February 2015, the minutes of the meeting of 16 October 2014 were approved and these are attached for noting by the Board.</p> <p>The Committee Chairman will verbally update the Board on the meeting of 26 February 2015, RQIA Procurement Practice and the RSM McClure Watters Action Plan.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 23 April 2015.

MINUTES

RQIA Audit Committee Meeting, 16 October 2014 Boardroom, 9th Floor, Riverside Tower, Belfast, 11.30am

Present

Denis Power (Chair)
Robin Mullan
Patricia O'Callaghan
Lindsey Smith
Seamus Magee

Apologies

Gerry McCurdy
Brian Clerkin (ASM)
Catherine O'Hagan (Northern
Ireland Audit Office)
Catherine McKeown (Business
Services Organisation, Internal
Audit)
Maurice Atkinson (Director of
Corporate Services)

In attendance

Glenn Houston (Chief Executive)
Jonathan King (Head of Finance)
Stuart Crawford (Planning and Corporate
Governance Manager)
Katie Symington (Board & Executive Support
Manager)
John Murray (Business Services Organisation,
Internal Audit)
Dorinnia Carville (Northern Ireland Audit Office)
Lauren Campbell (ASM)
Conrad Kirkwood (DHSSPS)

1 Welcome and Apologies

- 1.1** The Chair welcomed all members to the Audit Committee meeting and noted apologies from Gerry McCurdy, Brian Clerkin, Catherine O'Hagan, Catherine McKeown and Maurice Atkinson. The Chairman welcomed those new members of the Audit Committee; Robin Mullan, Seamus Magee and Gerry McCurdy and noted that the Committee now has a full complement of Board members.

2 Declarations of Interest

- 2.1** The Chair of the Audit Committee asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. No declarations of interests were made.

3 Chairman's Business

- 3.1** The Chair informed Committee members that an Audit Committee workshop was held on 6 August 2014 to complete the Self-Assessment tool and review the revised Audit and Risk Assurance Committee handbook. The Terms of Reference for the Audit Committee and the Corporate Risk Assurance Framework Report were also tabled at this meeting. The Chair noted that the new appointees to the Audit Committee will require specific training for this role.

- 3.2** The Chair highlighted to members the annual Bi-lateral meeting with Internal and External Audit on 1 October 2014; the notes of this meeting were tabled for information. The minutes of this meeting will be brought to the November Board meeting. The Chair also noted the Board participation in workshops on key issues in September (Cherry Tree House Review) and October (Enforcement Panel and Procedures).

- 3.3** **Resolved Action**
The minutes of the Bi-lateral meeting will be brought to the November Board meeting for noting

- 3.4** The Audit Committee **NOTED** the Chairman's update.

4 Chief Executive Update on key risks

- 4.1** The Chief Executive informed Committee members that the court hearing for Hebron House and Bawn Cottage is scheduled to take place on 16 November 2014 and a further update will be provided to the Board at the next Board meeting.
- 4.2** The Chief Executive noted the three appeals to the Care Tribunal, from three dental practices, operated by the same dentist. RQIA is awaiting the dates of the hearings for these cases.
- 4.3** The Chief Executive noted that the Cherry Tree House Report was published in July 2014. Copies of this report were provided to families in advance of publication. A meeting was held on 1 August with representatives of the families and Whistleblower. The Cherry Tree House Report details 22 recommendations, nine of which refer directly to RQIA. Following the publication of this report RQIA has established an improvement programme. As part of this improvement programme the Director of Regulation and Nursing and Elaine Connolly, newly appointed Head of Programme visited the Care and Social Services Inspectorate, Wales.
- 4.4** The Chief Executive informed Committee members that an additional Internal Audit report has been requested from BSO, to review recommendations 19 and 21 of the Cherry Tree House Report. This audit commenced in September 2014.
- 4.5** The Chief Executive noted RQIA's follow up inspection of the Emergency Department of the Royal Victoria Hospital in May 2014. This report has been sent to the Belfast Trust and DHSSPS and will be published on RQIA's website.
- 4.6** The Chief Executive highlighted to Committee members RQIA's non-recurring 2.5% reduction to RRL. RQIA has written to DHSSPS with a proposal on how the savings will be made within this financial year. This letter also detailed cost pressures to RQIA. The reduction to RRL has been added to the Corporate Risk Assurance Framework Report.

- 4.7 The Chief Executive noted the completion of the Landscape Review of RQIA by RSM McClure Watters. This report is currently with the Minister.
- 4.8 The Chief Executive informed Committee members that the Child Sexual Exploitation Inquiry is currently at report writing stage and will be submitted to the DHSSPS in November 2014.
- 4.9 The Chief Executive noted that two members of staff will collect RQIA's liP award today, on behalf of the organisation.
- 4.10 Clarification was provided to the Committee that the 2.5% in year reduction is non-recurring. It was suggested that RQIA undertake scenario planning for 2015/16. The Chief Executive indicated that he expects DHSSPS to request proposal against possible reductions of between 5 and 15% in relation to 2015/16. Committee members noted that DHSSPS has commissioned additional work, without confirmation of funding.
- 4.11 The Audit Committee **NOTED** the Chief Executive's update on key risks.
- 5 **Minutes of previous meeting (AC/ min14/ June)**
- **Matters Arising**
 - **Notification of AOB**
 - **Action List Review**
- 5.1 The minutes of the meeting of 26 June were **APPROVED** for onward transmission to the Board on 13 November 2014.
- 5.2 **Resolved Action**
Board & Executive Support Manager to bring the Audit Committee minutes of 26 June 2014 to the November meeting of the Board for noting
- 5.3 The Chair noted that the Chief Executive has tabled a paper for action 264 on the action list. This paper sets out the process currently followed for the appointment of Independent Lay Reviewers. The Chief Executive noted that for those Reviews commissioned by DHSSPS, the Minister is responsible for appointing the lead Reviewer. It was noted that the Single Tender Action (STA) log is provided to the Audit Committee at each meeting.
- 5.4 The Chair requested that this paper is amended to detail that RQIA's Board has overall accountability in the appointment of lay reviewers.
- 5.5 The Chair went through the action list and noted that actions 271-272, 274-277 are completed. Action 264 is now completed and action 274 is listed on the agenda for today's meeting.
- 5.6 Clarification was provided that in relation to item 7.4 of the June 2014 minutes, training of Information Asset Assistants, RQIA will engage in regional training if available or make interim arrangements for internal training.

5.7 Resolved Action

RQIA to organise the training of Information Asset Assistants

6 Update on Audit Action Plan 2013-2014 (AC/01/14)

- 6.1** The Planning and Corporate Governance Manager provided an update to Committee members on the Audit Action Plan. Committee members were asked to note that in relation to 1. HRPTS Reporting System, Travel Information and Dashboards, RQIA continues to liaise with BSO in order to resolve these issues. RQIA also continue to liaise with BSO in relation to staff in post reports.
- 6.2** The Planning and Corporate Governance Manager highlighted that in relation to item 24. Direct Award Contract, RQIA is following all procedures and all staff have been made aware of their responsibilities. In relation to item 26. Procurement Policy, this policy will be revised in November 2014. Committee members were also asked to note that the revised finance policies and procedures have been delayed by work on the new FPL/ BSTP systems. Testing for ICT disaster recovery will take place in December 2014.
- 6.3** The Planning and Corporate Governance Manager highlighted to members the outstanding audit recommendations from 2012/13.
- 6.4** A Committee member noted that an Executive Summary would be useful within this report.
- 6.5** In relation to the outstanding items, which are reliant on BSO to complete, it was noted that these are regional wide recommendations. RQIA have work arounds in place, and it may be possible to remove these actions from the Action Plan, with agreement from Internal Audit.
- 6.6** The Audit Committee **NOTED** the Update on the Audit Action Plan.

7 Internal Audit Update (AC/02/14)

- Progress Report to Audit Committee
 - Mid-Year Assurance Statement from Internal Audit
 - Mid-Year follow up of outstanding Internal Audit Recommendations, September 2014
 - Revised Three Year Audit Action Plan
- 7.1** John Murray, BSO Internal Audit, presented the revised three year Audit Action Plan to Committee members. The proposed change to this plan, to allow for the additional audit in relation to the two recommendations from the Cherry Tree House Report, includes deferment of the regional review of Hygiene inspections from the 2014/15 plan to the 2016/17 plan. The ten day regulation inspection programme audit 2014/15 will also be deferred to the 2015/16 audit plan.

- 7.2** The Chief Executive noted that the three year audit plan may be revisited following the publication of the RSM McClure Watters Landscape Review of RQIA.
- 7.3** John Murray confirmed that the additional RQIA audit has now been drafted and is with the Head of Internal Audit. This report will be passed to RQIA shortly.
- 7.4** The progress report was presented to Committee members. Confirmation was provided that the Risk Management audit has been completed with a Satisfactory recommendation. Two priority two weaknesses and one priority three weakness have been identified from this audit. The Chief Executive highlighted to Committee members that the Planning and Corporate Governance Manager will be attending team meetings in order to provide guidance on the maintenance of Directorate Risk Registers.
- 7.5** Audit Committee members were asked to note page nine of this report, providing a Management Summary of mid-year follow up of recommendations, with 83% of recommendations now in place.
- 7.6** Audit Committee members noted the mid-year assurance statement from the Head of Internal Audit.
- 7.7** The Audit Committee **NOTED** the update from Internal Audit.

8 External Audit Update

- 8.1** Dorinnia Carville informed the Committee that she has received correspondence from an MLA following media reports of the Cherry Tree House Report. This is in relation to the funding of this establishment by the Northern Trust. NIAO have written to the Northern Trust and will inform RQIA of the response once received. There is no action for RQIA at this time.
- 8.2** The Chief Executive highlighted the issue of regional contracts and the security of tenure for residents.
- 8.3** The Audit Committee **NOTED** the update from External Audit.

9 RQIA Mid-Year Assurance Statement (AC/03/14)

- 9.1** The Chief Executive presented the Mid-Year Assurance Statement to Committee members, which is undertaken on a standard DHSSPS template. Sections seven and nine of this report were noted, to include detail on the Cherry Tree House Report and the data incident in June 2014.
- 9.2** The Planning and Corporate Governance Manager highlighted to the Committee that section eight of this report, Performance against Departmental Objectives, details one objective which has not been met by RQIA. Confirmation was however provided to the Committee that three

objectives have not been met by RQIA, therefore an appropriate amendment has been made to the Mid-Year Assurance Statement to reflect this change. The objectives not met by RQIA are, 95% prompt payment, 90% of staff appraisals complete by 30 June and 100% of inspection reports completed within 28 days. The Chair suggested that future Mid-year Assurance Statements should include detail on the objectives not met or a supplementary paper should be included for Committee member information.

9.3 The Chief Executive outlined a data incident, which had occurred in June 2014 and reported in the Mid-Year Assurance Statement. The Committee were assured that no data was lost, the Information Commissioner's Office had been notified and mitigating measures were put in place to assist staff in managing the identified risk. Committee noted that the Audit Committee Chair will be informed of any future data incidents as soon as possible following the event, by the Chief Executive. Confirmation was also provided to the Committee that all staff members must complete mandatory eLearning in relation to data protection. Committee members noted that three members of staff have not yet completed their 2013-14 mandatory data protection training.

9.4 The Audit Committee **APPROVED** the RQIA Mid-Year Assurance Statement.

10 Controls Assurance Standards: Reporting Requirements for 2014-15 (AC/04/14)

10.1 The Planning and Corporate Governance Manager presented the Controls Assurance Standards, Reporting requirements 2014-15. The Department's requirement for 2014-15 is that all organisations achieve substantive compliance in 21 of the 22 standards. Within 2014-15 the following six standards will be reviewed for RQIA by BSO; Governance, Risk Management, Financial Management, Buildings, Land, Plant and Non-Medical Equipment, Infection Control; and Research Governance.

10.2 Committee members noted that in 2013/14 the Information Management Standard replaced the Records Management Standard. Compliance within 2014/15 for the Information Management Standard must be substantive. The Chair suggested that the list of standards as provided to the Audit Committee in May 2014 is provided to the new members of the Audit Committee.

10.3 The Audit Committee **APPROVED** the Controls Assurance Standards: Reporting Requirements for 2014-15.

11 Corporate Risk Assurance Framework Report (AC/05/14)

11.1 The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to Committee members.

Committee members were asked to note the change log on page 2 of this report.

- 11.2** The Chair highlighted risk three of the Register and suggested that this risk is reworded. The Chair also suggested that the financial risk to the organisation, risk six, is moved to risk one. The Chief Executive confirmed to Committee members that this Risk Register is routinely reviewed by the Executive Management Team, with actions to mitigate risks identified.
- 11.3** This report will be presented at the November Board meeting. The Chief Executive requested comments on this report from Committee members to facilitate discussion at the November Board meeting. The Chief Executive also agreed to review the risk rating of risks three and six.
- 11.4** **Resolved Actions**
The Corporate Risk Assurance Framework Report will be reviewed prior to the November Board meeting
- 11.5** The Audit Committee **NOTED** the Corporate Risk Assurance Framework Report.
- 12** **Review of Standing Orders (AC/06/14)**
- **Review of the production of the Annual Report on Corporate Governance**
 - **Audit Committee Terms of Reference**
- 12.1** The Chief Executive presented the paper detailing the Review of RQIA's Standing Orders to Committee members. The Board and Executive Support Manager updated the Committee on the proposal for advertisement of 2015 Public Board meetings. All dates for 2015 Board meetings will be advertised in January 2015 and again in June 2015; monthly advertisements of meetings will therefore cease.
- 12.2** The Audit Committee **ENDORSED** the proposed amendments to Standing Orders for onward transmission to the Board.
The Audit Committee **APPROVED the Audit Committee** Terms of Reference.
The Audit Committee reviewed and **ENDORSED** the paper on the production of the Annual Report on Corporate Governance.
- 12.3** **Resolved Actions**
The paper on the Review of Standing Orders will be presented at a future Board meeting for approval
- 13** **Update on single tender actions and external consultancy (AC/11/14)**
- 13.1** The Head of Finance presented an update on single tender actions and external consultancy to Committee members.

The Head of Finance noted that further to a request by the Audit Committee additional information is now provided on this update. RQIA have now used

five single tender actions within the 2014/15 year. The Head of Finance also confirmed that RQIA have not engaged in any external consultancy within the 2014/15 financial year.

- 13.2** The Audit Committee **NOTED** the update on single tender actions and external consultancy.

14 Update on DHSSPS Circulars (AC/06/14)

- 14.1** The Head of Finance noted one DHSSPS circular, Removal of Delegated Limits for Office Accommodation Leases.

- 14.2** The Audit Committee **NOTED** the update on DHSSPS Circulars.

15 Any Other Business

- 15.1** As there was no other business the Chairman brought the meeting of the Audit Committee to a close.

Date of next meeting:

Thursday 26 February 2015, 2.00pm, Boardroom, RQIA

ACTION LIST

RQIA Audit Committee Meeting 16 October 2014

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
278	Oct 14 (Para 3.3)	The minutes of the Bi-lateral meeting will be brought to the November Board meeting for noting	Board and Executive Support Manager	13 November 2014	Complete
279	Oct 14 (Para 5.2)	Board & Executive Support Manager to bring the Audit Committee minutes of 26 June 2014 to the November meeting of the Board for noting	Board and Executive Support Manager	13 November 2014	Complete
280	Oct 14 (Para 5.7)	RQIA to organise the training of Information Asset Assistants	Director of Corporate Services	26 February 2015	Ongoing
281	Oct 14 (Para 11.4)	The Corporate Risk Assurance Framework Report will be reviewed at the November Board meeting	Chief Executive	13 November 2014	Complete
282	Oct 14 (Para 12.3)	The paper on the Review of Standing Orders will be presented at a future Board meeting for approval	Board and Executive Support Manager	21 January 2015	Ongoing