

DEPARTMENTAL AND GENERAL GOVERNANCE

Name: Ian Carson

Title: Dr.

Present position and institution:

Chairman, Regulation & Quality Improvement Authority (RQIA)

Previous position and institution (2002):

Deputy Chief Medical Officer, DHSSPS

Membership of Advisory Panels and Committees:

Previous Statements, Depositions and Reports:

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	
WS-077/1	08.07.2005	Witness Statement to the Inquiry (Departmental)
WS-077/2	14.05.2012	Witness Statement to the Inquiry (Adam Governance)
WS-077/3	09.01.2013	Witness Statement to the Inquiry (Departmental)
WS-270/1	04.09.2012	Witness Statement to the Inquiry (Claire Governance)
WS-306/1	13.12.2012	Witness Statement to the Inquiry (Raychel Preliminary)
WS-306/2	03.05.2013	Witness Statement to the Inquiry (Raychel Preliminary)
WS-331/1	30.05.2013	Witness Statement to the Inquiry (Raychel Governance)

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

N.B. In answering the below questions, and where appropriate, please detail the circumstances throughout your appointment as Deputy Chief Medical Officer / Acting CMO, including any changes that may have occurred during that period, and as far as you are aware, any changes since.

ROLE AS DEPUTY CHIEF MEDICAL OFFICER

(1) Please explain the Role of Deputy Chief Medical Officer and the responsibilities the role entailed.

I do not have a copy of the job description relating to my appointment, but I have enclosed a copy of my formal letter of appointment (dated 5 Aug 2002) and a copy of my signed contract. I was not a career civil servant, but rather I was a Health Service medical consultant appointed on a full time secondment basis to the DHSSPS.

At the outset it is important to note that in many government departments, professional staff act in an 'advisory capacity' to the branch which is responsible for the development and implementation of policy. During my tenure at the Department of Health, Social Services and Public Safety responsibility for policy relating to quality and safety lay with the Resources & Performance Management Group of the DHSSPS and not with the office of the Chief Medical Officer (Medical & Allied Branch). To the best of my knowledge the only area of policy that the CMO's office had responsibility for was in regard to Public Health and Health Protection.

As I recall my role it was to:

1. *Deputise for the Chief Medical Officer (CMO) and to represent the Department (DHSSPS) at a local and national level as required.*
2. *Support the Minister, Permanent Secretary, CMO and other Departmental colleagues in the development and achievement of departmental objectives.*
3. *Ensure the provision of professional support and informed medical advice to facilitate the formulation, interpretation and implementation of health policy.*
4. *Provide medical input to the work of the Department, advising on matters such as:-*
 - *policy issues relating to the protection and promotion of public health;*
 - *management and policy issues within the Health Service;*
 - *quality and safety of Health Services;*
 - *medical workforce strategy, planning, training and development; including negotiations on the introduction of a new Consultant Contract.*
 - *professional standards and regulation.*
5. *Be the medical lead on:*

- *Clinical & Social Care Governance – Chair of the C&SCG Sub-group;*
- *Safety – Chair of the Safety in Health & Social Care Steering Group;*
- *Clinical Negligence – Chair of Claims and Litigation Steering Group;*
- *Appraisal and revalidation of doctors. – Chair of Steering Group;*
- *HPSS Health + Care Number – SRO and Chair of Implementation Project Board;*
- *Shipman Inquiry – Co-chair N.Ireland Shipman Programme Board;*
- *Review of Death certification and Coroners Service – Co-Chair of Inter-Departmental Working Group with David Lavery, NI Court Service;*
- *Postgraduate Medical Education Training Board (UK) – DHSSPS representative;*
- *Modernising Medical Careers UK Strategy Group - DHSSPS representative;*
- *Developing Better Services Implementation Steering Group;*
- *MOD/DH Partnership Board.*

6. *Be responsible for professional line management of staff within:*

- *Medical and Allied Branch in the Department;*
- *Northern Ireland Office – Prison Medical Service;*
- *Social Security Agency – Medical Support Service;*
- *DETI – Employment Medical Advisory Services;*
- *NICS – Occupational Health Service.*

7. *Undertake any other duties that may be assigned by the CMO.*

(a) If the duties/responsibilities changed while you were in the post, please give details of the changes and when they occurred.

During the four years that I worked in the Department the range of responsibilities will have changed as various issues or developments came forward. I cannot recall with accuracy when changes to the duties/responsibilities occurred.

During my part-time secondment (1999-2002) as Special Adviser to the CMO in Clinical Governance, I had responsibility for taking forward two pieces of work: firstly, the consultation document 'Confidence in the Future' - a consultation document on the prevention, recognition and management of poor performance of doctors in Northern Ireland. Secondly, I was the medical lead in providing advice to policy colleagues developing the consultation document 'Best Practice, Best Care (BPBC) – a framework for setting standards, delivering services, and improving monitoring and regulation in the HPSS'.

Following my appointment as DCMO in August 2002:

- *I continued to contribute to the implementation of BPBC. I was a member of the BPBC steering Group, and I chaired the Clinical & Social Care Governance Sub-group.*
- *I oversaw the establishment of the Clinical & Social Care Governance Support Team.*
- *I was responsible for the implementation of the recommendations in the Human Organ Inquiry, including the development of new regional arrangements for consent for postmortem (Jan 2004), preparation for new legislation for the Human Tissue Bill and the introduction of a new UK body, the Human Tissue Authority.*
- *I chaired the Departmental group which developed new standards for health and social care records, drafted a new HSS Policy Statement on Records Management, and launched the consultation document 'Good Management – Good Records' ~ May 2004.*
- *I oversaw the introduction of a formal service level agreement with the National Clinical Assessment Authority (NCAA), with the appointment of 2 advisors in N.Ireland.*
- *I led on the development and implementation of appraisal procedures for all groups of doctors.*
- *In liaison with the GMC prepared for the introduction of medical revalidation – I chaired the Department's Appraisal & Revalidation Steering Group.*

- *I continued to facilitate meetings with Trust Medical Directors on key issues of policy on behalf of the CMO.*
- (2) Identify to whom you were accountable in carrying out the duties of Deputy Chief Medical Officer.**

I reported to the CMO, and was accountable through her and the Permanent Secretary ultimately to Minister.

- (3) In particular, please explain your responsibilities as Deputy Chief Medical Officer in regard to the quality of care provided to patients by hospitals, including any responsibilities to ensure that Trusts exercised their statutory duty to provide quality care.**

- (a) Please explain how those responsibilities were fulfilled.**

My responsibility as DCMO was to provide professional advice and support to Department officials in regard to the development of healthcare policy. I would also have provided assistance and advice to medical professionals and others working in the health & social care system (HSS Trusts and HSS Boards), when required. As well as informal contact, this was often delivered by speaking at local, regional or national meetings.

Performance management of HSS Trusts was not the responsibility of the office of the Chief Medical Officer. Please see my response to Q10(c)(ii) under 'Dissemination of Information' below. Under the new post-RPA arrangements the Health & Social Care Board has a performance management role for HSC Trusts, in addition to the ultimate oversight of the Department.

FORMATION OF THE WORKING GROUP

- (4) What was the system by which medical issues requiring guidelines came to the attention of the Department?**

A variety of sources would have been used to gather information that may have culminated in the development of advice or guidance.

- i. Meetings of the 4 UK Chief Medical Officers*
- ii. The CMO's advisory structures – Specialty Advisory Committees (SACs) for hospital services; General Medical Services Advisory Committee (GMSAC) for GP and community services; these were both subcommittees of the overarching Central Medical Advisory Committee (CMAC).*
- iii. The CMO's regular meetings with Directors of Public Health*
- iv. The CMO's meetings with Trust Medical Directors*
- v. Communications from professional bodies such as the General Medical Council, the Medical Royal Colleges and their Regional Medical Advisers.*
- vi. Liaison with the QUB Medical School and the NI Medical & Dental Training Agency.*
- vii. Attendance of medical professionals within the DHSSPS at local, national and international conferences.*

- (5) Describe any role you had in the creation, dissemination or implementation of hyponatraemia or fluid management guidance during your time as Deputy Chief Medical Officer.**

To the best of my knowledge and recollection, I had no direct role in the creation, dissemination, or implementation of hyponatraemia or fluid management guidelines during my time as DCMO. I would have been copied into some emails and other communications for information.

- (6) Describe the steps you / the Department took to discuss the issue of hyponatraemia with colleagues in the rest of the U.K.**

I was not involved in any discussions with other Health Departments in GB on the issue of hyponatraemia. This question might be better addressed by other Departmental officials. I am aware that discussions did take place with the National Patient Safety Agency (NPSA). As mentioned in an earlier witness statement (WS 077/1), I did have a telephone conversation with Sir Cyril Chantler, an eminent paediatric nephrologist who had been leading a review of the Medical School at Queen's University. I have no record of that telephone conversation.

RESPONSE TO THE GUIDANCE

- (7) In the letter of Dr. Henrietta Campbell, Chief Medical Officer dated 25th March 2002 (Ref: 007-001-001), she states:**

"The Guidance is designed to provide general advice and does not specify particular fluid choices. Fluid protocols should be developed locally to complement the Guidance and provide more specific direction to junior staff. [...]. It will be important to audit compliance with the guidance and locally developed protocols and to learn from clinical experiences."

- (a) How did the Department intend to ensure that the locally developed fluid protocols would reflect the Guidance?**

The letter (Ref:007-001-001) was issued before I was appointed as DCMO; I was not involved in drafting the letter, and I am unable to answer how the Department intended to ensure that locally developed protocols would reflect the guidance, or how other expectations would be achieved.

- (b) Who was intended to "audit compliance with the guidance"?**

As per response in 7(a) above.

- (i) The Department and Trusts together
- (ii) The Department alone
- (iii) The Trusts alone
- (iv) Other organisations?

- (c) Who was intended to "audit compliance" with the "locally developed protocols"?**

As per response in 7(a) above.

- (i) The Department and Trusts together
- (ii) The Department alone

- (iii) The Trusts alone
- (iv) Other organisations?

(8) Dr. Jarlath McAloon conducted a Regional Audit in 2003-2004 to examine adherence to the DHSSPS hyponatraemia guidance (Ref: 007-054-114).

To the best of my knowledge and recollection, I had no role in the creation, dissemination, or implementation of hyponatraemia or fluid management guidelines during my time as DCMO.

(a) Was Dr. McAloon asked to conduct the audit? If so,

- (i) Who asked him to do so?
- (ii) Why was he, in particular, asked to conduct the audit?
- (iii) What was he asked to do?
- (iv) By what method was it intended that Dr. McAloon conduct the audit?

Please note my response to Q8 above.

(b) What action was taken by you / the Department in relation to the results of this audit, particularly given that implementation of the Guidance "has so far been incomplete" (Ref: 007-054-118)?

Please note my response to Q8 above.

(9) How and when did you first become aware of the death of Conor Mitchell?

I cannot recall with accuracy when I first became aware of the death of Conor Mitchell; however I was copied into an email from Dr Miriam McCarthy on 13 May 2003 [Ref: 075-064-203] following a phone call she received from HM Coroner, Mr. John Leckey.

(a) What did you / the Department regard as the implications of Conor's death for the successful implementation of the guidelines?

I do not recall any personal involvement, or general consideration by the Department being given to the implications of Conor's death for the implementation of the guidelines.

DISSEMINATION OF INFORMATION

N.B. As before, in answering the below questions, and where appropriate, please detail the circumstances throughout your appointment as Deputy Chief Medical Officer / Acting CMO, including any changes that may have occurred during that period, and as far as you are aware, any changes since.

(10) Please explain your role and responsibilities as Deputy Chief Medical Officer in the dissemination of information / guidelines / policies to Trusts and Hospitals. In particular:

(a) How were new guidelines / practices which were developed elsewhere in the U.K. considered and adapted for use in Northern Ireland?

Guidance from professional bodies, such as the GMC, medical Royal Colleges and specialty associations would have been circulated directly to members. If communication was shared by these organisations with the Department, the matter might have been added as an

agenda item for one of the advisory committees (there was always an opportunity for committee members to ask for issues to be added to the agenda, even when the department was not included in any previous communication).

Short-life working groups, comprised of local experts drawn from across the HPSS, were the usual means whereby guidance was drafted. Other opportunities existed principally through the Clinical Resource Efficiency Support Team (CREST), and more recently the Guidelines and Audit Implementation Network (GAIN), to develop regional guidelines for implementation.

If 'service level agreements' existed with national bodies, such as the National Institute for Health and Care Excellence (NICE), the National Patient Safety Agency (NPSA) and the Confidential Enquiries such as NCEPOD and CEMACH, then that guidance was disseminated through the HPSS.

(b) How does new guidance find its way into medical training, at undergraduate and postgraduate level?

When appropriate, guidance would have been circulated to education and training agencies e.g. HSS (MD) 3/2006 NPSA Consultation on Hypotonic Fluids in Children issued on 10 Feb 2006 was circulated to Medical and Dental Training Agency; The Dean, QUB Medical School; Head of School of Pharmacy, QUB; Head of School of Nursing QUB; Head of School of Nursing UU; and the Chief Executive NIPEC, as well as the wider HPSS.

The Department also has liaison meetings between chief professional and education and training agencies.

(c) How were issues that required the production of guidelines / policies flagged up to you or the Department by Trusts and Hospitals?

(i) The quality of care provided to patients

I do not recall a formal process whereby Trusts and Boards would have 'flagged up' issues that required guidelines / policies to the Department. Directors of Trusts and Boards were in regular contact with Departmental officials. Matters relating to resources and service development were regular agenda items of meetings. Trusts and Boards would have used similar mechanisms as outlined in my response to Q4 under '**Formation of the Working Group**' above. Senior healthcare professionals working in Trusts and Boards would have had opportunity to use lines of communication or reporting to raise matters of patient care with the Department.

HSS Boards as commissioners of services had responsibility through the 'contracting process' to ensure that quality standards were in place and that these were being monitored. In addition see my comments in (ii) below.

(ii) Ensuring that Trusts exercised their statutory duty to provide quality care

From the establishment of HSS Trusts and HSS Boards in the early 1990s there have been arrangements in place whereby the public accountability of Chief Executives, as the 'accountable officer', reported to the Permanent Secretary in the Department; and whereby the Chairman of HSS Trust Boards and HSS Boards were accountable to the Minister.

HSS Trusts were 'autonomous self-governing' organisations at 'arms length' from the Department. They had non-executive directors appointed by Ministers through a public appointment process. The Board of Directors, executive and non-executive, together have corporate responsibility for the strategic direction of the organisation, management of risk, the effective use of resources, and ultimately the quality of the services that they provide.

(iii) The implementation of guidelines / practices

I do not recall a formal process to cover this matter. Depending on the nature of the guidance issued, the Department may have employed a range of responses from provider organisations. This may have varied from:

- *advice that the guideline might be found helpful or beneficial, without any further action required by the organization; or*
- *a confirmation by way of a letter of assurance that steps were taken to disseminate the guidance to appropriate staff for implementation;*
- *an action plan with a series of steps to be undertaken within a given time frame (this may have been accompanied by an audit tool).*

(11) How was it decided that an issue is one which can be handled by, or is limited to, a local hospital as opposed to something that is of regional significance?

I do not recall a formal process to cover this matter. It would have depended on the nature of the guidance issued, and I suspect that it was a matter of professional judgment by Departmental officials. Given that prior to 2009, and the reorganisation of the Health & Social Care system under RPA, there were considerable differences in the size and range of services provided by HSS Trusts. What was appropriate for an acute Trust might not be appropriate for a community Trust.

(12) What do you consider to have been the main impetus behind the creation of a formal adverse incident reporting system from 2002?

In June 2000 the Department of Health (England) published "An organization with a memory". This report of an expert group on learning from adverse events in the NHS was chaired by the then CMO Prof. Sir Liam Donaldson. It highlighted the scale and nature of the problem, the all too frequent failure to learn from mistakes, and the lack of convergence from systems that already existed that may have helped learning and prevention. Government accepted all the recommendations in the report.

(13) Why was a formal approach not adopted for adverse incident reporting prior to 2002?

"Building a Safer NHS for Patients" was published in 2001 and set out the Government's plans for promoting patient safety. It included the establishment of the National Patient Safety Agency (NPSA) and a National Reporting and Learning System (NRLS). These arrangements at that time were only applicable for England and Wales and did not cover Northern Ireland.

In Scotland, a consultation paper 'Learning from Experience: How to improve safety for patients in Scotland' was not published until January 2003. This paper proposed that NHS Quality Improvement Scotland (once it was established) should be the lead agency for patient safety issues. Subsequently NHS Quality Improvement Scotland published 'Improving Safety for Patients in Scotland' their framework for reducing risk in NHS Scotland in March 2004.

ROLE AS CHAIRMAN OF RQIA

N.B. As before, in answering the below questions, and where appropriate, please detail the circumstances throughout your appointment as Chairman of the RQIA, including any changes that may have occurred during that period.

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory and quality improvement body for Northern Ireland. It was established in 2005 under the Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003. It is a Non-Departmental Public Body, sponsored by the DHSSPS. It has responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

RQIA has responsibility for the registration and inspection of regulated services including nursing homes, residential care homes, children's homes, independent health care providers, independent hospitals, hospices and clinics. RQIA fulfils this responsibility by carrying out a planned programme of announced and unannounced inspections against standards that are set by the Department in regulations. RQIA also conduct a programme of governance, service and thematic reviews of both statutory health and social care services and independent establishments and agencies across Northern Ireland. The DHSSPS Quality Standards for Health and Social Care were published in March 2006.

Under Schedule 34 of the 2003 Order, it is the responsibility of each Health & Social Service Board and each HSS Trust to put and keep in place arrangements for the purpose of monitoring and improving the quality of services which it provides to individuals, and the environment in which it provides them. This is the statutory 'duty of quality', and the Department may by regulations extend the duty to any special agency specified in the regulations.

In the regulated sector, RQIA has a range of enforcement options to ensure compliance with regulations and minimum standards, to effect improvements and to afford protection to service users.

In the statutory sector (and the regulated sector), following an assessment of the severity or the likely risk to service user or patient safety, RQIA can take steps to escalate actions in order to reduce/minimize further harm. In cases where there is a 'major risk', the RQIA Chief Executive will immediately bring the matter to the attention of the Chief Executive (or registered provider/manager) of the organisation concerned, stipulating what action is required and within what timeframe. Letters of escalation will be copied to the Chief Executives of appropriate external organisations (e.g HSC Board, HSC Public Health Agency, HSC Business Service Organisation), and where necessary the PSNI, the Health & Safety Executive NI, and the DHSSPS.

(14) Please explain the role of Chairman of the RQIA and the responsibilities the role entails.

The following is an extract from the Management Statement & Financial Memorandum outlining the role and responsibilities of the Chairman:

3.4 The Chairman of the RQIA

3.4.1 The Chairman is appointed by the Department in accordance with Schedule 1 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Regulation and Improvement Authority (Appointments and Procedure) Regulations (Northern Ireland) 2004 for a period not exceeding four years in line with the

3.4.2 The Chairman is accountable to the Minister. The Chairman shall ensure that the policies and actions of the RQIA support the wider strategic policies of the Department and that the affairs of the RQIA are conducted with probity. The Chairman shares with other Board members the corporate responsibilities set out in paragraph 3.5.2 and in particular for ensuring that the RQIA fulfils the aims and objectives set by the Department and approved by the Minister.

3.4.3 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Strategy of the RQIA;
- ensuring that the Board of the RQIA, in reaching decisions, takes proper account of guidance provided by the Minister or the Department;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- ensuring the RQIA Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and where appropriate, the views of individual Board members;
- representing the views of the Board of the RQIA to the general public.

3.4.4 The Chairman shall also:

- ensure that all Board members, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and receive appropriate induction training, including on the financial management and reporting requirements of public sector bodies and on any differences which may exist between private and public sector practice.
- advise the Department of the needs of the RQIA when Board vacancies arise, with a view to ensuring a proper balance of professional and financial expertise; and
- assess the performance of individual Board members when they are being considered for re-appointment to the Board.

3.4.5 Performance appraisal of Board members should be regular and open and should be conducted on an annual basis. Members should be aware that they are being appraised, the standards against which they are being appraised and have an opportunity to contribute to and view their report.

3.4.6 The chairman shall ensure that a Code of Practice for Members is in place, based on the Cabinet Office's model Code of Practice for Board Members of Public Bodies, (FD (DFP) 03/06 refers). The Code shall commit the Chairman and other Board Members to the Nolan 'seven principles of public life', and shall include a requirement for a comprehensive and publicly available register of Board Members' interests. The register and any updates should be copied to Safety, Quality and Standards Directorate.

3.4.7 The Commissioner for Public Appointments is of the view that ongoing assessment of members is vital, not only for compliance with the Code of Practice, but also to meet best practice and provide members with feedback; to recognise their contribution; to motivate them; and, where necessary, to provide them with advice on improving performance.

3.4.8 Communications between RQIA and the Minister shall normally be through the Chairman and shall include an annual meeting. The Chairman shall ensure that the other RQIA Board Members are kept informed of such communications.

(a) If the duties/responsibilities changed while you were in the post, please give details of the changes and when they occurred.

New regulations came into force in April 2007 bringing adult placement agencies, day care settings, domiciliary care agencies and residential family centres under the RQIA's regulatory framework.

In January 2008, following an outbreak of c. Difficile in the Northern HSS Trust, the Minister for Health Social Services and Public Safety announced a package of new initiatives aimed at tackling health care associated infections which included a rolling programme of unannounced hygiene inspections of all hospitals. This has recently been expanded, in response to incidents of Pseudomonas infection in neonatal areas, to include augmented care areas.

The Mental Health (Northern Ireland) Order 1986 as amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009, transferred the functions of the former Mental Health Commission as a responsibility to RQIA with effect from 1st April 2009. RQIA undertakes a range of responsibilities for people with mental ill health and those with a learning disability. These include: 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.

In April 2009 RQIA became one of four designated National Preventive Mechanisms (NPM) in Northern Ireland under the provisions of the United Nations Optional Protocol to the Convention Against Torture (OPCAT). Other bodies include - Independent Monitoring Boards; Criminal Justice Inspection Northern Ireland; and the Northern Ireland Policing Board Independent Custody Visiting Scheme.

In March 2010 responsibility for the monitoring, inspecting and enforcement of the Ionising Radiation (Medical Exposure) Regulations (known as IR(ME)R) came into effect. This requires RQIA to undertake regular inspections of a range of facilities providing ionising radiation, including radiology and radiotherapy services, breast screening services, community dental clinical and dental surgeries.

In April 2011, the remit of RQIA extended further to cover the regulation of private dental treatment by an amendment to the Independent Health Care Regulations (Northern Ireland) 2005.

(15) In particular, please explain your responsibilities as Chairman in regard to the quality of care provided to patients by hospitals, including any responsibilities to ensure that Trusts exercised their statutory duty to provide quality care.

My responsibility as Chairman, along with other members of the RQIA Board, is to ensure that as a health and social care regulator, the RQIA has appropriate systems and processes to evaluate, monitor, and report on the availability, quality and safety of services delivered to patients and service users.

RQIA is not a 'performance management' organisation – this responsibility lies elsewhere, namely in the Health & Social Care Board and the DHSSPS. We report our findings in terms of inspections (including infection prevention/hygiene, and mental health & learning disability) and make recommendations for service improvement in our published reports. Where we identify significant issues these are escalated to the Chief Executive of the HSC Trust, HSC Board, and the DHSSPS as necessary.

RQIA Review reports make recommendations for improvement – these are sent to the Minister, and responsibility for implementation lies with relevant HSC Trusts, HSC Board,

Public Health Agency, and the DHSSPS. The recommendations can shape policy guidance and future policy direction.

Article 39 of the 2003 Order states that 'RQIA may serve a notice (an "improvement notice") on a registered person, or on a HSS Board, HSS Trust or special agency if the Authority believes that that person, Board, Trust or agency is failing to comply with any statement of minimum standards under Article 38.

In addition, if there are 'significant failings' or a concern in the way the service provider is being run, RQIA in its reports may recommend that the Department 'take special measures' with a view to improving the services for which it is responsible.

(a) Please explain how those responsibilities were fulfilled.

As above.

(16) Please explain the relationship between the RQIA and the Chief Medical Officer.

My recollection is that at its establishment the RQIA reported to, and was accountable to the Minister through the Permanent Secretary and the Resources & Performance Management Group of the DHSSPS. The 'sponsor branch' at that time was the Planning and Performance Management Directorate (PPMD).

A Safety Quality and Standards Directorate (SQS) was established in the DHSSPS on 12 Jan 2007, as part of new arrangements put in place to promote safety, quality and standards in health and social care. SQS is a Directorate within the Office of the Chief Medical Officer, and is the current 'sponsor branch' in relation to RQIA. Monthly operational meetings take place between officers of SQS and RQIA.

As Chairman, my annual appraisal as a Non-Executive Director is with the Chief Medical Officer. The RQIA Chairman and Chief Executive undertake mid-year and end of year Accountability Review meetings with the Permanent Secretary. These commence on a one to one basis and subsequently joined by members of RQIA Executive Team and officers of the DHSSPS, including the Chief Medical Officer. I would meet the Minister as and when required.

(17) Please explain the process by which the RQIA decides which issues to investigate / examine, including the role of the Department in this process.

RQIA carries out a number of programmes of work including: registration and inspection of services subject to regulation; infection prevention and hygiene inspections; thematic reviews; and a programme of inspections relating to mental health and learning disability, and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

The process for thematic reviews is set out in the Three Year Review Programme (copies of 2009-12 and 2012-15 programmes are appended).

The Review Programme incorporates issues identified through consultation with service users, the public and other key stakeholders, including the DHSSPS. It takes account of the work undertaken over the previous three years and covers a wide range of both in-patient and community based services. It can be influenced by 'intelligence' gathered through our 'Serious Concerns Group', information from 'whistle-blowers', or by issues that are of interest nationally or internationally.

We conduct approximately 10-12 reviews each year; roughly 2/3 are determined by RQIA following consultation, and 1/3 are reviews commissioned by the DHSSPS. We also plan sufficient flexibility to allow RQIA to respond to requests from Minister to carry out

independent expert reviews of major incidents that may emerge on an unplanned basis e.g. c.Difficile (Aug 2008), X-ray reporting arrangements (Dec 2011), Pseudomonas (May 2012), and the current joint investigation with the Criminal Justice Inspection into Child Sexual Exploitation.

Thus the DHSSPS has a role in commissioning reviews as part of the planned review programme, and in response to specific concerns. Our reviews are carried out by teams of independent assessors, who include experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety. All review reports are open documents, accessible to the public and available on the RQIA website.

The RQIA Review "Baseline Assessment of the Care of Children under 18 Admitted to Adult Wards in Northern Ireland", December 2012, followed on from the 2008 and 2010 Hyponatraemia reports as a wider assessment of issues arising.

- (18) Prior to the 2008 inspection and report by the RQIA into 'Reducing the risk of Hyponatraemia when Administering Intravenous Fluids to Children', please describe the extent to which the existing hyponatraemia guidance was considered in the work of the RQIA.**

As mentioned above, RQIA came into existence in 2005. The first review (Oct 2005) conducted by RQIA was a Review of the lessons arising from the death of Mrs. Janine Murtagh, in the Royal Group of Hospitals. This was in response to a request from the then Minister, Angela Smith, following a Coroner's Inquest. The second review (March 2006) was a Governance Review of the Northern Ireland Breast Screening Programme. This was in response to a request from the DHSSPS which was prompted by concerns raised by clinical staff in the Antrim Area Hospital about the clinical judgment of a consultant radiologist.

From Nov 2006 through to March 2007 the first reviews of clinical and social care governance arrangements were conducted in Health and Personal Social Services Organisations in Northern Ireland. The Overview report was published in Feb 2008. This work was considered to be an essential baseline assessment of clinical and social care governance arrangements following the implementation of Best Practice, Best Care.

- (a) Please state if the RQIA knew about the existence of the Department's guidelines of 2002 and/or the Departmental response to Alert 22.**

RQIA was not in existence when the Department's guidelines of 2002 were issued.

- (i) If so, what was the mechanism by which the RQIA was made aware of this?**

The Department's response to the NPSA Alert 22 was communicated to RQIA through the DHSSPS Circular HSC (SQS) 20/2007

- (ii) How would it know now about such Departmental initiatives?**

RQIA are advised about Departmental initiatives by Departmental Circulars, and by professional links to regional groups.

- (b) Please state if the Department asked the RQIA to review the implementation of its 2002 Guidelines at any time.**

No

(c) Why did the RQIA not instigate its own review of the Department's hyponatraemia guidelines of 2002?

The initial programme of RQIA reviews was based on the Minimal Quality Standards as developed by the DHSSPS (the standard 'setting body' under Best Practice, Best Care). The rolling three year programme of thematic reviews was not developed until 2009.

(19) In relation to the RQIA's 2008 Report into 'Reducing the risk of Hyponatraemia when Administering Intravenous Fluids to Children'

(a) When and by whom were the RQIA asked to investigate and produce this report?

In April 2007, the DHSSPS issued Circular HSC (SQS) 20/2007 to all HSC organisations and independent providers that administer intravenous fluids to children outlining the requirement to implement the recommended actions identified in the NPSA Alert 22.

HSC organisations were asked to develop an action plan by 2 July 2007, complete these actions by September 2007, and complete an audit proforma and return it to the DHSSPS by 31 October 2007. The audit proforma was to be copied to RQIA, "who may wish to incorporate the Trust's evidence as part of their clinical and social care governance reviews in 2007/08. RQIA will also wish to ensure that relevant independent establishments are compliant with this Alert".

(b) If the RQIA was not asked to produce the report, why did it decide to do so?

See 19(a) above.

(c) Please explain the role of the NPSA's Alert No.22 in the decision to produce a NPSA (?RQIA) report into hyponatraemia and fluid management.

Question unclear, but please see 19(a) above.

(d) What response did the RQIA receive from the Department to the report?

(i) The Minister welcomed the report, and "noted that further improvements could still be made, particularly in the reporting of incidents and the treatment of children in adult wards". He wrote to Trusts and independent hospitals requiring them to implement all of the RQIA recommendations by March 2009. A copy of the Press Release dated 5 February 2009 is appended.

(ii) The RQIA 2008 report was circulated on 4 February 2009 to the HSC organisations under a covering letter signed by the three chief professional officers in the Department. It also indicated that RQIA had been asked to conduct a follow up review to examine how our recommendations were adopted/implemented.

(20) In relation to the RQIA's subsequent Report in 2010:

(a) When and by whom were the RQIA asked to investigate and produce this updated report?

As above in 19(d)(ii)

(b) What response did the RQIA receive from the Department to the report?

CMO wrote to me as Chairman on 1 July 2010, informing me that the Minister, Michael McGimpsey, had accepted the 8 recommendations made by the Review team. A copy of this letter is appended.

(21) Provide any further points and comments that you wish to make, together with any relevant documents.

I enclose the following additional documents:

- Public Appointments Information Pack (January 2006) outlining the Role of the Regulation and Quality Improvement Authority (RQIA), and the Job Description of the Chair.
- Letter and Minute of Appointment as Chairman of RQIA (dated 11 April 2006).
- RQIA Management Statement and Financial Memorandum -2009 (amended 2010).
- RQIA Three Year Review Programme 2009-12.
- RQIA Three Year Review Programme 2012-15.
- RQIA Corporate Strategy 2012-15.
- RQIA Annual Report and Accounts 2012-13.
- RQIA Standing Orders - Nov 2012.
- DHSSPS Quality Standards in Health & Social Care - March 2006.
- Press Release February 2009.
- Letter from Dr McBride to Dr Carson dated 1 July 2010.
- RQIA Baseline Assessment of the Care of Children under 18 Admitted to Adult Wards in Northern Ireland December 2012.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:



Dated:

15 Oct 2013

DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY
AN ROINN SLÁINTE, SEIRBHÍŚÍ SÓISIALTA AGUS SÁBHÁILTEACHTA POIBLÍ

PUBLIC APPOINTMENTS
INFORMATION PACK

REGULATION AND QUALITY IMPROVEMENT
AUTHORITY

CHAIR



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ROLE OF THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (HEALTH AND PERSONAL SOCIAL SERVICES REGULATION AND IMPROVEMENT AUTHORITY)

General

The Health and Personal Social Services Regulation and Improvement Authority, now known as the Regulation and Quality Improvement Authority (RQIA), took up its responsibilities on a phased basis from 1st April 2005, with powers granted under legislation.

Currently the Authority has some 88 staff in place. It is expected however that, when fully operative, it will employ a total of some 100 - 110 staff and will be responsible for management of an annual budget of approximately £4 - £4.5m.

Status & Role of Organisation

The RQIA is an independent, non Departmental Public Body, sponsored by the Department of Health, Social Services and Public Safety (DHSSPS). It has overall responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

In delivering on this overall responsibility, the RQIA will exercise two main functions. Firstly, it will monitor the quality of health and social care services provided by Health and Personal Social Services (HPSS) bodies in Northern Ireland. This will be done through reviews of clinical and social care governance arrangements within HPSS bodies.

Secondly, the RQIA will regulate (register and inspect) a wide range of health and social care services delivered by HPSS bodies and by the independent sector. The regulation of services is based on new minimum care standards, introduced for Northern Ireland on a phased basis from December 2005, in order to ensure that service users know what quality of services they can expect to receive and providers have a benchmark against which to measure the quality of the services that they deliver. Registration, inspection, complaints investigation and enforcement will be carried out to consistent standards across Northern Ireland with the regulated services provided by both the HPSS and independent sectors being treated in the same way.

Accountability

The RQIA is accountable through the Department to the Minister with responsibility for Health, Social Services and Public Safety.



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The RQIA must produce an annual report covering the way it has exercised its functions and reporting on its findings with regard to the provision and quality of health and care services in Northern Ireland.

Practice

The RQIA will address and make recommendations for improvement in the quality of all health and social care services that are regulated or delivered by the HPSS.

The RQIA is required to:

- a) develop as an organisation that visibly supports and demonstrates a commitment to quality in the exercise of its functions and in the selection and management of its workforce;
- b) ensure that the programme of routine reviews of clinical and social care governance commands the respect of service users, the public and the HPSS;
- c) ensure the involvement of service users in investigative methods and ensure that restorative and preventative actions are taken by the HPSS and regulated service providers in response to the findings of the RQIA; and
- d) develop an approach to dealing with serious and persistent problems that is rigorous, fair and commands the respect of service users, service providers, the public and professional and other staff working in the health and social care sectors.

Performance

The work of the RQIA will make a significant contribution to improving the quality of health and social care services by identifying both good practice and deficiencies, poor performance, persistent problems and complaints.

It applies minimum standards fairly and consistently to improve the quality of care services and to improve the protection of vulnerable people using these services.

It ensures that service users and their families know exactly what they can expect from regulated health and social care providers.

It provides safeguards and assurances for service users.



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It provides greater clarity and consistency for providers as to the standards they will be required to meet.

It encourages improvement in the quality of health and social care services across Northern Ireland.

It provides better and more accessible information about health and social care services for members of the public.

The Board

The RQIA is managed directly by a board which has corporate responsibility for its operation. The board comprises a non-executive Chair and 12 non-executive members.

Non-executive members, including the Chair, are not personally liable for the activities of the RQIA providing that they have acted honestly and in good faith and their actions do not contravene the statutory provisions relating to the RQIA.



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CHAIR: JOB DESCRIPTION

Job Title

Chair

Accountable to

The Minister, through the Permanent Secretary of the Department of Health Social Services and Public Safety (DHSSPS).

Role

It is the Chair's role to work closely with DHSSPS in planning to secure, deploy and account for the human, financial and other physical resources of the Authority. Key tasks include:

- development and review of the RQIA's constitution, mission statement, committee and governance arrangements;
- ensuring appropriate strategies are in place for the appointment and training of staff;
- working closely with the DHSSPS to secure and organise the RQIA's premises and to secure the appointment of the members to the Authority as necessary;
- arranging and ensuring that appropriate training is provided for members of the RQIA board, in order to ensure effective exercise of the board's functions;
- overseeing arrangements for the structure of the Authority and its committees.

In addition:

- The RQIA Chair is responsible for leading the board and for ensuring that it successfully discharges its overall responsibilities for the organisation as a whole.
- He/she represents the RQIA in its dealings with Ministers, ensuring that the RQIA retains the confidence of Ministers and that its policies are compatible with those of the Minister with responsibility for the Department of Health, Social Services and Public Safety.



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- The Chair provides strategic direction to the RQIA in particular on:
 - formulating the RQIA's strategy for discharging its statutory duties;
 - encouraging high standards of propriety and promoting the efficient and effective use of staff and other resources throughout the RQIA;
 - ensuring that the RQIA in reaching its decisions, takes proper account of guidance provided by the Minister and the Department of Health, Social Services and Public Safety; and
 - conducting an annual assessment of performance of individual RQIA members.

The Chair is the RQIA's main spokesperson to the Assembly, to the Department and elsewhere. He/she is expected to manage and promote the relationship between the RQIA and the media and to develop and maintain a communications strategy.

It is the Chair's role to:

- Provide leadership to the board;
- Enable all members to make a full contribution to the board's affairs and to ensure that the board acts as a team;
- Ensure that key and appropriate issues are discussed by the board in a timely manner;
- Ensure that the board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions;
- Ensure that the RQIA observes the Department's policies and priorities, including the requirements as set out in the Health and Personal Social Services Codes of Conduct and Accountability;
- Lead members, when necessary, through a formally appointed remuneration committee, on the appointment, appraisal and remuneration of the Chief Executive and (along with the latter) other executive directors;
- Appoint members to an audit committee of the main board;



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- Advise the Minister through the Department, on the performance of board members.

Codes of Conduct & Accountability

The RQIA Chair is required, on appointment, to subscribe to the Health and Personal Social Services Codes of Conduct and Accountability. The high standards of corporate and personal conduct required of the Chair are described more fully in the Codes.

Time Commitment

The RQIA Chair will normally have to devote around 2 to 3 days a week to the appointment.

Remuneration

The Chair will receive annual remuneration of £15,938. He/She will also be eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on RQIA business.

Period of Appointment

The RQIA Chair will normally be appointed for a period of 4 years. The Department will conduct an annual assessment of his/her performance during the period of appointment. Re-appointment to the same post may be considered subject to an appropriate standard of performance having been achieved during the initial period of office.



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CHAIR – PERSON SPECIFICATION

Qualifications

No specific qualifications are required for this appointment.

Essential Criteria

General

The Chair will be committed to the objectives of the Health and Personal Social Services.

A candidate would be expected to meet the following criteria:

- Leadership – *Acting as board Leader to ensure focus, direction and results*
- Making an impact with others – *Developing and maintaining co-operative working relationships to achieve results*
- Committing to the non-executive role – *Understanding the environment in which you are making a contribution*
- Thinking strategically – *Making a significant contribution to the strategic direction of the organisation*
- Analytical thinking – *Making decisions and solving problems in a team and organisational environment*
- Learning and self-development – *Able and willing to further develop as a non-executive Chair*

A more detailed explanation of the competencies required to meet the above criteria is set out in the sections which follow.



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WHAT WE ARE LOOKING FOR IN A NON-EXECUTIVE CHAIR

Leadership

Acting as board Leader to ensure focus, direction and results

As Chair you have a responsibility to lead the board. You will lead the development of a vision for the future of the organisation and the creation of a climate in which the organisation's long-term goals can be achieved. You will develop the individual members of the board into an effective team, dealing with diverse individuals and providing motivation and inspiration. Where necessary you will manage conflicts or disagreements between team members.

The effective Chair will for example:

- communicate a sense of core purpose
- create strong morale and spirit in the team
- create focus
- set objectives and goals
- measure performance against goals
- ensure own time and the time of others is spent on what's important
- quickly sense what will help or hinder accomplishing a goal
- find common ground and get co-operation with minimum disruption
- deal effectively with all individuals
- create a climate in which people want to do their best
- empower others
- foster open dialogue
- read situations quickly
- invite input from each person and share ownership and visibility
- develop constructive working relationships with other DHSSPS-sponsored board Chairs and non-executives



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- involve all stakeholders to ensure their interests are considered
- act as board representative in consultations and dealings with Ministers
- ensure all stakeholders are content with partnership and networking arrangements with the Department and wider HPSS.



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Making an impact with others

Developing and maintaining co-operative working relationships to achieve results

As Chair you will be part of a team and you will be expected to contribute to the work of the team. This will require you to be able to communicate clearly with others and to listen to what others say. You will need to challenge others where necessary, put across rational arguments and influence others, but at the same time develop effective working relationships with your fellow team members. Outside of the board you will demonstrate a willingness to network with others to ensure the continuing success of the board.

The effective Chair will for example:

- build rapport well
- be a good listener
- quickly find common ground to solve problems
- be seen as a team player and co-operative
- encourage collaboration
- gain trust quickly of other parties
- demonstrate self-confidence dealing with a wide range of situations and people at all levels
- be confident to contribute in a team environment
- work with other members of the team, not against them
- build on the ideas of others
- share information and expertise willingly
- get the message across in a way others can understand
- speak with authority and persuasiveness when necessary
- take unpopular stands if necessary
- speak up when lacking understanding



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- recognise people who could be useful to the organisation and build working relationships with them
- make useful outside contacts
- recognise the partnership arrangements with the Department and wider HPSS.



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Committing to the non-executive role

Understanding the working environment in which you are making a contribution

As Chair you are part of a wide and complex framework to achieve results in the field of health, social services and public safety. It is important that you are aware of your responsibilities both personally and organisationally to help the public get the best service. You are expected not only to contribute but to commit to the decisions of the board when they are taken.

The effective Chair will for example:

- understand his/her role as a non-executive Chair in a DHSSPS sponsored body
- set personal agendas aside when making board decisions
- treat other non-executives, executives, staff and DHSSPS staff as partners with common goals
- genuinely care about people
- be concerned about his/her work
- support equal and fair treatment and opportunity for all
- be available and ready to help
- be sympathetic to the plight of others
- put self in others' shoes
- adhere to public service values at all times
- act in line with those values
- be committed to implementing DHSSPS strategy and policy
- practice what he/she preaches
- be widely trusted
- be seen as a direct and truthful individual
- admit mistakes



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Thinking Strategically

Making a significant contribution to the strategic direction of the organisation

As Chair you are responsible for contributing to the strategic direction of the organisation. You will have to demonstrate an understanding of the organisation and the environment in which it operates. You will have to think ahead, taking into account a wide range of sometimes complex but interrelated issues, with an understanding of the impact of plans and priorities.

The effective Chair will for example:

- be sensitive to how people and organisations function
- develop a strong working knowledge of DHSSPS policy and strategy
- understand the origin and reasoning behind key organisational and governmental policies, practices and procedures
- understand the culture of the organisation, of and the health, social services and/or public safety sector
- anticipate future consequences and trends accurately in respect of DHSSPS strategy and policy
- have broad knowledge and perspective
- look toward the broadest possible view of an issue
- easily envisage potential future scenarios that will impact on the organisation and the sector
- discuss different aspects and impacts of issues and project them into the future
- anticipate potential pitfalls and plan approach accordingly
- use common sense, past experience and basic rules to identify key underlying issues
- link initiatives to organisational and DHSSPS goals and objectives.



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Analytical Thinking

Making decisions and solving problems in a team and organisational environment

As Chair you will have to contribute to solving problems and making decisions. You will need to understand the quality of your own thinking and decisions, seeking feedback where appropriate. You will have to be prepared to make quick decisions that are effective. As problems arise you will have to analyse the problem, decide who needs to be involved to deal with the problem, and generate options to solve the problem.

The effective Chair will for example:

- know personal strengths, weaknesses, opportunities and limits
- seek feedback and gain insight from mistakes
- be open to constructive criticism of self
- be receptive to talking about own shortcomings
- make decisions in a timely manner, sometimes with incomplete information and under tight deadlines
- be able to make a quick decision
- make good decisions based upon a mixture of analysis, wisdom, experience and judgement
- make decisions that adhere to DHSSPS strategy and policy
- use rigorous logic and methods to solve difficult problems with effective solutions
- probe all relevant sources for answers
- be able to see hidden problems
- commit to actions in a timely fashion
- can accurately restate the opinions of others even when he/she disagrees



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- be sought out by others for advice and solutions.



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Learning and self-development

Able and willing to further develop as a non-executive Chair

As Chair you will be expected to acquire knowledge and understanding during your tenure. You will need to have an appreciation of your development needs and assess how these needs may best be met. You will require the confidence to approach others to acquire understanding and to ask for assistance and clarification where necessary.

The effective Chair will for example:

- learn quickly when facing new problems
- be open to change
- enjoy the challenge of unfamiliar tasks
- quickly grasp the essence and the underlying structure of issues in a DHSSPS environment
- pick up on the need to change personal and interpersonal behaviour quickly
- be personally committed to and actively work to continuously improve self
- understand that different situations and levels may call for different skills and approaches
- work to deploy strengths
- work on compensating for weaknesses and limits
- pick up on technical issues quickly
- learn new skills and knowledge.



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Desirable Criteria

The Chair might also live in, work in or have significant connections with Northern Ireland.

The Chair might have had direct experience of working in or with health and social care services in either the public, private or voluntary sectors.

The Chair might also be able to demonstrate an appreciation of the factors which influence safety and minimise risk and the key issues affecting the delivery of high quality health and social care services.

Candidates should note that where it is necessary to prepare a shortlist for interview, the desirable criteria will be applied. It is therefore important that nomination forms should reflect how, and to what extent, you meet both the essential and the desirable criteria.



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DISQUALIFICATION FOR APPOINTMENT TO THE BOARD OF THE RQIA

Candidates should read the following disqualifications carefully before proceeding with their nomination.

The disqualifications for appointment as Chair and members of the Authority are as follows:

- (1)(a) a person who within 5 years of the day his appointment would otherwise have taken effect has been convicted whether in the United Kingdom or elsewhere of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine;
- (b) a person who has been adjudged bankrupt or has made a composition or arrangement with his creditors;
- (c) a person who has been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body or a health and social services body;
- (d) a person whose tenure of office as chairman or as a member of a committee or sub-committee or a director of any public body, health service body or health and social services body has been terminated on the ground that –
 - (i) it was not in the interests of, or conducive to the good management of, that body, that he should continue to hold office;



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(ii) it was not in the interests of the Health Service or the Health and Personal Social Services that he should continue to hold office;

(iii) the person failed without the consent of that body to attend its meetings for a continuous period of 3 months;

(iv) the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which he had a pecuniary interest.

(e) a person who is employed by the Authority, the Northern Ireland Social Care Council , the Northern Ireland Practice and Education Council or any body exercising functions similar to those of the aforementioned bodies under legislation in force in Northern Ireland, England, Scotland or Wales;

(f) a person who is a chairman, member, director or employee of a health service body or a health and social services body;

(g) a person whose application for registration under Part III of the Order, Parts II and III of the Registered Homes (Northern Ireland) Order 1992, Part VIII of the Children (Northern Ireland) Order 1995 , Part 1 of the Health and Personal Social Services Act (Northern Ireland) 2001, Part IV of the Care Standards Act 2000 or Part 1 of the Regulation of Care (Scotland) Act 2001 , has been refused, or

(i) whose registration has been suspended and the suspension has not been terminated; or

(ii) whose name has been removed from the register and not restored.



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(h) a person included in a list kept by the Secretary of State under section 1 of the Protection of Children Act 1999 (list of individuals considered unsuitable to work with children), section 81 of the Care Standards Act 2000 (list of individuals considered unsuitable to work with vulnerable adults), Article 1 of the Protection of Children (Scotland) Act 2003, Article 3 or 35 of the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.

(i) any employed or self-employed health care professional or employees of health care professionals

(j) a person whose registration as a health care professional has been withdrawn or suspended.

(k) he holds a paid appointment or office with a trade union which represents the interests of members who are employed by a health service body or a health and social services body.

(l) any person who has financial or related interests which prejudice the exercise of his duties.

(2) For the purposes of paragraph (1)(a) -

(a) the date of conviction shall be deemed to be the date on which the ordinary period allowed for making an appeal or application with respect to the conviction expires or, if such an appeal or application is made, the date on which the appeal or application is finally disposed of or abandoned or fails by reason of its not being prosecuted; and

(b) there shall be disregarded -



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(i) any conviction by or before a court outside the United Kingdom for an offence in respect of conduct which, if it had taken place in any part of the United Kingdom, would not have constituted an offence under the law in force in that part of the United Kingdom;

(ii) any sentence of imprisonment passed by such a court on a person who at the time the sentence was passed was under 21 years of age.

(3) Where a person is disqualified because he has been adjudged bankrupt, the disqualification shall cease -

(a) unless the bankruptcy order made against that person is previously annulled, on his discharge from bankruptcy; and

(b) if the bankruptcy order is so annulled, on the date of the order of annulment.

(4) For the purposes of paragraph (1) (c) "dismissal" excludes dismissal which is established to have been unfair in industrial tribunal proceedings.

(5) Where a person is disqualified because he made a composition or arrangement with his creditors, his disqualification shall cease -

(a) except where sub-paragraph (b) applies, on the expiration of 3 years from the date on which the terms of the deed of composition or arrangement are fulfilled; or

(b) where he pays his debts in full, on the day on which payment is completed.

(6) Subject to paragraph (7), a person who is disqualified under paragraph (1)(c) may, after the expiry of 2 years beginning on the date on which he was



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dismissed, apply in writing to the Department to remove that disqualification, and the Department may direct that that disqualification shall cease.

(7) Where the Department refuses an application to remove a disqualification no further application may be made by that person until the expiry of the period of 2 years beginning with the date of the application and this paragraph shall apply to any subsequent application.

(8) In paragraph (1)(i), a "health care professional" means -

- (a) a medical practitioner or dental practitioner;
- (b) a nurse, midwife or health visitor registered in accordance with the Nursing and Midwifery Order 2001;
- (c) a registered pharmacist;
- (d) an ophthalmic optician, other than a body corporate enrolled in the list kept under section 9 of the Opticians Act 1989;
- (e) a person who is registered as a member of a profession to which the Professions Supplementary to Medicine Act 1960 extends;
- (f) a fully registered osteopath as defined by section 41 of the Osteopaths Act 1993 or
- (g) a fully registered chiropractor as defined by section 43 of the Chiropractors Act 1994.



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"health service body" means -

- (a) A health authority, a special health authority, a Primary Care Trust or an NHS Trust respectively constituted under Section 8, 11 and 16A of the National Health Services Act 1977 and Section 5 of the National Health Service and Community Care Act 1990;
- (b) a Health Board, a Special Health Board, the Common Services Agency for the Scottish Health Service or an NHS Trust respectively constituted under sections 2, 10 and 12A of the National Health Service (Scotland) Act 1978;
- (c) a Dental Practice Board or a Scottish Dental Practice Board;
- (d) the Public Health Laboratory Service Board; and
- (e) the National Radiological Protection Board established by section 1 of the Radiological Protection Act 1970;

"health and social services body" means -

- (a) a Health and Social Services Board;
- (b) an HSS Trust;
- (c) the Agency; or
- (d) a special agency.



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From the Permanent Secretary
Dr Andrew McCormick



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

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16 April 2006

Dear Ian,

Following your recent interview in connection with the post of Chair of the Regulation and Quality Improvement Authority, I am pleased to tell you that the Minister has agreed to your appointment as Chair for a four-year term with effect from 1st June 2006. A copy of your formal minute of appointment is enclosed. The post attracts annual remuneration of £ [REDACTED]. You will be able to claim travel and other allowances at the usual HPSS rates. The Chair of RQIA is normally expected to devote 2 to 3 days per week to the appointment.

Membership of a Non Departmental Public Body, especially as Chair, brings with it substantial responsibilities. Boards of Non Departmental Public Bodies are accountable for the management performance of their bodies in the broadest sense. They are also responsible for the efficient use of resources. The Department looks to each NDPB board to define clear objectives, to communicate these objectives both inside and outside the body, and to work, through the management team, to ensure that the objectives are met. As Chair, your special role will be to ensure the effectiveness of the board as a whole. You should use your experience to guide the board in taking balanced decisions in an objective manner and in setting its strategic objectives within the framework of Departmental guidelines.

The Health and Personal Social Services Regulation and Quality Improvement Authority is required to subscribe to the Corporate Governance in the Health and Personal Social Services Codes of Conduct and Accountability, a copy of which is enclosed. The Codes require the Chair and board members to declare, on appointment, any business interests, position of authority in a charity or voluntary body in the field of health and social care, and any connection with bodies contracting for health and personal social services. These must be entered into a register, which is available to the public. You should notify the Department immediately if, in the course of your term of appointment, there is any change in your situation

or connections, which could give rise to an actual or perceived conflict of interest.

Generally all non executive directors are expected to exercise reasonable care, diligence and skill in carrying out their duties, and to act in good faith in the interests of the body, its clients and employees. A chair or board member who has acted honestly and in good faith will not have to meet, out of his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her board function, save where the person acted recklessly.

I should also like to draw your attention to a guide and short course entitled "On Board - A Guide for Board members of Public Bodies", which is run by the Chartered Institute of Public Finance and Accountancy (CIPFA) and recognized as an invaluable induction for new members of public bodies. The Public Service Improvement Office of the Office of the First Minister and Deputy First Minister has formally recommended to Departments that the induction course should be brought to the attention of all board members and consideration given to making attendance mandatory. The Department has decided that all new and existing non-executives should be required to attend and has commissioned CIPFA to present a course specially tailored to suit members of the bodies it sponsors. You will be contacted in due course regarding this.

I am grateful to you for taking on this important role and I hope that you will find it both stimulating and rewarding. A Press Release to announce your appointment will be issued shortly.

Your sincerely

Andrew

ANDREW McCORMICK

**THE HEALTH AND PERSONAL SOCIAL SERVICES
(QUALITY, IMPROVEMENT AND
REGULATION)(NORTHERN IRELAND) ORDER 2003**

**HEALTH AND PERSONAL SOCIAL SERVICES REGULATION AND
IMPROVEMENT AUTHORITY**

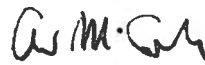
MINUTE OF APPOINTMENT

The Department of Health, Social Services and Public Safety, in exercise of the powers conferred on it by Paragraph 4 of Schedule 1 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (a), hereby appoints the following person as Chairman of the Health and Personal Social Services Regulation and Improvement Authority for the period from 1st June 2006 to 31st May 2010 (b).

Name: Dr Ian W. Carson,

Address: 

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety this 11th day of April 2006.



Permanent Secretary,
Department of Health,
Social Services and Public Safety

L.S.

(a) S.I. 2003/ 431 (N.I. 9)
(b) See S.R. 2004 No. 37

MANAGEMENT STATEMENT AND FINANCIAL MEMORANDUM

FOR

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

JULY 2009

(AMENDED SEPTEMBER 2010)



Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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The Regulation and
Quality Improvement
Authority

MANAGEMENT STATEMENT AND FINANCIAL MEMORANDUM FOR THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

CONTENTS

	PAGE
MANAGEMENT STATEMENT	
Definitions	iv
1 Introduction	
1.1 The Regulation and Quality Improvement Authority	1
1.2 This Document	1
1.3 Founding Legislation: Status of the Body	2
1.4 Subsequent Legislation: The Health and Social Care (Reform) Act (Northern Ireland) 2009	2
1.5 Classification	2
1.6 The Duties, Functions and Powers of the RQIA	3
2 Aims, Objectives and Targets	
2.1 Overall Aims	6
2.2 Objectives and Key Targets	7
2.3 Performance Management	8
3 Responsibilities and Accountability	
3.1 The Minister of Health, Social Services and Public Safety	9
3.2 The Accounting Officer of the Department of Health, Social Services and Public Safety	9
3.3 The Sponsoring Branch in the Department	10
3.4 The Chairman of the RQIA	11
3.5 The Board	12
3.6 The Chief Executive	13
3.7 The Chief Executive's Role as Consolidation Officer	15
3.8 Delegation of Duties	16
3.9 The Chief Executive's Role as Principal Officer for Ombudsman Cases	16
3.10 Customer Service Standards	16
3.11 Consulting Customers	16
3.12 Relationships	16
3.13 Channels of Communication & Commissioning of Work	16
3.14 Communications Protocols	17
4 Planning, Budgeting and Control	
4.1 The Corporate Strategy	18
4.2 The Business Plan	19
4.3 Publication of Plans	19
4.4 Reporting of Performance to the Department	19
5 Budgeting and Monitoring Arrangements	
5.1 Budgeting Procedures	20
5.2 Internal Audit	20
5.3 Additional Departmental Access to the RQIA	21
6 External Accountability	
6.1 The Annual Report and Accounts	22
6.2 External Audit	22
6.3 Value for Money (VFM) examinations	22
7 Staff Management	
7.1 General	24
8 Reviewing the Role of the RQIA	
8.1 RQIA Reviews	25
Appendix 1	
Nine Standards of Customer Service	26
Appendix 2	
Annual Accountability Schedule	28

Appendix 3

Protocol for RQIA Programmed Reviews, Commissioned and RQIA 29
Initiated

	FINANCIAL MEMORANDUM	
I	Introduction	
	This Document	1
II	Income and Expenditure - General	
	Departmental Expenditure Limit (DEL)	1
	Expenditure not Proposed in Budget	1
	Competition	1
	Best Value for Money	2
	Timeliness in Paying Bills	2
	Novel, Contentious or Repercussive Proposals	2
	Risk Management/ Fraud	2
	Wider Markets	2
III	RQIA'S Income	
	Grant-in-aid	3
	Fines and Taxes as Receipts	3
	Interest Earned	3
	Unforecast Changes in In-year Income	4
	Gifts and Bequests Received	4
	Borrowing	4
	Reserves	4
IV	Expenditure on Staff	
	Staff Costs	5
	Pay and Conditions of Service	5
	Pensions: Redundancy/ Compensation	5
V	Non-Staff Expenditure	
	Economic Appraisal	5
	Capital Expenditure	6
	Transfer of Funds within Budgets	7
	Virement	7
	Lending, Guarantees, Indemnities, Letters of Comfort and	7
	Contingent Liabilities	
	Grants or Loans	7
	Gifts Made, Write-offs, Losses and other Special Payments	7
	Leasing	7
	Public/Private Partnerships	8
	Subsidiary Companies and Joint Ventures	8
	Financial Investments	8
	Unconventional Financing	8
	Commercial Insurance	8
	Payment/ Credit Cards	9
	Hospitality	9
	Use of Consultants	9
VI	Management and Disposal of Fixed Assets	
	Register of Assets	9
	Disposal of Assets	9
	Recovery of Grant-Financed Assets	9
VII	Budgeting Procedures	
	Setting the Annual Budget	10
	General Conditions for Spending Authority	10
	Providing Monitoring Information to the Department	11
VIII	Banking	
	Banking Arrangements	11
IX	Compliance with Instructions and Guidance	
	Relevant Documents	11

X	Review of Financial Memorandum Interpretation, Amendment and Review	12
	Appendix 1 Delegated Expenditure Limits	13

Definitions

In this Management Statement and Financial Memorandum:

“Assembly” means the Northern Ireland Assembly

“Board” means the Board of the Regulation and Quality Improvement Authority (RQIA)

“C&AG” means the Comptroller and Auditor General for Northern Ireland

“Chairman” means the Chairman of the Board of the Regulation and Quality Improvement Authority (RQIA)

“Chief Executive” means the senior executive official of the Regulation and Quality Improvement Authority (RQIA)

“DAO” means Dear Accounting Officer letter

“DEL” means Departmental Expenditure Limit

“Department” means the Department of Health, Social Services and Public Safety

“Departmental Accounting Officer” means the Permanent Secretary of the Department of Health, Social Services and Public Safety as the Department’s Principal Accounting Officer

“DFP” means the Department of Finance and Personnel

“DPFO” means Dear Principal Finance Officer letter

“FD (DFP)” means Finance Director letter issued by the Department of Finance and Personnel

“GIAS” means Government Internal Audit Standards

“Grant” means any form of payment, of which “grant-in-aid” is a subset

“HSC” means the Health and Social Care service in Northern Ireland

“Minister” means the Minister of the Department of Health, Social Services and Public Safety

“MPMNI” means Managing Public Money Northern Ireland

“MSFM” means the Management Statement and Financial Memorandum documents

“NDPB” means non-departmental public body

“OFMDFM” means Office of the First Minister and Deputy First Minister

“PES” means Public Expenditure Survey

“PFO” means Principal Finance Officer

“PSA” means Public Service Agreement

“RQIA” means the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority and/or the Northern Ireland Health and Social Care Regulation and Quality Improvement Authority (see para 1.1.1)

“Voted” means a provision voted by the Northern Ireland Assembly

MANAGEMENT STATEMENT

1. INTRODUCTION

1.1 Regulation and Quality Improvement Authority

- 1.1.1 Article 3 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 established the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority. The Authority currently carries out its functions under the operating title of the Regulation and Quality Improvement Authority and, in accordance with Article 1 (2) (a) of the Health and Social Care (Reform) Act (Northern Ireland) 2009, has formally been renamed the Health and Social Care Regulation and Quality Improvement Authority (RQIA).
- 1.1.2 Throughout this document any reference to the Regulation and Quality Improvement Authority (RQIA) may therefore be taken as reference to the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority or the Health and Social Care Regulation and Quality Improvement Authority as appropriate.

1.2 This Document

- 1.2.1 This Management Statement and Financial Memorandum (MSFM) has been drawn up by the Department of Health, Social Services and Public Safety (DHSSPS) in consultation with the Regulation and Quality Improvement Authority (RQIA), 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT.
- 1.2.2 This MSFM has been approved by the Minister for Health, Social Services and Public Safety and DFP Supply.
- 1.2.3 Subject to the legislation noted below, the MSFM sets out the broad framework within which the RQIA will operate, in particular:
- the RQIA's overall aims, objectives and targets in support of the Department's wider strategic aims and current PSA targets;
 - the rules and guidelines relevant to the exercise of the RQIA's functions, duties and powers;
 - the conditions under which any public funds are paid to the RQIA;
 - how the RQIA is to be held to account for its performance.
- 1.2.4 The Financial Memorandum sets out in greater detail certain aspects of the financial provisions, which the RQIA is required to observe. However, the MSFM does not convey any legal powers or responsibilities.
- 1.2.5 The documents should be reviewed by the Department in collaboration with the RQIA at least every four years in line with the review of the Corporate Strategy of the RQIA or earlier in the event of any major changes in the responsibilities/accountabilities of the RQIA.
- 1.2.6 The RQIA, Minister or the Department, may propose amendments to this document at any time. Any such proposals by the RQIA shall be considered in the light of evolving Departmental policy aims, operational factors and the performance of the

RQIA itself. The guiding principle shall be that the extent of flexibility and freedom given to the RQIA shall reflect both the quality of its internal controls and its operational needs. The Department, in collaboration with the RQIA, will determine what changes, if any, are to be incorporated in the document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DFP Supply after consultation with the RQIA. The definition of 'significant' will be determined by the Department in consultation with DFP.

- 1.2.7 Any question regarding the interpretation of the MSFM shall be resolved by the Department after consultation with the RQIA and, as necessary, with DFP Supply.
- 1.2.8 The MSFM is approved by DFP Supply, and signed and dated by DHSSPS and the Chief Executive of the RQIA. It should be copied to the Public Service Information Unit, Delivery and Innovation Division, DFP for information.
- 1.2.9 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Northern Ireland Assembly (henceforth the Assembly). Copies shall also be made available to members of the public on the websites of the RQIA and the DHSSPS

1.3 Founding Legislation: Status of the Body

- 1.3.1 The RQIA is established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 as a body corporate. The constitution of the RQIA is set out in Schedule 1 of the Order. The RQIA does not carry out its functions on behalf of the Crown.

1.4 Subsequent Legislation: The Health and Social Care (Reform) Act (Northern Ireland) 2009

- 1.4.1 On the implementation of the above Act (1 April 2009) the RQIA became responsible for carrying out the functions undertaken by the Mental Health Commission (MHC) as outlined in the Mental Health (Northern Ireland) Order 1986. These functions are set out in paragraph 1.6.2 below.
 - 1.4.2 In accordance with paragraph 1.2.6 above, further amendments to this management statement may be made at any time in order to comply with new or amended legislation.
-

1.5 Classification

- 1.5.1 For policy/ administrative purposes the RQIA is classified as an executive non-departmental public body (NDPB).
- 1.5.2 For national accounts purposes the RQIA is classified to the central government sector.
- 1.5.3 References to the RQIA include all its subsidiaries and joint ventures that are classified to the public sector for national accounts purposes. If such a subsidiary or joint venture is created, there shall be a document setting out the arrangements between it and the RQIA (paragraphs 64 and 65 of the Financial Memorandum refer).

1.6 The Duties, Functions and Powers of the RQIA

1.6.1 Duties:

The duties and powers of the RQIA set out in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (“the Order”) and the Mental Health (Northern Ireland) Order 1986, include:

- Keeping the Department informed about the provision of services and in particular about their availability and their quality, and encouraging improvement in the quality of services [Part II (Article 4) of the Order].
- Providing advice, reports or information relating to the provision of services or the exercise of its functions at the request of the Department. [Part II (Article 5 (1) of the Order]
- Providing advice to the Department on any changes which the RQIA thinks should be made in respect of appropriate changes to the minimum standards published in accordance with Article 38 of the Order and any other matter connected with the provision of services [Part II (Article 5 (2))]
- Regulation of establishments and agencies [Part III of the Order]
- Responsibility for keeping under review the care and treatment of patients with a mental disorder.

1.6.2 Functions:

Certain functions of the RQIA are set out in Article 35 of the Order. These functions are:

- Conducting reviews of, and making reports on, arrangements by the statutory bodies for the purpose of monitoring and improving the quality of the health and social care for which they have responsibility.
- Carrying out investigations into, and making reports on, the management, provision or quality of the health and social care for which statutory bodies have responsibility.
- Conducting reviews and reporting on, the management of, provision or quality of, or access to or availability of, particular types of health and social care for which statutory bodies or service providers are responsibility.
- Carrying out inspections of statutory bodies and service providers, and persons who provide or are to provide services for which such bodies or providers have responsibility, and reporting on the inspections.
- Such functions as may be prescribed relating to the management provision or quality of or access to or availability of services for which prescribed statutory bodies or service providers have responsibility.

In addition, following transfer of the functions of the MHC it shall be the duty of the RQIA under Part VI of the Mental Health (Northern Ireland) Order 1986 [as amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009]:

- To make inquiry into any case where it appears to the RQIA that there may be ill-treatment, deficiency in care or treatment, or improper detention in hospital or reception into guardianship of any patient, or where the property of any patient may, by reason of his mental disorder, be exposed to loss or damage [Article 86 (2) (a)];
 - As often as the RQIA thinks appropriate to visit and interview in private patients who are liable to be detained in hospital under this Order [Article 86 (2) (b)];
 - Under Article 86 (2) (c), bring to the attention of the Department, the Secretary of State, the HSC Board, an HSC trust or the person carrying on a private hospital, residential care home, voluntary home or nursing home the facts of any case in which in the opinion of the RQIA it is desirable for the Department, the Secretary of State, to exercise any of their functions to secure the welfare of any patient by—
 - i. preventing his ill-treatment;
 - ii. remedying any deficiency in his care or treatment;
 - iii. terminating his improper detention in hospital or reception into guardianship; or
 - iv. preventing or redressing loss or damage to his property; [Article 86 (2) (c)];
 - To advise the Department, the Secretary of State, the HSC Board, an HSC trust or any body established under a statutory provision on any matter arising out of this Order which has been referred to the RQIA by the Department, the Secretary of State, the HSC Board, the HSC trust or the body, as the case may be [Article 86 (2) (d)];
 - To bring to the attention of the Department, the Secretary of State, the HSC Board, an HSC trust or any other body or person any matter concerning the welfare of patients which the RQIA considers ought to be brought to their attention [Article 86 (2) (e)];
-
- Where it thinks fit, refer to the Review Tribunal the case of any patient who is liable to be detained in hospital or subject to guardianship under this Order [Article 86 (3) (a)];
 - At any reasonable time visit, interview and medically examine in private any patient in a hospital, private hospital, residential care home, voluntary home or nursing home or any person subject to guardianship under this Order [Article 86 (3) (b)];
 - Require the production of and inspect any records relating to the detention or treatment of any person who is or has been a patient in a hospital, private hospital, residential care home, voluntary home or nursing home or relating to any person who is or has been subject to guardianship under this Order [Article 86 (3) (c)];

1.6.3 Powers:

The RQIA's powers include:

- To issue improvement notices to persons registered under Part III of the 2003 Order, the HSC Board or an HSC trust where there is failure to comply with a minimum standard under Article 38 of the (2003) Order [Article 39];
- To require information and power of entry and inspection [Part VI of the (2003) Order (Articles 40 & 41)];
- Take any action which appears to it to be necessary or expedient for the purpose of, or in connection with, the exercise of its functions. [Article 3 & Schedule 1, paragraph 2 of the (2003) Order];
- To recommend that the Department take special measures in relation to the body or service provider in question with a view to improving the health and personal social services for which it is responsible or the way the body, service provider or other person is being run [Article 35, paragraph 5 of the (2003) Order].

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall Aims

2.1.1 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 makes provision for the duties and responsibilities of the RQIA. These can be summarised as 3 main aims:

- Keeping the Department informed about the overall state and provision of health and social care services, and in particular, about their availability and their quality.
- Encouraging improvement in the quality of services by conducting reviews of health and social care organisations' clinical and social care governance arrangements against quality standards; and thematic and service reviews; and specific investigations as directed by the Department.
- Regulation of relevant establishments and agencies.

2.1.2 Article 25 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 makes provision for the functions of the Mental Health Commission to be transferred to the RQIA. The new arrangements will guarantee the delivery of an effective service. The combined powers and functions of the RQIA following this change will build upon the functions set out in Article 86 of the Mental Health (Northern Ireland) Order 1986 and will include:

- Retention and further development of a focus on the individual and the rights of service users and carers under the current functions of the MHC whilst incorporating the powers of enforcement and improvement on organisations under the Health and Personal Social Services Quality, Improvement and Regulation (NI) Order 2003.
 - Promotion of multi-professional and lay working in a manner not available to the MHC through the RQIA's programme of inspection and governance reviews.
 - Placement of an additional emphasis on the promotion and sharing of good practice across services.
-
- Creation of an opportunity for wider promotion of mental health, advocacy, service user and carer engagement.

2.2 Objectives and Key Targets

- 2.2.1 The Department determines the performance framework of the RQIA in the light of its wider strategic aims and current PSA objectives and targets.
- 2.2.2 The RQIA must self-assess and secure internal audit verification of its compliance with relevant Controls Assurance Standards on an annual basis, as required by the Department.
- 2.2.3 The following key objectives underpin the work of the RQIA. Additional objectives, targets and performance measures will be agreed with the Department as part of the corporate and business planning process for the RQIA.

Improving the Quality of Care

The RQIA will work 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 and using evidence-based practice to inform an overall assessment of health and social care in Northern Ireland;
- reporting on the results of investigations into, and reviews of, specific service failures in health and social care services and recommending actions to improve the quality of these services;
- monitoring and evaluating the impact of the work of the RQIA.

Informing, Influencing and Enforcing

The RQIA will publicly report and advise on the safety, quality and availability of healthcare and will use its powers to raise service standards, sustain good practice and build public confidence, by:

- sharing and disseminating learning and good practice with partners and service providers;
- developing and implementing effective information and communication strategies;
- contributing to the development and improvement of regional policies and standards;
- ensuring the achievement of minimum standards through compliance with the regulations;
- providing appropriate and timely information to the Department, the public and other stakeholders;
- publishing annual reports on the work of the RQIA.

Safeguarding Rights

The RQIA will act 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;
- discharging its functions under the Mental Health (Northern Ireland) Order 1986.

Developing People and Partnerships

The RQIA will provide an environment which promotes learning, growth and development for all its staff, and will talk and listen to its stakeholders and seek opportunities to work in partnership, by:

- having in place clear and effective human resources and organisational development strategies;
- developing strategic partnerships with other regulators, public representatives and service users to ensure a sensitive, service-user focus;
- developing the profile of the RQIA to ensure that its responsibilities are understood, and encouraging feedback from, and engagement with, stakeholders and other interested parties.

Managing Resources Effectively, Efficiently and Economically

The RQIA will manage and deploy its resources effectively and efficiently in support of overall policy and strategy, and will maintain robust governance framework arrangements to ensure effective systems of internal control, by:

- ensuring that resources are allocated in line with strategic priorities and that Value for Money is achieved;
- complying with legislative requirements and best practice in relation to good governance, risk management and independent assurance;
- demonstrating a culture of continuous improvement and encouraging and supporting individuals to identify and achieve personal and organisational development targets.

2.3 Performance Management

2.3.1. The following methodologies will be used to assess progress against these objectives by providing a basis for establishing the key performance targets:

- Bi-annual accountability meetings with the Department;
- Regular update meetings between the Chief Executive of the RQIA and the Director of the Sponsoring Branch;
- Annual audit conducted by the Northern Ireland Audit Office;
- Occasional inspections arranged by the Department in consultation with the RQIA.

3 RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister of Health, Social Services and Public Safety

- 3.1.1 The Minister is accountable to the Assembly for the activities and performance of the RQIA. The Minister's responsibilities include:
- approving the strategic objectives of the RQIA and the policy and performance framework within which the RQIA will operate (as set out in this MSFM and associated documents);
 - agreeing the amount of grant-in-aid to be paid to the RQIA, and securing Assembly approval;
 - keeping the Assembly informed about the performance of the RQIA;
- 3.1.2 The Minister will meet annually with the Chairman and the Chief Executive of the RQIA.

3.2 The Accounting Officer of the Department of Health, Social Services and Public Safety

- 3.2.1 The Permanent Secretary, as the Department's principal Accounting Officer (the Departmental Accounting Officer), is responsible for the overall organisation, management and staffing of the Department and for ensuring that there is a high standard of financial management in the Department as a whole. The Departmental Accounting Officer is accountable to the Assembly for the issue of any grant-in-aid to the RQIA. The Departmental Accounting Officer designates the Chief Executive of the RQIA as the Accounting Officer of the RQIA, and may withdraw the Accounting Officer designation if he believes that the incumbent is no longer suitable for the role.
- 3.2.2 In particular the Departmental Accounting Officer shall ensure that:
- the strategic aims and objectives of the RQIA support the Department's wider strategic aims and current PSA objectives and targets;
 - the financial and other management controls applied by the Department to the RQIA are appropriate and sufficient to safeguard public funds and for ensuring that the RQIA's compliance with those controls is effectively monitored ("public funds" include not only any funds granted to the RQIA by the Assembly but also any other funds generated by approved activities or falling within its stewardship);
 - the internal controls applied by the RQIA conform to the requirements of regularity, propriety and good financial management;
 - any grant-in-aid to the RQIA is within the ambit and the amount of the Request for Resources and that Assembly authority has been sought and given.
- 3.2.3 The responsibilities of a Departmental Accounting Officer are set out in more detail in chapter 3 of MPMNI.

3.3 The Sponsoring Branch in the Department

- 3.3.1 Within the Department, the Safety, Quality and Standards Directorate is the sponsoring branch under the auspices of the Chief Medical Officer for the RQIA. The Directorate is the primary source of advice to the Minister on the discharge of Ministerial responsibilities in respect of the RQIA and the primary point of contact for the RQIA in dealing with the Department. The Chief Executive of the RQIA and the Chief Medical Officer will maintain an effective communication system on matters of significant importance.
- 3.3.2 The Safety, Quality and Standards Directorate shall advise the Minister on:
- appropriate objectives and targets for the RQIA in the light of the Department's strategic aims and current PSA targets;
 - an appropriate budget for the RQIA in the light of the requirements on the RQIA and the Department's overall public expenditure priorities;
 - how well the RQIA is achieving its strategic objectives and whether it is delivering value for money.
- 3.3.3 In support of the Departmental Accounting Officer, the Safety, Quality and Standards Directorate shall:
- be the primary communication point with the RQIA through which investigations and reviews are commissioned by the Department. The Directorate will, in collaboration with the RQIA, agree a specific scope, Terms of Reference, timetable and publication process for each 'commissioned' investigation or review in advance of each investigation or review;
 - monitor the activities of the RQIA on a continuing basis through an adequate and timely flow of information from the RQIA on performance, budgeting, control and risk management, including early sight of the RQIA's Statement on Internal Control;
 - address in a timely manner any significant problems arising in the RQIA, whether financial or otherwise, making such interventions in the affairs of the RQIA as the Department and/ or the Board of the RQIA judges necessary;
 - periodically carry out a risk assessment of the activities of the RQIA to inform the Department's oversight of the RQIA; strengthen these arrangements if necessary; and amend the MSFM accordingly. The risk assessment shall take into account the nature of the activities of the RQIA; the public monies at stake; its corporate governance arrangements; its financial performance; internal and external auditors' reports; and any other relevant matters;
 - inform the RQIA of relevant Government policy in a timely manner; advise on the interpretation of that policy; and issue specific guidance to the RQIA as necessary;
 - through the Chief Medical Officer, bring concerns about the activities of the RQIA to the attention of the Chairman, Chief Executive and, where

necessary, the full Board of the RQIA, and require explanations and assurances that appropriate action has been taken.

3.4 The Chairman of the RQIA

3.4.1 The Chairman is appointed by the Department in accordance with Schedule 1 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Regulation and Improvement Authority (Appointments and Procedure) Regulations (Northern Ireland) 2004 for a period not exceeding four years in line with the Code of Practice for Ministerial Appointments to Public Bodies issued by the Commissioner for Public Appointments for Northern Ireland.

3.4.2 The Chairman is accountable to the Minister. The Chairman shall ensure that the policies and actions of the RQIA support the wider strategic policies of the Department and that the affairs of the RQIA are conducted with probity. The Chairman shares with other Board members the corporate responsibilities set out in paragraph 3.5.2 and in particular for ensuring that the RQIA fulfils the aims and objectives set by the Department and approved by the Minister.

3.4.3 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Strategy of the RQIA;
- ensuring that the Board of the RQIA, in reaching decisions, takes proper account of guidance provided by the Minister or the Department;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- ensuring the RQIA Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and where appropriate, the views of individual Board members;
- representing the views of the Board of the RQIA to the general public.

3.4.4 The Chairman shall also:

- ensure that all Board members, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and receive appropriate induction training, including on the financial management and reporting requirements of public sector bodies and on any differences which may exist between private and public sector practice;
- advise the Department of the needs of the RQIA when Board vacancies arise, with a view to ensuring a proper balance of professional and financial expertise; and
- assess the performance of individual Board members when they are being considered for re-appointment to the Board.

3.4.5 Performance appraisal of Board members should be regular and open and should be conducted on an annual basis. Members should be aware that they are being

appraised, the standards against which they are being appraised and have an opportunity to contribute to and view their report.

- 3.4.6 The chairman shall ensure that a Code of Practice for Members is in place, based on the Cabinet Office's model Code of Practice for Board Members of Public Bodies, (FD (DFP) 03/06 refers). The Code shall commit the Chairman and other Board Members to the Nolan 'seven principles of public life', and shall include a requirement for a comprehensive and publicly available register of Board Members' interests. The register and any updates should be copied to Safety, Quality and Standards Directorate.
- 3.4.7 The Commissioner for Public Appointments is of the view that ongoing assessment of members is vital, not only for compliance with the Code of Practice, but also to meet best practice and provide members with feedback; to recognise their contribution; to motivate them; and, where necessary, to provide them with advice on improving performance.
- 3.4.8 Communications between RQIA and the Minister shall normally be through the Chairman and shall include an annual meeting. The Chairman shall ensure that the other RQIA Board Members are kept informed of such communications.

3.5 The Board

- 3.5.1 The Board Members are appointed in accordance with Schedule 1 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Regulation and Improvement Authority (Appointments and Procedure) Regulations (Northern Ireland) 2004 by DHSSPS for periods not exceeding four years and in line with the Code of Practice for Ministerial Appointments to Public Bodies issued by the Commissioner for Public Appointments for Northern Ireland.
- 3.5.2 The Board has corporate responsibility for ensuring that the RQIA complies with any statutory or administrative requirements for the use of public funds and fulfils the aims and objectives set by the Department, and for promoting the efficient and effective use of staff and other resources. The Board shall:
- establish the overall strategic direction of the RQIA within the policy and resources framework determined by the Department;
 - ensure that the Department is kept informed of any changes which are likely to impact on the strategic direction of the Board or on the attainability of its targets, and determine the steps needed to deal with such changes;
 - ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority agreed with the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account guidance issued by DFP, OFMDFM and the Department;
 - ensure that the Board receives and reviews regular financial information concerning the management of the RQIA; is informed in a timely manner about any concerns about the activities of the RQIA; and provides positive assurance to the Department that appropriate action has been taken on such concerns;

- demonstrate high standards of corporate governance at all times, including using the independent audit committee (paragraph 5.2.3) to help the Board to address the key financial and other risks facing the RQIA;
 - appoint, with the Department's approval, a Chief Executive to the RQIA and, in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.
- 3.5.3 Individual Board members shall act in accordance with their wider responsibility as members of the Board – namely to:
- comply at all times with the Code of Practice [paragraph 3.4.6 above] that is adopted by the Board and with the rules relating to the use of public funds and to conflicts of interest;
 - not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations; and to declare publicly and to the Board any private interests that may be perceived to conflict with their public duties;
 - comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum and elsewhere;
 - act in good faith and in the best interests of the RQIA.
- 3.5.4 A list of matters, which are delegated by the Department for the decision of the RQIA, should be maintained by the RQIA.
- 3.5.5 The Department shall have access to all Board meeting minutes.
- 3.5.6 Members of the Board (including the Chairman) must not give the Chief Executive instructions which conflict with the latter's duties as the Accounting Officer of the RQIA.

3.6 The Chief Executive

- 3.6.1 The Chief Executive of the RQIA is designated as the Accounting Officer of the RQIA by the Departmental Accounting Officer.
- 3.6.2 The Accounting Officer of the RQIA is personally responsible for safeguarding the public funds for which he/ she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the RQIA.
- 3.6.3 As Accounting Officer the Chief Executive shall exercise the following responsibilities in particular:
- on planning and monitoring -
- establish, in agreement with the Department, the corporate and business plans of the RQIA in the light of the Department's wider strategic aims and current PSA objectives and targets;

- inform the Department of the progress of the RQIA in helping to achieve the Department's policy objectives and in demonstrating how resources are being used to achieve those objectives;
- ensure that timely forecasts and monitoring information on performance and finance are provided to the Department; that the Department is notified promptly if overspends or under spends are likely and that corrective action is taken; and that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the Department in a timely fashion;

on advising the Board -

- advise the Board on the discharge of its responsibilities as set out in this document, in legislation and in any other relevant instructions and guidance that may be issued from time to time by DFP, OFMDFM or the Department;
- advise the Board on the performance of the RQIA compared with its aims and objectives;
- ensure that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately;
- take action in line with section 3.8 of MPMNI if the Board, or its Chair, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity or does not represent prudent or economical administration or efficiency or effectiveness;

on managing risk and resources -

- ensure that a system of risk management is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets in line with the DHSSPS Assurance Framework;
 - ensure that an effective system of programme and project management and contract management is maintained;
-
- ensure that all public funds made available to the RQIA (including any approved income or other receipts) are used for the purpose intended by the Assembly, and that such monies, together with the assets of the RQIA, equipment and staff, are used economically, efficiently and effectively;
 - ensure that adequate internal management and financial controls are maintained by the RQIA, including effective measures against fraud and theft;
 - maintain a comprehensive system of internal delegated authorities which are notified to all staff, together with a system for regularly reviewing compliance with these delegations;
 - ensure that effective personnel management policies are maintained;

on accounting for the activities of the RQIA -

- sign the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and

presented in accordance with any directions issued by the Minister, the Department or DFP;

- sign a Statement of Accountable Officer's responsibilities, for inclusion in the annual report and accounts;
- sign a Statement on Internal Control regarding the system of internal control of the RQIA, for inclusion in the annual report and accounts;
- ensure that effective procedures for handling complaints about the RQIA are established and made widely known within the RQIA;
- act in accordance with the terms of this document and with the instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by the Department, DFP or OFMDFM - in particular, Chapter 3 of MPMNI and the Treasury document *Regularity and Propriety* (a copy of which the Chief Executive shall receive on appointment). Section 9 of the attached Financial Memorandum refers to other key guidance;
- give evidence, normally with the Departmental Accounting Officer, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the RQIA;
- ensure that an Equality Scheme is in place and reviewed and that new policies are equality impact assessed as required by the Equality Commission and OFMDFM;
- ensure that the requirements of the Data Protection Act 1998 are complied with;
- ensure that all requests for disclosure made under the Freedom of Information Act 2000 are complied with; and
- ensure that any other relevant policy directives are complied with as appropriate.

3.7 The Chief Executive's Role as Consolidation Officer

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- 3.7.1 For the purposes of Whole of Government Accounts, the Chief Executive of the RQIA is normally appointed by DFP as the Consolidation Officer of the RQIA.
- 3.7.2 As the Consolidation Officer of the RQIA, the Chief Executive shall be personally responsible for preparing the consolidation information that sets out the financial results and position of the RQIA, for arranging its audit and for sending the information and the audit report to the Principal Consolidation Officer nominated by DFP.
- 3.7.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the NDPB Consolidation Officer Memorandum as issued by DFP and shall, in particular:
- ensure that the RQIA has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process;
 - prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation requirements) in accordance with the consolidation instructions and directions ["Dear

Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM letters] issued by DFP on the form, manner and timetable for the delivery of such information.

3.8 Delegation of Duties

- 3.8.1 The Chief Executive may delegate the day-to-day administration of his/her Accounting Officer responsibilities to other employees in the RQIA. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document.

3.9 The Chief Executive's Role as Principal Officer for Ombudsman Cases

- 3.9.1 The Chief Executive is the Principal Officer for the purpose of handling cases involving the Northern Ireland Commissioner for Complaints (the Ombudsman). The Principal Officer is responsible for informing the Permanent Secretary of the Department of any complaints about the RQIA accepted by the Ombudsman for investigation, and their outcome, including the proposed response of the RQIA to any recommendations by the Ombudsman.

3.10 Customer Service Standards

- 3.10.1 Nine standards of public service have been adopted across the Northern Ireland Civil Service and its satellite bodies. These general standards, as they apply to the RQIA, are detailed at Appendix 1 and within these standards, and subject to Departmental approval, the RQIA should set its own specific standards and targets for customer service and the handling of complaints.

3.11 Consulting Customers

- 3.11.1 The RQIA will work in partnership with its stakeholders and customers to deliver the services / programmes, for which it has responsibility, to agreed standards. It will consult regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from both stakeholders and customers, and will work to deliver a modern, accessible service.

3.12 Relationships

- 3.12.1 Relationships between the RQIA, the Minister and the Department are governed by the 'arm's length' principle, wherein the primary role of the Minister is to set the legal, financial, policy and performance framework of the RQIA, including appointments to the Board of the RQIA and the structure of its funding and management. Within this framework, it is the role of the RQIA to determine its policy and activities, in keeping with its statutory responsibilities and the requirements of Departmental policy. The Department has the right of access to carry out any examination of the internal financial control system as may be required to enable the Department's Accounting Officer to discharge his/her responsibilities in a proper manner.

3.13 Channels of Communication & Commissioning of Work

- 3.13.1 The sponsoring branch is the primary point of contact for the RQIA within the Department. RQIA can provide briefing on key findings of its reviews to other relevant Departmental officials on request. Where the RQIA needs to communicate directly with other Directorates and Professional Groups within the Department it

will copy any correspondence with implications for the Business Plan, Budget or the work of the RQIA to the sponsoring branch. Likewise, Directorates and Professional Groups should ensure that correspondence by them to the RQIA, which is relevant to the work of the RQIA, its Business Plan or Budget, is copied to the sponsoring branch.

3.14 Communications Protocols

- 3.14.1 RQIA programmed reviews: these will be handled in accordance with the protocol at Appendix 3.
- 3.14.2 Policy and legislation proposals: where the Department is planning to make policy or legislative changes that affect the business of the RQIA, these should be shared at the earliest possible opportunity and no later than three weeks before they are made public.
- 3.14.3 Private Office Enquiries and Assembly Questions: the Department should share any relevant enquiry or question with the RQIA as soon as it is received;

4. PLANNING, BUDGETING AND CONTROL

4.1 The Corporate Strategy

- 4.1.1 Consistent with the timetable for public spending reviews the RQIA is required to produce and agree with the Department a Corporate Strategy which includes a description of strategic objectives, initiatives to meet those objectives and key performance indicators over a three year period. The Corporate Strategy shall form the basis of the RQIA's business planning and performance management processes and be subject to annual review. The business planning timetable should inform the PES process.
- 4.1.2 The Corporate Strategy and annual Business Plan shall reflect the statutory duties of the RQIA and, within those duties, the priorities set from time to time by the Minister and the Department.
- 4.1.3 The Corporate Strategy, business planning and performance management cycle shall address:
- the key objectives and associated key performance targets of the RQIA for the next three years, and its strategy for achieving those objectives;
 - a review of the performance of the RQIA in the preceding financial year together with comparable outturns, as appropriate, for the previous three years, and an estimate of performance in the current year;
 - alternative scenarios to take account of factors which may significantly affect the execution of the strategy but which cannot be accurately forecast;
 - a forecast of expenditure and income taking account of guidance on resource assumptions and policies provided by the Department at the beginning of the stratifying round. These forecasts should represent the best estimate of the RQIA of all available income, including any grant or grant-in-aid, and all likely expenditure.
 - additional forecasts derived from alternative forward scenarios and estimates and the impact of these on the achievement of the objectives of the RQIA;
 - wherever possible, external comparators for bench marking the performance of the RQIA;
 - other matters as agreed between the Department and the RQIA.
- 4.1.4 The Corporate Strategy - including the key performance targets - shall be agreed between the Department and the RQIA in the light of the Department's decisions on policy and resources taken in the context of the Government's wider policy and spending priorities and decisions.
- 4.1.5 Once agreed by the Department the corporate strategy shall be forwarded by the sponsor branch to DFP Supply for approval.

4.2 The Business Plan

- 4.2.1 The RQIA will each year prepare and submit for agreement with the Department a costed business plan. The business plan shall include information on objectives, key targets and milestones for the year immediately ahead, linked to budgeting information so that resources allocated to achieve specific objectives can be readily identified.
- 4.2.2 Once agreed by the Department the business plan shall be forwarded by the sponsor branch to DFP Supply for approval.

4.3 Publication of Plans

- 4.3.1 The full corporate strategy and business plans shall be published and also made available to the public on the website of the RQIA. A full version shall be issued to all members of staff.

4.4 Reporting of Performance to the Department

- 4.4.1 The RQIA shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed corporate and business plans.
- 4.4.2 The RQIA shall take the initiative in informing the Department of changes in external conditions which make the achievement of objectives more or less difficult, or which may require a change to the budget or objectives set out in the corporate or business plans.
- 4.4.3 The performance of the RQIA in helping to deliver Departmental policies, including the achievement of key objectives, shall be reported to the Department on a quarterly basis. Performance will be formally reviewed twice yearly by officials of the Department. Regular update meetings shall take place between the Chief Executive of the RQIA and the Director of the sponsor branch. Senior officials of the Department shall meet the Board formally on a regular basis to discuss the performance of the RQIA, its current and future activities and any policy developments relevant to these activities (an annual accountability schedule is included at Appendix 2).
- 4.4.4 The performance of the RQIA against key targets shall be reported in the annual report and accounts of the RQIA [see Section 6.1 below].

5. BUDGETING AND MONITORING ARRANGEMENTS

5.1 Budgeting Procedures

- 5.1.1 The budgeting procedures of the RQIA shall be as set out in the Financial Memorandum.

5.2 Internal Audit

- 5.2.1 The RQIA shall establish and maintain arrangements for internal audit in accordance with the circular DAO (DFP) 3/02, Treasury's Government Internal Audit Standards (GIAS) and DAO (DFP) 25/02 *Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies (NDPBs)*.
- 5.2.2 The RQIA should ensure that the competence and qualifications of the Head of Internal Audit meet the requirements for the appointment of such officers in accordance with GIAS 5.2 and shall consult the Department to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit of the RQIA.
- 5.2.3 The RQIA should maintain an independent Audit Committee as a committee of its Board in accordance with guidance on codes of practice for public bodies.
- 5.2.4 The Audit Committee will be chaired by a member of the Board of the RQIA, other than the Chairman or Chief Executive, who has relevant financial management expertise. The Committee will consist of a minimum of three members and will meet on a regular basis. The Chief Executive, in his/her role as Accounting Officer, the Director of Corporate Services, Financial Adviser and the Internal Audit provider will normally attend meetings of the Committee.
- 5.2.5 The Department shall have access to the Audit Committee's minutes and reserves the right to send a representative to meetings of the committee.
- 5.2.6 The RQIA shall arrange for periodic quality reviews of its internal audit in accordance with GIAS. The Department shall consider whether it can rely on these reviews to provide assurance on the quality of internal audit. However, the Department reserves a right of access to carry out independent reviews of internal audit in the RQIA.
- 5.2.7 The Department's Internal Audit Service shall also have a right of access to all documents prepared by the RQIA internal auditor, including where the service is contracted out. The audit strategy, periodic audit plans and annual audit report, including the RQIA's Head of Internal Audit's opinion on risk management, control and governance shall be forwarded as soon as possible to the Department's Safety, Quality and Standards Directorate who shall consult the Department's Head of Internal Audit as appropriate.
- 5.2.8 The RQIA shall report immediately to the Department all frauds (proven or suspected) including attempted fraud. The Department shall then report the frauds immediately to DFP and the C&AG. In addition the RQIA shall forward to the Department the annual fraud return, commissioned by DFP, on fraud and theft suffered by the RQIA and notify any changes to the audit committee's terms of reference or the Fraud Policy and Response Plan of the RQIA.

5.3 Additional Departmental Access to the RQIA

- 5.3.1 In addition to the rights of access referred to in paragraphs 3.5.5, 5.2.5 and 5.2.6 above, the Department shall have a right of access to all the records and personnel of the RQIA for purposes such as sponsorship audits and operational investigations.

6 EXTERNAL ACCOUNTABILITY

6.1 The Annual Report and Accounts

- 6.1.1 After the end of each financial year the RQIA shall publish, as a single document, an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the RQIA. The report shall be prepared for publication to a timetable agreed with the Department and a draft of the report shall be submitted to the Department not less than two weeks before the proposed publication date.
- 6.1.2 The report and accounts shall comply with the most recent version of the *Financial Reporting Manual (FReM)* issued by DFP. The accounts shall be prepared in accordance with the relevant statutes and the specific Accounts Direction issued by the Department.
- 6.1.3 The report and accounts shall outline the main activities and performance of the RQIA during the previous financial year and set out in summary form the forward plans of the RQIA. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit of the accounts.
- 6.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the Department and DFP's guidance on the procedures for presenting and laying the combined annual report.
- 6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts requires the prior written approval of the Department.

6.2 External Audit

- 6.2.1 The Comptroller and Auditor General (C&AG) audits the annual accounts of the RQIA and passes the accounts to the Department which shall lay them before the Assembly. For the purpose of audit the C&AG has a statutory right of access to relevant documents as provided for in articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.
- 6.2.2 The C&AG has agreed to liaise with the RQIA on who - the NIAO or a commercial auditor - shall undertake the actual audit on his behalf. The final decision rests with the C&AG.
- 6.2.3 The C&AG has agreed to share with the Department information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the RQIA. The C&AG will also, where asked, consider providing the Department and other relevant bodies with Regulatory Compliance Reports and other similar reports which Departments may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 Value for Money (VFM) examinations

- 6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the RQIA has used its resources in discharging its functions.

For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. When making payment of a grant or drawing up a contract, the RQIA should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to the documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7 STAFF MANAGEMENT

7.1 General

7.1.1 Within the arrangements approved by the Minister, Department and DFP the RQIA shall have responsibility for the recruitment, retention and motivation of its staff.

7.1.2 To this end the RQIA shall ensure that:

- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
- the level and structure of its staffing, including grading and numbers of staff, is appropriate to its functions and the requirements of efficiency, effectiveness and economy;
- the performance of its staff at all levels is satisfactorily appraised and the performance measurement systems are periodically reviewed, and if necessary, revised;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the objectives of the RQIA;
- proper consultation with staff takes place on key issues affecting them;
- adequate grievance and disciplinary procedures are in place. These procedures should comply with the Code of Practice on Disciplinary and Grievance Procedures published by the Labour Relations Agency and should apply to all staff;
- Whistle-blowing procedures consistent with the Public Interest Disclosure (Northern Ireland) Order 1998 are in place and communicated to staff;
- a code of conduct for staff is in place based on the model at Annex 5a of Public Bodies – A Guide for Northern Ireland Departments found at <http://www.aasdni.gov.uk/>

8 REVIEWING THE ROLE OF THE RQIA

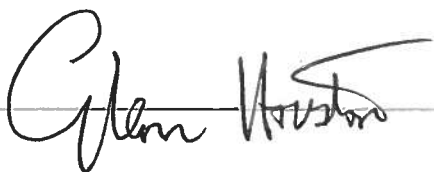
8.1 Reviews of RQIA

8.1.1 The Department will conduct a review of the RQIA at least every four years or at such other intervals as the Department may determine. Such reviews will be in three stages:

- The initial stage of the review will focus on whether and how effectively the RQIA fulfils its statutory functions;
- The second stage will focus on the efficiency and effectiveness with which the RQIA carries out its core activities and its financial and other management systems;
- The third stage will examine the efficiency and effectiveness of the Departmental procedures for managing the relationship with RQIA as an Arm's Length Body.

**Signed on behalf of the Regulation
and Quality Improvement Authority**

**Signed on behalf of the Department
of Health, Social Services and
Public Safety**



**Mr G Houston
Chief Executive
Date:**

**Dr A McCormick
Permanent Secretary
Date: 8 October 2010**

THE NINE STANDARDS OF CUSTOMER SERVICE

The RQIA should apply the Nine Standards of Customer Service, which apply across the Northern Ireland Civil Service, its Agencies and NDPBs. The Nine Standards of Customer Service as they apply to RQIA are:

Standard 1 Publishing Service Standards

The RQIA will publish a set of customer service standards setting out the level of service its customers can expect. The standards should be challenging, relevant, measurable and meaningful and should be publicised widely. Performance against the standards should be made available to customers.

Standard 2 Informing the Customer

The RQIA will provide clear and straightforward information about its services and those of related service providers in a variety of ways, including the Internet. The information will include one or more telephone enquiry numbers, text phone numbers and email addresses and should be timely, updated regularly, easily accessible, of professional quality and in plain language. Where the RQIA requires particular actions or information from customers or otherwise considers customers have certain responsibilities, it should explicitly state this.

Standard 3 Service Accessibility

The RQIA will make its services accessible to its customers by doing everything reasonably possible to make its services available to everyone including people with special needs and those whose first language is not English. Where it is necessary for customers to attend the RQIA premises, the RQIA should ensure that its premises are clean, comfortable and welcoming.

Standard 4 Consulting with customers

The RQIA will consult with and will involve customers and potential customers about how its services will be delivered. It will consult in a variety of ways and use their views to improve the services provided. The results of consultation should be reported to customers together with plans for service improvement.

Standard 5 Polite and Helpful Staff

The RQIA will ensure that staff are polite and helpful and that appropriate training in customer care is provided. Staff must be identifiable and should normally wear name badges when dealing with the public.

Standard 6 Seeing Callers

The RQIA will ensure that callers are seen without undue delay by setting a target for seeing callers with and without appointments. Callers should be informed of any likely delays. Procedures should be put in place to ensure that queuing systems are fair and flexible and that, where appropriate, waiting time information is provided.

Standard 7 Answering Telephone Calls

The RQIA will ensure that telephone calls are answered quickly. The name of the organisation and that of the person answering the call should be given and the person

answering the call should be able to deal with the enquiry or transfer the caller to a person who can do so.

Standard 8 Answering Letters, Faxes and Emails

The RQIA will set targets for ensuring that letters, faxes and emails are answered quickly and clearly. Responses will include the name and address of the organisation and contact details. If it is likely to take more than 10 working days to respond, an acknowledgement will be sent within two working days, which will give a target date for the full response. All correspondence, whether letter, fax or email, should be clear and presentable.

Standard 9 Having a Complaints Procedure

The RQIA will have a complaints procedure – or procedures – for services provided which should include its policy on redress. They should be publicised through a variety of means, including on the Internet and should be clear and straightforward with an option for independent review. The RQIA will set and report on targets for dealing with complaints.

ANNUAL ACCOUNTABILITY SCHEDULE

Activity	Purpose	Present (excluding supporting officials)	Date
Biannual Accountability Review	<ul style="list-style-type: none"> • Agree and review Business Plans • Agree and Review Budgets • Strategic Developments 	RQIA: Chairman, CEO and Directors as appropriate DHSSPS: CMO/DCMO, Director of SQS and Head of SGU	April & Oct
Ministerial Meeting	<ul style="list-style-type: none"> • End of Year Review and overview of planned activities 	Minister, Chairman and, as required, Chief Executive of RQIA & Director of SQS.	May
Update Meetings	<ul style="list-style-type: none"> • Progress against Business Plan • Progress against Budgets • Current Reviews • Emerging Concerns 	RQIA: CEO and Directors as appropriate DHSSPS: Director of SQS and Head of SQU	Monthly

Protocol for RQIA Programmed Reviews

Commissioned and RQIA Initiated

1. In the exercise of its functions under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA produces a three-year review programme covering the same three-year period as the Corporate Strategy.

Selection of Topics

2. The topics for review include those commissioned by the Minister and those prioritised by RQIA after a process of consultation with representatives of the Department and the statutory, voluntary and independent sectors. The prioritised list of review topics is selected after careful consideration of all the proposals made during the consultation process in reference to a set of prioritisation criteria and to ensure that the overall programme is appropriately balanced.
3. All RQIA initiated and commissioned reviews are conditional on the resources being available to carry them out.
4. **Commissioned reviews only:** At any time during the three-year review period the Minister may request RQIA to carry out a review, subject to the procedures described in paragraph 7 below and this will then be included within the RQIA review programme. These requests may be for a single piece of work, a piece of follow-up work or for a rolling programme.
5. **RQIA initiated reviews only:** RQIA may also add to the review programme at any time, in accordance with the procedures described in paragraph 8 below and with the agreement of the RQIA Board.
6. The progress of the review programme and potential changes to the programme will be discussed with the Department twice yearly at the accountability meetings chaired by the Chief Medical Officer (CMO).
7. **Commissioned reviews only:** When the Minister wishes to commission a review from RQIA, the CMO will write to the Chief Executive of RQIA, requesting that RQIA undertake the review. ~~The Chief Executive of RQIA will confirm in writing to CMO that the commission has been accepted or, alternatively, may seek further information before confirmation is issued.~~ Representatives of RQIA and the Department will then meet to consider the scope and timeframe of the work to be undertaken. CMO will identify who the policy lead will be within the Department. Further information will be provided subsequently as set out in paragraph 9 below.
8. **Additional RQIA initiated reviews only:** If the RQIA intends to initiate a review of any matter arising from the exercise of its functions, in addition to those already identified in the three-year review programme, the Chief Executive, having first consulted with the RQIA Board, will advise CMO, of the proposal. RQIA will take account of any comments provided by Departmental policy leads and chief professionals. These should be provided by way of a letter from CMO to the Chief Executive of the RQIA. Further information on the review will be provided subsequently as set out in paragraph 11 below.

Scoping a Review

9. **Commissioned reviews only:** Further to the letter from CMO, the policy/professional lead and a lead official nominated by RQIA will meet, with other

Departmental officials and representatives of other HSC bodies as appropriate, to determine:

- the Terms of Reference
- the standards to be applied (where relevant)
- the organisations subject to the review
- the format of the report
- the timescales that will apply

Initial consideration should also be given to the manner of publication (to be confirmed when the final report is sent to Minister – see paragraphs 24 to 27 below)

Once agreed, these will be the subject of a further letter from CMO to the Chief Executive of the RQIA, copied to the Chief Executives of other HSC bodies as appropriate.

10. The Chief Executive of RQIA will reply to CMO, indicating acceptance of the commission in the terms stated.

11. **RQIA initiated reviews only:** If RQIA, in the exercise of its functions, intends to initiate a review, the Chief Executive should advise CMO in writing. In a written reply CMO will identify the policy/professional lead for that review within the Department. RQIA will seek similar senior contacts to liaise with in other relevant HSC bodies as appropriate (e.g. the HSC Board or Public Health Agency). After consulting the policy lead in the Department (and other contacts as relevant) the lead official in RQIA will determine:

- the Terms of Reference
- the standards to be applied (where relevant)
- the organisations subject to the review
- the format of the report
- the timescales that will apply.

Initial consideration should also be given to the manner of publication (to be confirmed when the final report is sent to Minister – see paragraphs 24 to 27 below)

CMO will be notified in writing by the Chief Executive of RQIA before the review begins about the details of the review as outlined above. The Chief Executive of RQIA will also advise in writing the bodies to be included in the review and the relevant stakeholders of the intention to carry out the review.

12. RQIA will add any agreed new work to the review programme.

13. For both commissioned and RQIA initiated reviews, RQIA will complete a project initiation document/scoping document as appropriate and will forward this to CMO.

Conducting a Review

14. Where a review involves working directly with an HSC organisation, the organisation will be invited by RQIA to appoint an affiliate to liaise with the review team.

15. If any matter comes to light during the conduct of the review that makes it necessary to activate the RQIA escalation policy for reviews, CMO and all relevant statutory agencies will be informed immediately in writing without waiting for the completion or submission of a draft report.

16. Should the Department's policy lead or the RQIA's lead official change within the duration of a review, the other party should be advised in writing within two weeks of any change of personnel.
17. The progress of reviews should be reported regularly by RQIA to the Department at the monthly meeting between the Director of SQSD and the Chief Executive of RQIA and as required between the lead official at RQIA and the policy lead for the Department.
18. As part of the review process, RQIA will provide feedback on initial findings to the bodies (e.g. HSC Trusts) when the fieldwork is completed. Those bodies will also receive draft reports for factual accuracy checking. All proposed corrections will be considered by the review team.
19. A draft report will be shared in confidence with the RQIA Board. This will normally be done during the private session of the Board meeting or at a Board workshop (whichever is the more timely and convenient).

The Final Report

20. Further to the actions in paragraphs 18 and 19 above, the final draft report will be sent by the Chief Executive of RQIA to CMO four weeks prior to its formal presentation at an RQIA Board meeting.
21. RQIA, if required and on request, will provide an oral briefing on its report to Departmental officials and/or Minister during this four-week period.
22. CMO will advise the Chief Executive of RQIA of any factual errors in the final draft report or any major issues that would require additional time to resolve. This should be done at least one week before the relevant RQIA Board meeting.
23. Following acceptance of the draft report by the RQIA Board, the Chairman of RQIA will submit a final report to the Minister, copied to CMO.

Publication

24. **RQIA initiated reviews only:** Normal practice will be for the report to be published by RQIA within one month of submission of the final report to the Department.
CMO will write to the Chief Executive of RQIA on receipt of the Report, confirming the publication date and, in exceptional circumstances, requesting that publication be deferred to take account of specific considerations.
25. **Commissioned reviews only:** Normal practice will be for RQIA to publish reports on receipt of correspondence from CMO within one month of submission of the final report to the Department or on any other timescale that may be advised to the Chief Executive of RQIA in writing by CMO.
26. The manner of publication may vary. In some cases it could simply involve putting the report on the RQIA website. In others there may be a press release or there could be an official launch. The method of publication should be addressed in the Chairman's letter to Minister (paragraph 23) and finalised in CMO's letter (paragraphs 24 & 25).
27. RQIA press releases relating to the publication of reports will be shared with the Department for information in advance of release. Reports may be made available to the media on an embargoed basis, but in adopting a flexible approach it is important that close contact be maintained between the RQIA and Departmental press offices.

Implementation

28. Where the recommendations contained in a report are accepted, the Department's policy lead, in collaboration with other HSC bodies as appropriate, will ensure that an action plan is developed and implemented within an agreed timescale.
29. The Minister may commission RQIA to carry out a further review to assess the implementation of the recommendations at an appropriate time.

FINANCIAL MEMORANDUM

I. INTRODUCTION

This Document

1. This Financial Memorandum sets out certain aspects of the financial framework within which the RQIA is required to operate and should be read in conjunction with the Management Statement.
2. The terms and conditions set out in the combined Management Statement and Financial Memorandum may be supplemented by guidelines or directions issued by the Department or Minister in respect of the exercise of any individual functions, powers and duties of the RQIA.
3. The RQIA shall satisfy the conditions and requirements set out in this Financial Memorandum and in the Management Statement, together with such other conditions as the Minister or Department may from time to time impose.

II. INCOME AND EXPENDITURE - GENERAL

The Departmental Expenditure Limit (DEL)

4. The RQIA's current and capital expenditure form part of the Department's Resource DEL and Capital DEL respectively.

Expenditure Not Proposed in the Budget

5. The RQIA shall not, without prior written Departmental approval, enter into any undertaking to incur any expenditure which falls outside the RQIA's delegations or which is not provided for in the RQIA's annual budget as approved by the Department.
 6. The RQIA's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 and *Procurement Policy Guidelines* as issued by the Procurement Board. The RQIA shall also ensure that it complies with any relevant EU or other international procurement rules.
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7. Procurement activity for the RQIA should be carried out by means of a documented Service Level Agreement with a Centre of Expertise in Procurement recognised by the Procurement Board. The centres of Procurement Expertise for the RQIA are the Business Support Organisation and the Central Procurement Directorate but the RQIA may use the services of any UK centre of Procurement Excellence.

Competition

8. Contracts shall be placed on a competitive basis and tenders accepted from suppliers who provide best value for money overall.
9. Proposals to let single-tender contracts shall be subject to advice taken from Central Procurement Directorate or a Centre of Expertise in Procurement, and after each financial year the RQIA shall send to the Department a report for that year explaining any contracts above £5000 in which competitive tendering was not employed.

Best Value for Money

- 10 Procurement by the RQIA of works, supplies and services shall be based on best value for money, i.e. the optimum combination of whole life cost and quality (or fitness for purpose) to meet the RQIA's requirements. Where appropriate, a full option appraisal shall be carried out before procurement decisions are taken.

Timeliness in Paying Bills

11. The RQIA shall collect receipts and pay all matured and properly authorised invoices in accordance with Annex 4.6 of *Managing Public Money Northern Ireland*.

Novel, Contentious or Repercussive Proposals

12. The RQIA shall obtain the prior approval of the Department and DFP as follows:
 - (a) before incurring any expenditure for any purpose which is or might be considered novel or contentious, or which could have significant future cost implications, including on staff benefits;
 - (b) before making any significant change in the scale of operation or funding of any initiative or particular schemes previously approved by the Department; and
 - (c) before making any changes of policy or practice which has wider financial implications (eg because it might prove repercussive among other public sector bodies) or which may significantly affect the future level of resources required. (The Department will advise on what constitutes 'significant' in this context).

Risk Management/ Fraud

13. The RQIA shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practise in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *Management of Risk: A Strategic Overview* ("The Orange Book") issued under cover of DAO (DFP) 15/05.
14. The RQIA shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract.
15. The RQIA shall adopt and implement policies and practices to safeguard itself against fraud and theft, in line with Treasury's guide *Managing the Risk of Fraud*, available at www.aasdni.gov.uk.
16. All cases of attempted, suspected or proven fraud shall be reported to Department and other relevant authorities as soon as they are discovered, irrespective of the amount involved.

Wider markets

17. In accordance with the wider markets policy, the RQIA will endeavour to maximise receipts from sources other than the NI Consolidation Fund, provided that this is consistent with (a) the RQIA's main functions (b) its corporate plan as agreed with the Department.
18. Fees and charges for services provided by the RQIA shall be determined in accordance with chapter 6 of MPMNI, and the Freedom of Information Act 2000.

III. RQIA'S INCOME

Grant-in-aid

19. The RQIA receives grant-in-aid from the Department under the powers contained in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Schedule 1 Paragraph 11. The grant-in-aid will be paid in instalments on the basis of a written application showing evidence of need. Applications to draw down grant-in-aid should be signed by the Chief Executive or by the Director of Corporate Services. The signed application should certify that the conditions applying to the use of grant-in-aid have been observed to date and that the grant-in-aid is now required in the current period for the purposes appropriate to the statutory functions of the RQIA.
20. The RQIA should have regard to the guidance in DAO (DFP) 04/03 and to the general principle enshrined in Annex 5.1 of *Managing Public Money Northern Ireland* that it should seek grant-in-aid according to need.
21. Cash balances during the year shall be held at the minimum consistent with the efficient operation of the functions of the RQIA. Any grant-in-aid not paid to the RQIA by the Department by the end of the financial year will not be available for use by RQIA in the year following. However, where draw-down of grant-in-aid is delayed to avoid excess cash balances at year-end, the Department will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such grant-in-aid required to meet any liabilities at year end, such as creditors.

Fines and Taxes as Receipts

22. Most fines and taxes (including levies and some licenses) are treated as such in National Accounts and are not termed as negative public expenditure receipts. These fines and taxes do not provide additional spending power and should be surrendered to the Department.
23. Receipts from the sale of goods and services, including certain licences where there is a significant degree of service to the individual applicant; rent of land and dividends, are classified as negative public expenditure in National Accounts and therefore normally provide additional DEL spending power. However, the RQIA must gain the prior approval of the Department before it retains a receipt or utilises an increase in the level of receipts.
24. If there is any doubt about the correct classification of a receipt, the RQIA shall consult the Department, which may consult DFP as necessary.

Interest Earned

25. Any interest earned by the RQIA on its assets shall be given the same budgeting treatment as the cost of capital charge on the assets.
26. Under resource budgeting rules, the cost of capital charge and any interest receipts on most DEL-financed assets score as resource DEL.
27. If the receipts are used to finance additional expenditure by the RQIA, it will need to ensure it has approval from the Department and that the Department has necessary DEL cover. Any interest earned on cash balances arising from grant-in-aid or other NI Consolidated Fund funds shall be treated as a receipt from a NI Consolidated Fund source. Depending on the budgeting treatment of this receipt, and its impact on

the RQIA's cash requirement, it may lead to commensurate reduction of grant-in-aid or be required to be surrendered to the NI Consolidated Fund via the Department.

Unforecast Changes in In-year Income

28. If the negative DEL income realised or expected to be realised in-year is less than estimated, the RQIA shall, unless otherwise agreed with the Department, ensure a corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. [NOTE: For example, if the RQIA is allocated £100 resource DEL provision by the Department and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5, the RQIA will need to reduce its expenditure to £105 to avoid breaching its budget. If the RQIA still needs to spend £110 it will need to secure additional funding of £5 from the Department which will need to find £5 of savings from elsewhere within its total DEL to offset this overspend].
29. If the negative DEL income realised, or expected to be realised, in the year is more than estimated, the RQIA may apply to the Department to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to grant-in-aid. The Department shall consider such applications, taking account of competing demands for resources, and will consult with DFP in relation to any significant amounts. If an application is refused, any grant-in-aid shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via the Department.
30. The RQIA must comply with the rule that any expenditure financed by draw-down of deposits counts within DEL and that the build-up of deposits represents a saving to DEL (if the related receipts are negative DEL in the relevant budgets).
31. The RQIA must therefore ensure that it has the necessary DEL provision for any expenditure financed by draw-down of deposits.

Gifts and Bequests Received

32. The RQIA is free to retain any gifts, bequests or similar donations. These will be treated as receipts and must be notified to the Department. (NOTE: Donated assets do not attract a cost of capital charge, and a release from the donated assets reserve should offset depreciation in the operating cost statement).

33. Before accepting a gift, bequest or similar donation, the RQIA shall consider if there are any associated costs in doing so or any conflicts of interest arising. The RQIA shall not accept a gift, bequest or similar donation if there are conditions attached to its acceptance that would be inconsistent with the RQIA's function. The RQIA must keep a written record of gifts, bequests or similar donations received and of their estimated value and whether (and how) they are disposed of, or retained.

Borrowing

34. RQIA is not permitted to borrow monies.

Reserves

35. RQIA is not permitted to hold reserves.

IV. EXPENDITURE ON STAFF

Staff Costs

36. Subject to its delegated levels of authority, the RQIA shall ensure that the creation of any new/additional posts does not incur future commitments which will exceed its ability to pay for them.

Pay and Conditions of Service

37. The staff of the RQIA, whether on permanent or temporary contract, shall be subject to levels of remuneration and terms and conditions of service (including superannuation) as approved by the Department and DFP. The RQIA has no delegated power to amend these terms and conditions.
38. Current terms and conditions for staff of the RQIA are those set out in its Employee Handbook. The RQIA shall provide the Department and DFP with a copy of the Handbook and subsequent amendments.
39. Annual pay increases require approval from the Department and DFP.
40. Payments shall be made to the RQIA members in respect of travelling expenses, fees or other allowances in accordance with the relevant determination, which the Department may, from time to time, amend.
41. The general pay structure shall be approved by the Department and DFP.
42. The RQIA shall comply with the EU directive on contract workers [Fixed Term Employees Regulations (Prevention of Less Favourable Treatment)].

Pensions: Redundancy/ Compensation

43. The RQIA's employees shall normally be eligible for a pension provided by membership of the HPSS Superannuation Scheme.
44. Staff may opt out of the occupational pension scheme provided by the RQIA. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

45. Any proposal by the RQIA to move from the existing pension arrangements, or to pay any redundancy, or compensation for loss of office requires the approval of the Department and DFP. Any proposals on severance payments must comply with DAO (DFP) 17/05.

V. NON-STAFF EXPENDITURE

Economic Appraisal

46. The RQIA is required to apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:
 - (a) involve capital or current spending, or both;

- (b) are large or small;
 - (c) are above or below designated limits (see Appendix 1).
47. Appraisal itself uses up resources. The effort that should go into appraisal and the detail to be considered is a matter for case-by-case judgement, but the general principle is that the resources to be devoted to appraisal should be in proportion to the scale or importance of the objectives and resource consequences in question. Judgement of the appropriate effort should take into consideration the totality of the resources involved in a proposal.

General guidance on economic appraisal that apply to NDPBs can be found in:

- (a) *The Green Book* (supported by additional DFP guidance). It is due to be replaced by the Northern Ireland Guide to Expenditure Appraisal in 2009.
- (b) The HM Treasury Guide, *The Green Book: Appraisal and Evaluation in Central Government*;
- (c) The Capital Investment Manual.

Capital Expenditure

48. Subject to being above an agreed capitalisation threshold in line with guidance from the Department's Financial Accounting Unit, all expenditure on the acquisition or creation of fixed assets (including where appropriate professional fees, salaries and labour costs) shall be capitalised on an accruals basis. Expenditure to be capitalised shall include the:
- (a) acquisition, reclamation or laying out of land;
 - (b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and
 - (c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels. Subject to being above an agreed capitalisation threshold in line with guidance from the Department's Financial Accounting Unit, all expenditure on the acquisition or creation of fixed assets (including where appropriate professional fees, salaries and labour costs) shall be capitalised on an accruals basis. Expenditure to be capitalised shall include the:
-
- (d) acquisition, reclamation or laying out of land;
 - (e) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and
 - (f) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.
49. Proposals for large-scale individual capital projects or acquisitions will normally be considered within the corporate and business planning process of the RQIA. Subject to paragraph 50, applications for approval within the corporate/business plan by the Department and, if necessary, DFP, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the Board. Regular reports on the progress of projects shall be submitted to the Department.

50. Approval of the corporate/business plan does not obviate the responsibility of the RQIA to abide by the economic appraisal process.
51. Within its approved overall resources limit the RQIA shall, as indicated in the attached annex on delegations, have delegated authority to spend up to £10,000 on any individual capital project or acquisition. Beyond that delegated limit, the Department and, where necessary, DFP's prior authority must be obtained before expenditure on an individual project or acquisition is incurred.

Transfer of Funds within Budgets

52. Unless financial provision is subject to specific Departmental or DFP controls (e.g. where provision is ring-fenced for specific purposes) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need Departmental approval. Under resource budgeting rules, transfers from capital to resource budgets are not allowed.

Virement

53. The RQIA will abide by the guidance on virement issued by DFP.

Lending, Guarantees, Indemnities, Letters of Comfort, and Contingent Liabilities

54. The RQIA shall not, without the prior written consent of the Department (and, where necessary, DFP), lend money, charge any asset or security, give any guarantees or indemnities or letters of comfort, or incur any other contingent liability (as defined in Annex 5.5 of MPMNI), whether or not in a legally binding form.

Grants or Loans

55. All grants or loan schemes proposed by the RQIA, and the terms and conditions under which such a grant or loan is made, must be approved by the Department. If grants of loans are to be made under a continuing scheme, statutory authority will be required.
56. The terms and conditions of such grant or loan shall include the requirements on the recipient organisation to prepare accounts, and to ensure that its books and records in relation to the grant or loan are readily available for inspection by the RQIA, the Department and Controller and Auditor General. (See also below under the heading *Recovery of Grant-Financed Assets*, paragraphs 77-79).

Gifts Made, Write-offs, Losses and Other Special Payments

57. Proposals for making gifts or other special payments (including issuing write-offs) outside the delegated limits set out in Appendix 1 of this document must have the prior approval of the Department and where necessary DFP.
58. Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.
59. Gifts by management to staff are subject to the requirements of DFP (DAO) 05/03.

Leasing

60. Prior Departmental approval must be secured for all property and finance leases. The RQIA must have DEL provision for finance leases and other transactions that are, in substance, a form of borrowing (see paragraph 34).

61. Before entering into any lease the RQIA must demonstrate that the lease offers better value for money than purchase.

Public/ Private Partnerships

62. The RQIA shall seek opportunities to enter into Public/Private Partnerships where this would be more affordable and offer better value for money than conventional procurement. In such cases the RQIA should be aware of the need to consult the Department in cases where different cash flow projections may result in delegated spending authority being breached.
63. Any partnership controlled by the RQIA shall be treated as part of the RQIA in accordance with guidance in FReM and consolidated with it (subject to any particular treatment required by FReM). Where judgement over the level of control is difficult, the Department will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment).

Subsidiary Companies and Joint Ventures

64. The RQIA shall not establish subsidiary companies or joint ventures without the express approval of the Department and DFP. In judging such proposals the Department will have regard to the Department's wider strategic aims, objectives and current Public Service Agreement.
65. For public expenditure accounts purposes any subsidiary company or joint venture controlled or owned by the RQIA shall be consolidated with it in accordance with guidance in FReM, subject to any particular treatment required by FReM. Where the judgement over the level of control is difficult, the Department will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the Department and DFP, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this *Management Statement* and *Financial Memorandum*, and to the further provisions set out in supporting documentation.

Financial Investments

66. ~~The RQIA shall not make any financial investment without the prior written approval of the Department and, where appropriate, DFP nor should it build up cash balances, reserves or net assets in excess of what is required for operational purposes. Equity shares in ventures which further the objectives of the RQIA shall equally be subject to Departmental and DFP approval unless covered by a specific delegation.~~

Unconventional Financing

67. The RQIA shall not enter into any unconventional financing arrangements without the prior approval of the Department and DFP.

Commercial Insurance

68. The RQIA shall not take out any insurance without the prior approval of the Department and DFP, other than third party insurance required by the Road Traffic (NI) Order, 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under annex 4.5 of MPMNI.
69. The Department shall have a written agreement with the RQIA about the circumstances in which, in the case of a major loss or third party claim, an

appropriate addition to budget out of the Department's funds and/or adjustment to the RQIA's targets shall be considered.

Payment/ Credit Cards

70. The RQIA, in consultation with the Department, shall ensure that procedures on the issue of payment cards (inc credit cards) are in place. Reference should be made to DAO (DFP) 24/02 and HSS (F) 11/2003. No payment/credit cards should be issued without the prior written approval of the Director of Corporate Services of the RQIA.

Hospitality

71. The RQIA, in consultation with the Department, shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to DAO(DFP) 10/06.

Use of Consultants

72. Fees paid to consultants should be reasonable, provide value for money and be subject to appropriate appraisal. The RQIA shall adhere to guidance from the Department or DFP on the Use of Consultants in Circular HSS (F) 20/06, and any subsequent guidance.

VI. MANAGEMENT AND DISPOSAL OF FIXED ASSETS

Register of Assets

73. The RQIA shall maintain an accurate and up to date registers of its fixed assets.

Disposal of assets

74. The RQIA shall dispose of those assets that are surplus to its requirements. Assets should be sold for best price, taking into account any costs of sale. Generally, assets shall be sold by auction or competitive tender (unless otherwise agreed by the Department) and in accordance with the principles in MPMNI.

75. Subject to any special directions given by the Department, the RQIA is authorised to dispose of by sale or otherwise any articles up to a value of £10,000 of any description, provided that:

(a) the RQIA is satisfied that the articles are worn out, redundant or surplus to requirements, and

(b) other than at a public auction, no article shall pass into the possession of any member of staff of the RQIA without approval of the Department.

76. All receipts derived from the sale of assets (including grant financed assets) must be declared to the Department, which will consult with DFP on the appropriate treatment.

Recovery of Grant-Financed Assets

77. Where the RQIA has financed expenditure on capital assets by third parties, the RQIA shall make appropriate arrangements to ensure that assets are not disposed of without the prior consent of the RQIA.

78. The RQIA shall therefore ensure that such conditions are sufficient to secure the repayment of the NI Consolidated Fund's due share of the proceeds of the sale, in order that funds may be surrendered to the Department.
79. The RQIA shall ensure that if the assets created by grants made by the RQIA cease to be used by the recipient of the grant for the intended purpose, a proper proportion of value of the asset shall be repaid to the RQIA for surrender to the Department. The amount recoverable under the procedures in paragraphs 77 and 78 above shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

VII. BUDGETING PROCEDURES

Setting the Annual Budget

80. Each year, in the light of decisions by the sponsor Department on the RQIA's updated draft corporate plan (see section 4.1 of the Management Statement), the Department will send to the RQIA:
 - (a) a formal statement of any funding provision by and as approved by the Department in light of competing priorities across the Department, including any forecast income which may be retained, and
 - (b) a statement of any change in policies affecting the RQIA.
81. The RQIA's approved Business Plan will take account of its approved funding provision and any other forecast receipts. It will also include, a budget of estimated payments and receipts, along with a profile of expected expenditure and of drawdown of Departmental funding and/or other income during the year. These elements form part of the approved business plan for the year in question.
82. Any grant-in-aid provided by the Department for the year in question will be voted in the Department's Estimate and will be subject to Assembly control.

General Conditions for Spending Authority

83. Once the budget of the RQIA has been approved by the Department [and subject to any restrictions imposed by statute/~~the Minister/this MSFM~~], ~~the RQIA shall have authority to incur expenditure approved in the budget without further reference to the Department, on the following conditions:~~
 - (a) the RQIA shall comply with the delegations set out in Appendix 1 of this document. These delegations shall not be altered without the prior agreement of the Department and DFP;
 - (b) the RQIA shall comply with the conditions set out in paragraph 12 above regarding novel, contentious or repercussive proposals;
 - (c) inclusion of any planned and approved expenditure in the budget of the RQIA shall not remove the need to seek formal Departmental (and, where necessary, DFP) approval where such proposed expenditure is above delegated limits as set out in Appendix 1, or is for new schemes not previously agreed; and
 - (d) the RQIA shall provide the Department with such information about its operations, performance, individual projects or other expenditure as the Department may reasonably require (see paragraph 84 below).

Providing Monitoring Information to the Department

84. The RQIA shall provide the Department with, as a minimum, information on a monthly basis which will enable the satisfactory monitoring by the Department of:
- (a) the RQIA's cash management;
 - (b) its draw-down of any grant-in-aid;
 - (c) the expenditure for that month
 - (d) forecast outturn by resource headings; and
 - (e) other data required for the DFP Government Expenditure Monitoring Systems.

VIII. BANKING

Banking Arrangements

85. The Chief Executive of the RQIA is responsible for ensuring that the banking arrangements are carried out efficiently, economically and effectively and in accordance with the requirements of Annex 5.7 of MPMNI. In particular, he/ she shall ensure that the arrangements safeguard public funds and that their implementation ensures efficiency, economy and effectiveness.
86. He/she shall therefore ensure that:
- (a) the banking arrangements are suitably structured and represent the best value for money;
 - (b) sufficient information about banking arrangements is supplied to the Department's Accounting Officer to enable the latter to fulfil his own responsibilities;
 - (c) the banking arrangements are subject to review and approval by the Department at least every 2 years, with a comprehensive review to competitive tendering at least every 3-5 years to ensure the best terms are received;
 - (d) the RQIA maintains effective controls over the preparation and authorisation of payments;
 - (e) the banking arrangements of the RQIA are kept separate and distinct from those of any other person, NDPB or organisation; and
 - (f) adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

IX. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

Relevant Documents

87. The RQIA shall comply with the following general guidance documents:
- (a) Its Management Statement and Financial Memorandum;
 - (b) MPMNI;
 - (c) *Public Bodies – A Guide for NI Departments* issued by DFP;

- (d) *Government Internal Audit Standards*, issued by DFP ;
- (e) *The Financial Reporting Manual (FReM)*, issued by DFP;
- (f) Relevant DFP Dear Accounting Officer and Finance Director letters;
- (g) The Treasury guidance document *Regularity and Propriety*;
- (h) Recommendations made by the Public Accounts Committee or other Assembly or Parliamentary authority which have been accepted by the Government and which are relevant to the RQIA;
- (i) The draft Treasury *Fees and Charges Guide*, issued in May 2005;
- (j) *Banking; Annex 5.7 of MPMNI*;
- (k) Treasury document *Managing the Risk of Fraud*;
- (l) The Consolidation Officer Memorandum, issued by DFP;
- (m) Relevant Dear Consolidation Officer and Dear Consolidation Manager letters;
- (n) *Regularity and Propriety*, issued by Treasury;
- (o) Other relevant instructions and guidance issued by the Department, DFP or OFMDFM;

X. REVIEW OF FINANCIAL MEMORANDUM

- 88. The Department shall resolve any questions arising from the interpretation of any statement in this Financial Memorandum in writing after consultation with the RQIA.
- 89. In consultation with the RQIA, the Department may, from time to time, amend, revoke or add to any of the terms of this Memorandum. DFP Supply will be consulted on any significant variation proposed to the MSFM.
- 90. This Financial Memorandum will normally be formally reviewed every four years, or following a review of the RQIA's functions as provided for in Section 8 of the Management Statement.

**Signed on behalf of the Regulation
and Quality Improvement
Authority**



**Mr G Houston
Chief Executive
Date:**

**Signed on behalf of the Department
of Health, Social Services and
Public Safety**



**Dr A McCormick
Permanent Secretary
Date: 8 October 2010**

DELEGATED EXPENDITURE LIMITS**General**

These delegated expenditure limits have been agreed by DFP.

1. PURCHASING ALL GOODS AND SERVICES

Table 1 Delegated Authority for the Purchase of Goods and Services
(All costs exclude VAT)

<u>THRESHOLDS</u>	<u>NUMBER / TYPE OF TENDER REQUIRED</u>	<u>AUTHORISATION</u>
Up to £1,000	1 or 2 Oral Quotations depending on the need to have a price comparison (fax or e-mail confirmation should be obtained)	An officer of the RQIA nominated by the Chief Executive
£1,000 - £10,000	3 Selected Tenders	An officer of the RQIA nominated by the Chief Executive
>£10,000-£30,000	4 Selected Tenders	The Chief Executive or Director of Corporate Services.
> £30,000 – EU thresholds	Publicly advertised open or restricted tender competition	The Chief Executive.

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, the RQIA should undertake a comprehensive business case for all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

Where the RQIA is unable to obtain a sufficient number of tenders, it must seek the advice of the Director of the Regional Supplies Service.

2. CAPITAL PROJECTS (EXCLUDING IT)

The Chief Executive may authorise capital expenditure on discrete capital projects of up to £10,000. Capital projects over this amount require the approval of the Department, and may be subject to quality assurance by DFP if requested. Capital projects over the delegated limit for the Department (see DAO (DFP) 06/05) will require approval by the Department and DFP.

Capital projects over the delegated limit for DHSSPS approval (see DAO(DFP) 06/05) may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the Department and DFP.

3. APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The purchase of IT equipment and systems should be in line with guidance contained in DAO (DFP) 33/03 and the subject of competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated authority for each IT project is set out in Table 2.

Table 2 Delegation Arrangements for Information Technology Projects, System and Equipment

(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
<i>Up to £10,000</i>	The Chief Executive
£10,000-£500,000	The Chief Executive with prior approval from the Department
Projects over £500,000	The Chief Executive with prior approval from the Department and DFP

4. ENGAGEMENT OF CONSULTANTS

General

The RQIA should follow guidance in HSS (F) 20/06 and any subsequent guidance as may be issued by DFP or the Department.

The RQIA will provide the Department with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

All assignments expected to exceed £50,000 will also be subject to Ministerial approval, and those expected to exceed £75,000 will be subject to both Ministerial and DFP approval.

Economic appraisal

A full business case should be prepared for all consultancy assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold.

5. DISPOSAL OF SURPLUS EQUIPMENT

The RQIA is authorized to dispose of by sale or otherwise any articles up to a value of £10,000 of any description, subject to the requirements set out in paragraphs 16-19.

6. LEASE AND RENTAL AGREEMENTS

Prior Departmental approval must be secured for all property and finance leases (see paragraphs 80 and 81).

7. LOSSES AND SPECIAL PAYMENTS

Delegated limits to HSC bodies/Non-Departmental Public Bodies to write off losses and authorise special payments

Limits of authority (per case)

The Chief Executive, with prior approval from the Department, will have authority to write off losses and make special payments up to:

Losses

1. Cash losses	£10000
2. Losses of equipment or property in stores or in use	£10,000
3. Constructive losses and fruitless payments.	£10,000
4. Bad debts and claims abandoned or waived	£10,000

Special Payments

5. Compensation payments	
(a) made under legal obligation (court order)	Complete
(b) where legal advice is that the RQIA should not fight a court action because it is unlikely to win and all relevant guidance has been applied.	Inc costs £5,000
(c) damage or loss of personal property of staff	£2,000
6. Ex-gratia payments:-	
(a) extra-contractual payments to contractor	Nil
(b) maladministration where there was <u>no</u> financial loss by claimant	Nil
(c) Other ex-gratia payments (including Personal Injury not covered at 5b)	£10,000

7. Extra-statutory payments

Nil

NOTE: All cases which result in repair work costing more than £2,000 should be notified to the Department

For all cases outside these limits, the approval of the Department and, where appropriate, DFP, is necessary before any write-off or special payment can be action.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the Chief Executive and the Department where appropriate.

At the end of each financial year the RQIA shall submit to the Department a statement of the annual losses incurred and special payments made.



The **Regulation** and
Quality Improvement
Authority

Three Year Review Programme 2009-12

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



Foreword

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA encourages continuous improvement in the quality of health and social care services, through a programme of inspections and reviews.

This is RQIA's planned three year review programme covering the period 2009-12. The programme has been prepared on the basis of the work undertaken over the previous years and incorporates issues identified through consultation with service users, the public and other key stakeholders.

The review programme is an important strand of the work of RQIA and provides assurance to the public about the quality, safety and availability of health and social care services in Northern Ireland. The reviews will help to encourage continuous improvements in health and social care services and ensure the rights of service users are safeguarded.

A robust and comprehensive planning approach has been used to ensure the programme covers relevant issues, in particular those which have been identified through consultation.

The publication of this programme will help RQIA to work in collaboration with other regulators and organisations which represent particular interests as well as the users of the services themselves.

Whilst delivering this challenging programme, we will continue to examine our methods of review and make sure that we build on the learning from previous experience.

It is important that we provide assurance, where we can, that services are safe and of good quality. It is also important to highlight areas for improvement and to ensure that matters which require improvement are highlighted to the relevant organisations. We also acknowledge the commitment which the health and social care sector makes to engaging in this process.

Flexibility must underpin the programme as there will be times when we will need to respond to emerging events. Therefore, as continuous engagement with all of our stakeholders is vital, RQIA will keep the programme under review and will make sure that in addition to the planned programme, there will be capacity to respond to emerging needs.



Dr Ian Carson
Chairman



Glenn Houston
Chief Executive

Contents

Foreword	2	4	Thematic Review Programme for 2009-12	12	
1	The Regulation and Quality Improvement Authority	4	4.1	Review Programme 2009-10	12
			4.2	Review Programme 2010-12	14
2	The Work Programmes of RQIA	6	5	Conclusion	22
2.1	Inspections in the Regulated Sector	6	5.1	Management of the Review Programme	22
2.2	Infection Prevention/Control and Hygiene Inspections	6	5.2	Other Considerations	22
2.3	Mental Health and Learning Disability	6			
2.4	Thematic Reviews	7			
2.5	Inspections in relation to IR(ME)R	7			
3	Thematic Review Programme	8			
3.1	Introduction	8			
3.2	Sourcing Potential Reviews	8			
3.3	Prioritising Potential Reviews	8			
3.4	Balancing the Review Programme	9			
3.5	Benefits Realisation	9			

1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland and is an integral part of the new health and social care structures.

The vision of RQIA is to be a driving force for positive change in health and social care services in Northern Ireland.

This is accomplished by focusing on the delivery of a robust quality and regulatory framework which is fit for purpose. RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland; encourages continuous improvements in those services; and safeguards the rights of service users.

RQIA's Corporate Strategy 2009-12 highlights the key internal and external issues and challenges facing the organisation. This provides the context for the representation of RQIA's strategic priorities in the form of a strategic map (see Figure (a)), together with corresponding objectives and initiatives.

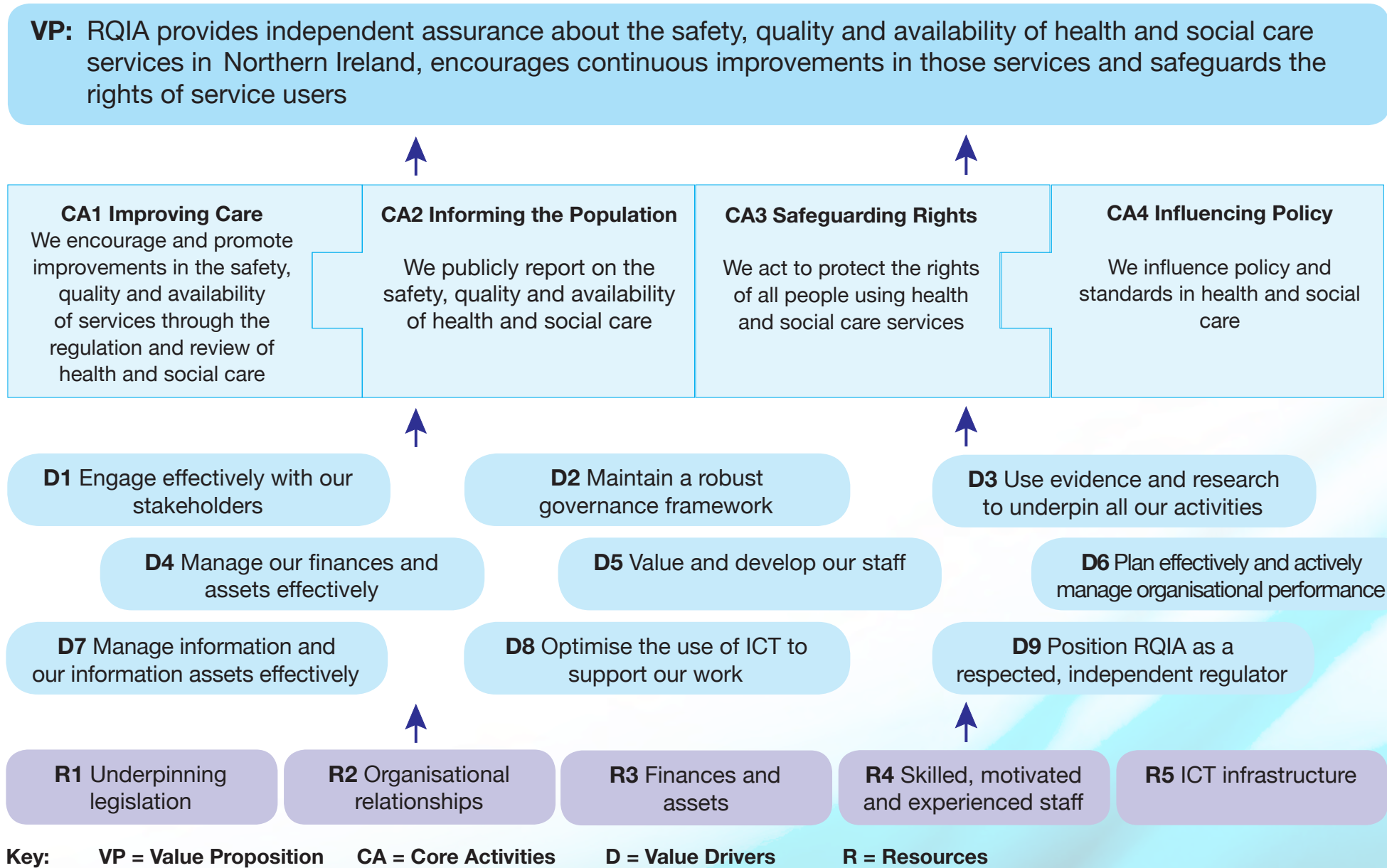
Four core activities have been identified. These are integral components of what the organisation does and are critical to the success of RQIA and the delivery of the strategy.

These are:

- Improving care: we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- Informing the population: we publicly report on the safety, quality and availability of health and social care.
- Safeguarding rights: we act to protect the rights of all people using health and social care services.
- Influencing policy: we influence policy and standards in health and social care.

Achievement of these core activities, underpinned by identified value drivers and resources, will help to drive the delivery of the corporate strategy.

Figure (a) RQIA Strategic Map 2009-12



2 The Work Programmes of RQIA

RQIA carries out a number of programmes of work. These are registration and inspection of services subject to regulation; infection prevention/control and hygiene inspection; mental health and learning disability; and thematic reviews.

In March 2010, RQIA acquires the additional responsibility of carrying out a programme of inspections in relation to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

2.1 Inspections in the Regulated Sector

RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 and its supporting regulations.

Services regulated include: residential care homes; nursing homes; children's homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools.

2.2 Infection Prevention/Control and Hygiene Inspections

Infection prevention/control and hygiene inspections are part of an overall programme of initiatives developed by the DHSSPS to help in the reduction of health care associated infections.

An RQIA programme of inspections focuses on: a review of cleanliness, environmental and personal hygiene; infection prevention and control; fabric of the estate; good housekeeping and clinical actions. A rolling programme of unannounced visits to health and social care organisations commenced in January 2009.

2.3 Mental Health and Learning Disability

On 1 April 2009 the functions of the former Mental Health Commission transferred to RQIA. Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, RQIA now undertakes a range of responsibilities for people with a mental illness and those with a learning disability.

These include: monitoring the care and services for people with mental ill health or a learning disability; 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.

2.4 Thematic Reviews

RQIA carries out a programme of thematic reviews of health and social care services in Northern Ireland. Specific reviews, for example in relation to blood safety, can be extended to include services provided by relevant independent sector providers.

Section 3 of this document describes the development and planned timing of the review programme for 2009-12. Brief descriptions of each planned review are set out in Section 4.

2.5 Inspections in relation to IR(ME)R

The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 came into force on 1 January 2001 and specify basic measures for the health protection of individuals against dangers of ionising radiation in relation to medical exposure.

The regulations impose duties on those responsible for administering ionising radiation to protect persons undergoing medical exposure whether as part of their own medical diagnosis or treatment, as part of occupational health surveillance, health screening, voluntary participation in research or medico-legal procedures.

The responsibility for the enforcement of IR(ME)R transfers to RQIA in March 2010 and RQIA will develop and implement a programme of planned inspections of facilities where ionising radiation is used.

3 Thematic Review Programme

3.1 Introduction

RQIA conducts a programme of thematic reviews to ensure that services reach the minimum standards contained within The Quality Standards for Health and Social Care, published by the DHSSPS in March 2006. In conducting reviews, RQIA uses a range of approaches including self-assessment, validation visits by panels of independent experts and the involvement of lay reviewers.

The thematic review programme includes both reviews on specific issues commissioned by the DHSSPS and reviews initiated by RQIA.

On completion of each review, a report of the findings and recommendations is provided to the Minister for Health, Social Services and Public Safety. Reports from each review are published and can be accessed on the RQIA website, www.rqia.org.uk.

The planned programme of thematic reviews has been developed using an overall health and social care assessment tool (see Figure (c)).

The tool was used to formulate a comprehensive review programme by ensuring that reviews were appropriately sourced and prioritised. It was also necessary to ensure that the overall programme was appropriately balanced across health and social care services.

3.2 Sourcing Potential Reviews

RQIA has a wide range of stakeholders and seeks to engage effectively with them to inform the direction and delivery of its work. During the consultation process on the RQIA Corporate Strategy views were sought on potential areas which could be subject to review by RQIA. A long list was developed and following shortlisting, 22 potential reviews were brought to the RQIA Board for more detailed consideration. A number of reviews have also been commissioned by the DHSSPS for inclusion in the programme.

3.3 Prioritising Potential Reviews

Rationale documents, outlining the scope of each shortlisted review, were developed in order to facilitate informed decisions. The rationale documents were prepared by RQIA staff with knowledge and experience in the area of the potential review topic. A prioritisation exercise was then undertaken and potential reviews scored against the following criteria:

1. The issue is a recognised and/or national priority for safety and/or quality.
2. Variations in quality create a major risk for the population affected.
3. The issue is an area of significant or developing public concern.
4. The issue features strongly in complaints/litigation.
5. There are evidence-based standards against which the quality of service provision can be assessed.
6. An important outcome from previous RQIA review or previous investigation/inquiry.

7. A high proportion of the population is affected.
8. There is recognised inequality in how health and social care services are provided.
9. There is evidence of a possible variation in quality arising from existing data and/or existing reports.
10. The impact of the review will be maximised due to joint working with partner regulator(s).

Each prioritised review was then added to the overall programme under the following categories:

- clinical and social care governance (CSCG)
- mental health and learning disability (MHLD)
- primary care
- infection prevention/control and hygiene
- relevant inspection area

3.4 Balancing the Review Programme

The review programme was then examined to determine if it was balanced (see Figure (b)) in terms of:

- people - in respect of gender, age and ethnicity
- place - in respect of geography, areas of deprivation and different settings
- programme - in respect of Priorities for Action themes and programmes of care
- policy - in respect of legislation, Quality Standards for Health and Social Care and human rights

3.5 Benefits Realisation

As illustrated in Figure (c), Overall Health and Social Care Assessment Tool, it is planned that RQIA will further assess the benefits realised from its programme of activity by undertaking an analysis against the four core activities outlined in its corporate strategy, namely improving care, informing the population, safeguarding rights and influencing policy.

Figure (b) Balancing the Overall Health and Social Care Assessment

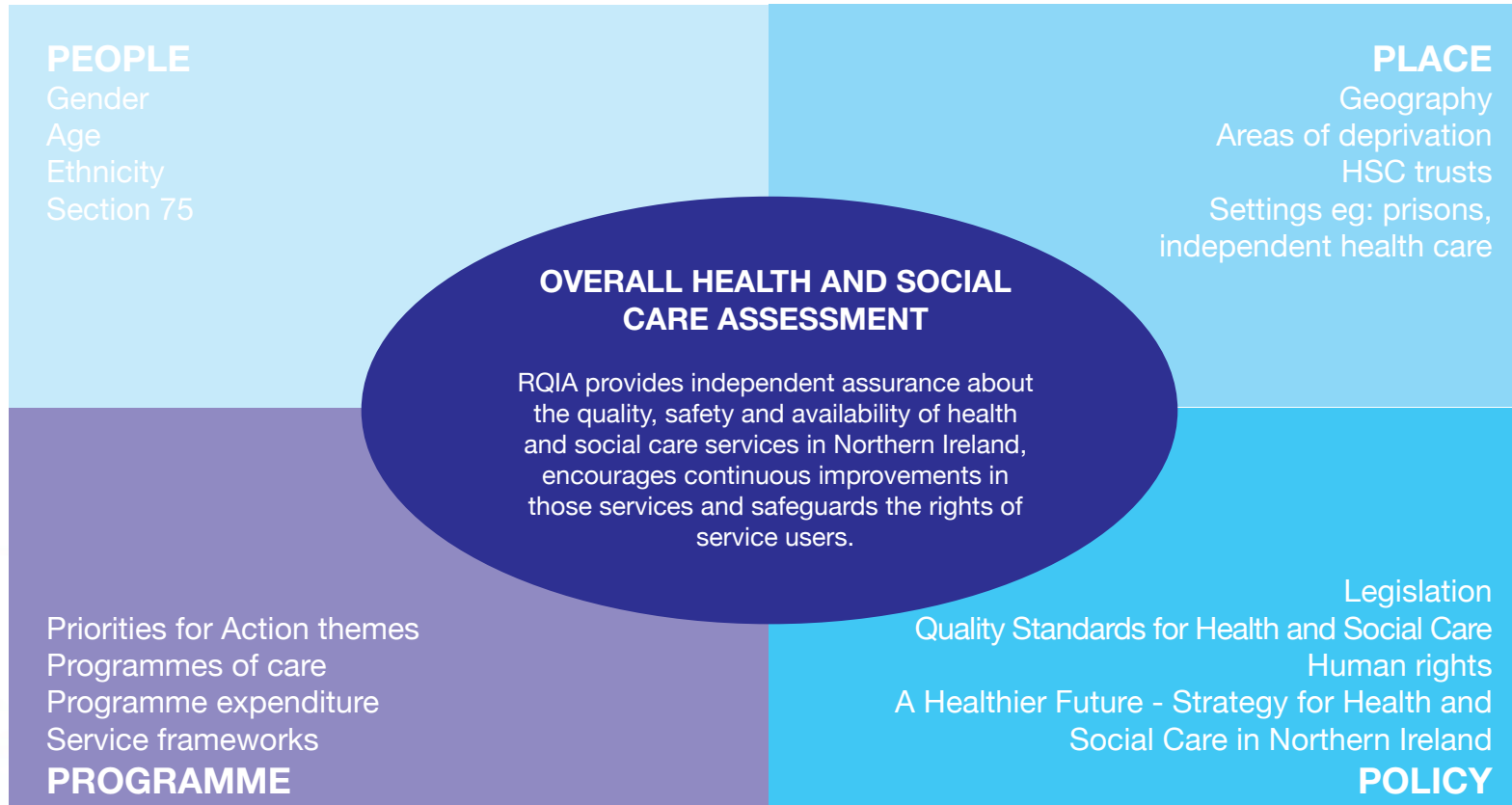
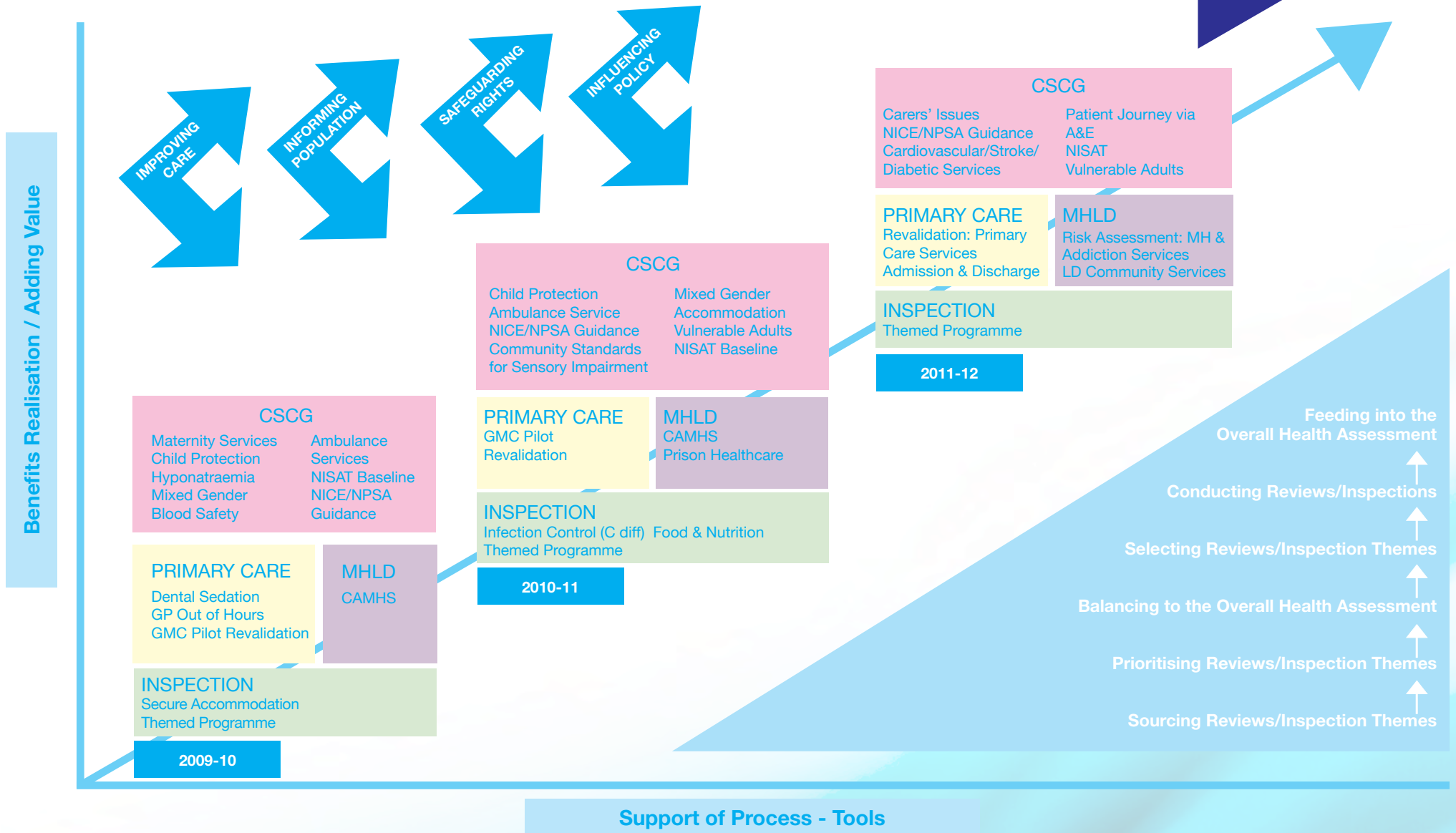


Figure (c) Overall Health and Social Care Assessment Tool

RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, encourages continuous improvements in those services and safeguards the rights of service users.

Overall HSC Assessment



4 Thematic Review Programme for 2009-12

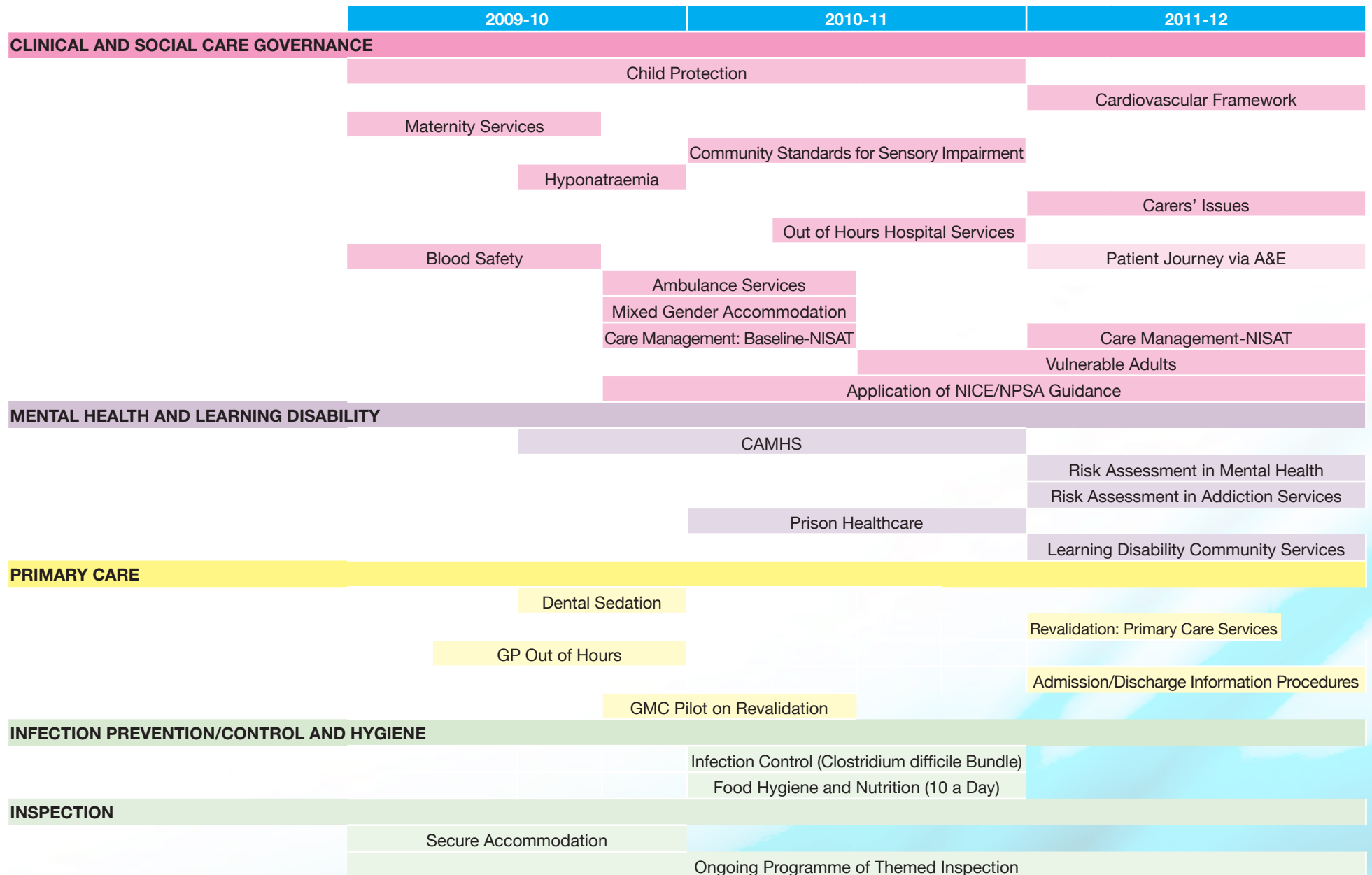
The programme covering the period 2009-12 is outlined at Figure (d).

4.1 Review Programme 2009-10

The following reviews are in the process of completion during 2009-10:

- Child protection
- Blood safety
- Intrapartum care (maternity services)
- Reducing the risk of hyponatraemia when administering intravenous infusions to children
- Intravenous sedation in general dental practice
- GP out of hours
- Pathways to secure accommodation for children and young people
- Secure accommodation

Figure (d) RQIA Review Programme 2009-12



4.2 Review Programme 2010-12

The following reviews will be completed during the period 2010-12:

A. **Child Protection (to include Social Services: Out of Hours Provisions in Northern Ireland)**

Commences: Quarter 1, 2009-10

RQIA has been progressing an independent review of child protection throughout HSC trusts and the HSC Board in Northern Ireland with a primary focus on Our Children and Young People - Our Shared Responsibility, Overview Report, DHSSPS, December 2006.

One of the associated recommendations within the report stated that: "A comprehensive review of the out-of-hours duty system is undertaken and that the relevant expertise and experience is available to provide an effective and responsive child protection service."

As part of the ongoing child protection review, in 2010-11, RQIA plans to carry out a review of the implementation of this recommendation across all relevant HSC organisations. The aim of this review is to assess to what extent the above recommendation has been implemented and to assess the ability of the out of hours arrangements to provide an effective child protection response across Northern Ireland.

B. **Child and Adolescent Mental Health Services (CAMHS)**

Commences: Quarter 3, 2009-10

In recent years the former Mental Health Commission had required trusts to report on incidents of children and young people under the age of 18 being admitted to adult wards for treatment of mental disorder. Whilst there have been some developments in the provision of acute mental health beds for adolescents across Northern Ireland, the trend of admissions of adolescents to adult wards remains a concern for RQIA.

These concerns were further informed by the review into the death of Danny McCartan and the recommendations of the Bamford Review, the regional strategy for the development of mental health and learning disability services.

As a result of this continued trend, RQIA considered that a review of the quality and availability of Child and Adolescent Mental Health Services (CAMHS) would provide a useful assessment to inform future developments within the service. During 2009 RQIA assessed a range of review topics related to the provision of mental health and learning disability services against RQIA's prioritisation criteria. The CAMHS review was assessed as the top priority within this group of review topics.

Planning for the review commenced in September 2009, with a view to completion during 2010.

C. The Northern Ireland Ambulance Service (NIAS) Trust

Commences: Quarter 4, 2009-10

In recent years there have been significant developments in the delivery of ambulance services, with a growing emphasis on pre-hospital care and treatment. Initiatives such as paramedic delivered thrombolysis, use of rapid response vehicles and clinical prioritisation have been introduced to ensure that there is a rapid and high quality response to emergency calls.

NIAS has been reviewed on two previous occasions by RQIA as part of the clinical and social care governance programme in relation to performance against the HSC quality standards. RQIA has not carried out a specific thematic review in relation to ambulance services.

In 2010, RQIA plans to carry out a review of NIAS which will focus on clinical governance arrangements in relation to the delivery of emergency response services.

D. Mixed Gender Accommodation in Hospitals

Commences: Quarter 4, 2009-10

Mixed gender accommodation in hospitals is where male and female patients have to share sleeping accommodation, toilets or washing facilities. The Department of Health (DOH) defines single-sex accommodation as separate sleeping areas for men and women, segregated bathroom and toilet facilities for men and women and, in those trusts providing mental health services, safe facilities for the mentally ill.

Single-sex accommodation can be provided in single-sex wards or combinations of single rooms and single-sex bays in mixed wards. Mixed gender ward accommodation is a recognised concern for some patients for personal and cultural reasons. In Northern Ireland the policy aim is to provide single rooms for all patients in new acute hospitals and major hospital refurbishments, which will facilitate greater privacy and dignity for patients.

The DHSSPS has commissioned RQIA to carry out a review of the current position across all trusts in relation to the provision of mixed gender accommodation. This is planned to take place in 2010 and will include both acute and mental health facilities.

E. Care Management in respect of Implementation of the Northern Ireland Single Assessment Tool (NISAT)

Commences: Quarter 4, 2009-10

In 2009, the Minister launched NISAT, which is a new tool for the assessment of the health and social care needs of older people in Northern Ireland. The aim is to standardise and streamline assessment and care planning processes to simplify access to community care services for older people. NISAT is currently being piloted in a range of settings prior to being rolled out across Northern Ireland.

The DHSSPS has commissioned RQIA to carry out a review of the impact of NISAT on care assessment and planning arrangements. It is planned that a baseline position in trusts will be established in 2010, prior to the full implementation of NISAT, with an RQIA review of the arrangements to take place in 2012.

F. Application of Guidance from NICE and NPSA

Commences: Quarter 4, 2009-10

On 1 July 2006 the DHSSPS agreed a formal link with the National Institute for Health and Clinical Excellence (NICE). NICE guidance, published from 1 July 2006, is reviewed for its applicability to Northern Ireland and, when endorsed, issued for implementation across HSC organisations. The DHSSPS also issues advice by circular, following patient safety alerts from the National Patient Safety Agency (NPSA).

RQIA has been previously commissioned by the DHSSPS to carry out reviews of the implementation of NPSA patient safety alerts on issues such as blood safety. It is anticipated that RQIA will also be involved in reviewing implementation processes for NICE guidance.

In 2010, following further discussion with the DHSSPS, RQIA aims to commence a planned programme of reviews in relation to NICE and NPSA guidance. This will include a review of the governance arrangements through which the HSC organisations can ensure that the guidance is effectively disseminated and how its implementation is monitored.

G. Governance Structures to Support Revalidation of Doctors in Secondary Care (GMC Pilot on Revalidation)

Commences: Quarter 4, 2009-10

New arrangements to implement a programme of revalidation of all doctors in the United Kingdom are being established by the General Medical Council (GMC). The GMC has established a number of pilots to test different aspects of the new system. Health care regulators from across the UK have met with the GMC in relation to the role of regulators in supporting the new arrangements. RQIA has agreed to carry out a pilot review of the governance structures in secondary care organisations which will underpin revalidation. Discussions are taking place with regard to the review being carried out in partnership with other health care regulators in Scotland and Wales.

RQIA is planning to carry out the review in 2010-11 and will use self assessment tools developed by the NHS Revalidation Support Team to assess the quality of appraisal and clinical governance.

H. Community Standards for Sensory Impairment

Commences: Quarter 1, 2010-11

In June 2005, the Social Services Inspectorate (SSI) published Challenge and Change: an inspection of social work and related services for adults with sensory loss. The report set out a series of recommendations to improve services. Actions to take forward these recommendations have been led by the Regional Steering Group for Sensory Impairment.

RQIA is planning to carry out a review in 2010-11 of current HSC services in the community for adults with sensory impairment, in light of the recommendations made by SSI in 2005.

I. Prison Healthcare

Commences: Quarter 1, 2010-11

Responsibility for health care in prisons transferred from the Northern Ireland Prison Service to the South Eastern HSC Trust in 2009. RQIA intends to conduct a baseline review of health care provision in places of detention across Northern Ireland in 2010-11.

In 2009, RQIA was appointed by the UK government as a National Preventive Mechanism (NPM) under the Optional Protocol to the UN Convention Against Torture (OPCAT). NPMs are designed to prevent torture and inhuman and degrading treatment or punishment by applying direct observation techniques leading to independent and expert analysis of the detention systems.

J. Follow-up Review in relation to Clostridium difficile

Commences: Quarter 1, 2010-11

In 2010-11, RQIA is planning to carry out a review of the implementation of the recommendations of the RQIA reports published in 2008, following an outbreak of Clostridium difficile in the Northern HSC Trust area. The review will take into account the subsequent Guidelines and Audit Implementation Network (GAIN) guidance in relation to the admission and discharge of patients with Clostridium difficile.

K. Food Hygiene and Nutrition in Acute Hospitals

Commences: Quarter 1, 2010-11

Food hygiene and nutritional care has been a focus within hospitals since the publication of nutritional care guidelines by the Council of Europe in 2003. This prompted the introduction by the DHSSPS in 2007 of the Nursing Care Standards for Patient Food in Hospitals: Get Your 10 a Day. The standards are designed to provide a framework where patients, relatives and carers can work with healthcare professionals to provide and improve the nutritional care of patients during their stay in hospital.

In 2010 the RQIA intends to carry out a review of the standards for food hygiene and nutritional care with the aim of assessing the extent to which the relevant standards have been introduced and achieved throughout hospitals in Northern Ireland.

L. Out of Hours Acute Hospital Services

Commences: Quarter 2, 2010-11

During recent years HSC trusts have put in place measures to ensure compliance with the European Working Time Directive, which reduces the working hours of junior doctors. There have also been changes in the way diagnostic and treatment services are provided at night and weekends reflecting developments in medical practice and changing hospital profiles.

In 2010-11 RQIA is planning to carry out a review of the systems in place to ensure the safety and quality of care in hospitals at night and during the weekend period.

M. Vulnerable Adults

Commences: Quarter 3, 2010-11

In July 2009 guidance and standards regarding the protection of vulnerable adults were published. These are contained in The Protocol for the Joint Investigation of Alleged or Suspected Cases of Abuse of Vulnerable Adults (2009).

In addition, significant changes in the arrangements for reporting of individuals thought to be a threat to vulnerable people came into force in October 2009, through enactment of Article 47 of The Safeguarding Vulnerable Groups (NI) Order 2007 and the requirements to report appropriate concerns to the Independent Safeguarding Authority (ISA) when these become known. This is in addition to the already established legislation governing the recruitment and selection of staff to work with vulnerable groups.

During the period 2010-12, RQIA plans to carry out a review of the implementation of The Protocol for the Joint Investigation of alleged or suspected Cases of Abuse of Vulnerable Adults (2009) across relevant HSC services. This review will also evaluate the correctness and adequacy of recruitment and selection processes as well as ensuring robust reporting arrangements to the ISA are in place when concerns are apparent.

N. Implementation of the Cardiovascular Disease Service Framework

Commences: Quarter 1, 2011-12

A Cardiovascular Disease Service Framework for Northern Ireland was published in June 2009. The framework is the first in a programme designed to set clear quality standards for specific services delivered by HSC organisations. The cardiovascular disease framework sets out 45 standards covering primary prevention, treatment, rehabilitation and palliative care. The framework focuses not only on heart disease, cerebrovascular disease and peripheral vascular disease but also includes standards for diabetes and renal disease in respect of their relationships with cardiovascular disease.

In 2011-12, RQIA plans to carry out a review of the implementation of the Cardiovascular Disease Service Framework across all HSC organisations. The aim of the review will be to assess the extent to which the service quality standards have been achieved across Northern Ireland. The review will pilot approaches to assist in designing a programme of reviews of future service frameworks.

O. Carers' Issues

Commences: Quarter 1, 2011-12

In June 2008, the DHSSPS published standards for adult social care support services for carers. The standards are applicable to all HSC organisations, regulated services and practitioners who commission, plan or provide social care services to support carers in all adult programmes of care. The standards state that they are to be used by RQIA as part of its regulatory regime and in its clinical and social care governance reviews of social care support services.

In 2011-12 RQIA plans to carry out a review of the implementation of the DHSSPS Standards for Adult Social Care Support Services for Carers across relevant HSC services.

P. The Patient Journey through the Accident and Emergency (A&E) Department

Commences: Quarter 1, 2011-12

The 2009-10 Priorities for Action for HSC services in Northern Ireland set out a requirement for a continuing programme of reform through all parts of the emergency care pathway with a sustained enhancement of patient experience in all A&E departments. From April 2009, 95 per cent of patients attending any A&E department should be either treated and discharged home, or admitted within four hours of their arrival in the department.

In November 2008, the DHSSPS published a set of standards, Improving the Patient and Client Experience, which were developed in conjunction with Northern Ireland Practice and Education Council and the Royal College of Nurses. The standards cover the areas of respect, attitude, behaviour, communication and privacy and dignity. The DHSSPS has asked RQIA to ensure that these standards are actively monitored and continual improvement made as part of its system of regulation and improvement.

In 2011-12, RQIA plans to carry out a review of patient experience in attending A&E departments using the standards set out in Improving the Patient and Client Experience.

Q. Risk Assessment in Mental Health and Risk Assessment in Addiction Services

Commences: Quarter 1, 2011-12

On 17 July 2009, the DHSSPS Serious Adverse Incidents (SAIs) Review Group drew to the attention of the HSC commissioners and service providers their concerns at the number of cases of suicide of individuals with dual diagnosis of mental disorder and substance misuse. It was noted that many of the trusts' review reports into these incidents highlighted the issue of non-attendance at appointments and/or disengagement from services. These concerns have been borne out by the recent review of SAIs by the Mental Health and Learning Disability (MHL) team within RQIA, with a significant correlation of non-attendance and disengagement cited as a difficulty in the management of such cases.

The DHSSPS recently published and launched Guidance on Risk Assessment and Management in Mental Health and Learning Disability Services (21 September 2009). This followed publication of the RQIA review of Risk Assessment and Risk Management in Adult Mental Health Services in 2008. This guidance has a specific addendum related to risk assessment and management in substance misuse services.

Following dissemination of the above guidance, the DHSSPS has asked RQIA to complete a commissioned review of its implementation. Given the trends identified through DHSSPS Serious Adverse Incident reporting and those identified by the MHL team it has been decided that RQIA will carry out a further parallel review of risk assessment and risk management in addiction services in the year 2011-12.

R. Community Services for Learning Disability

Commences: Quarter 1, 2011-12

Learning disability community services are currently provided across a variety of settings and by a number of statutory, private, independent and voluntary agencies. The Bamford Review of Mental Health and Learning Disability Services sets out guiding principles for the development of community services. These promote person-centred and needs-led approaches to service provision.

The Northern Ireland Programme for Government (2008-11) states that: "By 2013, anyone with a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital."

This presents community services with the challenge of developing services tailored to meet the needs of hospitalised individuals and service users who require assessment and/or treatment, some of whom present with severe challenging behaviours.

The DHSSPS is also currently developing a service framework for learning disability services. However, this may not be published or ready for assessment within the timescales outlined above.

In 2011-12, RQIA plans to carry out a review of the quality and availability of community services for those individuals with a learning disability against a range of agreed standards. The review will pilot approaches to assist in designing a programme of reviews of future service frameworks.

S. Governance Structures to Support Revalidation of Doctors in Primary Care

Commences: Quarter 1, 2011-12

RQIA carried out a review of the arrangements to support primary care medical appraisal in Northern Ireland in 2008. In 2011-12, it is planned to carry out a further review to examine the governance structures to support revalidation of doctors in primary care.

T. Acute Hospital Admission and Discharge Procedures

Commences: Quarter 1, 2011-12

Key stakeholders in primary and secondary care in Northern Ireland raised concerns about the quality of communication between practitioners in each sector. They felt specifically that the standard of immediate discharge information from secondary to primary care was deficient in content, structure and production, which constituted a significant patient safety concern. RQIA and GAIN held a joint workshop to elicit further information and views on this subject and to begin to formulate an action plan to address any identified problems.

Following the workshop a regional group was established by GAIN and RQIA, with primary and secondary care representatives from relevant disciplines, to define a standard discharge dataset for use in Northern Ireland. This has been completed and a GAIN guideline is being written.

Following completion of the GAIN guideline, a regional group will examine the implementation process and, as part of its review programme, RQIA will review the implementation and use of the guideline and dataset across all HSC trusts.

5 Conclusion

5.1 Management of the Review Programme

The review programme will be facilitated using a project management approach and each review will have a director assigned as sponsor. In conducting the reviews a range of methodologies will be applied, culminating in a process whereby benefits from each review are realised to ensure the four core activities within the Corporate Strategy are delivered. This will facilitate RQIA's aim of providing independent assurance about the quality, safety and availability of health and social care services in Northern Ireland; encouraging continuous improvements in those services; and safeguarding the rights of service users.

5.2 Other Considerations

In conclusion, it is important to note that RQIA has, in the past, been commissioned by the DHSSPS to carry out specific reviews in response to emerging events. It is anticipated that the organisation will be commissioned to undertake further reviews of this nature. This, when it occurs, will result in the review programme being re-examined at that point to determine the impact upon timescales for the remainder of the programme.

Each review will involve specialist expertise drawn from within and outside Northern Ireland and will also rely on the appropriate use of lay reviewers who have experience and/or interest in a particular service area.

RQIA is also committed to continuing to work in partnership with other regulators and with organisations which exist to represent the views of service users.

Flexibility must underpin the review programme as the availability of reviewers and other professionals may have a potential impact on timescales. RQIA will keep the programme under review on a six monthly basis.

This coherent and responsive strategic approach underpinned by active performance management at all levels, aligned to resource allocation and financial management within the organisation, will help to ensure that the programme is delivered and benefits realised.



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THREE YEAR REVIEW PROGRAMME 2012-15

Assurance, Challenge and Improvement
in Health and Social Care

www.rqia.org.uk

Foreword

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to undertake regulation of services and to drive improvements for everyone using health and social care. RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland.

This is RQIA's planned three year review programme covering the period 2012-15. The programme incorporates issues identified through consultation with service users, the public and other key stakeholders. It takes account of the work undertaken over the previous three years and covers a wide range of both in-patient and community based services.

Our reviews are carried out by teams of independent assessors, most of whom are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety. Review reports are open documents, accessible to the public and available on the RQIA website.

Reviews are designed to identify areas of good practice, and to highlight gaps or shortfalls in services requiring improvement. A planned programme of reviews helps to ensure that the rights of service users are safeguarded. We can influence policy and service development by making specific recommendations about gaps in the policy framework and shortfalls in the quality or availability of services.

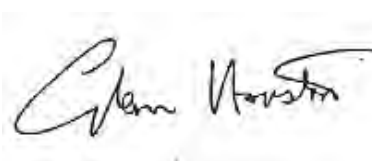
A robust and comprehensive planning approach has been used to ensure the programme covers relevant issues, in particular issues which have been identified through the public consultation. The consultation identified more topics than could be accommodated within the final programme. RQIA has prioritised those areas which are likely to have the greatest impact for patients and clients.

The publication of this programme will help RQIA to identify areas of collaboration, including joint working with other regulators and organisations which represent particular interests, as well as with the users of the services themselves. Continuous engagement with all of our stakeholders is vital and we acknowledge the commitment which the health and social care sector makes to engaging in this process.

Whilst delivering this challenging programme, we will continue to examine our methods of review and make sure that we build on the learning from previous experience. There will be times when we must respond to emerging events. The programme ensures that in addition to planned reviews, there will be capacity to respond to such emerging issues.



Dr Ian Carson
Chairman



Glenn Houston
Chief Executive

CONTENTS

1	The Regulation and Quality Improvement Authority	6
2	The Work Programmes of RQIA	8
2.1	Inspections in the Regulated Sector	8
2.2	Infection Prevention and Hygiene Inspections	8
2.3	Mental Health and Learning Disability Programme	9
2.4	A Programme of Inspections in Relation to Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	9
2.5	Health and Social Care Review Programme	10
3	Health and Social Care Review Programme	11
3.1	Introduction	11
3.2	Sourcing Potential Reviews	11
3.3	Shortlisting and Prioritising Potential Reviews	12
3.4	Public Consultation	12
3.5	Balancing the Review Programme	12
3.6	Benefits Realisation	12

4	Review Programme 2012-15	14
4.1	Reviews for 2012-15	14
4.2	Reviews to be Undertaken during 2012-13	15
4.3	Reviews to be Undertaken during 2013-14	20
4.4	Reviews to be Undertaken during 2014-15	26
5	Conclusion	31
5.1	Management of the Programme	31
5.2	Improving the Patient and Client Experience	31
5.3	Other Considerations	32
	Appendix A – Previous RQIA Reviews	33

1

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care services in Northern Ireland.

RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive continuous improvements in the quality of services, through a programme of inspections and reviews.

The vision of RQIA is to be a driving force for positive change in health and social care services in Northern Ireland.

This is accomplished by focusing on the delivery of a robust quality and regulatory framework which is fit for purpose. This will ensure that RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland; encourages continuous improvements in those services; and safeguards the rights of service users.

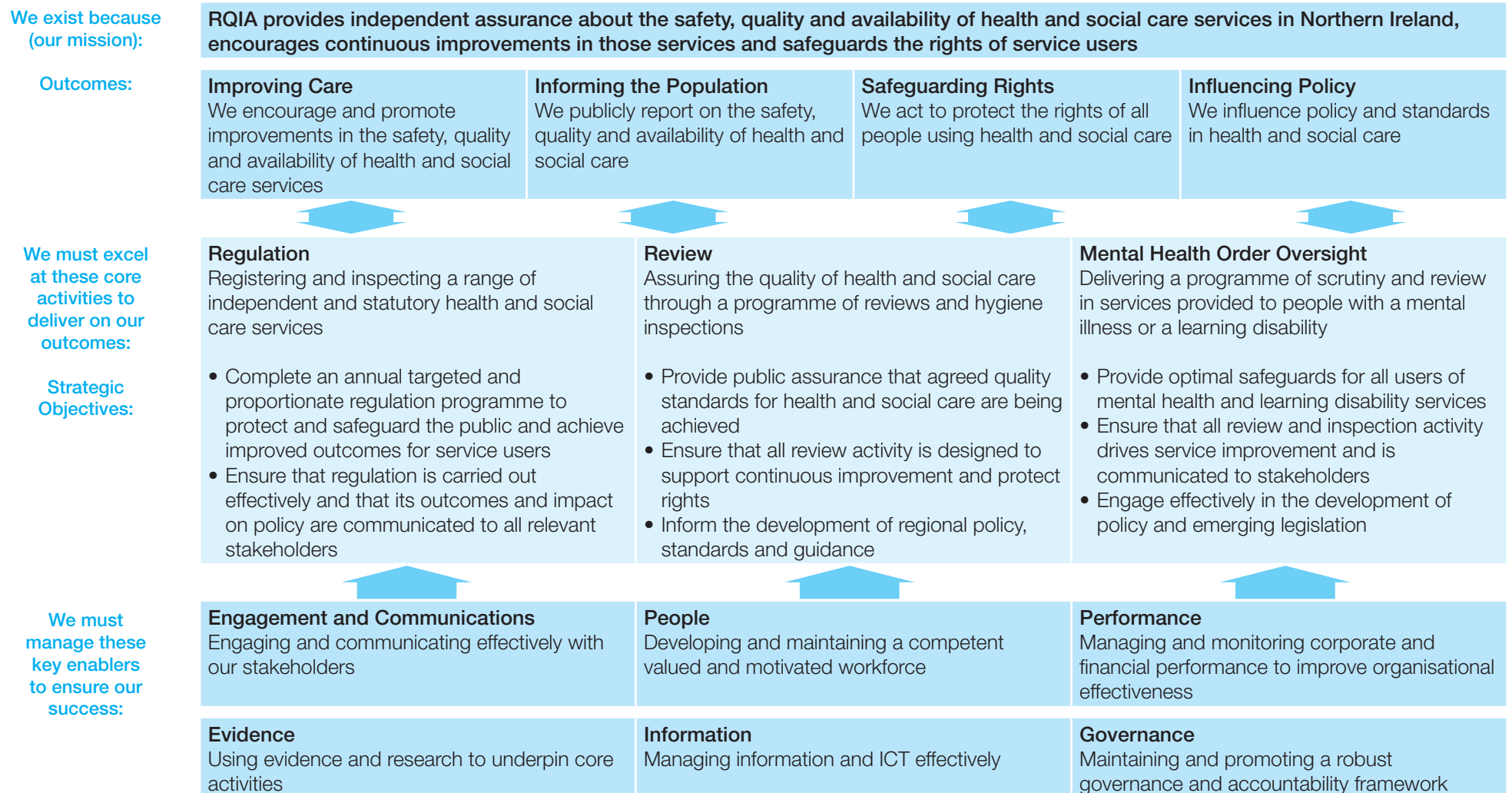
RQIA's Corporate Strategy 2012-15 highlights the key internal and external issues and challenges facing the organisation. This provides the context for the representation of RQIA's strategic priorities in the form of a strategy map (see Figure A), together with corresponding objectives and outcomes.

Four high level outcomes have been identified. These are integral components of what the organisation does, and are critical to the success of RQIA and the delivery of the strategy. These are:

- **Improving care:** we encourage and promote improvements in the safety, quality and availability of health and social care services
- **Informing the population:** we publicly report on the safety, quality and availability of health and social care
- **Safeguarding rights:** we act to protect the rights of all people using health and social care
- **Influencing policy:** we influence policy and standards in health and social care

Achievement of these high level outcomes, underpinned by identified core activities and key enablers will help to drive the delivery of the corporate strategy.

Figure A: RQIA Strategy Map 2012-15



2

The Work Programmes of RQIA

RQIA carries out a number of programmes of work including: registration and inspection of services subject to regulation; infection prevention and hygiene inspections; thematic reviews; and a programme of inspections relating to mental health and learning disability, and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

2.1 Inspections in the Regulated Sector

RQIA registers and inspects a wide range of health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; independent health care providers; adult placement agencies; domiciliary care agencies; nursing agencies; residential family centres; and voluntary adoption agencies. RQIA also inspects school boarding departments.

RQIA inspects nursing, residential care and children's homes at least twice a year, while other services are inspected at least once a year. During our announced and unannounced inspections we assess the quality of the services provided against minimum care standards.

Throughout our inspections, we aim to ensure the safety, wellbeing and dignity of those using these services. Following an inspection, we ask the service provider to make any changes we consider necessary through a quality improvement plan, and we publish this information in a report of our findings on our website www.rqia.org.uk.

Where necessary, RQIA may take enforcement action to drive improvements. This includes the issue of notices of failure to comply with regulations; placing conditions on registration; imposing fines; or closing a service.

2.2 Infection Prevention and Hygiene Inspection Programme

Infection prevention and hygiene inspections are part of an overall programme of initiatives, designed to reduce health care associated infections in Northern Ireland and provide public assurance about services. The RQIA infection prevention and hygiene team has contributed to the development and publication of the new Department of Health, Social Services and Public Safety (DHSSPS) Regional Healthcare Hygiene and Cleanliness Standards, which now underpin the inspection programme.

A rolling programme of announced and unannounced hygiene inspections in acute and non-acute hospitals in Northern Ireland has been developed to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards.

These inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities. The announced inspection process examines the governance arrangements and systems in place to ensure hygiene and infection prevention and control policies and procedures are working in practice.

The inspection programme is planned to include both acute hospital settings and other areas including: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service; and other regulated services, as and when required. Inspections may be targeted to areas of public concern or themed to focus on a particular type of hospital, area or process.

2.3 Mental Health and Learning Disability Programme

RQIA has a specific responsibility to assess health and social care services, under The Mental Health (Northern Ireland) Order 1986, provided to people with a mental illness or a learning disability. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

RQIA is also responsible for the oversight of health and social care in prisons, children's secure accommodation and mental health and learning disability facilities. Given this role, RQIA has been designated as a national preventive mechanism (NPM) by the United Kingdom (UK) government under the Optional Protocol to the Convention Against Torture (OPCAT). This aims to ensure the protection of the rights of those in places of detention.

The Mental Health and Learning Disability team talks directly to patients and asks them about their experiences. This informs a wider programme of announced and unannounced inspections of these services. Using a human rights approach to inspection, we examine the quality of services and make recommendations for improvement.

2.4 A Programme of Inspections in Relation to Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

RQIA is responsible for monitoring, inspecting and enforcing the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 to protect service users against the dangers of ionising radiation in medical settings.

Our inspections examine and report on arrangements in diagnostic radiology, nuclear medicine and radiotherapy departments all areas that use ionising radiation.

2.5 Health and Social Care Review Programme

RQIA's responsibilities incorporate a wide range of services across health and social care. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.

During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvements to the service provider. We report our findings and share any lessons learned across the wider health and social care sector.

In addition, when required, we carry out reviews and investigations in response to specific issues of concern or failures in service provision.

3.1 Introduction

RQIA conducts a planned review programme to ensure that services reach the minimum standards contained within The Quality Standards for Health and Social Care, (published by DHSSPS in March 2006) or other relevant quality standards. In conducting its reviews, RQIA uses a range of approaches including self-assessment, validation visits by panels of independent experts, involvement of lay people and service user feedback.

On completion of each review, a report of the findings and associated recommendations is provided to the Minister for Health, Social Services and Public Safety and to the relevant HSC organisations. Reports from each review are publicly available on the RQIA website, www.rqia.org.uk.

Appendix A lists the reviews which have been carried out by RQIA since 2005.

The review programme was developed using a methodology, which has ensured that reviews were comprehensively sourced, prioritised and appropriately balanced, across health and social care services.

3.2 Sourcing Potential Reviews

RQIA engaged with its wide range of stakeholders to develop this review programme. RQIA facilitated a number of pre-consultation events over a seven week period. During this time, stakeholders were given the opportunity to make suggestions for potential review topics at public events, organised workshops, by post, email or online through RQIA's website.

At the end of the pre-consultation a significant number of suggestions for potential review topics were received.

RQIA also carries out reviews which are commissioned by DHSSPS in specific areas and in response to emerging events. These reviews are carried out in addition to those initiated by RQIA and details of the pre-planned reviews have been included in Section 4.

3.3 Shortlisting and Prioritising Potential Reviews

All suggestions received during the pre-consultation were considered and shortlisted against specific criteria to identify potential review topics.

Possible topics were then considered to assess the availability of standards or guidelines to inform a review and the need to ensure The Quality Standards for Health and Social Care (DHSSPS) are addressed through the review programme.

The list was then considered against the following criteria:

- The issue is a recognised and/or national priority for safety and/or quality.
- Variations in quality create a major risk for the population affected.
- The issue is an area of significant or developing concern.

3.4 Public Consultation

Using the shortlisted topics, RQIA produced a public consultation document to engage with stakeholders and seek their views on the proposed Three Year Review Programme 2012-15. Several comments were received during the consultation period and consideration was given to them to determine if any amendments were required to the proposed programme.

3.5 Balancing the Review Programme

The final list of topics for the review programme, including the reviews commissioned by the DHSSPS, was examined to determine if they were balanced (see Figure B) in terms of:

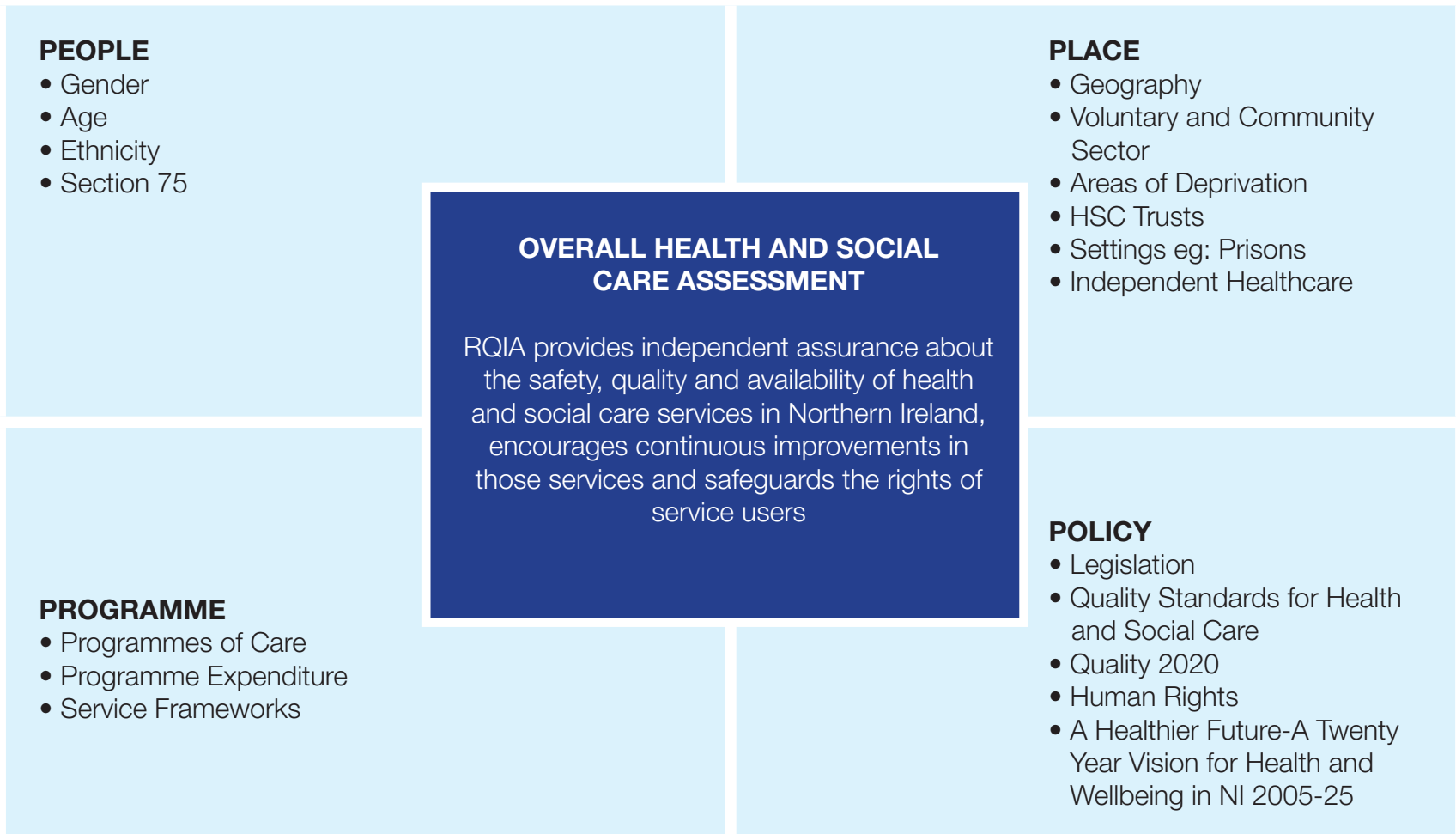
- **People** in respect of gender, age and ethnicity
- **Place** in respect of geography, areas of deprivation and different settings
- **Programme** in respect of programmes of care and service frameworks
- **Policy** in respect of legislation, The Quality Standards for Health and Social Care (DHSSPS) and human rights

The objective was to ensure that the review programme is balanced and focused across all health and social care areas. This exercise took into account RQIA's other work programmes in relation to areas such as mental health and learning disability and infection prevention and hygiene inspections, in order to avoid duplication. Details of the balanced review programme are outlined in Section 4.

3.6 Benefits Realisation

RQIA's Review Programme Steering Group continuously assesses the benefits realised from its programme of activity, by undertaking an analysis against the four outcomes outlined in RQIA's corporate strategy. The analysis assists in the development of all aspects of review activity.

Figure B: Balancing the Review Programme



4

Review Programme 2012-15

4.1 Reviews for 2012-15

The following pages set out our planned review topics for each of the next three years, with a summary of the proposed focus for the review. While a summary has been included, the final terms of reference for each review will not

be determined until the planning stage of each individual review commences. Figure C outlines the reviews that are planned to be carried out in each year of the review programme.

Figure C: Review Programme 2012-15

2012-13	2013-14	2014-15
Care of Older People in Acute Hospital Wards	Access to Services by Disadvantaged Groups	Adverse Incident Management, Reporting and Learning
Hospitals at Nights and Weekends	Care of Patients with Learning Disabilities in Acute Hospitals	Advocacy Services for Children and Adults
Learning Disability Community Services: Phase I - Baseline Assessment	Discharge Arrangements from Hospital	Diabetic Retinopathy Screening Service
Management of Controlled Drug Use in Hospitals	Fostering and Adoption Services	Eating Disorder Services
National Institute for Health and Clinical Excellence (NICE) Guidelines: Topic to be confirmed	Governance Arrangements in Health and Social Care Organisations (including those that support Professional Regulation)	Learning Disability Community Services: Phase II
Oversight of Patient Finances in Residential Settings	Medicines Management in Primary Care	Maternity Services
Review of Northern Ireland Guardian Ad Litem Agency	National Institute for Health and Clinical Excellence (NICE) Guidelines: Dementia Care Services	National Institute for Health and Clinical Excellence (NICE) Guidelines: Topic to be confirmed
Risk Assessment: Addiction Services	Northern Ireland Single Assessment Tool (NISAT): Phase III - Post Implementation	Nutrition in Hospitals
Safeguarding Arrangements	Respiratory Service Framework	Palliative Care Services
Sexual Health Services	Respite Care / Short Break Provision	Provision of Services for People with an Acquired Brain Injury
Theatre Practice	Services for People with Stroke	Provision of Specialist Care Services for People in their own Homes

4.2 Reviews to be Undertaken during 2012-13

4.2.1 Care of Older People in Acute Hospital Wards

Older people are significant users of health services and in the coming years, a growing older population will need access to these services.

Patients have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected and dignity maintained. These principles should be promoted and supported by all health and social care organisations and professional bodies, enabling staff to provide a quality service.

RQIA proposes to carry out a review of the care delivered to older people within acute hospital settings, through an assessment against the DHSSPS's Improving the Patient and Client Experience, November 2008. These standards relate to: respect, attitude, behaviour, communication, and privacy and dignity. This review will also include a nutrition element.

4.2.2 Hospitals at Nights and Weekends

The effective and safe management of patients in hospitals during the night and at weekends has emerged as a key challenge for the National Health Service (NHS) as well as for HSC organisations locally in recent years.

RQIA will undertake a review of hospitals at nights and weekends, looking specifically at those hospitals within HSC trusts which admit emergency medical and surgical patients.

The review will focus on the management, organisation and governance arrangements, within the identified hospitals, at nights and weekends (i.e.: out-of-hours), as well as considering elements of patient experience at nights and weekends in accident and emergency departments and acute medical and surgical wards.

4.2.3 Learning Disability Community Services – Phases I and II

Learning disability community services are currently provided across a variety of settings and by a number of statutory, private, independent and voluntary agencies. The Bamford Review of Mental Health and Learning Disability Services sets out guiding principles for the development of community services. These promote person-centred and needs-led approaches to service provision.

The Northern Ireland Programme for Government (2008-11) states: “By 2013, anyone with a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital.”

This presents community services with the challenge of developing services tailored to meet the needs of both hospitalised individuals and service users who require assessment and/or treatment, some of whom present with severe challenging behaviours.

Phase I: In 2012, RQIA will report on its baseline assessment and review of the composition and function of HSC trust community learning disability services teams and the range of services provided and commissioned for adults with learning disabilities and children with disabilities. This review will consider the community teams and services which are not already the subject of RQIA regulations and inspections.

Some of the areas focused on in Phase I will include workforce required, the provision of services, unmet need and transitional arrangements.

Phase II: RQIA plans to revisit this area to carry out a review of the quality and availability of community services for those individuals with a learning disability against the DHSSPS service framework.

4.2.4 Management of Controlled Drug Use in Hospitals

Dr Harold Shipman’s conviction for murder in 2000 led to the government setting up a public inquiry to establish what changes to current systems should be made in order to safeguard patients in the future.

This led to the enactment of The Health Act in 2006 and subsequently to The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009.

This legislation has increased the control and governance arrangements in place for the management and use of controlled drugs across all health settings to ensure their safe and effective use. Subsequently, the DHSSPS has published guidance on good practice for the management of controlled drugs in both primary and secondary care, which takes account of the legislative changes and developments in both professional practice and accountability.

The regulations require those using controlled drugs to have standard operating procedures (SOPs) in place. This is one of the practical measures that will help to ensure good practice in the management of controlled drugs throughout the health and social care system.

RQIA proposes to review the organisational processes within HSC trusts for the management of controlled drugs, in line with recent legislation. The review will also assess the effectiveness of communication and partnership working between relevant HSC organisations in ensuring the effective management of controlled drugs.

4.2.5 National Institute for Health and Clinical Excellence (NICE) Guidelines: Topics to be confirmed

In September 2011, the DHSSPS issued the circular NICE Technology Appraisals and Clinical Guidelines – New Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland (HSC (SQSD) 04/11). This outlined the new process for the endorsement of the NICE guidance. It has been agreed the RQIA will inspect and report on the implementation of one to two clinical guidelines (CGs) each year. Clinical guidelines are pathways of care and may include guidance on specific drugs, however, drug therapies are only part of this type of guidance. The process for selecting the CGs to be reviewed has yet to be determined.

4.2.6 Oversight of Patient Finances in Residential Settings

There are mandatory controls in place in respect of the handling of service users monies in health and social care services. However, in the General Report on the Health and Social Care Sector by The Comptroller and Auditor General for Northern Ireland 2009, HSC trusts' arrangements for the safeguarding of service users monies were criticised. The DHSSPS issued further circulars and guidance to ensure that financial controls are in place and resident's interests are protected.

RQIA proposes to review the implementation of the DHSSPS circulars and guidance to ensure that trusts have robust governance arrangements and assurance processes in place aimed at the protection and management of patient and service user finances. This review is planned to cover hospital inpatient settings and the placement of service users in regulated establishments.

4.2.7 Review of Northern Ireland Guardian Ad Litem Agency

The Northern Ireland Guardian Ad Litem Agency (NIGALA) was established as a special agency in 1996 following the introduction of the Children (Northern Ireland) Order 1995. Guardians ad litem provide representation for some of society's most vulnerable children who are subject to public law and adoption proceedings in Northern Ireland. The aim of NIGALA is to ensure the best possible outcomes in all court proceedings for each child.

RQIA proposes to undertake a review of the governance arrangements within NIGALA in respect of delivery of its duties and responsibilities against the DHSSPS quality standards framework.

4.2.8 Risk Assessment: Addiction Services

In July 2009, the DHSSPS Serious Adverse Incidents (SAIs) Review Group drew the attention of the HSC commissioners and service providers to their concerns at the number of cases of suicide of individuals with dual diagnosis of mental disorder and substance misuse. It was noted at that time that many of the HSC trusts' review reports into these incidents highlighted the issue of non-attendance at appointments and/or disengagement from services.

These concerns have been borne out by the recent review of SAIs by the Mental Health and Learning Disability team within RQIA, with a significant correlation of non-attendance and disengagement cited as a difficulty in the management of such cases.

In its previous review programme, RQIA carried out a review of the implementation of Promoting Quality Care - Guidance on Risk Assessment and Management in Mental Health and Learning Disability Services, commissioned by DHSSPS. This followed publication of the RQIA review of Risk Assessment and Risk Management in Adult Mental Health Services in 2008. This guidance has a specific addendum related to risk assessment and management in substance misuse services.

Following dissemination of the above guidance, RQIA reports and the trends identified through DHSSPS SAI reporting and those identified by the Mental Health and Learning Disability team, RQIA will undertake a further review of risk assessment and risk management in addiction services.

4.2.9 Review of Safeguarding Arrangements

This review, commissioned by DHSSPS, will examine the effectiveness of the safeguarding arrangements in place for children and vulnerable adults in mental health and learning disability hospitals in the five HSC trusts.

The areas which the review will cover will include:

- policies and procedures in place to prevent abuse
- risk assessment processes to prevent abuse
- recording and reporting mechanisms
- child and vulnerable adult protection procedures
- child and vulnerable adult protection training

The review will be undertaken through the RQIA Mental Health and Learning Disability programme of inspections. A range of performance indicators have been developed for examination during the inspection process which will focus on the human rights principle of protection.

4.2.10 Sexual Health Services

The Northern Ireland Sexual Health Promotion Strategy and Action Plan (2008-13) was published in 2008. RQIA proposes to undertake a review of the organisational arrangements in place to take forward the implementation of the strategy and the progress made in relation to the action plan.

The review will also consider the availability and accessibility of sexual health services. Accessibility will be examined in respect of the population in general, with an emphasis on particular client groups, such as young people and those with a physical disability.

The review will use the three themes from The Quality Standards for Health and Social Care (DHSSPS):

- Accessible, Flexible and Responsive Services
- Promoting, Protecting Health and Social Well-being
- Effective Communication and Information

4.2.11 Theatre Practice

This review, commissioned by the DHSSPS, will report on:

- implementation of the WHO Safer Surgery Checklist
- use of the venous thromboembolism (VTE) assessment tool
- compliance with good practice on surgical procedures for both the retrieval and donation of transplant organs

The review will also examine initiatives such as:

- medicines management
- hygiene in theatres
- the role of the operating department assistant

4.3 Reviews to be Undertaken during 2013-14

4.3.1 Access to Services by Disadvantaged Groups

Tackling inequalities in health and social care is a key element of the work of the DHSSPS and health and social care organisations. A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025 is the regional strategy for health and wellbeing.

The strategy highlights the links between deprivation and ill health and the need to tackle the social, economic and environmental inequalities that impact on health and wellbeing. In order to tackle health inequalities, there has to be a focus on narrowing the health gap between disadvantaged groups, communities and the rest of the country.

RQIA proposes to undertake a review of the accessibility, and arrangements in place for the delivery, of health and social care services in Northern Ireland for specific disadvantaged groups including ethnic minorities and migrant workers.

4.3.2 Care of Patients with Learning Disabilities in Acute Hospitals

Going into hospital is stressful for anyone. This experience is even more stressful for people with a learning disability. They may feel vulnerable, as they might find it difficult to communicate with hospital staff who may not fully understand their needs.

While our health and social care policies recognise that people with learning disabilities are equal and valued citizens, studies have shown that they often find it difficult to get appropriate care in hospital.

In response to this, the Guidelines and Audit Implementation Network (GAIN) developed the guideline Caring for People with a Learning Disability in General Hospital Settings. This guideline targeted the delivery of care to ensure that people with a learning disability get safe and effective care in hospital.

RQIA proposes to carry out a review to evaluate the HSC trusts' compliance with the GAIN guideline Caring for People with a Learning Disability in General Hospital Settings.

4.3.3 Discharge Arrangements from Hospital

Current hospital practice seeks to reduce inpatient stay to a minimum length of time and so the need for effective discharge planning and post-discharge information is paramount. Effective communication between hospitals and primary care is vital to ensure a smooth and seamless transition of care for all patients when they leave hospital.

Detailed and accurate documentation in a patient's health record is directly linked to the quality of care they receive. It helps to reduce negative outcomes, by ensuring that all clinical staff caring for patients have access to the information they need to deliver a good standard of care.

In the past, immediate discharge summaries have been found to be deficient in content, with illegible information, incomplete patient details, lack of diagnosis and treatment provided and also missing details of follow up required. Another major issue with discharge documentation has been with the accuracy of medication information provided.

To redress these issues, the Guidelines and Audit Implementation Network (GAIN) introduced a guideline Regional Immediate Discharge Documentation for Patients Being Discharged from Secondary into Primary Care.

RQIA proposes to carry out a review of discharge arrangements from acute hospitals, including the implementation and use of the GAIN guideline on discharge documentation.

4.3.4 Fostering and Adoption Services

Approximately 2,500 children are looked after at any one time by HSC trusts in Northern Ireland. These children become looked after for a wide variety of reasons. Some to provide family support through voluntary agreements with their parents, others are looked after under court orders. For these children, the care system, through fostering, residential and respite care, provides the support and help they and their families need to resolve their problems and rebuild their family life.

Many children return home after a short period of time in care. However, other children remain looked after in the longer term.

a Adoption

Adoption is traditionally a means of providing a permanent family for a small, but significant, number of children who are unable to return to their birth parents.

Given the recent establishment of the Regional Adoption and Fostering Taskforce (RAFT) by the HSC Board it seems timely to reconsider the infrastructure of adoption services in Northern Ireland.

This review will examine the existing arrangements and exploration of potential restructuring with a focus on regional delivery of adoption services and their interface with voluntary adoption agencies.

b Fostering

Care Matters in Northern Ireland, as endorsed by the Northern Ireland Executive in 2009, sought to improve the placement choice, stability and experiences of children in care. Where children cannot be adequately cared for within their birth family it is imperative that the state moves swiftly to restore their sense of permanence, security and normality in an alternative family environment. This element of the review will assess the extent to which Care Matters policy is being adhered to across Northern Ireland, with a specific focus on the achievement of permanence for looked after children.

The review will make specific reference to the implementation of the Regional Permanence Policy developed by the HSC Board and assess the effectiveness of permanence planning mechanisms. The review will also consider the extent to which permanence and stability for children in care, whose assessed need is to remain in long-term fostering, might be enhanced by the introduction of a system of special guardianship (supported by a legal order).

This DHSSPS commissioned review is scheduled to commence in year 2013-14.

4.3.5 Governance Arrangements in Health and Social Care Organisations (including those that Support Professional Regulation)

The Department of Health's (DH) white paper: Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, which was published in February 2007, sets out a programme of reform to the UK's system for regulation of health professionals.

Health and social care organisations are responsible and accountable for assuring the safety, quality and availability of the services they commission and provide. Integral to this is effective leadership and clear lines of professional and organisational accountability, achieved through a robust governance framework.

Professional regulation systems, such as medical revalidation, are an integral component of effective governance and management arrangements. They are also the means by which organisations should be able to provide assurance for the public that all health professionals are registered and fit for practice.

To underpin these systems of professional regulation, and to ensure the provision of high quality services, each organisation will need robust systems of clinical governance and, where appropriate, appraisal.

RQIA will review the governance arrangements within HSC organisations which are designed both to assure the quality of service provision and also to assure the public that all health professionals are fit to practice. The review will include, but may not be limited to, the following areas:

- reporting, investigation and learning from adverse incidents
- complaints handling and whistle-blowing
- human resources
- risk management
- dissemination of alerts

4.3.6 Medicines Management in Primary Care

The overarching aim of pharmacy / prescribing targets and standards in 2013-14 and 2014-15 is to:

- improve the quality and cost effectiveness of medicines management across the health and social care system;
- consolidate an evidence-based approach to medicines management, supporting consistently applied standards of practice and enabling access to the most clinically appropriate, safe and cost-effective interventions, with adjunctive support for patients and carers
- implement the recommendations for pharmacy set out in Transforming Your Care (DHSSPS, 2011), specifically:
- community-based support for medicines management in long-term conditions
- an expanded role in health promotion

The DHSSPS has commissioned this review which should investigate and bring forward recommendations on the prescribing performance of general practitioner (GP) practices/clinics in the interests of good governance and public accountability. This should include information at individual and comparative practice level to demonstrate:

- the degree of alignment to established prescribing guidelines
- compliance with policy on generic prescribing
- compliance with the prescribing formulary following publication
- prescribing volume
- costs/head of population at practice level

The review will assess whether the HSC Board has established clear ground rules that support the achievement of improved practice as well as holding prescribers to account. It will also consider the extent to which the HSC Board holds HSC trusts to account, particularly for prescribing, which has a direct effect on primary care.

The development of the HSC Board medicines management partnership scheme aims to draw on the potential for GPs and community pharmacists to work jointly on improvement initiatives, beyond those already established in their current contractual agreements. In this regard, the review will examine these arrangements.

4.3.7 NICE Guidance: Dementia Care Services

Dementia is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. Symptoms of dementia include loss of memory, confusion and problems with speech and understanding.

Dementia affects people differently and can have a significant impact on their lives and the lives of their family members and carers. It is estimated there are 19,000 people in Northern Ireland living with dementia. As the population ages, dementia is becoming an increasing public health and societal issue. Providing care for people with dementia poses challenges for service providers, whether in the statutory or independent sectors, to ensure people are supported to live with dignity and without stigma.

NICE produced clinical guidelines for the care of dementia patients: NICE Clinical Guideline 42 - Dementia: Supporting People with Dementia and their Carers' in Health and Social Care. These guidelines make recommendations for the identification, treatment and care of people with dementia and support for their carers.

RQIA proposes to undertake a review of the provision of community services for people with dementia in HSC trusts, using the framework of the NICE dementia guidelines.

4.3.8 Northern Ireland Single Assessment Tool (NISAT) - Phase III - Post Implementation

The DHSSPS has commissioned RQIA to review the implementation of the Northern Ireland Single Assessment Tool (NISAT) across all five HSC trusts. NISAT facilitates the gathering of information in a systematic and ordered way and seeks to standardise and improve assessment practice, with a view to ensuring that individuals and their carers receive services which are responsive and appropriate to their needs. The tool was designed to capture the information required to enable professionals to provide a holistic, person-centred, proportionate assessment of the older person, focusing on the person's abilities and strengths.

Two phases of the overall review were completed during the RQIA Review Programme 2009-12. They examined the care management practice, process and assessment tools in place for older people across the five HSC trusts prior to the implementation of NISAT; and the use of the carer's support and needs assessment component of NISAT.

RQIA will carry out Phase III of the review during 2013-14. This will be a comparison of the impact of NISAT on care management processes, against baseline information obtained from Phase I. The review will include an evaluation of the perceived benefits of using NISAT from the perspectives of the trusts, practitioners and service users.

4.3.9 Respiratory Service Framework

The Service Framework for Respiratory Health and Wellbeing for Northern Ireland was published in November 2009. An amended version was issued in April 2011. The framework sets out 55 standards in relation to prevention, diagnosis, treatment, care, rehabilitation and palliative care. The aim of the service framework is that patients, carers and their families are informed of the standards of care they can expect to receive. The framework is also designed to be used by health and social care organisations in planning and delivering services. Each standard is supported by levels of performance to be achieved over a three year period.

RQIA proposes to carry out a review of the systems and processes in place to take forward the delivery of the service framework. The review will focus on the effectiveness of communication and partnership working between relevant organisations that have essential roles to play to achieve the objectives of the framework.

4.3.10 Respite Care / Short Break Provision

This review has been commissioned by the DHSSPS and will be conducted across all HSC trusts and all programmes of care. Inconsistency of provision and inappropriateness of some respite services have been the subject of much complaint at trust and departmental/ministerial level.

In recognition, the DHSSPS has commissioned a report from the HSC Board as to how these issues are to be addressed. That report has been completed and makes six recommendations, which are now being implemented through two working groups, one each for adults and children. This review will be based on HSC Board's report on respite and will include an examination of carer's issues.

4.3.11 Services for People with Stroke

Stroke can affect anyone, at any age and at any time. Each year in Northern Ireland around 4,000 people have their lives and the lives of their families dramatically changed by stroke.

In 2008, the DHSSPS, in collaboration with the Stroke Strategy Review Group, produced guidelines: Improving Stroke Services in Northern Ireland. The guidelines identified recommendations for improvements in the key areas of prevention, treatment and rehabilitation of stroke patients in a modern health service setting. They also defined standards for the delivery of these services.

RQIA proposes to undertake a review of stroke services in Northern Ireland. The review will assess the progress of implementation of the regional recommendations. It will also assess the implementation of the standards in relation to prevention, treatment and rehabilitation of stroke patients, both in acute hospital and community settings.

4.4 Reviews to be Undertaken during 2014-15

4.4.1 Adverse Incident Management, Reporting and Learning

The purpose of this DHSSPS commissioned review is to consider how effective the HSC is in reporting when things go wrong; reviewing what has happened and why; and then disseminating and learning the relevant lessons.

This will take account of the arrangements in place for handling serious adverse incidents (SAIs), other adverse incidents, near misses and complaints across all sectors.

In particular, it will review how successfully the Regional Adverse Incident and Learning System (RAIL) has been introduced and is operating. It will also evaluate the effectiveness of Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, DHSSPS, April 2009 and the Early Alert System introduced in 2010.

4.4.2 Advocacy Services for Children and Adults

Following a workshop held by the Advocacy Northern Ireland workshop, and in light of the recommendations in the Bamford Review Report on Human Rights and Equality of Opportunity, the DHSSPS established an advocacy services working group.

It is chaired by the Patient Client Council (PCC), to develop principles and standards for the commissioning and delivery of advocacy services in a health and social care setting in Northern Ireland.

A draft Policy for Developing Advocacy Services - A Guide for Commissioners was published for consultation in June 2011, along with a draft action plan to support its implementation. It is intended that the final policy guide and action plan will be published in spring 2012. The aim of the policy guide is to help commissioners better understand and develop advocacy services in Northern Ireland. The action plan will largely be taken forward by the HSC Board and related organisations.

This DHSSPS commissioned review will assess the implementation of the policy guide and progress made in relation to its associated action plan.

The review will also consider the range and quality of advocacy services available to service users and carers, taking account of the different models of advocacy and the proposed principles and standards set out in the policy guide. It will evaluate in particular the effectiveness of arrangements put in place to:

- (i) monitor the adherence of advocacy service providers to the proposed principles and standards

- (ii) raise awareness of advocacy services, and the importance of independence, among health and social care professionals and service users and carers

4.4.3 Diabetic Retinopathy Screening Service

Diabetic retinopathy is a leading cause of blindness in the UK in people of working age. Following advice from the UK National Screening Committee, a new Diabetic Retinopathy Screening Programme was launched in Northern Ireland in 2007. In the first full year of operation 43,000 people with diabetes were invited to attend for screening.

RQIA proposes to carry out a review of the governance and quality assurance arrangements for this screening programme. The review will also consider the systems in place to ensure that all people with diabetes are invited to participate in the programme and the accessibility of the service to users.

4.4.4 Eating Disorder Services

In recent years, and with the advice of the Regional Eating Disorders Network Group, eating disorder services in Northern Ireland have developed with the aim of treating more patients locally and in a community setting.

Four health and social care trusts each have a specialist eating disorder service for both adult (18+) and child and adolescent mental health service (CAMHS) (for under 18s), with the Belfast HSC Trust also providing these services for the South Eastern HSC Trust. These teams include consultant psychiatrists, eating therapists and dieticians. The adult specialist eating disorder teams plan and deliver treatment along a stepped model of care, as recommended by the Bamford Review and NICE guidelines.

For those patients who require inpatient treatment, this is facilitated in existing hospitals with in-reach support provided by specialist community-based eating disorder teams, thus providing a continuum of care when patients are discharged.

This review, commissioned by the DHSSPS, of the eating disorder service should focus on three themes from The Quality Standards for Health and Social Care (DHSSPS):

- Safe and Effective Care
- Accessible, Flexible and Responsive Services
- Effective Communication and Information

This will have a particular focus on locally based services.

4.4.5 Maternity Services

The Maternity Strategy for Northern Ireland published in 2012 aims to provide women, professionals, policy makers and commissioners with a clear pathway for maternity services, from preconceptual care through to postnatal care. It places an emphasis on early direct contact with a midwife and a better understanding of the role of the midwife and obstetrician.

It sets out clear recommendations for tackling public health issues such as: obesity, smoking and alcohol abuse in pregnancy; providing more choice; providing care closer to home; and ensuring safe, high quality care tailored to meet the needs of the woman.

This DHSSPS commissioned review, which will be carried out within two years of publication of the strategy, will focus on the implementation of the strategy.

4.4.6 Nutrition in Hospitals

Food hygiene and nutritional care has been a focus within hospitals since the publication of nutritional care guidelines by the Council of Europe in 2003 and in 2007. This prompted the introduction of the DHSSPS Nursing Care Standards for Patient Food in Hospitals: Get Your 10 a Day. Recently the DHSSPS has built on these existing standards to develop the Promoting Good Nutrition strategy.

The new strategy aims to improve the quality of nutritional care of adults in Northern Ireland through the prevention, identification and management of malnutrition in all health and social care settings, including people's own homes. The strategy provides a framework where patients, relatives and carers can work with healthcare professionals to provide and improve the nutritional care of patients.

RQIA proposes to carry out a review of the Promoting Good Nutrition strategy, with the aim of assessing the extent to which the strategy and underlying standards have been implemented and are being achieved throughout hospitals in Northern Ireland. This review will incorporate an assessment of governance arrangements in place in relation to nutritional care and incorporate service users' experiences of nutritional care in hospitals.

4.4.7 Palliative Care Services

Palliative and end of life care is the active, holistic care of patients with advanced progressive illness. It is an integral part of the care delivered by all health and social care professionals, carers and family members, to those living with and dying from any advanced, progressive and incurable condition.

In March 2010 the DHSSPS launched Living Matters, Dying Matters: A Palliative and End of Life Care Strategy for Adults in Northern Ireland. The strategy sets out a vision for palliative and end of life care across all conditions and care settings, based on what people value most and expect from such care.

Driving the service improvement expectation of this vision requires ownership and leadership from across all commissioners and service providers.

The roles and collaborative arrangements between public, independent, community and voluntary sector organisations are essential to delivering quality palliative and end of life care. The strategy reinforces the need to continue to strengthen these partnerships through local and regional infrastructure and strategic plans.

RQIA proposes to carry out a review of the processes in place to ensure the effective implementation of Living Matters, Dying Matters: A Palliative and End of Life Care Strategy.

4.4.8 Provision of Services for People with an Acquired Brain Injury

The Public Health Agency (PHA) has identified that approximately 2,000 people in Northern Ireland are living with the long-term effects of a brain injury. Brain injuries can have a number of different causes, including falls, road traffic accidents or assault. The effects on the person with the brain injury and on their families can be life changing.

In 2008, the Minister for Health, Social Services and Public Safety commissioned a review of Services for People with Acquired Traumatic Brain Injury in Northern Ireland, from which an Acquired Brain Injury Plan was developed. Since the release of the Acquired Brain Injury Plan, the Regional Acquired Brain Injury Implementation Group has been working to progress the recommendations.

RQIA proposes to undertake a review of the implementation of the Brain Injury Action Plan across HSC trusts and progress in developing services to meet the needs of people who have suffered a brain injury.

4.4.9 Provision of Specialist Care Services for People in their own Homes

RQIA currently regulates, registers and inspects care provision to people in their own homes through the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. This DHSSPS commissioned review will expand on that work to review a range of enhanced care pathways and packages delivered by integrated community teams which comprise a range of HSC trust services. These include district nursing, care management, allied health professional services and social work in each HSC trust.

The approach for the assessment of service user needs continues to be standardised through the development of the Northern Ireland Single Assessment Tool. It is anticipated that the approach in respect of the development and delivery of enhanced care packages will progressively be standardised across all care programmes. These include: older people, mental health, physical disability, children with complex needs, learning disability services.

As community integrated teams continue to be developed within HSC trusts, their operation should increasingly improve patient care and outcomes. DHSSPS needs to be assured that as care continues to shift into the community, and patients with increasingly complex needs are cared for in their own homes, that trusts can evidence the quality of these services.

They must also be able to demonstrate that the services are appropriately enhanced and developed to meet the needs of individuals, families and carers.

In this context, the review will be focused on a specific sample across an agreed care programme and conducted using a range of review methodologies. This may include the audit of the multidisciplinary teams' case files. The assessment framework will be based on key elements of service delivery, such as: referral protocols; assessment, planning and review documentation; and, care delivery against identified standards and clinical guidelines.

The review will complement RQIA's inspection of domiciliary care agencies against the relevant regulations and minimum standards and where appropriate the regulation of nursing agencies where those agencies are providing care directly into service users' own homes.

5.1 Management of the Programme

The review programme will be managed by RQIA's Review Programme Steering Group through a process whereby the benefits from each review are realised, to ensure the outcomes are delivered in line with RQIA's Corporate Strategy 2012-15.

A project management approach will be adopted for each review. A range of methodologies will be applied to ensure the reviews focus on the central issues and involve key stakeholders. They will also take advantage of opportunities to work in partnership with other regulatory bodies or organisations, which represent particular interests.

RQIA's reviews are carried out by teams of independent assessors - most are either experienced practitioners or experts by experience. Lay reviewers who have experience and/or interest in a particular service area are also involved.

While delivering this challenging programme, RQIA will continue to examine the methods of review and ensure learning from previous experience.

5.2 Improving the Patient and Client Experience

On 12 November 2008, DHSSPS launched new standards to promote patient and client dignity. Improving the Patient and Client Experience is a set of standards defining what patients should expect from health and social care staff. The standards are designed to ensure that patients receive care and treatment from staff, whether clinical or non-clinical, who carry out their job in a considerate, caring and professional manner.

RQIA is committed to ensuring that user engagement is an essential element throughout the programme. Where appropriate, each review will employ a variety of methods to ensure the views and opinions in respect of quality of care are harnessed from service users and their carers'. In order to take forward the specific element of patient and client experience RQIA will build this in as a formal component of a number of appropriate reviews throughout the three-year programme.

This will facilitate RQIA's aim of providing independent assurance about the safety, quality and availability of health and social care services in Northern Ireland; encouraging continuous improvements in those services; and safeguarding the rights of service users.

5.3 Other Considerations

In conclusion, it is important to note that RQIA has, in the past, been commissioned by the DHSSPS to carry out specific reviews in response to emerging events. It is anticipated that the organisation will be commissioned to undertake further reviews of this nature. This, when it occurs, will result in the review programme being re-examined at that point to determine the impact upon the remainder of the programme.

Thus, flexibility will underpin the programme to ensure that in addition to the planned programme, there will be capacity to respond to these emerging issues. RQIA will keep the programme under review on a continuing basis.

RQIA is also committed to working in partnership with other regulators and with organisations which exist to represent the views of service users, including the PCC.

APPENDIX A

Previous RQIA Reviews

RQIA was established in 2005. During the period 2005-09, a selection of reviews were undertaken to incorporate clinical and social care governance:

- Review of the Lessons Arising from the Death of Mrs Janine Murtagh [October 2005]
- RQIA Governance Review of the Northern Ireland Breast Screening Programme [March 2006]
- Cherry Lodge Children's Home: Independent Review into Safe and Effective Respite Care for Children and Young People with Disabilities [September 2007]
- Review of Clinical and Social Care Governance Arrangements in Health and Personal Social Services Organisations in Northern Ireland [February 2008]
- Review of Assessment and Management of Risk in Adult Mental Health Services in Health and Social Care Trusts in Northern Ireland [March 2008]
- Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children [April 2008]
- Clostridium Difficile – RQIA Independent Review, Protecting Patients - Reducing Risks [June 2008]

- Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust [August 2008]
- Review of General Practitioner Appraisal Arrangements in Northern Ireland [September 2008]
- Review of Consultant Medical Appraisal Across Health and Social Care Trusts [September 2008]
- Review of Actions Taken on Recommendations From a Critical Incident Review Within Maternity Services, Altnagelvin Hospital, Western Health and Social Care Trust [October 2008]

In 2008-09, RQIA developed a formal review programme, which has covered the period 2009-12. This has incorporated service and thematic reviews, as well as general governance reviews. Those reviews within the 2009-12 programme included:

- Review of Intravenous Sedation in General Dental Practice [May 2009]
- Blood Safety Review [February 2010]
- Review of Intrapartum Care [May 2010]
- Follow-Up Review: Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children [July 2010]

- Review of GP Out-of-Hours Services [September 2010]
- RQIA Independent Review of the McDermott Brothers' Case [November 2010]
- Review of HSC Trust Readiness for Medical Revalidation [December 2010]
- Follow-Up Review of Intravenous Sedation in General Dental Practice [December 2010]
- Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust [February 2011]
- RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland [February 2011]
- A Report on the Inspection of the Care Pathways of a Select Group of Young People who Met the Criteria for Secure Accommodation in Northern Ireland [March 2011]
- An Independent Review of Reporting Arrangements for Radiological Investigations [March 2011]
- A Review of Child Protection Arrangements in Northern Ireland [August 2011]
- Review of Sensory Support Services [September 2011]
- Review of Readiness for Revalidation in Primary Care Services [December 2011]
- Vulnerable Adults [February 2012.]
- Care Management in respect of Implementation of the Northern Ireland Single Assessment Tool (NISAT) Phase 1 [March 2012.]
- Mixed Gender Accommodation in Hospitals [To be published during 2012.]
- Children Under 18 on Adult Wards [To be published during 2012.]
- Risk Assessment and Management: Mental Health and Learning Disability [To be published during 2012.]
- Review of the Implementation of the Cardiovascular Disease Service Framework [To be published during 2012.]
- Learning Disability Community Services: Baseline Assessment [To be published during 2012.]
- Hospitals at Nights and Weekends [To be published during 2012.]
- Review of Safeguarding Arrangements in Mental Health and Learning Disability Hospitals [To be published during 2012.]



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CORPORATE STRATEGY

2012-15

Assurance, Challenge and Improvement
in Health and Social Care

www.rqia.org.uk

Our Vision

To be a driving force for positive change in health and social care services in Northern Ireland.

Our Mission

RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland, encourages continuous improvement in these services and safeguards the rights of service users.

Our Values

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public participation 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

Contents



1	Foreword	4
2	Introduction	6
3	Challenges Ahead	7
4	Vision for 2012-15	11
5	RQIA Strategic Objectives 2012-15	15
6	Delivering the Strategy and Managing Performance	32
	Appendix A: Glossary	34

1

Foreword

This is the Regulation and Quality Improvement Authority's (RQIA's) corporate strategy for the period 2012-15. It has been developed through consultation with a range of interest groups, including: representatives of the statutory and regulated sectors; service users and carers; and others with an interest in our work.

RQIA is a non-departmental public body, and provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA is also responsible for encouraging improvements in the quality of these services.

RQIA works within a robust legislative framework. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, provides a statutory mandate to RQIA, and defines its roles and functions. RQIA has a statutory duty to inspect and review services and to report its findings to the Department of Health, Social Services and Public Safety (DHSSPS).

RQIA, through its inspections and reviews, makes an independent assessment of the safety, quality and availability of health and social care services. We make use of the information from inspections and reviews to determine if services are safe, accessible and well managed. We use this information to highlight good

practice, challenge poor performance and identify areas where further improvement is necessary.

RQIA's Board sets and, through its accountability arrangements, regularly reviews a programme of work in relation to the assessment, oversight and regulation of health and social care services in Northern Ireland. The findings and recommendations of our inspections and reviews are published on RQIA's website, www.rqia.org.uk.

RQIA has recourse to a range of interventions in the regulated sector, including enforcement and prosecution, which we use, as necessary, to drive improvements. RQIA will revert to enforcement when all other reasonable steps to secure compliance have failed. In circumstances where there may be an immediate risk to the safety and wellbeing of vulnerable people RQIA may impose conditions of registration or exercise its authority to seek the urgent closure of a registered agency or establishment.

RQIA has experienced a significant expansion of its duties and responsibilities since 2005.

The Health and Social Care (Reform) Act 2009 transferred a range of statutory responsibilities for people with mental ill health and/or a learning disability to RQIA. These duties include: preventing ill treatment; remedying any deficiency

in care or treatment; terminating improper detention in a hospital, or in respect of a guardianship order; and preventing or redressing loss or damage to a patient's property.

In 2009 RQIA was designated as a national preventive mechanism (NPM) under the United Nations Optional Protocol to the Convention Against Torture (OPCAT). In this capacity, RQIA is required to visit places of detention to ensure that those detained are not subject to inhumane or degrading treatment.

RQIA also has a responsibility for the inspection of services providing radiological procedures such as x-rays and radiotherapy. These regulations protect the public from inappropriate or unnecessary exposure to radiation in health care settings.

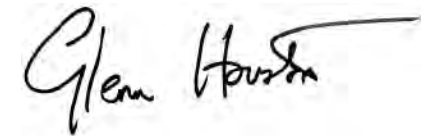
In 2011 RQIA became responsible for the regulation of private dental treatment in Northern Ireland. RQIA anticipates that over the course of the current strategy its role will increase further, taking account of proposed changes in service delivery. RQIA continues to ensure that health and social care services in Northern Ireland are subject to independent, proportionate and responsible regulation.

The feedback we received from a wide range of people was critical in helping us to develop this strategy and to focus on the priorities for RQIA's work over the next three years.

We thank all of those who provided feedback or views on priorities and thereby contributed to the development of this strategy.



Dr Ian Carson
Chairman



Glenn Houston
Chief Executive

2

Introduction

The purpose of this corporate strategy is to describe what RQIA aims to achieve between 2012 and 2015 and to set out what people can expect the outcome of our work to mean for them.

The strategy outlines the strategic context in which we operate and how RQIA will respond to the key challenges facing us and the wider health and social care system over the next three years.

RQIA's vision is to be a driving force for positive change in health and social care services in Northern Ireland.

RQIA's vision has been translated into a strategy map (Figure A, p.14), which provides a coherent picture of the interrelationship between RQIA's mission, outcomes, core activities and key enablers.

We set out in detail what we will do to deliver our core activities and key enablers. We also detail how we will measure the progress that we have made over the three year period of this strategy.

The successful delivery of our corporate strategy is dependent on a range of factors, but most importantly on a skilled and dedicated workforce.

The corporate strategy is underpinned by annual business plans, which will set out the actions necessary, and resources available to RQIA to achieve our strategic objectives.

The strategy aims to be flexible and allow RQIA to respond to challenges and take opportunities as they arise.

This section identifies the key strategic challenges facing RQIA over the next three years and describes how we intend to respond to them.

The provision of health and social care in Northern Ireland will change significantly over the period of the strategy. Transforming Your Care: A Review of Health and Social Care in Northern Ireland, published by DHSSPS in December 2011, sets out a radical programme of change in how services will be delivered. Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland, published by DHSSPS in November 2011, sets the regional direction for service quality. RQIA will take forward its work programme in the context of these major policies.

Regulation

As a result of changes in the age and health profile of Northern Ireland's population, the provision of health and social care continues to diversify. Consequently, the range and nature of services delivered in the community has changed significantly. A large number of these services are now subject to regulation by RQIA.

The policy of the DHSSPS to care for people in or near their own homes, also acknowledges the growing contribution of these services to the care and treatment of large numbers of service users.

One key challenge for RQIA is to ensure that service providers continue to deliver good quality outcomes for service users, which are safe and compliant with standards.

Over the next three years RQIA will continue the development of its approaches to regulation in line with emerging government policy and in the context of a challenging financial environment.

RQIA's inspection methodology has embedded the Better Regulation Commission's principles of good regulation¹ and the Hampton Principles², and this approach:

- uses comprehensive risk assessment to concentrate resources in areas that needs them most
- provides accessible advice on methods of improvement
- ensures that providers should not have to give unnecessary information, or give the same information twice
- ensures that those providers who persistently breach regulations or who place service users at risk of harm are identified quickly and face proportionate and meaningful sanctions
- requires RQIA, as a publicly funded body, to ensure the efficiency and effectiveness of its activity, while remaining independent in the decisions it makes

¹ Better Regulation Task Force (2003) Principles of Better Regulation, Cabinet Office.

² Hampton, Philip (2005) Reducing Administrative Burdens: Effective Inspection and Enforcement, HM Treasury.

RQIA continues to work in partnership with other regulators in its oversight of services including boarding schools, prison health care and a range of other specialist services.

Review

Health and social care services will face significant challenges during the period of this strategy: changes in the population structure; the development of new treatments; changes in working practices, such as the European Working Time Directive; and the financial environment. These factors will result in significant changes to service delivery.

During the three year period of this strategy RQIA will deliver a programme of review and inspection activity designed to provide assurance that the quality of services is maintained. We will continue to carry out programmes of infection prevention and hygiene inspections using the regional standards and audit tool developed in 2011. We will also carry out an inspection programme in relation to our responsibilities under the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

We will publish and carry out a programme of service reviews on a broad range of prioritised themes to provide assurance that The Quality Standards for Health and Social Care, DHSSPS, 2006 are being delivered. We will seek to ensure that our processes do not lead to excessive

administrative burdens for the organisations we review.

During the period of the strategy we will strengthen our relationships with other systems and professional regulators. We will seek to avoid duplication and work collaboratively to enhance assurance processes. For example, with Criminal Justice Inspection Northern Ireland (CJI) in relation to the regulation of health care in prisons.

Mental Health (Northern Ireland) Order 1986 Oversight

The regulation, review and monitoring of the discharge of the functions of the Mental Health (Northern Ireland) Order 1986 will be undertaken against a changing landscape of service modernisation. This includes a planned shift in policy from care and treatment delivered in hospital to care provided in the community. This will require RQIA to review its methodology for the inspection of services, in that service users will be located in various environments outside a hospital setting.

The new service frameworks for both mental health and learning disability are expected to be published in 2012. These frameworks will assist RQIA when undertaking inspections and reviews of services. In addition to the key indicators from the Human Rights Act 1998, we will use DHSSPS's patient/client experience standards to determine whether the rights of service users have been upheld in relation to the delivery of health and social care.

RQIA will consider the implications for its monitoring activities of the legislative changes resulting from the proposed introduction of the new Mental Capacity (Health, Welfare and Finance) Bill.

RQIA intends to strengthen links with other regulatory bodies, NPMs and universities to ensure that we use the findings from our inspections based on human rights indicators to influence policy or to help raise the standards of care.

RQIA's Organisational Landscape

RQIA faces a significant challenge over the next three years as it attempts to reconcile the demands of operating within financial constraints with rising stakeholder expectations, and the need to continue to focus on improvement. RQIA's task is clear: we must deliver a robust system of regulation and review, whilst maintaining financial balance and continuing to pursue improvement and service excellence.

RQIA has a responsibility to manage its resources and discharge its responsibilities in an effective, efficient and sustainable manner. RQIA has introduced a change programme to deliver improvement and efficiency over the next three years. This is vital to realising both our strategic objectives and financial aims.

We also need to ensure that we invest in our workforce and that we take appropriate steps to support leadership development and the enhancement of management skills.

In order to promote organisational excellence RQIA has chosen to adopt Investors in People (IIP) and the EFQM Excellence Model (EFQM). These approaches will help us manage strategically, deliver against our organisational and quality improvement agendas and measure progress towards becoming a leading organisation.

A critical success factor in ensuring RQIA's continuous improvement and high levels of organisational performance over the next three years will be the investment we make in supporting the development and lifelong learning of our staff.

Public Engagement

RQIA remains committed to engaging effectively with the public and with our stakeholders in order to achieve improvements in the safety, quality and availability of health and social care services in Northern Ireland. Over the next three years we will embed a public participation approach in the planning and delivery of all our work programmes, using appropriate methods that meet the varied needs of service users and carers.

In addition, the implementation of RQIA's Communications Strategy will complement our engagement with service users, carers and the public, by ensuring that key stakeholders are kept fully informed of our work and achievements.

RQIA values public opinion and feedback. We will continue to engage meaningfully with the public using appropriate methods, taking into consideration the specific needs of individuals or groups. For example: those with a sensory impairment, or whose first language is not English.

Responding to These Challenges

We need to continue to build a stronger, more effective organisation, based on a robust system of regulation that enables us to meet these challenges. We need to improve outcomes for people, by reinforcing the accountability of organisations in meeting their statutory responsibilities. We need to drive improvement in services and act when providers of care do not meet essential standards of quality and safety. We should ensure that care is person centred and individuals are able to make informed choices and decisions.

We must be driven by the outcomes that people who use services say are important to them, and focus our activities so that we make a real difference to people. At the same time, we need to take account of the challenging financial environment, and work collaboratively with others to maximise our impact.

The vision, mission and core values of RQIA will inform the selection and prioritisation of initiatives in the strategy and determine our approach to implementing them.

Vision

Our vision is to be a driving force for positive change in health and social care services in Northern Ireland.

RQIA Strategy Map

RQIA's Strategy Map (Figure A, p.14) serves as our road map to guide the activities of the organisation for the period 2012-15. It is a visual representation of our strategy on one page. It brings together the three key elements of the strategy: what we are here to do (mission) and the outcomes we must deliver to our stakeholders; the core activities we need to excel at; and the key enablers we must manage to ensure our success. The strategy map shows a visual representation of the relationship between each of these three elements and presents an integrated and coherent picture of RQIA's strategy.

The strategy map was developed in 2009 and has been reviewed and revised through extensive consultation with stakeholders. The development of this second generation strategy map will ensure that it continues to define our strategic direction and communicate our purpose for the next three years.

Mission and Outcomes

RQIA's mission:

RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland, encourages continuous improvement in these services and safeguards the rights of service users.

This mission will guide and direct all the activities of RQIA, and is aligned to four key outcomes:

- **Improving Care** – we encourage and promote improvements in the safety, quality and availability of health and social care services
- **Informing the Population** – we publicly report on the safety, quality and availability of health and social care
- **Safeguarding Rights** – we act to protect the rights of all people using health and social care
- **Influencing Policy** – we influence policy and standards in health and social care

Core Activities

To achieve our mission and outcomes, we must focus on the delivery of the strategic objectives for each of the three core activities³:

Core Activities	Strategic Objectives
<p>Regulation Registering and inspecting a range of independent and statutory health and social care services</p>	<ul style="list-style-type: none"> • Complete an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users • Ensure that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders
<p>Review Assuring the quality of health and social care through a programme of reviews and hygiene inspections</p>	<ul style="list-style-type: none"> • Provide public assurance that The Quality Standards for Health and Social Care, DHSSPS, 2006, are being achieved • Ensure that all review activity is designed to support continuous improvement and protect rights • Inform the development of regional policy, standards and guidance
<p>Mental Health Order Oversight Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability</p>	<ul style="list-style-type: none"> • Provide optimal safeguards for all users of mental health and learning disability services • Ensure that all review and inspection activity drives service improvement and is communicated to stakeholders • Engage effectively in the development of policy and emerging legislation

³The key activities an organisation must excel at in order to deliver its mission.

The successful delivery of our outcomes – Improving Care, Informing the Population, Safeguarding Rights and Influencing Policy – is integral to the programme of work in each of the core activities.

The achievement of outcomes will be evidenced by reporting on specific areas of work, and the development of indicators measuring progress and achievements.

Key Enablers

The overall delivery of the strategy and organisational success is dependent on the effective management of a number of key enablers:

- **Engagement and Communications** - engaging and communicating effectively with our stakeholders
- **People** - developing and maintaining a competent, valued and motivated workforce
- **Performance** - managing and monitoring corporate and financial performance to improve organisational effectiveness
- **Evidence** - underpinning our regulatory practice using research and available evidence
- **Information** - managing information and ICT effectively
- **Governance** - maintaining and promoting a robust governance and accountability framework

Core Values

Our core values: independence; inclusiveness; integrity; accountability; professionalism; and effectiveness; form the basis of the culture of RQIA. These values express how we interact with all our stakeholders, and undertake our work.

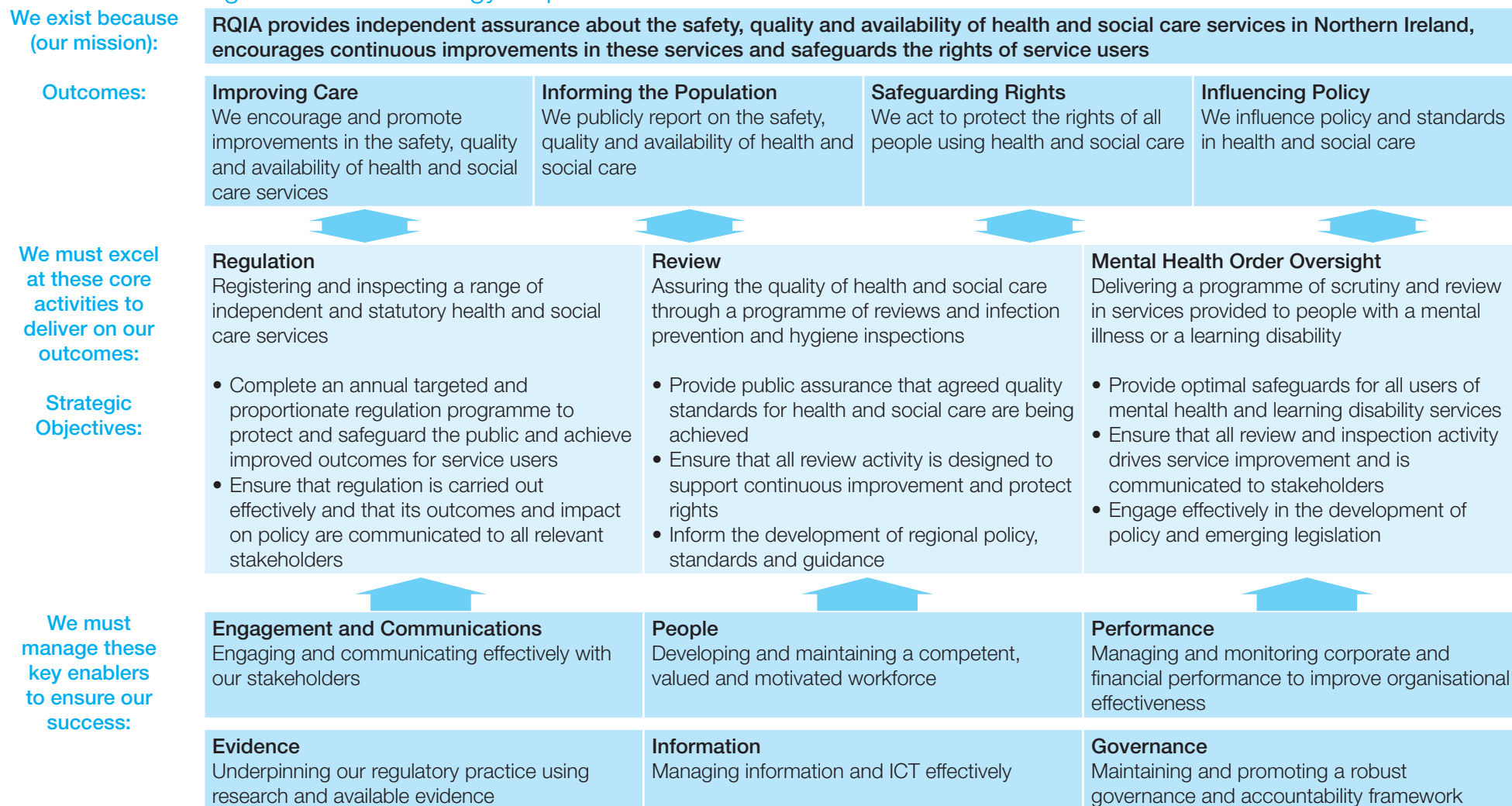
Translating the Strategy into Action

RQIA's high-level vision and strategy map is translated into specific actions in the annual business plan. This plan identifies the specific steps RQIA will take to achieve its strategic objectives, the timescale for action and how it intends to use the resources at its disposal.

Bringing it Together

The following section sets out in detail the strategic objectives for each of the core activities and key enablers; what we will do to achieve those objectives; and how we will measure the progress that we have made over the three year period of the strategy. In consultation with staff and key stakeholders we will continually seek to improve these measures of success. We will report on and publish our progress every year.

Figure A: RQIA Strategy Map 2012-15



1 Regulation

Registering and inspecting a range of independent and statutory health and social care services

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success ⁴
1.1	Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users	<p>We will carry out a programme of registration and inspection of services subject to regulation using robust methodologies based on Better Regulation Commission principles⁵.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • reviewing and developing a range of registration policies and procedures, ensuring that we meet all relevant legislation including the European Union Services Directive • continuing the development of our inspection methodology to all regulated sector services in line with emerging evidence on regulation and as a result of national inquiries • continue to review the consistency of inspection approaches and assessments in line with existing and emerging standards and guidelines • continuing the development of robust information systems that will facilitate the effective and efficient use of resources, and enable reporting of inspection outcomes • ensuring that a programme of IR(ME)R inspections is initiated in regulated sector services 	<ul style="list-style-type: none"> • Maintained an accessible, up-to-date register of all establishments and agencies as defined in The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (Q) • 100% of inspections completed in line with the statutory minimum requirements (Q) • 100% of inspections completed on the basis of the inspection planning approach incorporating relevant risk assessment and proportionate approaches (Q) • 100% of IR(ME)R inspections completed in line with the planned programme (Q) • 100% of all incidents to be acknowledged and initially processed by inspection staff within seven days (Q) • Annual overview reports of the overall performance of regulated agencies and establishments (A) • Demonstrate a measurable improvement in regulated services through an assessment of the number of services requiring intensive inspection regimes (A)

⁴ Frequency of reporting is indicated by: (Q) quarterly reporting; (S) six monthly reporting; or (A) annual reporting.

⁵ Better Regulation Task Force (2003) Principles of Better Regulation, Cabinet Office.

	By 2015 we will have:	What we will do	Measures of success
1.2	Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders	<p>We will ensure that: the outcomes of inspection activity are reported locally, ensuring that all inspections reports include a quality improvement plan; the outcomes of all regulation activity are reported regionally on an annual basis, highlighting areas where policy and standards may need to be amended.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring the effective delivery of all local and regional reports within set timeframes regularly communicating with service providers, commissioners and DHSSPS on areas where policy and standards need to be amended ensuring that all inspection reports are made available to the public on the RQIA website within five days from the date the report is deemed open 	<ul style="list-style-type: none"> Creation of an annual list of issues and anomalies on regulations and standards – forwarded to DHSSPS for consideration (A) Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally (A) 100% of inspection reports made available on the RQIA website within five days of being deemed open (Q)

2 Review

Assuring the quality of health and social care through a programme of reviews and infection prevention and hygiene inspections

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
2.1	Provided public assurance that agreed quality standards for health and social care are being achieved	<p>We will implement and report on the programme of service reviews and infection prevention and hygiene inspections set out in the Three-Year Review Programme 2012-15.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • completing within agreed timescales any specific reviews commissioned by the minister • carrying out a programme of announced and unannounced infection prevention and hygiene inspections in relation to agreed regional hygiene standards • reviewing our methodologies to ensure that our processes are effective and efficient • implementing a programme of inspection and thematic reviews of prison health services working with partner regulators as required • reviewing our approach to reporting on review activity to ensure that our reports are designed to meet the needs of our stakeholders 	<ul style="list-style-type: none"> • Report on the impact of review activity on improvements in the safety, quality and availability of health and social care services (A) • Number of reviews completed as set out in the Three-Year Review Programme 2012-15 (Q) • Complete 100% of announced and unannounced infection prevention and hygiene inspections as set out in the planned programme (Q) • Completion of an annual overview report of the outcomes of the infection prevention and hygiene inspections (A) • 100% of IR(ME)R inspections completed in line with the planned programme (Q)

	By 2015 we will have:	What we will do	Measures of success
2.2	Ensured that all review activity is designed to support continuous improvement and protect rights	<p>We will design our programme and our approaches to carrying out and reporting on specific reviews and inspections to support action to improve services and protect rights.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring that recommendations of our reviews and inspections are focused on improving services for patients and clients and that good practice is shared widely considering the potential for each review and inspection to contribute to the protection and safeguarding of rights 	<ul style="list-style-type: none"> Documented evidence that the recommendations of RQIA reviews have been taken forward by the appropriate organisations (A)
2.3	Informed the development of regional policy, standards and guidance	<p>We will actively contribute to regional processes for the development of policy, standards and guidance.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring that each of our reviews considers the implications of our findings for developing regional policy standards and guidance 	<ul style="list-style-type: none"> Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care, locally and nationally, in relation to service delivery and practice (A)

3 Mental Health Order Oversight

Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
3.1	Provided optimal safeguards for all users of mental health and learning disability services	<p>We will undertake inspections and patient experience reviews to facilities where patients are detained under the Mental Health (Northern Ireland) Order 1986 using the human rights theme of protection.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • monitoring the use of seclusion, observation policies and restrictive practices in mental health and learning disability facilities • implementing the human rights approach to other areas including mental health and learning disability, children's services, prison health and social care and agencies • agreeing joint areas of research with academic partners and others in order to ensure we continue to highlight our human rights based approach to our process for inspection and review • reviewing the care and treatment of voluntary patients 	<ul style="list-style-type: none"> • 100% of inspections of mental health and learning disability facilities against the human rights inspection theme of protection completed (Q) • Evaluation of the implementation of the human rights approach initially in the following areas (A) <ol style="list-style-type: none"> 1) mental health and learning disability 2) children's services 3) prison health and social care 4) agencies (b) review activities • 100% of prescribed forms of patients detained monitored for errors (Q) • 100% of all detected errors contained in detention forms notified to health and social care trusts within 72 hours (Q) • 100% of completion by providers of guardianship forms as part of the inspection process for analysis by the mental health and learning disability team (Q) • Number of detained patients RQIA engaged with in places of detention (Q) • Report provided on number of SAIs scrutinised by mental health and learning disability team (Q)

	By 2015 we will have:	What we will do	Measures of success
3.2	Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders	<p>We will provide verbal and written feedback to all relevant stakeholders in the form of inspection reports and quality improvement plans.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • disseminating all our inspection reports and quality improvement plans to chief executives and managers of mental health and learning disability services • scrutinising detention forms, highlighting errors and any improper detentions and reporting to the RQIA Board quarterly on the error rate for each trust • monitoring and reviewing the accuracy, appropriateness and quality of guardianship documentation in both statutory and regulated sector services • conducting a review of RQIA's responsibilities in respect of financial matters under the Mental Health (Northern Ireland) Order 1986, Article 116 annually and report on findings to the health and social care trusts and HSC Board 	<ul style="list-style-type: none"> • 100% of planned inspections of establishments providing care and treatment to individuals with mental ill health and or learning disability completed by year-end (Q) • 100% analysis of inspection reports and returned quality improvement plans (Q) • Scrutinise and follow up 100% of all trust returns of information relating to the protection of patient finance (Mental Health (Northern Ireland) Order 1986, Article 116) (Q) • Number of completed mental health and learning disability reviews carried out in line with RQIA's Three-Year Review Programme 2012-15 (Q)

	By 2015 we will have:	What we will do	Measures of success
3.2	Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders (continued)	<ul style="list-style-type: none"> inspecting 25 inpatient facilities where patients are detained reporting on the full range of activities completed by RQIA as a national preventive mechanism continue to monitor serious adverse incidents in conjunction with the HSC Board and Public Health Agency publishing the findings and recommendations from the reviews and inspection reports of mental health and learning disability facilities 	
3.3	Engaged effectively in the development of policy and emerging legislation	We will continue to provide feedback to DHSSPS in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill.	<ul style="list-style-type: none"> Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally (A) Key issues relevant to patients will be reflected in the new mental capacity legislation (A)

4 Engagement and Communications

Engaging and communicating effectively with our stakeholders

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
4.1	Embedded personal and public involvement (PPI) as a fundamental part of all of RQIA's work	<p>We will ensure that service users, carers and the public are actively involved in the planning and delivery of our work.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • ensuring clear and meaningful engagement processes are in place • involving service users, carers and the public in the planning and delivery of our work • further developing partnerships with independent, voluntary and community groups to enhance our approach to regulation, review and protection and safeguarding • monitoring and evaluating of all PPI activity, focusing on outcomes and future learning 	<ul style="list-style-type: none"> • Minimum of 90% of actions from RQIA PPI action plan successfully implemented within timescale (S)

	By 2015 we will have:	What we will do	Measures of success
4.2	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public	<p>We will ensure that our vision and objectives are clearly, effectively and appropriately communicated to staff and key stakeholders.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring that RQIA communicates with a range of audiences in a clear, consistent, professional and effective manner gaining understanding and recognition for RQIA's role amongst our key stakeholders, so that they associate our services with quality and professionalism ensuring that all RQIA staff have access to relevant and timely information to allow them to carry out their work effectively promoting the profile of RQIA at a local, national and international level in a way that ensures that key influencers are kept informed about the positive achievements and capabilities of the organisation in order to maximise its future opportunities 	<ul style="list-style-type: none"> Minimum of 90% of actions successfully implemented within timescale from the communications strategy (S)

5 People

Developing and maintaining a competent, valued and motivated workforce

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
5.1	Continued to ensure that we have a professionally competent workforce delivering on RQIA's strategic objectives	<p>We will manage, support and develop our people through a range of human resources policies, processes and development initiatives, which are in line with employment legislation and best practice.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> continuing to develop our staff through a range of learning and development initiatives linked to Continuing Professional Development (CPD) requirements and Knowledge and Skills Framework (KSF) outlines maintaining robust internal human resources processes for managing and supporting people in partnership with trade union side and the Business Services Organisation fully embedding KSF as part of the appraisal system within RQIA ensuring organisational readiness for new health and social care business systems and the transition to shared services 	<ul style="list-style-type: none"> 100% of staff with agreed personal development plan (PDP) by end of quarter 1 each year (S) 95% of Agenda for Change (AFC) staff covered by a KSF outline (Q) Attainment of substantive compliance with the human resources controls assurance standard (A) Minimum of 90% of actions from RQIA Human Resources and Organisational Development Strategy 2012-15 successfully implemented within timescale (S)

	By 2015 we will have:	What we will do	Measures of success
5.2	Designed and implemented a range of organisational development initiatives	<p>We will continue to improve organisational effectiveness and performance through planned and systematic organisational development activities, taking a holistic approach which involves the staff of RQIA.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • achieving the core Investors in People standard • developing and implementing a range of initiatives linked to the EFQM model • implementing the RQIA Human Resources and Organisational Development Strategy 2012-15 • developing and implementing a range of engagement and wellbeing initiatives 	<ul style="list-style-type: none"> • Maintain sickness absence rate at or below 4.8% (Q) • Minimum of 90% of organisational development actions successfully implemented within timescale (S) • Attainment and retention of IIP accreditation (A)

6 Performance

Managing and monitoring corporate and financial performance to improve organisational effectiveness

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
6.1	Embedded a fully integrated planning and performance management approach to manage the organisation more effectively and efficiently and promote continuous improvement and learning	<p>We will implement and embed RQIA's performance management framework in order to ensure an integrated approach to strategic planning and performance management, which supports learning and improvement.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing and continuously reviewing the corporate strategy • developing and implementing annual business plans aligned to the corporate strategy • reviewing annually measures of success • implementing a range of approaches to ensure that organisational performance is effective e.g.: <ul style="list-style-type: none"> - strategic and operational performance reporting - benchmarking with other organisations involved in regulation and standard setting - using a business excellence model (EFQM) to measure organisational effectiveness and ensure an integrated approach to quality improvement in RQIA. • implementing a sustainability development action plan 	<ul style="list-style-type: none"> • Minimum of 90% of actions identified within the annual business plan successfully implemented within timescale (Q) • 100% of staff with personal objectives clearly linked to RQIA's strategic objectives by end of quarter 1 each year (S) • 100% of measures of success reported as being progressed within timescales (Q) • Comparative benchmarking results with European regulators in key areas of performance (European Partnership of Supervisory Organizations (EPSO) engagement) (A) • Minimum of 90% of actions successfully implemented within timescale from the sustainability development action plan (S) • Level of recognition achieved in the Ireland Quality Awards linked to the EFQM business excellence model (A)

	By 2015 we will have:	What we will do	Measures of success
6.2	Aligned resources to support RQIA's strategic priorities and maintained our financial performance	<p>We will support RQIA's activities through the effective and efficient planning, management and control of its finances. In addition we will develop and implement effective systems, processes and services to improve the operation of the finance function.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> maintaining and developing an effective system of internal control to satisfy accountability standards and internal or external reporting requirements embedding a robust and effective budgetary control system, including effective budget setting establishing clear internal communication processes developing transactional finance systems and processes to ensure compliance with DHSSPS standards and sound financial management principles revising, updating and documenting all finance policies and procedures advising, monitoring and reporting in relation to the delivery of the required efficiency savings ensuring organisational readiness for new health and social care business systems and the transition to shared services 	<ul style="list-style-type: none"> Break even on income and expenditure Attainment of comprehensive spending review (CSR) efficiency savings through the delivery of the Improvement and Efficiency Plan (S) 95% of invoices paid each month within terms and conditions (Q) 100% of outstanding debt (30 days after the date which the fee is due) recovered within financial year (Q) Attainment of substantive compliance with the Financial Management Controls Assurance Standard (A)

7 Evidence

Underpinning our regulatory practice using research and available evidence

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
7.1	Embedded an evidence and research based culture within RQIA	<p>We will design and implement actions to embed evidence based practice across all the functions of RQIA.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing an agreed action plan to ensure that relevant research and evidence informs our functions and that our staff have the training and skills required, increasing the contribution of RQIA to building the evidence base for effective regulation of health and social care • establishing effective collaboration for research with academic organisations and to share good practice with other regulators 	<ul style="list-style-type: none"> • Minimum of 90% of actions successfully implemented within the timescale from the action plan on research and use of evidence (S)

8 Information

Managing information and ICT effectively

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
8.1	Ensured that information is managed effectively to support RQIA's strategic and operational objectives	<p>The Information and Information Communication Technology (ICT) Strategy 2012-15 recognises that the effective management of information is critical to the delivery of RQIA's business priorities and aims to ensure that information is used to promote better decision-making.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing the new Corporate Information Management System (CIMS) • improving RQIA's performance by: <ul style="list-style-type: none"> - ensuring the effective management of information including data quality, analysis and reporting - improving access to accurate information to make better decisions at all levels - developing better mechanisms for exchanging and sharing information in controlled ways to support operational activities 	<ul style="list-style-type: none"> • Minimum of 90% of actions in the Information and ICT Strategy successfully implemented within timescale (S)

	By 2015 we will have:	What we will do	Measures of success
8.2	Complied with best practice and the highest standards of information governance	<p>We will ensure that we have the necessary policies, procedures, and systems in place to achieve a high level of compliance with information governance and records management standards.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing the Information Governance Action Plan • developing and managing an information asset register • implementing a suite of records management procedures • ensuring compliance with relevant legislation and guidance • effectively managing information risks 	<ul style="list-style-type: none"> • Minimum of 90% of actions in the Information Governance Action Plan successfully implemented within timescale (S) • 100% of subject access requests completed within 40 days (Q) • Attainment of substantive compliance with the controls assurance standard in records management (A) • 100% of freedom of information (FOI) requests responded to within 20 working days (Q)
8.3	Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA's changing business needs in order to support the organisation in meeting its statutory requirements	<p>We will take a holistic approach to the delivery of the best possible ICT environment which is flexible, robust, responsive, accessible, available and secure.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing the ICT initiatives within the Information and ICT Strategy 2012-15 • establishing a replacement ICT service by September 2012 • ensuring an appropriate and consistent investment in a robust ICT infrastructure through the annual capital investment plan 	<ul style="list-style-type: none"> • Minimum of 90% of ICT actions successfully implemented within timescale from the Information and ICT Strategy (S) • Attainment of substantive compliance with the ICT Controls Assurance Standard (A) • Increase effectiveness level of RQIA's ICT service to 70% by 2015 (Good to Excellent as per staff satisfaction survey) (A)

9 Governance

Maintaining and promoting a robust governance⁶ and accountability framework

Strategic Objectives

	By 2015 we will have:	What we will do	Measures of success
9.1	Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance	<p>We will ensure that we have in place an adequate system of internal control and embedded a robust system of risk management.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing and reviewing RQIA's Risk Management Strategy • maintaining the Corporate Risk Assurance Framework Report and directorate risk registers • ensuring the continued attainment of substantive compliance with relevant controls assurance standards • implementing a programme of audits and recommendations for improvement • promoting equality through the implementation of RQIA's Equality Scheme • maintaining procedures for the effective management of complaints and dissemination of lessons learned • annual testing and review of our business continuity plan 	<ul style="list-style-type: none"> • Attainment of substantive compliance with the Governance and Risk Management Controls Assurance Standards (A) • Attainment of substantive compliance with the remaining controls assurance standards (A) • Minimum of 90% of actions successfully implemented within agreed timescales from Equality Scheme Action Plan (S) • 100% of complaints received about RQIA addressed within the provision of the RQIA Complaints Policy and Procedure (Q) • Report on lessons learned in relation to complaints against RQIA and action taken to disseminate this to staff (Q) • Minimum of 90% of audit recommendations successfully implemented within agreed timescale (S)

⁶ Governance is the system by which an organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.

6

Delivering the Strategy and Managing Performance

It is important that appropriate governance and accountability arrangements are in place in order to ensure that the strategy is effectively delivered. Furthermore, the successful delivery of the strategy is dependent on continuing to engage with key stakeholders, maintaining robust performance management and reporting processes, recruiting and retaining a skilled and dedicated workforce and the availability of adequate funding.

Governance and Accountability

The Board sets the strategic direction for RQIA through the development of the corporate strategy and promotes a culture of performance and improvement within RQIA. RQIA's chief executive is accountable to the Board and has a primary leadership role and overall responsibility for the delivery of strategic objectives, governance and performance management.

The Management Statement, Financial Memorandum⁷ between RQIA and DHSSPS sets out the broad framework within which RQIA operates, including how it will be held to account for its performance. RQIA's accountability to its sponsor branch, DHSSPS Safety, Quality and Standards (SQS) is managed through a biannual accountability review meeting; an end of year review meeting between RQIA's chairman and the minister (and as required RQIA's chief executive and the director of SQS); and regular update meetings.

⁷The Management Statement and Financial Memorandum is available on the RQIA's website.

Performance Management

Reporting of performance by RQIA's Executive Management Team (EMT) to the Board consists of: quarterly reporting of progress made in delivering corporate objectives; bimonthly reporting of financial performance; and the production of an annual report, incorporating final accounts. Furthermore, RQIA is required to submit a monthly financial monitoring return to DHSSPS.

Risk management is the process by which risks and the activities required to control exposure to risks which may impact on the achievement of objectives, are identified and managed. Risk management is embedded within the daily operation of RQIA from strategy formulation through to business planning and processes.

Resources

In order to successfully deliver the priorities identified in the strategy, we will require sufficient resources to carry out our work. We will use these resources as effectively and efficiently as possible.

RQIA's primary source of income is the annual revenue allocation from DHSSPS. RQIA recognises that all public sector bodies are operating in a challenging financial environment. However, the delivery of our strategic objectives is dependent on securing the appropriate level of funding. In addition, any developments over the three years of the strategy will need to be sufficiently resourced to ensure successful delivery.

RQIA's other source of income is fees charged to providers. This income contributes to the costs of regulating establishments registered with RQIA.

Delivering RQIA's vision and strategic objectives relies on staff with the right skills, experience and values. In addition, we must create a culture in which staff are enabled, empowered and expected to do the best they can at all times.

If there is a shortfall in staffing or financial resources, the implementation of this strategy will be adjusted accordingly. The impact of this will be carefully assessed. Any changes to the corporate strategy will be agreed with the Board and discussed in detail with RQIA's sponsor branch.

Engagement

RQIA is committed to ensuring that participation, engagement and partnership approaches are at the heart of what we do, and underpin the delivery of the corporate strategy.

Appendix A

Glossary

Agenda for Change (AfC)	The AfC system allocates posts to set pay bands, harmonises terms and conditions of service and links pay and career progression through the use of the Knowledge and Skills Framework.
Benchmarking	The process of comparing an organisation's costs and performance with other similar organisations.
Better Regulation Commission	The Better Regulation Commission, which operated until January 2008, worked with policy-makers to reduce unnecessary regulatory and administrative burdens.
Break even	The point at which revenues are equal to expenses.
Business Continuity Plan	Business continuity plans are developed to ensure an organisation can maintain business as usual in the event of a crisis or emergency situation.
Business Plan	A document produced annually setting out the actions necessary and resources available to the organisation to deliver the overall corporate strategy.
Complaints Policy and Procedures	This sets out the mechanism for complaints about RQIA to be addressed in a timely and effective manner. It provides a framework for RQIA to learn from complaints and to improve as an organisation.
Controls Assurance Standard	A suite of standards developed by DHSSPS against which each HSC organisation assesses itself in order to improve governance and risk management procedures.
Core Activities	The key activities an organisation must excel at in order to deliver its mission.
Corporate Risk Assurance Report	The process by which risks, mitigating actions and assurances on controls are reported to the Board in order to improve the effectiveness of the organisation's systems of internal control.

Corporate Strategy	This outlines what the organisation is going to do to fulfil its purpose, achieve its mission and goals and abide by its values. A guide to action.
Detained Patients	Those patients who have been assessed by a medical doctor as meeting the criteria for detention for assessment and /or treatment under the Mental Health (NI) Order 1986.
Enforcement	Where necessary, RQIA may take enforcement action to drive improvements. This includes the issue of notices of failure to comply with regulations; placing conditions on registration; prosecution; or cancelling the registration of a service.
Equality Scheme	Sets out the actions the organisation has taken or intends to take in relation to equality, as required by Section 75 and Schedule 9 to the Northern Ireland Act 1998.
European Union Services Directive	This directive makes it easier for service businesses to set up or sell their services anywhere in Europe.
European Working Time Directive (EWTD)	The European Working Time Directive is a directive from the Council of Europe (93/104/EC) to protect the health and safety of workers in the European Union. It lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers.
Executive Management Team (EMT)	RQIA's Executive Management Team consisting of the chief executive and directors.
Freedom of Information (FOI)	The FOI Act 2000 makes provision for the disclosure of information held by public authorities or by persons providing services for them.
Governance	The system by which an organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.

Guardianship	The purpose of guardianship is primarily to ensure the welfare (rather than the medical treatment) of a patient in a community setting where this cannot be achieved without the use of some or all of the powers vested by guardianship. It provides a less restrictive means of offering assistance to a person and should be considered as an alternative to detention in hospital. It enables the establishment of an authoritative framework for working with a patient with a minimum of constraint to help him/her achieve as independent a life as possible within the community.
The Health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland) Order 2003	The legislation under which RQIA was established.
Health and Social Care (Reform) Act NI 2009	The Act came into operation in April 2009. It restructured the provision of health and social care and amended the Health and Personal Social Services (Northern Ireland) Order 1972. This included the transfer of the functions of the Mental Health Commission to RQIA.
HSC	Health and social care.
HSC Board	A statutory organisation responsible for commissioning health and social care services for the population of Northern Ireland.
HSC Trust	A statutory organisation providing community and acute health and social care services to patients and clients.

Human Rights Act 1998	The Human Rights Act 1998 is an act of the Westminster Parliament which makes the European Convention on Human Rights part of the law of all parts of the United Kingdom. It allows individuals and organisations to go to court, or to a tribunal to seek a remedy if they believe that the rights conferred on them by the European Convention have been violated by a public authority.
Infection Prevention and Hygiene Inspection	A three-year rolling programme of announced and unannounced inspections in acute and non-acute hospitals in Northern Ireland, developed to assess compliance with the DHSSPS Regional Healthcare Hygiene and Cleanliness Standards. The inspections focus on environment and equipment cleaning, infection prevention and control, clinical practice and the fabric of the environment and facilities. The announced inspection process also reviews governance arrangements and systems in place to ensure hygiene and infection prevention and control policies and procedures are working in practice.
Information Asset Register	A register listing all unpublished information holdings which may be of public interest. Under the FOI Act this means it is not referred to in our publication scheme.
Information Governance	The term used to describe the principles, processes, legal and ethical responsibilities for managing and handling information.
Investors in People (IiP)	IiP is a performance improvement standard designed to show an organisation is committed to improving its own performance through developing its people.
Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 (IR(ME)R)	RQIA is responsible for monitoring, inspecting and enforcing the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 to protect service users against the dangers of ionising radiation in medical settings.

Key Enablers	Value-adding activities or functions performed within the organisation that provide support and enable the delivery of the core activities and the organisation's overall mission.
Knowledge and Skills Framework (KSF)	KSF is a tool to identify the knowledge, skills and development that staff need to do their job and is an integral part of staff appraisal and development.
Measures of Success	Qualitative and quantitative data that helps the organisation to gain insights, make better-informed decisions and improve performance.
Mental Capacity (Health, Welfare and Finance) Bill	In September 2009 the Minister of Health, Social Services and Public Safety announced his intention of preparing a single bill encompassing mental capacity and mental health provisions.
Mental Health Order (Northern Ireland) 1986	Legislation covering the assessment, treatment and rights of people with a mental health condition.
Mission	A statement that describes the primary purpose and reason for the organisation's existence.
National Preventive Mechanism (NPM under the Optional Protocol to the Convention against Torture (OPCAT))	RQIA is designated as a national preventive mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), an international human rights treaty designed to strengthen protection for people deprived of their liberty. OPCAT requires NPMs to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment.
Personal and Public Involvement (PPI)	PPI means putting patients, clients and carers at the centre of all that the HSC does. This includes engagement, active participation and partnership working to help shape how RQIA works.

Places of Detention	Places of detention may include any hospital. In practice, admissions and detentions will only take place at psychiatric or learning disability hospitals or those general hospitals which have psychiatric or learning disability units.
Public Health Agency (PHA)	The regional statutory organisation for health protection and health and social wellbeing improvement.
Quality Improvement Plan	Following an inspection we ask the service provider to make any changes we consider necessary through a quality improvement plan. We publish this information in reports of our findings, available on our website www.rqia.org.uk .
Regulated Services	Health and social care services defined and listed in The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 that are subject to registration and inspection by RQIA.
Regulation Programme	RQIA registers and inspects a wide range of health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; independent health care providers; adult placement agencies; domiciliary care agencies; nursing agencies; residential family centres; voluntary adoption agencies; and school boarding departments. RQIA inspects nursing, residential care and children's homes at least twice a year, while other services are inspected at least once a year. During our announced and unannounced inspections we assess the quality of the services provided against minimum care standards.

Review Programme	<p>RQIA reviews a wide range of services across health and social care. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.</p> <p>During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvement to the service provider. We report our findings and share any lessons learned across the wider health and social care sector.</p> <p>In addition, when required we carry out reviews and investigations to respond to specific issues of concern or failures in service provision. Full details are published in RQIA's Three-Year Review Programme 2012-15.</p>
Risk Register	<p>A way of monitoring any issues or challenges which may cause problems. A risk register also identifies how the risk will be minimised.</p>
RQIA Board	<p>RQIA's Board consists of a Chairman and up to 12 members. It is responsible for the strategic direction, financial stewardship, governance and overall performance of RQIA.</p>
Service Framework	<p>Guidance that defines evidence-based standards and good practice in a care area, disease group or for a patient/client group.</p>
Stakeholder	<p>Any individual, group or organisation that can affect, be affected by, or perceive itself to be affected by, the activities of RQIA.</p>
Strategic Objective	<p>Statement of specific aim or goal to be achieved for each core activity or key enabler.</p>
Vision	<p>A statement that describes what an organisation wants to become and achieve in the future.</p>

Notes



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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority Annual Report and Accounts

1 April 2012 to 31 March 2013



Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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This document/publication is also available on our website at www.rqia.org.uk.

Any enquires regarding this document/publication should be sent to us at the address above.

The Regulation and Quality Improvement Authority
Annual Report and Accounts
1 April 2012 to 31 March 2013

Laid before the Northern Ireland Assembly under Article 3 (2) and Schedule 1, paragraph 12 (5) of The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 by the Department of Health, Social Services and Public Safety on 2 August 2013.

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

Our Vision

To be a driving force for positive change in health and social care services in Northern Ireland.

Our Mission

To provide independent assurance about the safety, quality and availability of health and social care services in Northern Ireland, encourage continuous improvement in these services and safeguard the rights of service users.

Our Values

- independence
- inclusiveness
- integrity
- accountability
- professionalism
- effectiveness

RQIA Annual Report and Accounts: 1 April 2012 to 31 March 2013

Contents

Foreword	1
Introduction	3
The Regulation and Quality Improvement Authority (RQIA)	3
RQIA Board	4
RQIA Executive Management Team	5
Staff	6
Management Commentary	7
Improving Care	7
Regulation of Services	7
Inspection Activity	9
Incident Reporting	12
Enforcement Action in Regulated Services	13
Domiciliary Care – Service User Engagement	14
Engagement with Registered Service Providers	14
Fire Safety	15
Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	16
Controlled Drug Prescribing	16
RQIA Review Activity	16
RQIA Programmed Service and Thematic Reviews	17
Reviews Commissioned by the Minister for Health, Social Services and Public Safety	19
Reviews Commissioned by the Department of Health, Social Services and Public Safety	20
Additional Review initiated by RQIA	21
Complaints	22
Whistleblowing	22
Informing the Population	23
Partnerships with Stakeholder Organisations	23
Political Engagement	23
Communication	24
Patient and Public Involvement	25
Freedom of Information and Data Protection requests	25
Safeguarding Rights	26
Mental Health and Learning Disability	26
Human Rights	27
Prison Health and Social Care	27
Equality	28

Influencing Policy	29
Development of Standards and Guidelines	29
Responses to Consultations	30
Corporate Activities	31
Strategic Performance Management	31
Steps to Excellence Programme	31
People	32
Information and Communication Technology	32
Sustainable Development	32
Complaints about RQIA	33
Financial Summary	33
Going Concern Basis	33
Appendix 1: RQIA Board Member Profiles	34
Appendix 2: Enforcement Action 1 April 2012 - 31 March 2013	36
Appendix 3: Conditions of Registration in place during 2012 - 2013	43
Directors' Report	45
Remuneration Report	51
Statement of Accounting Officers Responsibilities	57
Governance Statement	58
The Certificate and Report of The Comptroller and Auditor General to The Northern Ireland Assembly	71
Statement of Accounts for the Year Ended 31 March 2013	73
Statement of Comprehensive Net Expenditure	74
Statement of Financial Position	75
Statement of Cash Flows	76
Statement of Changes in Taxpayers' Equity	77
Notes to the Accounts	78

Foreword

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, which provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA fulfils this responsibility by carrying out a planned programme of announced and unannounced inspections, and reviews both health and social care services and independent establishments and agencies.

During 2012-13, RQIA conducted 2,959 announced and unannounced inspections at 1,448 regulated health and social care services, meeting its statutory requirements in relation to the minimum number of inspections for each service.

In our drive for transparency, all RQIA's inspection reports for regulated adult health and social care services and review reports are published on our website. At present some 6,500 RQIA inspection reports can be accessed online at www.rgia.org.uk. From 1 April 2012 we also began publishing details of all enforcement activity at registered adult health and social care services.

Responsibility for the regulation of private dental treatment was introduced by an amendment to The Independent Health Care Regulations (Northern Ireland) 2005 in April 2011. By 31 March 2013 RQIA had completed the registration of 349 dental practices providing private dental care or treatment. Additional funding has been secured to enable RQIA to maintain a robust inspection programme across all registered dental practices.

Over the course of the year, RQIA took enforcement action against 35 registered adult health and social care services, four children's residential care homes, and eight private dental practices.

Infection prevention and hygiene inspections at hospitals and other health care facilities in Northern Ireland continued, with 40 inspections across 60 clinical areas during the year. These inspections took place against a backdrop of further reductions in the rates of clostridium difficile and MRSA.

RQIA completed eleven reviews of health and social care services. These included: safeguarding arrangements for children and vulnerable adults in mental health and learning disability hospitals; the care of children under 18 admitted to adult wards; mixed gender accommodation in hospitals; the outbreaks of pseudomonas aeruginosa at neonatal units; and the implementation of the Cardiovascular Service Framework.

These reviews identified important recommendations to improve patient safety and the quality of services, which have relevance in Northern Ireland and beyond. The findings and recommendations of the review of the pseudomonas incidents were widely welcomed, and have led to a programme of actions to reduce risk.

In discharging our statutory responsibilities under the Mental Health (Northern Ireland) Order 1986, RQIA continued to monitor the actions of those charged with safeguarding vulnerable people, including oversight of all applications for detentions and guardianships. We also monitor how organisations performed in managing patients' property and their response to serious incidents involving those receiving treatment or care.

As a designated national preventive mechanism under the United Nations Optional Protocol for the Convention Against Torture (OPCAT), RQIA is required to monitor places of detention. During the year we carried out inspections of psychiatric hospitals and, in conjunction with other regulators, we conducted a series of health care inspections at prisons in Northern Ireland.

During 2012-13, RQIA maintained effective control of its financial resources met all of its key performance management targets, including successful delivery of the challenging efficiency savings targets and achieving break even on income and expenditure.

The capacity of RQIA to meet its objectives and increased responsibilities depends, above all, on the commitment and dedication of its workforce and the oversight and direction of the Board. In January 2013, RQIA was awarded a Steps to Excellence bronze level recognition at the Ireland Quality Awards.

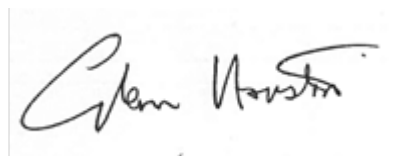
We pay tribute to our staff who have made a significant contribution to meeting our business objectives and acknowledge their skill, professionalism and hard work during the year.

It is in the public interest to ensure that health and social care services in Northern Ireland are subject to independent, proportionate and responsible regulation. RQIA anticipates that its duties will increase further in the years ahead, taking account of the service delivery model detailed in Transforming Your Care. The recommendations of the Francis Report, the public inquiry into the failings at Mid Staffordshire NHS Trust will challenge all HSC organisations. One of the most important learning points from the inquiry will be to make sure that patient experience is the principal consideration in the drive for quality and service improvement.

This Annual Report and Accounts outlines the work of The Regulation and Quality Improvement Authority for the period 1 April 2012 to 31 March 2013, highlighting our key achievements, and we are pleased to present it to you.



Dr Ian Carson
Chairman



Glenn Houston
Chief Executive

INTRODUCTION

The Regulation and Quality Improvement Authority Annual Report and Accounts 2012-13 provide an overview of the organisation's activities over the period 1 April 2012 to 31 March 2013.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator for Northern Ireland. It is responsible for monitoring and inspecting the availability and quality of health and social care services and encouraging improvements in the quality of these services through its programme of inspections and reviews.

Through its activities, RQIA makes an independent assessment of health and social care services to ensure these are safe, accessible, well managed and meet the required standards. RQIA works to ensure that there is openness, clarity and accountability in the management and delivery of all these functions.

RQIA is responsible for the registration and inspection of a range of regulated health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; residential family centres; nursing agencies; domiciliary care agencies (both conventional and supported living services); independent hospitals, hospices and clinics; dental practices providing private dental care or treatment; adult placement agencies; voluntary adoption agencies. RQIA also inspects boarding departments in schools.

RQIA also works with statutory health and social care organisations across Northern Ireland to encourage the delivery of high quality services through a planned programme of governance, service and thematic reviews.

RQIA undertakes a range of responsibilities for people with mental ill health and those with a learning disability under The Mental Health (Northern Ireland) Order 1986 as amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009. These include: 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.

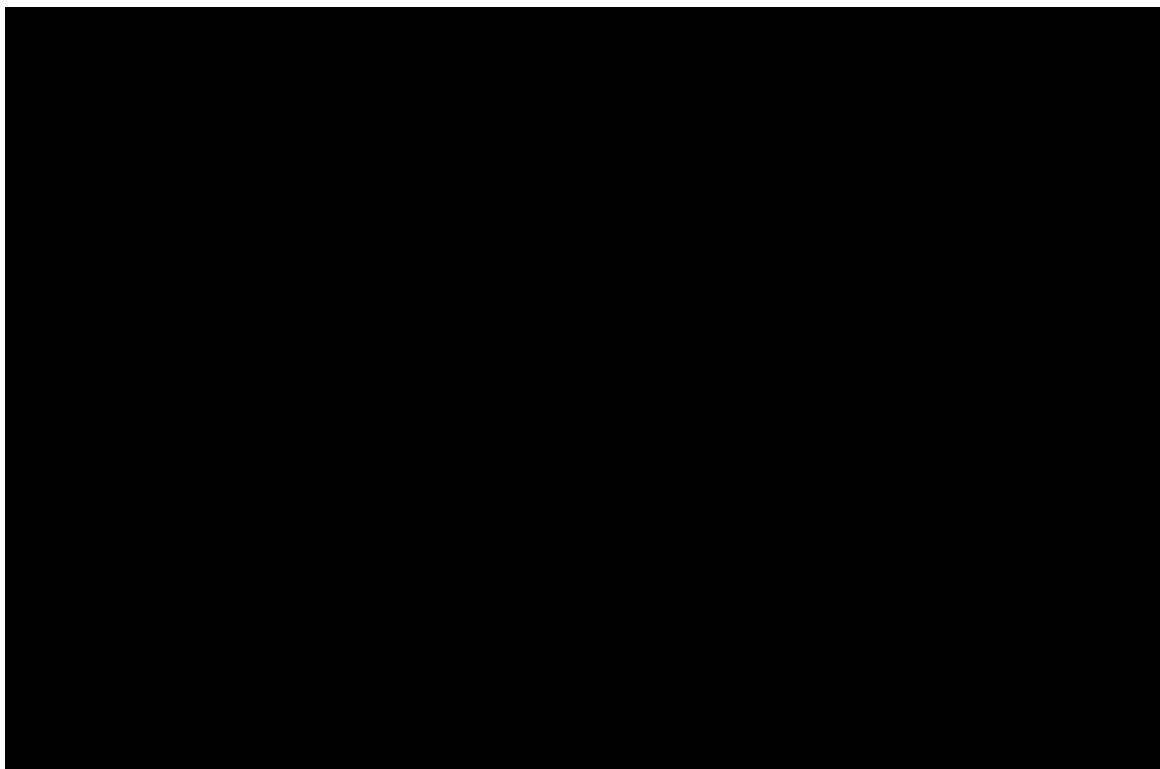
RQIA also has responsibilities under The Ionising Radiation (Medical Exposure) Regulations Northern Ireland 2000 to inspect services providing radiological procedures including x-rays and radiotherapy. These regulations and the associated inspections are in place to protect service users from inappropriate or unnecessary exposure to radiation.

In its activities, RQIA promotes public and patient involvement to ensure their views, concerns and priorities are taken into account.

RQIA Board

RQIA has an independent board of 13 members, chaired by Dr Ian Carson. At 31 March 2013 RQIA's Board members were:

- Dr Ian Carson (Chairman)
- Dr Richard Adams
- Ms Geraldine Donaghy
- Mrs Sarah Havlin
- Mrs Lilian Jennett
- Mrs Ruth Laird, CBE
- Mr Allen McCartney
- Professor Patricia McCoy
- Mrs Una O'Kane
- Mr Denis Power
- Mr Colin Reid
- Mr Austin Smith
- Ms Lindsey Smith

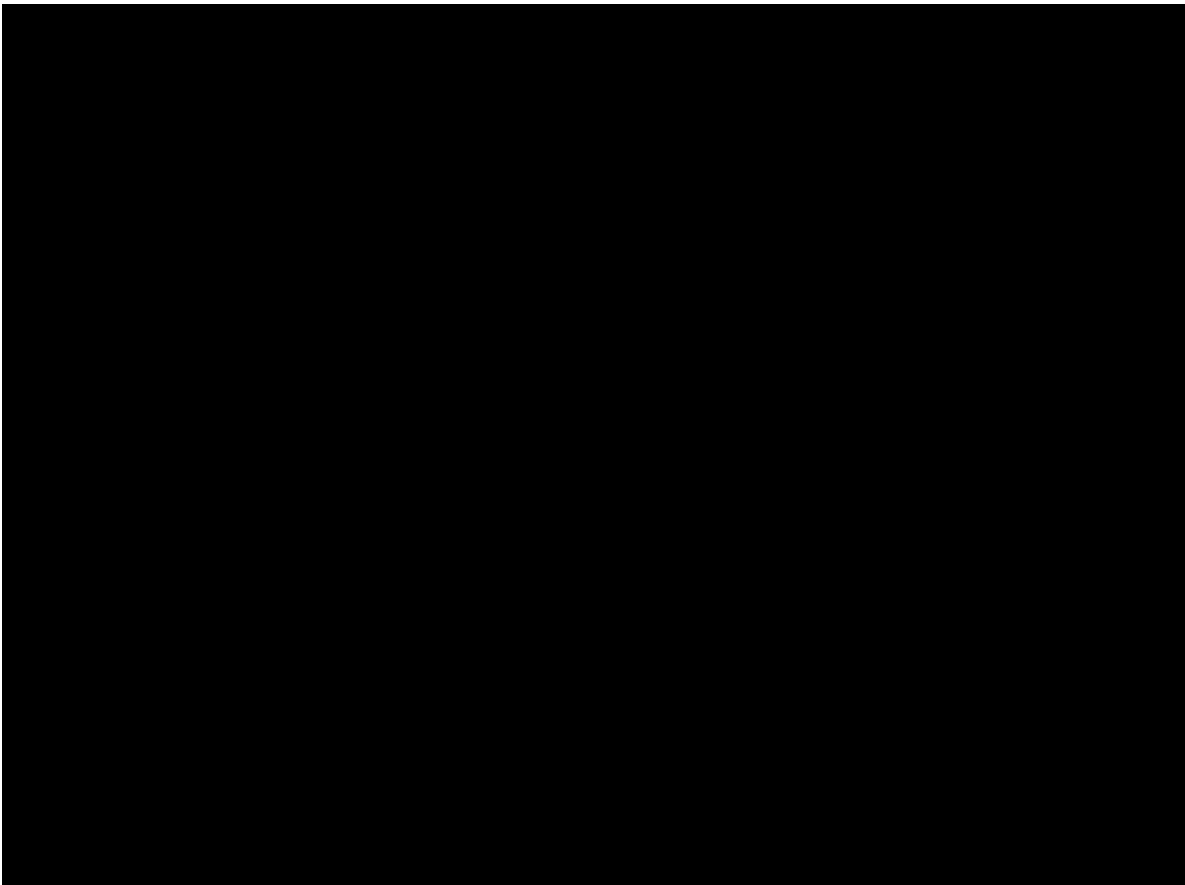
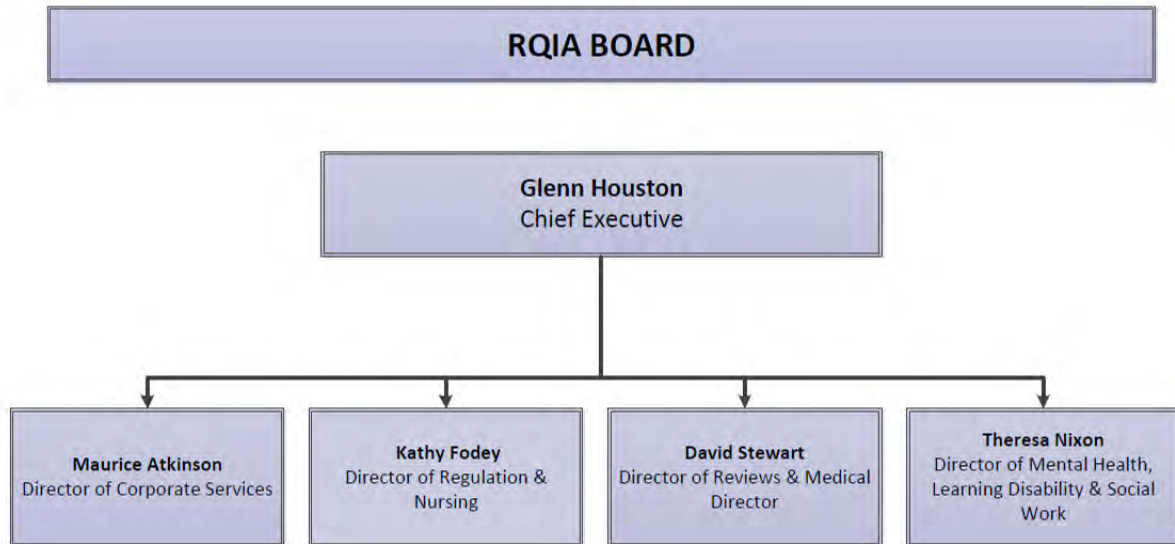


(Front): Una O'Kane, Denis Power, Dr Ian Carson, Chairman, Sarah Havlin, Allen McCartney, Richard Adams, Lilian Jennett; (Back): Patricia McCoy, Colin Reid, Austin Smith, Lindsey Smith, Geraldine Donaghy, Ruth Laird, CBE.

Each board member is appointed by the Minister for Health, Social Services and Public Safety for a four-year term. Board members can serve a maximum of two terms. The terms of five Board members - Dr Richard Adams, Mrs Lilian Jennett, Mr Allen McCartney, Mr Colin Reid and Mr Austin Smith - were extended for a further period from 1 January 2013 to 14 April 2013. A profile of each member is included at Appendix 1.

RQIA Executive Management Team

Glenn Houston is RQIA's Chief Executive and Accounting Officer. He is responsible to the Board through the Chairman for managing the organisation.



RQIA Executive Team and Chairman: Dr David Stewart, Theresa Nixon, Maurice Atkinson, Glenn Houston (Chief Executive), Dr Ian Carson (Chairman), Kathy Fodey.

The Chief Executive leads RQIA's Executive team, and during the year the following members of staff were in post:

Director of Corporate Services:	Maurice Atkinson
Director of Mental Health and Learning Disability and Social Work	Theresa Nixon
Director of Regulation and Nursing	Phelim Quinn (until 31 October 2012) Muriel Dickson (Acting Director from 1 November 2012 to 31 January 2013) Kathy Fodey (from 1 February 2013)
Director of Reviews and Medical Director	Dr David Stewart

Staff

RQIA has a staff of 147 people (as at 31 March 2013), excluding board members, sessional, bank and agency staff. Our staff are based at our offices in Belfast and Omagh. These staff are responsible for the effective delivery of our work programme and achievement of our corporate objectives.

MANAGEMENT COMMENTARY

This annual report outlines progress against the four key priorities set out in RQIA's Corporate Strategy 2012-15.

- **Improving Care:** We encourage and promote improvements in the safety, quality and availability of health and social care services
- **Informing the Population:** We publicly report on the safety, quality and availability of health and social care
- **Safeguarding Rights:** We act to protect the rights of all people using health and social care
- **Influencing Policy:** We influence policy and standards in health and social care

IMPROVING CARE

Regulation of Services

RQIA's responsibilities for the regulation (registration and inspection) of specified health and social care services are defined in The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The services subject to regulation are:

- adult placement agencies
- children's homes
- day care settings
- domiciliary care agencies
- independent clinics
- independent hospitals
- nursing agencies
- nursing homes
- private dental practices
- residential care homes
- residential family centres
- voluntary adoption agencies

RQIA also inspects school boarding departments.

The number of services registered with RQIA has increased significantly in recent years. A total of 1,448 services were registered with RQIA at 31 March 2013, an increase of 170 on the previous year. Table 1 details the number of registered services by category and, where appropriate, HSC trust location. Table 2 details the number of registered places in nursing, adult and children's residential care homes, by location (HSC trust area) (at 31 March 2013)

Table 1: Number of Registered Services by Category and, where applicable, HSC Trust Location (at 31 March 2013)

Category of Service	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Adult Placement Agencies	1	1		1	1	4
Children's homes	13	11	10	9	9	52
Day Care Settings	30	28	29	39	61	187
Domiciliary Care Agencies*						292**
Independent clinics	17	3	3	4	2	29
Independent hospitals	6	1	1	1	3	12
Independent hospitals - dental treatment	89	79	63	67	51	349
Nursing agencies*						28
Independent Medical Agencies						1
Nursing homes	51	65	60	53	39	268
Residential Care Homes	43	56	56	22	43	220
Residential Family Centres	2					2
Voluntary Adoption Agencies*						4
Overall Total	252	244	222	196	209	1,448

* Totals include services not aligned to a trust area

** RQIA regulates domiciliary care agencies that provide personal care to people in their own homes. These services fall into two main groupings: services where people receive a conventional domiciliary care service (122 services), and supported living type services (170 services) where people hold tenancies for purpose-provided accommodation and a personal care service is provided to them.

During the year RQIA completed 627 applications for registration, including new services, managers and responsible persons, variations in registration and deregistrations.

Following an amendment to The Independent Health Care Regulations (Northern Ireland) 2005, from April 2011, establishments providing private dental care or treatment became subject to regulation, and were required to be registered by RQIA. By 31 March 2013 349 private dental practices were registered by RQIA; 10 sought exemption from regulation as they provided no private dental treatment; and a further 28 practices were in the process of registration with RQIA.

Table 2: Number of Registered Places in Nursing, Adult and Children's Residential Care Homes by Location (HSC Trust Area) (at 31 March 2013)

Category of Service	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Nursing homes	2,050	3,099	2,525	2,357	1,704	11,735*
Residential care homes	1,192	992	1,157	422	678	4,441
Children's homes	90	71	78	55	66	360
Independent hospitals	125	10	0	14	51	200
Independent hospitals – dental treatment	261	232	185	210	151	1,039**
Day care settings	1,685	1,444	1,163	1,282	1,700	7,274***
Residential family centres	35	0	0	0	0	35
Total	5,438	5,848	5,108	4,340	4,350	25,084****

* including residential places within nursing homes

** registered dental chairs (for private treatments)

*** maximum number of day care service users per day

**** the total number does not include service users in adult placement agencies, domiciliary care agencies, nursing agencies, independent clinics, independent medical agencies and voluntary adoption agencies which do not have a registered maximum number of service users.

Inspection Activity

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 and associated amendments determine the minimum number of inspections for each category of service. RQIA is required to inspect all nursing, adult residential care and residential children's homes on a minimum of two occasions each year, with all other regulated services subject to at least one inspection per year. These inspections may be announced or unannounced, and examine compliance with regulations and the minimum standards in the areas of care, medicines management, estates and finances. RQIA's inspections are conducted by a range of qualified and experienced nurses, social workers, pharmacists, estates and finance officers.

RQIA's approach to inspection is underpinned by principles of good regulation first developed by the Better Regulation Commission, and by the Hampton Principles. The focus of inspections is on encouraging improvement for those using the services.

All services are risk-assessed and reviewed on an ongoing basis - based on regulatory experience and intelligence - such as incident notifications, complaints and whistleblowing, to ensure that RQIA's regulation programme is appropriately focused and proportionate. We also ensure that our efforts are focused on registered providers who are failing to meet the required standards; or who are assessed as high risk or have breached regulations. We aim to ensure that, where appropriate, we take effective intervention, and such services are subject to proportionate and meaningful sanctions.

Each year RQIA's inspection programme is based around a specific range of agreed standards and themes. Particular themes are identified for the annual programme of inspection, and can be informed by our experience of regulating within the sector during the previous twelve months. All services are required to return a self-assessment of compliance with regulation and standards on an annual basis, which is quality assured and validated by RQIA during inspection. In addition, each service is required to provide an annual return on issues such as complaints management. Issues identified during previous inspection activity are also followed up to determine what actions have been taken to address these matters.

During 2012-13, a range of standards were considered during primary care inspections of adult care services. These are outlined in the tables 3, 4, 5 and 6.

Table 3: Day Care Standards for Primary Care Inspections, 2012-13

Day Care Inspections	
Standard 6	Responding to service users' behaviour
Standard 12	Transport for service users
Standard 17	Management and control of operations
Inspection Theme	Staffing

Table 4: Domiciliary Care/ Supported Living Standards for Primary Care Inspections, 2012-13

Domiciliary Care/ Supported Living Inspections	
Theme 1:	Arrangements are in place for ensuring that staff are competent in tasks allocated, with reference to management of medication
Theme 2	People receive care in their own home
Theme 3:	Service users' money is managed in a safe and lawful manner
Theme 4:	People who live in their own homes are not inappropriately deprived of liberty or subject to inappropriate physical interventions

Table 5: Nursing Home Standards for Primary Care Inspections, 2012-13

Nursing Home Inspections	
Standard 25:	Management systems and arrangements are in place that support and promote the delivery of safe, quality care services (only selected criteria will be inspected).
Theme 1	Patients are accommodated in a nursing home which will meet their care needs and ensure that their needs are reviewed regularly.
Theme 2:	Staff are suitably trained, supervised and competent to meet the needs of the patients accommodated and the future plans of the organisation.

Table 6: Residential Care Home Standards for Primary Care Inspections, 2012-13

Residential Care Home Inspections	
Standard 8	Residents records and reporting arrangements
Standard 15	Residents money and valuables are safe guarded
Standard 20	Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.
Theme	Governance arrangements undertaken by the registered persons

During announced and unannounced inspections RQIA's inspectors engage with staff, service users, relatives and visiting professionals to form a clear view about the quality of the service being provided. Inspections also focus on the quality of the management of a service, to drive continuous improvement in services. Following an inspection RQIA provides a written report to the service provider, and a quality improvement plan, which makes time bound recommendations for improvement, based on the minimum standards and/or legislative requirements as necessary. The service provider is required to respond, detailing the actions it will take within stated timescales, to make the necessary improvements. This completed quality improvement plan is an integral part of the final inspection report, which is published on RQIA's website.

During 2012-13 RQIA met its statutory requirements by conducting the minimum number of inspections in each registration category. During 2012-13, 2,943 inspections of 1,448 services subject to regulation were conducted by RQIA.

In addition, 335 assessments of documentation received from providers were conducted by inspectors. These were: 269 pharmacy; 64 finance; and two estates assessments.

RQIA also conducted inspections at a number of unregistered services. These included 14 young adult supported accommodation services and two mental health and learning disability services.

Table 7: Inspection Activity by Category of Service and Type of Inspection for the Period 1 April 2012 to 31 March 2013.

Inspection type / Service	Care	Estates	Finance	Pharmacy	Total
Adult placement agencies	6				6
Boarding schools	6				6
Children's homes	97	28		18	143
Day care settings	206	69		29	304
Domiciliary care agencies	140	1		6	147
Domiciliary care agencies - supported living	217	2	15	9	243
Independent clinics	44	7			51
Independent hospitals	14	13		10	37
Independent hospitals - dental treatment	423	36			459
Independent medical agencies	1				1
Nursing homes	483	154	47	133	817
Nursing agencies	22				22
Residential care homes	402	177	38	88	705
Residential family centres	2				2
Voluntary adoption agencies*					0
Total	2,063	487	100	293	2,943

* In accordance with The Regulation and Quality Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2010, Regulation 3(2), these agencies are inspected on a minimum of once every 3 years.

Incident Reporting

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated regulations, require service providers to notify RQIA of certain categories of incidents. This information is used to assist with RQIA's risk assessment of a service. Under protocols for safeguarding vulnerable adults and children, RQIA risk assesses each notification to determine what further action is required to ensure the safety, protection and wellbeing of all service users. Follow-up actions may include requests for further information from the service, an investigation or further regulatory activity in the form of inspection or enforcement action as required. During the year 14,785 incident notifications were received by RQIA, of which 69% were risk assessed within a seven day period.

Enforcement Action in Regulated Services

RQIA is committed to ensuring that all regulated services are safe, effective and compliant with regulations and minimum standards for care. Under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated regulations, a range of sanctions or enforcement measures are available to RQIA to drive improvements in the safety and quality for those using the services.

Where significant or repeated failings are identified, whether through inspection activity or other intelligence – including complaints or whistle-blowing, RQIA may take a range of escalated enforcement actions. These include: improvement notices - linked to minimum care standards; notices of failure to comply with regulations; or further enforcement, including placing conditions of registration, or exercise its authority to seek the urgent closure of a registered service.

RQIA may take prosecution action in conjunction with other enforcement activity. We may also consider prosecution for non-registration when a person carries on or manages an unregistered establishment or agency under the 2003 Order.

Services Subject to Formal Enforcement Action by RQIA 2012-13

During 2012-13 RQIA undertook enforcement action against 47 services –including nursing, residential care, and children’s homes, domiciliary care agencies, and an independent clinic. These actions included: issuing notices of failure to comply with regulations; notices to place conditions on registration; and to cancel registration. In addition, eight dental practices providing private care and treatment were prosecuted due to their failure to make an application to RQIA for registration. RQIA also referred the dentists responsible for these practices to the General Dental Council.

Table 8: Enforcement Action during 2012-13

Category of Service	Number of services Subject to Action
Children’s residential care homes	4
Domiciliary care agencies	9
Independent clinic	1
Nursing homes	14
Independent hospitals - dental treatment	8
Residential care homes	11

A detailed breakdown of enforcement action taken during the year is provided at appendix 2.

As a result of enforcement activity, eight services (five adult services and three children’s services) had conditions placed on their registration during the year (see appendix 3 for details).

When RQIA issues a notice of failure to comply with regulations or a notice of proposal to place conditions of registration, or to refuse or cancel registration, a provider may make representation to RQIA. Representation panels comprise RQIA Board members and directors not been involved in the enforcement decision. During 2012-13 RQIA received representations on six occasions, with the representation being upheld on one occasion and the notices withdrawn.

In March 2013 RQIA’s Board approved its revised Enforcement Policy, which will be introduced from April 2013.

Domiciliary Care – Service User Engagement

In order to engage more effectively with conventional domiciliary care service users, RQIA appointed a user consultation officer in early 2012. During the year the officer consulted with 410 service users or their representatives, as well as reviewing their documentation as part of the inspection of 73 domiciliary care services (60% of such services).

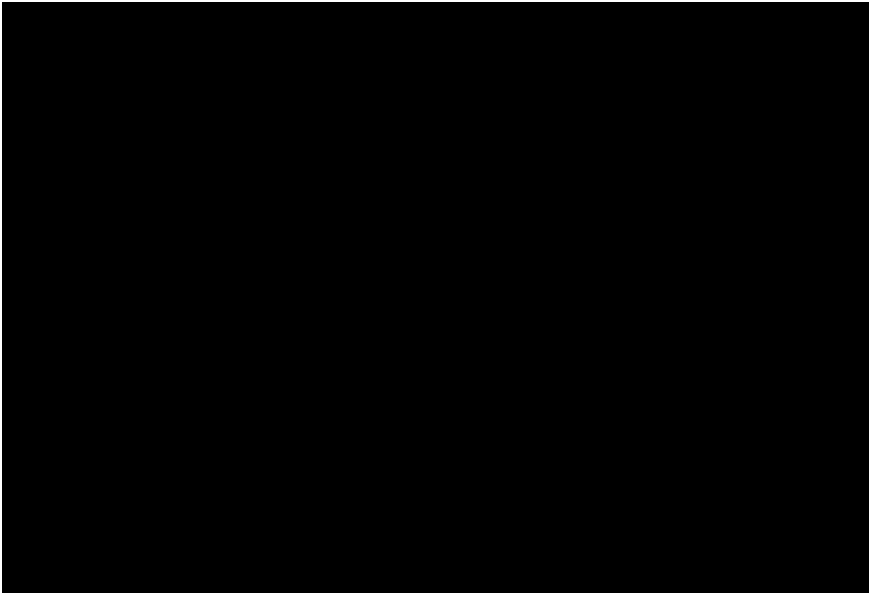
The main issues that emerged from the interviews were in relation to the agency’s documentation; for example care plans containing out of date information, risk assessments not being in the file or log sheets not being appropriately completed. There were a small number of concerns regarding staff attitude, quality of work, length and time of calls, and consistency of staffing. Each issue was passed to the registered managers to be addressed, as well as being noted in the inspection report, and where necessary, included in the quality improvement plan which accompanies each inspection report.

Table 9: Domiciliary Care – Service User Engagement

Question	Positive response
Do staff treat you with dignity and respect?	96%
Do you know who to contact regarding concerns about staff?	89%
Do staff stay for the appropriate length of time?	90%
Does the same member of staff normally call?	92%

Engagement with Registered Service Providers

RQIA continued to engage with registered service providers to ensure they were fully informed of RQIA’s planned regulatory activities. In February and March 2013 RQIA held a series of information road shows for registered providers and managers. Each road show focused on a specific sector: nursing homes; residential care homes; domiciliary care agencies (conventional and supported living services); day care settings; and those providing private dental care or treatment. At the events, attended by some 1,300 participants, RQIA shared examples of best practice from the sector, and highlighted learning from the current inspection activity. In addition, providers were updated on RQIA’s key themes and standards which will form the focus of inspection activity for 2013-14.

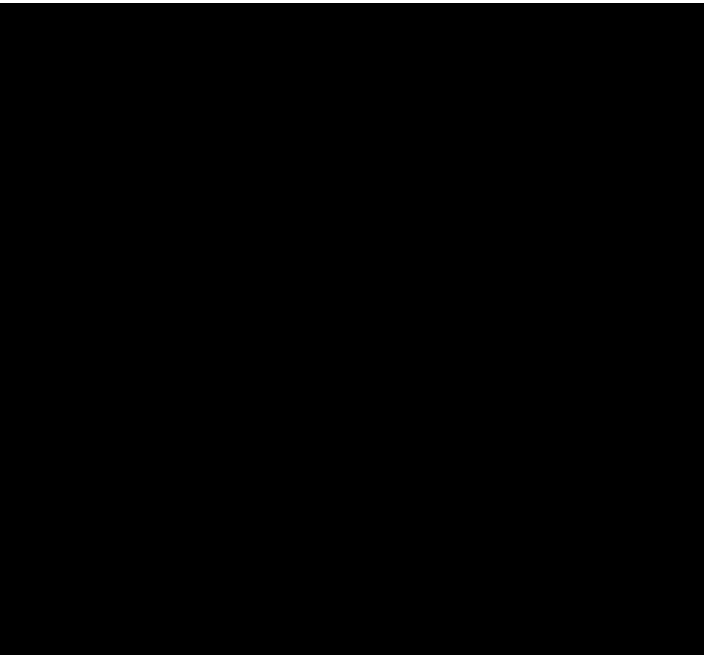


RQIA Nursing Homes Road Show, February 2013, Rosemary Wilson, HSC Leadership Centre Independent Consultant, Janet Haines Wood Regional Patient Safety Advisor HSC Safety Forum, and Linda Thompson RQIA Inspector/Quality Reviewer, Nursing Homes.

RQIA used the information and intelligence gained from its inspections in the 2012-13 inspection year to inform the focus and themes in the forthcoming inspection year. The associated guidance documents have also been published on RQIA's website.

Fire Safety Seminar

In late March 2013, RQIA held a seminar focusing on fire safety attended by over 600 registered managers and responsible persons from nursing homes and adult and children's residential care homes. The seminar considered the learning from findings of the fatal accident public inquiry into the deaths of 14 residents in a fire at Rosepark Care Home, Scotland, in 2004. The importance of fire doors and appropriate building controls to prevent the spread of smoke were also highlighted.



RQIA Fire Safety Seminar, March 2013: Colin Todd, Fire Safety Consultant, Jim Devaney, Strathclyde Fire and Rescue, Andrew Black, NI Fire and Rescue Service, Kathy Fodey, RQIA Director of Regulation and Nursing, Phil Cunningham, RQIA Senior Estates Inspector

Ionising Radiation (Medical Exposure) Regulations

Under the Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 (IR(ME)R) RQIA inspects services performing x-rays and other radiological procedures, including nuclear medicine, cardiology, radiotherapy and diagnostic imaging services. During 2012-13, RQIA conducted eight IR(ME)R inspections, with support from the Health Protection Agency (HPA). RQIA also undertook a compliance inspection at the Belfast HSC Trust, in response to the notification of incidents relating to unreported x-rays.

The following facilities were inspected:

- 352 Image Centre (diagnostic imaging)
- Bangor Chiropractic (diagnostic imaging)
- Causeway Hospital (diagnostic imaging)
- Craigavon Area Hospital (nuclear medicine)
- Erne Hospital (diagnostic imaging)
- Fortwilliam Specialist Dental Clinic (diagnostic imaging)
- Maghaberry Prison (diagnostic imaging)
- Ulster Hospital (diagnostic imaging)

The reports of these inspections are published on RQIA's website at www.rqia.org.uk.

Controlled Drug Prescribing

RQIA, in conjunction with DHSSPS, the Business Services Organisation (BSO) and the HSC Board, has responsibility for determining the validity of all private prescriptions for schedule two and three controlled drugs requests under an amendment to the Misuse of Drugs (Northern Ireland) Regulations 2002. During the year RQIA did not receive any request for approval for private controlled drug prescribing.

RQIA Review Activity

In line with its Three Year Review Programme 2012-15, published in April 2012, RQIA began a new programme of service and thematic reviews. RQIA completed two reviews commissioned by the Minister for Health, Social Services and Public Safety, one commissioned by the DHSSPS, and an additional review initiated by RQIA.

RQIA Programmed Service and Thematic Reviews

During 2012-13, RQIA completed the following planned service and thematic reviews:

- Review of Mixed Gender Accommodation in Hospitals, August 2012
- Review of the Implementation of Promoting Quality Care, October 2012
- Review of the Implementation of the Northern Ireland Single Assessment Tool (Stage Two), November 2012
- Review of the Implementation of the Cardiovascular Service Framework, November 2012
- Baseline assessment of the Care of Children Under 18 Admitted to Adult Wards, December 2012
- Review of Northern Ireland Guardian Ad Litem Agency, March 2013

Review of Mixed Gender Accommodation in Hospitals

In August 2012, RQIA published the findings of its review of Mixed Gender accommodation in hospitals across Northern Ireland. During the review, patients, their relatives and carers identified mixed gender accommodation as an issue that has a significant impact on maintaining privacy and dignity whilst in hospital. In England there is zero tolerance in respect to care in mixed gender accommodation, only two trusts in Northern Ireland had adopted this approach. RQIA made four regional recommendations, including a call for DHSSPS to develop a clear regional policy statement on care in mixed gender accommodation. Individual trust reports were also published making a series of recommendations for each organisation.

Review of the Implementation of Promoting Quality Care

In October 2012, RQIA published its review of the implementation of Promoting Quality Care good practice guidance on the assessment and management of risk in relation to: mental health; learning disability; addiction; child and adolescent mental health; and forensic services. The review makes a series of recommendations for improvement for the DHSSPS, the HSC Board and the HSC trusts.

Review of the Implementation of the Northern Ireland Single Assessment Tool (NISAT), (Stage Two)

RQIA published the second stage of its review of NISAT in November 2012. This focused on the use by staff of the carer's support and needs assessment tool within the older people's programme of care. The review examined training provided to staff in the use of the tool; the impact for staff in its implementation; and the views and experiences of carers assessed using the tool. The review team made 12 recommendations for improvement to the HSC Board and HSC trusts

Review of the Implementation of the Cardiovascular Service Framework,

In November 2012, published its review of the implementation of the cardiovascular service framework. This was the first service specific framework to be developed, and was launched by DHSSPS in 2009, setting out 45 standards for cardiovascular services. RQIA noted widespread support for the framework approach, which was noted to have facilitated improvement and development in cardiovascular services. This included: the establishment of a consultant post for adults with congenital heart disease; a screening programme for abdominal aortic aneurysm; and fast tracking of thrombolysis for stroke patients.

RQIA's report made ten recommendations for the implementation arrangements for future service frameworks. For each framework a regional lead officer should be identified to take forward the implementation process. A small number of high level indicators to monitor progress should be agreed, with suitable data sources identified. RQIA also welcomed the proposed development of a regional cardiovascular clinical network, to include patient involvement, which is an important initiative to build on the momentum that the framework implementation process has established.

Baseline Assessment of the Care of Children Under 18 Admitted to Adult Wards in Northern Ireland

In December 2012, RQIA published its review of arrangements for the provision of care for children under the age of 18 admitted to adult hospital wards. The review found that almost 4,000 children were admitted to adult wards in Northern Ireland over the course of a year. Previous studies elsewhere in the United Kingdom present a clear consensus that when children are admitted to hospital they should be cared for in paediatric settings rather than in adult wards.

The review made 14 recommendations for improvement to service delivery at all hospitals across Northern Ireland. Of particular note was the call for an agreed age limit up to which children should only be admitted to paediatric wards, and for the development of service plans to meet this goal.

Independent Review of the Governance Arrangements of the Northern Ireland Guardian Ad Litem Agency (NIGALA)

In February 2013, RQIA published its independent review of governance arrangements at NIGALA. The review team used NIGALA's six principles of good governance and the Quality Standards for Health and Social Care to examine the effectiveness of leadership, professional and corporate accountability. RQIA made 17 recommendations for consideration by DHSSPS and NIGALA, which provide a framework to further strengthen and improve governance arrangements across the organisation.

Reviews Commissioned by the Minister for Health, Social Services and Public Safety

RQIA also published the reports of two reviews commissioned by the Minister for Health, Social Services and Public Safety: a two phase review on reporting arrangements for radiological investigations, commissioned on 18 February 2011; and an independent review of incidents of pseudomonas aeruginosa in neonatal units in Northern Ireland, commissioned on 30 January 2012.

Independent Review of Reporting Arrangements for Radiological Investigations – Phase Two

In May 2012 RQIA published the second phase of this review, commissioned by the Minister in February 2011 following delays in the reporting of plain x-rays at Altnagelvin and Craigavon hospitals. RQIA's expert review team included advisors from across the UK.

The review examined the circumstances leading to delays in handling and reporting of radiological investigations in the Southern and Western Trusts; and how these delays were managed. RQIA's review team also met with a number of families who described the impact of these delays on their families. This phase of the review made 14 recommendations for improvement, in addition to 12 recommendations made in the first phase, all of which were accepted by the Minister.

Independent Review of the Circumstances Contributing to the Occurrences of Pseudomonas Infection within Neonatal Units

On 31 January 2012 the Minister for Health, Social Services and Public Safety commissioned RQIA to lead an independent review of the circumstances contributing to the occurrences of pseudomonas infection within neonatal units across Northern Ireland. The review focused on the occurrences of pseudomonas which led to the tragic death of one baby in Altnagelvin Hospital and three babies in the Royal Jubilee Maternity Hospital neonatal intensive care unit.

The review team examined the actions and responses of the DHSSPS, the HSC Board, Public Health Agency and the HSC trusts to relevant circulars and advices issued in respect of water sources and potential infection risk to patients.

The second stage of this review was published in late May 2012 and examined governance arrangements and the effectiveness of communications in relation to the pseudomonas incidents. RQIA's independent review team also engaged with families affected by these outbreaks throughout the review.

RQIA's independent review team concluded that there was important learning on how families are communicated with at such a difficult time for them. More systematic and formal communications networks need to be established to ensure that information is not lost and reaches those that need it in a timely manner.

As part of the response to the outbreaks, taps removed from neonatal units were sent to Health Protection Agency laboratories for testing. This study concluded that the same strains of infection that affected babies were also present in components within the taps. This offered the potential for an engineering solution to minimise future occurrences, which will be of benefit to hospitals and their patients worldwide.

In addition to 15 recommendations arising from the interim report, the final report made a further 17 recommendations for action to the Minister, highlighting learning for all organisations involved.

RQIA welcomed the support of the charitable organisations, SANDS and Bliss, for their assistance in support of the families who were affected by the outbreaks during the review.

Reviews Commissioned by the Department of Health, Social Services and Public Safety

Safeguarding Arrangements for Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals

In February 2013, RQIA published its overview report of safeguarding arrangements for children and vulnerable adults in mental health and learning disability hospitals across Northern Ireland, based on inspections of 33 wards. The report highlighted that safeguarding of children and vulnerable adults is a shared responsibility, and that safeguarding arrangements must be effective across a number of dimensions including awareness, prevention, identification and response.

While the review noted that robust policies and procedures for safeguarding were in place across Northern Ireland, these were not always consistently and appropriately applied. Key areas for action by HSC trusts included: addressing variation in thresholds for referring safeguarding concerns; the use of restraint by untrained staff; the application of the correct procedures to protect patients' money and possessions; and appropriate training for staff in vulnerable adults and child protection procedures. The review made 26 recommendations for improvement across Northern Ireland to ensure the safety and wellbeing of this particularly vulnerable group. Individual inspection reports were also published which included recommendations for individual services. RQIA will continue to monitor progress on the recommendations within these reports through its ongoing mental health and learning disability inspection programme.

Additional Review Initiated by RQIA

Review of Safeguarding Arrangements for Ralphs Close Residential Care Home

Following allegations of abuse of vulnerable adults at Ralphs Close residential care home during July and August 2012, RQIA undertook an independent review to investigate the safeguarding arrangements in place at the home for adults with a learning disability.

The review report, published in October 2012, made 13 recommendations for improvement for the protection for the vulnerable residents at this home. In parallel with this review RQIA took enforcement action at the home, and the Western Trust achieved compliance with the regulations within the set timescales.

Infection Prevention and Hygiene Inspection Programme

RQIA's programme of infection prevention/hygiene inspections focus attention on practice in a range of areas crucial for the prevention of health care associated infections and measure compliance with standards. During the year, 40 inspections were conducted at hospitals across Northern Ireland (see table 10)

Table 10: Infection Prevention/Hygiene inspections 2012-13

Inspection Type	Number of Inspections	Number of Clinical Areas
Unannounced: acute hospitals	12	31
Unannounced: non-acute hospitals	10	11
Announced: operating theatres *	10	10
Validation visits: augmented care settings	8	8
Total	40	60

* Conducted as part of RQIA's Review of Hospital Theatre Practice.

It is encouraging to note a continued improvement in compliance levels across Northern Ireland, with almost three-quarters of areas inspected achieving an overall compliant level, and no areas scoring an overall non-compliant level (see table 11).

Table 11: Overall Compliance Levels for Unannounced Infection Prevention/Hygiene Inspections, 2011-12, 2012-13

Compliance Level	2011-12 (%)	2012-13 (%)
Compliant	72	73
Partially Compliant	19.5	27
Non-Compliant	8.5	0

All inspection reports are published on RQIA's website and include a quality improvement action plan, detailing the actions being taken by the service provider to address the concerns raised by RQIA. Progress is monitored through further inspection activity. An overview of the findings of inspections undertaken during 2011 and 2012 was also published during the year.

Table 12: Non-compliance with a Regional Infection Prevention/Hygiene Standard, 2012-13

Standard	Areas non-compliant with standard
General Environment	4
Patient Linen	2
Sharps	6
Waste	0
Equipment	3
Hygiene Factors	1
Hygiene Practices	3

In early 2012, RQIA was commissioned by the Minister to develop a range of specialised audit tools for augmented care settings following the outbreaks of *Pseudomonas aeruginosa* in neonatal units. In partnership with a range of bodies, including the Public Health Agency, RQIA led the development of a suite of audit tools for these care settings. These tools have been endorsed by DHSSPS, and RQIA will conduct a programme of inspections in augmented care settings during 2013-14.

Complaints about Health and Social Care Services

In line with the DHSSPS complaints procedure, responsibility for investigating a complaint about any regulated service rests with the provider. The provider is required by legislation to ensure that complaints are fully investigated and to make every attempt to achieve local resolution. The local HSC trust also has a continuing duty of care to the service user and should assist in resolving complaints by using either expert advisors or acting as an honest broker. This is known as enhanced local resolution. If local resolution is unsuccessful, the complainant can refer their concerns to the Northern Ireland Ombudsman. RQIA's role is to ensure that providers have an appropriate complaints and investigations procedure in place, and to follow up any alleged failure by a provider to comply with regulations and standards.

Whistleblowing

In line with The Public Interest Disclosure (Northern Ireland) Order 1998 and RQIA's responsibilities to ensure maximum protection for vulnerable service users, RQIA treats all reports that indicate potential breaches in regulations and standards seriously. During the year RQIA was contacted by current and former staff members of health and social care services wishing to raise concerns about the quality and safety of services being provided in identified establishments and agencies. RQIA followed up these disclosures, where necessary through unannounced inspections and in certain instances this led to enforcement action to drive improvements in the quality of services. Information and guidance for those employed in health and social care services regarding whistleblowing is available at www.rqia.org.uk.

INFORMING THE POPULATION

Partnership with Stakeholder Organisations

Throughout the year, RQIA continued and further developed effective working relationships with DHSSPS, HSC Board, HSC trusts and agencies including the Public Health Agency and Patient and Client Council through regular liaison meetings to discuss areas of common interest.

We also continued to work with a wide range of stakeholders. These included: the Commissioner for Older People for Northern Ireland; Criminal Justice Inspection Northern Ireland; Education and Training Inspectorate; Northern Ireland Commissioner for Children and Young People; Northern Ireland Social Care Council; and, The Prisoner Ombudsman for NI

Since its establishment, RQIA has developed strong partnerships with peer health and social care systems regulators, inspectorates and professional regulatory bodies across the UK and Ireland and in Europe. These provide an opportunity to share best practice in regulation and to benchmark our practice with peer organisations.

Political Engagement

RQIA also continued its engagement with political representatives, through meetings with party political health and social care spokespersons; responses to assembly questions; and appearances before Northern Ireland Assembly statutory committees.

RQIA provided briefings to the Northern Ireland Assembly Committee for Health, Social Services and Public Safety on two occasions in relation to the Independent Review of the Circumstances Contributing to the Occurrences of Pseudomonas Infection within Neonatal Units. On 4 April 2012, RQIA published its interim report on the pseudomonas outbreaks, and led by review chair, Professor Pat Troop, provided the Health Committee with an overview of key findings and recommendations. On the publication of the final review report RQIA again presented evidence to the committee, highlighting the significance of learning from the review for hospitals in Northern Ireland and beyond.

In April 2012, RQIA presented evidence to the Committee for Social Development on the nature of residential services in receipt of special needs management allowance in light of the Department of Social Development's future plans for this funding stream.

Communication

Throughout the year media interest in all aspects of the work of RQIA continued, with significant coverage of regulation, review and mental health and learning disability activities in print, broadcast and online outlets.

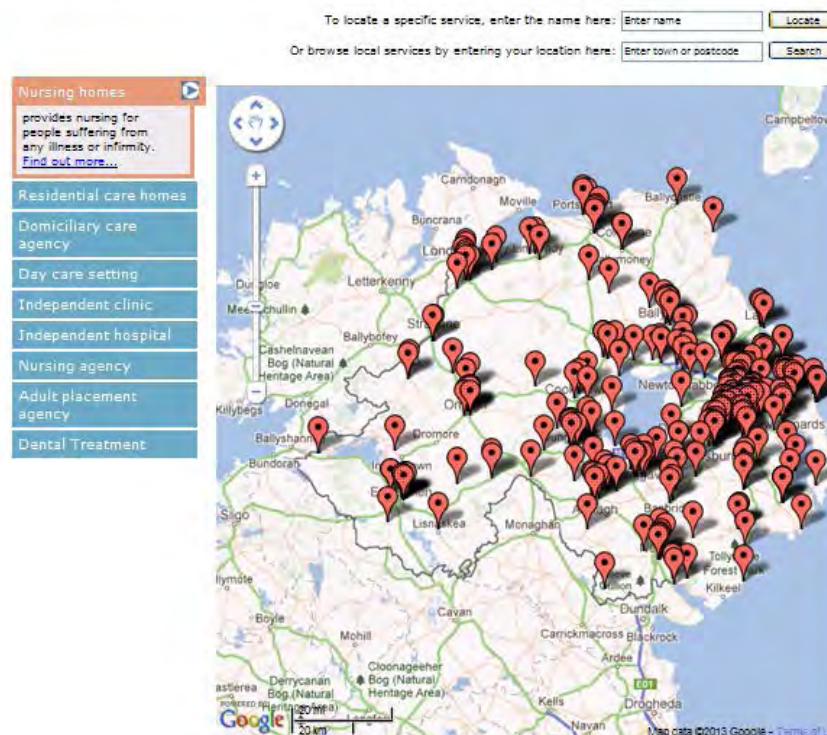
In its engagement with the media, RQIA provided open and comprehensive briefings to ensure a full understanding of the nature, breadth and complexity of health and social care regulation activities.

RQIA continued to develop its website www.rqia.org.uk, taking account of user feedback, to ensure relevant information was made available in an accessible and timely manner.



To view current enforcement activity click [here](#).

To use this map, please select a category of care from the left hand side of the page, then using the search function at the top of the page, enter a service name or location



From April 2012 to 31 March 2013 the RQIA website received almost 170,000 visitors, viewing over 600,000 webpages. In April 2012 we began to publish details of all RQIA enforcement action at regulated adult services online, and during the year these pages received around 35,000 views. The interactive map/inspection reports page received over 165,000 views.

Some 6,500 RQIA inspection reports have been published online, providing easy access for the public to information on the quality of adult regulated services.

Patient and Public Involvement

RQIA's commitment to engaging effectively with the public and our stakeholders to achieve improvements in the safety and quality of services is highlighted within RQIA's Corporate Strategy 2012-15. This approach was strengthened through the established a Patient and Public Involvement (PPI) Forum, which includes lay membership, to lead all RQIA's PPI activities.

RQIA continued to involve patients and the public in a wide range of activities within regulation, review and mental health and learning disability.

During the year RQIA continued to work with care experienced services users in the inspection of children's residential care and respite units, in partnership with the Voice of Young People in Care (VOYPIC) and 6th Sense, a disabled children and young people's participation project sponsored by Barnardos.

In early 2013, RQIA secured funding from the Public Health Agency for two PPI projects. In January 2013 a pilot project began, led by RQIA's mental health and learning disability team to involve care experienced patients in the inspection of hospital wards. The evaluation of this pilot project was positive, and consideration is being given to the continuation of this approach to the inspection of learning disability facilities.

A second project, to engage with families with pre-school children in receipt of domiciliary care, is at the planning stage.

Freedom of Information and Data Protection

As a public body, RQIA is required to respond to requests for information under the Freedom of Information Act 2000 and the Data Protection Act 1998. During the year, RQIA received and responded to 43 freedom of information requests within 20 working days, and 14 subject access requests within 40 calendar days. No personal data incidents were recorded.

SAFEGUARDING RIGHTS

Safeguarding the rights of those using health and social care services is central to RQIA's approach to all of its functions. RQIA places a clear focus on delivering good quality and safe outcomes for service users.

Mental Health and Learning Disability

Under The Mental Health (Northern Ireland) Order 1986, as amended by the Health and Social Care Reform (Northern Ireland) Act 2009, RQIA has a range of responsibilities for people with mental ill health and those with a learning disability. These are:

- preventing ill treatment
- remedying any deficiency in care or treatment
- terminating improper detention in a hospital or guardianship
- preventing or redressing loss or damage to a patient's property

RQIA continued to monitor the appropriateness of all applications for detention and guardianship, in line with the provisions of the Mental Health (NI) Order 1986, through an analysis of all prescribed detention and guardianship forms received from HSC trusts. During the year 8,369 detention forms were submitted and scrutinised by RQIA, with an average error rate of 2.2%. In all cases where errors were detected RQIA advised the relevant HSC trust within a 72 hour period.

During RQIA's programme of individual patient experience reviews inspectors met with 138 people subject to detention under the Mental Health (NI) Order 1986, to gain their views on their care. The information gained through these reviews helped inform the focus of subsequent inspections at these services.

A human rights-based approach is embedded in the work of RQIA's Mental Health and Learning Disability team and informs our monitoring role. During the year, 46 inspections were completed at mental health and learning disability facilities, using the human rights theme of protection.

During these inspections, RQIA spoke with around 140 service users, engaged with relatives and carers, and sought the views of nursing staff, health professionals, advocates and other agencies.

In September 2012, the Health Minister launched the Learning Disability Service Framework, and RQIA has identified the standards to be used to assess the safety, quality and availability of services during inspections in 2013-14.

In October 2012 RQIA published a baseline assessment of the administration of Electro-Convulsive Therapy (ECT) in Northern Ireland for the period April 2010 to March 2012. The report noted that this treatment had been administered on over 300 occasions during the period of the review, and that there had been no serious adverse incidents recorded in relation to its administration.

Human Rights

RQIA has adopted a human rights approach, and these principles are embedded in all inspection and review activities. For example, during inspections of regulated services and mental health and learning disability facilities for both adults and children, RQIA inspectors engage directly with service users, relatives and staff with a clear focus on the outcomes for service users.

RQIA is designated as a national preventive mechanism (NPM), under the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). This international human rights treaty aims to strengthen protection for people deprived of their liberty. OPCAT requires NPMs to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment. During 2012-13 RQIA visited a range of services including mental health hospitals, prisons and police custody suites under its responsibilities as a designated NPM.

During the year, RQIA worked in partnership with the Care Quality Commission, Mental Welfare Commission, Scotland and Healthcare Inspectorate Wales on the issue of de facto detention, where an individual who, while not formally detained by law, may be deprived of liberty. In the year ahead, further work will be undertaken to determine the extent of practice in mental health facilities.

Prison Health and Social Care

The independent inspection of prisons is part of the mechanism by which the UK fulfils its obligations as a signatory to OPCAT. During 2012-13, in partnership Criminal Justice Inspection Northern Ireland (CJI); Her Majesty's Inspectorate of Prisons (HMIP); and Education and Training Inspectorate (ETI), RQIA undertook a range of inspections at a number of prisons/places of detention in Northern Ireland. These included:

- Ash House Women's Prison
- Hydebank Wood Young Offenders Centre
- Maghaberry Prison
- Police custody suites

In December 2012, a report was published detailing the findings of joint inspection at Maghaberry Prison, which took place in March 2012. The inspection utilised the Healthy Prison Standards, and examined safety, respect, purposeful activity and resettlement. The prison was inspected by a multidisciplinary team of inspectors from RQIA, Criminal Justice Inspection Northern Ireland, Her Majesty's Inspectorate of Prisons for England and Wales, and the Education and Training Inspectorate. The report concluded that standards had improved in the three years since the previous inspection, and 16 recommendations were made in relation to the provision of health and social care services at the prison.

Equality

In August 2012 RQIA submitted its annual progress report on Section 75 of the Northern Ireland Act 1998 and Section 49A of The Disability Discrimination (Northern Ireland) Order 2006 to the Equality Commission. During the year RQIA continued to implement its equality and disability action plans.

INFLUENCING POLICY

RQIA's work has contributed to the development of regional policies and guidance.

During the year RQIA influenced policy through its regulation, review and mental health and learning disability activities:

RQIA published two reports of the review of pseudomonas infections in neonatal units in Northern Ireland. The Minister accepted all the recommendations made by the review team and action plans were put in place for their implementation. The findings of this review were also shared with national organisations, including the Health Protection Agency, to inform the development of relevant policies and procedures.

In July 2012 A Maternity Strategy for Northern Ireland 2012-2018 was published, which was a key recommendation of the RQIA review of intrapartum care.

RQIA published the findings of a review of the care of children in adult wards in December 2012. This review recommended that a standard age should be agreed for all hospitals to admit children to paediatric units. In March 2013, the HSC Board announced that, by 2015, plans would be implemented for all paediatric services to admit children up to their 16th birthday.

In early 2013 RQIA was advised that that a radiology network is to be established for Northern Ireland, in line with the recommendations of the RQIA review of reporting arrangements for radiological investigations.

Through its regulation activities RQIA identified a need for an amendment to fees and frequencies of inspection regulations to address anomalies in the registration of independent health care services providing prescribed treatments. RQIA also highlighted the need for published minimum standards for independent health care services.

During the year RQIA attended regular meetings with DHSSPS to address the implications of the new proposed mental health capacity legislation.

Development of Standards and Guidelines

During the year, RQIA led on the development of a set of tools for inspecting Infection Control and Hygiene arrangements in augmented care settings which have been endorsed for application from 2013-14 onwards.

During the year, RQIA participated in a Guidelines, Audit and Implementation Network (GAIN) funded project to develop palliative and end of life care guidelines for nursing and residential care homes. The project team included membership from a range of HSC bodies and independent health and social care providers. These guidelines are due for publication during 2013.

During the year, RQIA participated in a Public Health Agency led project to develop guidelines to support the needs of lesbian, gay, bisexual and transgender (LGBT) people in care homes, day care centres and those in receipt of domiciliary care. Other key partners in this project include: Age NI; UNISON; The Rainbow Project; Lesbian Advocacy Services Initiative; and independent health care providers. It is anticipated that the guidelines will be published during 2013.

Responses to Consultations

During the year, RQIA responded to a number of consultations which were relevant to the work of RQIA. These included a response to Transforming Your Care: From Vision to Action, which outlined the Health Minister's proposals for change across a range of service areas including mental health services, statutory residential homes, acute services and primary care.

CORPORATE ACTIVITIES

Strategic Performance Management

Following comprehensive consultation with stakeholders, RQIA developed its Corporate Strategy 2012-15, which details what RQIA aims to achieve during the three year period, and what people can expect the outcome of our work to mean to them.

The Corporate Strategy is underpinned by an annual business plan. Corporate performance reports on progress in delivering the strategic objectives in the plan were presented to RQIA's Board on a quarterly basis.

RQIA's Business Plan 2012-13 identified 86 actions for the year. Seventy four actions were completed by 31 March 2013, and a report detailing how the outstanding actions would be addressed was prepared for RQIA's Board. During the year, RQIA's Business Plan 2013-14 was developed and approved by the RQIA Board and the DHSSPS. The plan also incorporated a range of specific requirements at the request of DHSSPS as actions for the year ahead.

The Risk Management Strategy 2011-13 sets out RQIA's approach to ensuring the effective identification and management of risks to the delivery of corporate objectives. During the year, these risks were monitored and managed by the Board through consideration of the Corporate Risk Assurance Framework Report.

To ensure continuity of service in an unplanned emergency situation, RQIA tested its business continuity plan and revised the plan to reflect learning from this event.

Steps to Excellence Programme

RQIA has developed its Steps to Excellence Programme (STEP) to drive a series of service improvements across the organisation, in line with the EFQM business excellence model. Following an independent assessment in November 2012, RQIA achieved the Steps to Excellence bronze level of recognition in the Ireland Quality Awards. This reflects RQIA's progress in delivering on its strategy, and embedding a culture of continuous improvement across the organisation.

Based on feedback from the EFQM assessment, work commenced on identifying a range of organisation-wide improvement initiatives that will be taken forward over the coming years.

An Improvement and Efficiency Operational Plan 2012-13 was developed. This identified how improvements and comprehensive spending review (CSR) efficiency savings would be delivered throughout the year. Work continued on a LEAN project, an improvement initiative to streamline RQIA's regulation (registration and inspection) processes. A series of new standardised business processes were identified and these were embedded into organisational working practices during the year.

People

During the year a draft Human Resources and Organisational Development Strategy was developed, and progress continued in working towards the achievement of Investors in People (IiP) accreditation.

A new human resources, payroll, travel and subsistence (HRPTS) system was implemented in March 2013 as part of a HSC-wide modernisation project.

A staff survey was conducted in late 2012 across all HSC organisations including RQIA to examine a range of issues, including: team working; work-life balance; value, respect and involvement; and learning and development. The results of this survey will be available during 2013.

The management of sickness absence continued throughout the year, with sickness absence recorded at 4.96% against a target of 4.8%. During the year, staff turnover was recorded at 6%, with 9 people leaving the organisation. Recruitment at RQIA also continued, including the appointment of a new Director of Regulation and Nursing in February 2013.

RQIA is committed to a partnership approach to working with staff, in conjunction with the trade unions and professional associations through its Joint Negotiating and Consultative Forum (JNCF). The JNCF met several times during the year, acting as a reference group for good practice and a focus for consultation and negotiation on policies and issues affecting the organisation.

Information and Communication Technology

A new internal ICT team was established in October 2012, which replaced an outsourced ICT support service. The aim of the new team is to support the organisation through the provision of a professional, customer focused range of services.

During the year, significant progress was made in the specification and procurement of a new ICT system for use by the Regulation and Mental Health and Learning Disability directorates. A preferred bidder for the development of the system was selected, and it is anticipated that the new system will be developed and implemented during 2013-14.

Sustainable Development

During the past year, RQIA developed a sustainable development action plan (SDAP) and associated delivery plan. RQIA's commitment to sustainable development is also highlighted in the Corporate Strategy 2012-2015. A number of new initiatives were introduced during the year, including: a corporate travel scheme for bus and rail transport; cycle to work scheme; recycling all office waste; reduction of electricity consumption; and, the introduction of energy efficient photocopier systems. RQIA's objective is to achieve organisational goals in an increasingly sustainable manner.

Complaints about RQIA

During the year, six complaints were received about RQIA relating to the work of the organisation and our staff. These were handled in line with RQIA's complaints policy, and all were satisfactorily resolved through local resolution. To ensure learning from complaints, RQIA disseminates any lessons learned to its staff, the Audit Committee and Board..

Financial Summary

Income

Fees and recharged costs [REDACTED]

Expenditure

Staff costs [REDACTED]

Other operating expenses [REDACTED]

Total Expenditure [REDACTED]

Net Expenditure [REDACTED]

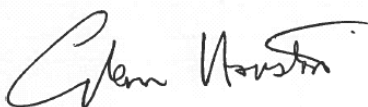
Revenue Resource Limit [REDACTED]

Surplus [REDACTED]

Capital expenditure amounted to [REDACTED] which was financed by the DHSSPS.

Going Concern Basis

As illustrated in our Statement of Financial position, RQIA operates with a net liability position, largely generated by our trade and other payables liability compared to a small capital asset base. As a non-departmental public body, RQIA is mainly funded through the DHSSPSNI. As DHSSPS funding will continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis.



Glenn Houston
Chief Executive

Date: 4 July 2013

Appendix 1 Board Members' Profiles

Dr Ian Carson MB BCH BAO, MD, FFARCSI was appointed as RQIA Chairman in June 2006. Dr Carson is a former Deputy Chief Medical Officer with the Department of Health Social Services and Public Safety, holding this post from 2002 to his retirement in April 2006. He lives in Belfast.

Dr Richard Adams was appointed to the Board in January 2005, and reappointed for a further four years in January 2009. He is also a member of RQIA's Audit Committee. Richard was Chief Executive of Forensic Science Northern Ireland between 1996 and 2003. He lives in Belfast.

Ms Geraldine Donaghy was appointed to the Board in September 2005 and reappointed for a further four years in September 2009. She is a member of the Audit Committee and Public Participation Implementation and Monitoring Group. Geraldine has worked for over 25 years in the community and voluntary sector and is a Board member of the Community Foundation for Northern Ireland. She lives in Newry.

Mrs Sarah Havlin was appointed to RQIA's Board in December 2011 for a four-year term as the legal member. A solicitor by profession, Sarah is a freelance legal consultant. She holds several quasi-judicial positions on tribunals/appeals panels and also carries out formal arbitration and mediation work. She is a visiting tutor at Queen's University and a law lecturer with the Open University. Sarah is a member of RQIA's Appointments and Remuneration Committee. She lives in Bangor.

Mrs Lilian Jennett was appointed to the Board in January 2005, and reappointed for a further four years in January 2009. Lilian is a member of the Audit Committee and of the Public Participation Implementation and Monitoring Group. Lilian is currently employed on a part-time basis by the Department of Social Development. She is also a member of the Probation Board Northern Ireland. She lives in Richhill.

Mrs Ruth Laird CBE was appointed to the Board in September 2005, reappointed for a further four years in September 2009 and is Chair of the Audit Committee. Ruth has 30 years' experience in human resource management and organisational development in the public, private and voluntary sectors and is a chartered member of the Institute of Personnel and Development. She was a civil service commissioner until June 2012 and a judicial appointments commissioner until July 2012. Ruth is a parole commissioner; a member of the council of the University of Ulster; and a national trustee and Northern Ireland Chair of Barnardo's. She lives in Newtownards.

Mr Allen McCartney was appointed to the RQIA Board in January 2005, and reappointed for a further four years in January 2009. He is also a member of the Appointments and Remuneration Committee. Allen is currently a self-employed business consultant. He is also a lay magistrate and an Independent Board Member of the Department for Regional Development. He lives in Belfast.

Professor Patricia McCoy was appointed to the Board in September 2005 and reappointed for a further four years in September 2009. She is also a member of the Appointments and Remuneration Committee. Patricia is Emeritus Professor of Physiotherapy at the University of Ulster having lectured there until her retirement in 2001. She is also a Fellow of the Chartered Society of Physiotherapy. She lives in Holywood.

Mrs Una O’Kane was appointed to the Board in September 2005 and reappointed for a further four years in September 2009, and is a member of the Appointments and Remuneration Committee. A former headmistress of St Mary’s Grammar School in Magherafelt, Una is currently vice chair of the Staff Commission for Education and Library Boards and Governor of St Patrick’s College Maghera and St Pius X College, Magherafelt. She lives in Magherafelt.

Mr Denis Power was appointed to RQIA’s Board in December 2011 for a four-year term as the financial member. Denis has a background in credit and operational risk management, quality assurance and project management, and prior to his retirement in 2012, was a senior manager with the First Trust Bank, a Division of AIB Group (UK) plc.. Denis is a member of RQIA’s Audit Committee. He is also a trustee of Titanic Foundation Limited, Chair of its audit committee, and a director of Springboard Opportunities Ltd. Denis lives in Lisburn.

Mr Colin Reid was appointed to the Board in January 2005, and reappointed for a further four years in January 2009. Colin is Policy and Public Affairs Manager for NSPCC. He is a social worker by profession and represents NSPCC on the Strategic Management Board of Public Protection Arrangements for Northern Ireland and is an executive member of the Northern Ireland Association of Social Workers (NIASW). He lives in Hillsborough.

Mr Austin Smith was appointed to the Board in January 2005, and reappointed for a further four years in January 2009. He is also a member of the Audit Committee. Prior to his retirement in 2004 Austin was Global Director of Human Resources for DuPont Sabanci Polyester Europe B.V, based in the Netherlands. Austin is a fellow of the Chartered Institute of Personnel Development. He lives in Londonderry.

Ms Lindsey Smith was appointed to RQIA’s Board in December 2011 for a four-year term as a lay member. Lindsey is a self-employed organisational development consultant, working with the public, private and voluntary sectors, providing leadership and management development, business improvement interventions, change management and executive coaching. She is a chartered member of the Institute of Personnel and Development. Lindsey is a part-time associate lecturer in change management, organisational behaviour and human resources at the University of Ulster. She is also a governor for the Belfast Metropolitan College. Lindsey was previously the Head of the Identity and Passport Service for Northern Ireland. She lives in Belfast.

Appendix 2: Enforcement Action 1 April 2012-31 March 2012

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
40 Pettigo Road Residential Home, Kesh (Praxis Care Group/ Challenge)	5 October 2012	One notice of failure to comply with regulations issued, relating to: monthly monitoring visits.	8 November 2012
47 Somerton Road Nursing Home, Belfast (Somerton Homes Ltd)	1 February 2013	Two notices of failure to comply with regulations issued, relating to: provision of statement of fees and payment; record of financial arrangements.	Ongoing at 31 March 2013
Ailsa Lodge Nursing Home, Carnalea, Bangor (Ailsa Lodge)	26 June 2012	Three notices of failure to comply with regulations relating to: care (two notices); staff training.	18 July 2012
Ardaveen Manor, Domiciliary Care Agency Bessbrook (Southern HSC Trust)	25 September 2012	Three notices of failure to comply with regulations issued, relating to: protection of vulnerable adults; use of restrictive practices; care planning; staffing.	26 October 2012
Ardmaine (Nursing) Care Home, Newry (Four Seasons (No 8) Limited)	23 November 2012	Four notices of failure to comply with regulations issued, relating to: infection risk/prevention; privacy and dignity of residents; furnishings; estates issues.	16 January 2013 (two notices) 21 February 2013 (two notices)
Ard Na Grainde Residential Care Home, Randalstown (Ard Na Grainde)	22 May 2012	Five notices of failure to comply with regulations issued relating to: management and finances (two notices); records (two notices); staffing.	31 May 2012 (two notices) 20 June 2012 (two notices) 29 June 2012 (one notice)

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
Aughnacloy House Nursing Home, Lurgan (MD Healthcare Ltd)	21 November 2012 21 December 2012	Three notices of failure to comply with regulations issued, relating to: assessment of patient needs; staffing issues; nursing plans. One notice of failure to comply with regulations issued, relating to: medicines management.	16 January 2013 (two notices) 28 January 2013 (one notice) 18 February 2013
Autism Initiatives, Domiciliary Care Agency, Boyd's Row, Armagh (Autism Initiatives)	9 July 2012 8 August 2012 10 September 2012 8 October 2012	Two notices of failure to comply with regulations issued relating to: safeguarding; care planning. Notice of proposal to impose conditions of registration. Notice of decision to impose conditions of registration. Conditions of registration placed on service Conditions of registration removed.	24 July 2012 (one notice) 15 February 2013
Bawn Cottage Residential Care Home, Hamiltonsbawn (Mr and Mrs Wylie)	6 November 2012 26 March 2013	Two notices of proposal to cancel the registration of the registered providers and registered manager Following consideration of a formal representation by the registered providers, RQIA has advised the registered persons of its decision to lift the notices of proposal to cancel their registration.	
Carlingford Lodge (Nursing) Care Home, Warrenpoint (Priory (Warrenpoint) Ltd)	28 November 2012	Two notices of failure to comply with regulations issued, relating to: staffing; recruitment.	21 December 2012
Carnhill Hostel Domiciliary Care Agency, Londonderry (Western HSC Trust)	1 June 2012	Six notices of failure to comply with regulations issued relating to: statement of purpose; patient finances; records management; monitoring reports; staff training.	4 July 2012 (five notices) 29 August 2012 (one notice)

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
Cherry Tree Nursing and Residential Home, Carrickfergus (Cherry Tree House)	5 November 2012	Four notices of failure to comply with regulations issued, relating to: care and treatment; assessment of patient needs; nursing plans; staffing and staff supervision.	28 January 2013
Clandeboyne (Nursing) Care Home, Bangor (Four Seasons Health Care)	6 February 2013	Four notices of failure to comply with regulations issued, relating to: health and safety; the assessment of patient needs; patient and nursing plans; staffing.	Ongoing at 31 March 2013
DDCA Carepoint NI Domiciliary Care Home (Darkley and District Community Association)	10 May 2012	One notice of failure to comply with regulations issued relating to: supplying domiciliary care workers to vulnerable people in their own homes before Access NI checks had been received.	17 May 2012
Dympna House Residential Care Home, Belfast (St John of God Association)	25 June 2012 23 July 2012 1 September 2012	Notice of proposal to cancel registration of St John of God Association as registered provider. This related to its management of the home with sufficient care, competence and skill with regard to size, statement of purpose, number and needs of residents. Medicines management. Notice of decision to cancel registration of St John of God Association as registered provider. RQIA deregistered St John of God Association as provider of care at Dympna House Residential Care Home.	1 September 2012
Edgewater Lodge Orlock Suite, Nursing Home, Donaghadee (Four Seasons Health Care)	19 June 2012	Four notices of failure to comply with regulations issued relating to: food and fluids; patient risk assessments; assessment of patient's needs; patient's care plans.	19 July 2012 (two notices) 17 August 2012 (two notices)
The Gables Residential Care Home, Antrim (The Gables)	8 November 2012	Three notices of failure to comply with regulations issued, relating to: residents' agreements; fees and payments; records of residents financial arrangements.	6 December 2012
Golan View Residential Home, Omagh (Golan View)	6 September 2012	Four notices of failure to comply with regulations issued, relating to: management of the home, records management, staffing; fire safety.	3 October 2012

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
Hebron House Residential Care Home, Markethill (Mr and Mrs Wylie)	6 November 2012 26 March 2013	Two notices of proposal to cancel the registration of the registered providers and registered manager Following consideration of a formal representation by the registered providers, RQIA has advised the registered persons of its decision to lift the notices of proposal to cancel their registration.	
Kilwee Care (Nursing) Home, Dunmurry (Merit Retail Limited)	25 June 2012	Notice of proposal to cancel registration of Merit Retail Limited with respect to Kilwee Care Home in relation to six breaches of regulations	26 July 2012 Notice of proposal withdrawn.
Kintyre Park Domiciliary Care Agency, Ballymena (Northern HSC Trust)	5 April 2012	Four notice of failure to comply with regulations issued relating to: protection of vulnerable adults; staff training and records; evaluation of the quality of the service.	8 May 2012
Lansdowne Nursing Home, Belfast (Four Seasons Health Care)	3 December 2012	Three notices of failure to comply with regulations issued, relating to: health and safety; assessment of patient needs; staffing.	31 January 2012 (two notices) 8 February 2013 (one notice)
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	21 March 2013	Two notices of failure to comply with regulations issued, relating to: measures to prevent patients being harmed, suffering abuse or being placed at risk of harm or abuse; notifications of adverse events to RQIA.	Ongoing at 31 March 2013
Molinos Service Domiciliary Care Agency, Belfast (St John of God Association)	25 June 2012 23 July 2012 1 September 2012	Notice of proposal to cancel registration of St John of God Association as registered provider in relation to Molinos Service. The notice related to the management of the agency with regard to its size, statement of purpose, and the number and needs of the service user, manage the agency with sufficient care, competence and skill. Notice of decision to cancel registration of St John of God Association as registered provider in relation to Molinos Service. RQIA deregistered St John of God Association as provider with respect to Molinos House Domiciliary Care Agency.	1 September 2012:

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
Novara House Domiciliary Care Agency, Portadown (Southern HSC Trust)	27 April 2012	Three notices of failure to comply with regulations issued relating to: statement of purpose; and monthly summary report records.	25 May 2012
Origin Fertility Care, Belfast (Origin Fertility Care)	22 September 2011 30 July 2012	Condition of registration: The responsible person must ensure that the registered manager informs RQIA of all incidents in Origin Fertility Care within 24 hours of occurrence. Conditions of registration removed. Notice of proposal to impose conditions of registration to cease further admissions.	14 February 2013 11 October 2012
Owenvale Court Residential Care Home, Belfast (St John of God Association)	16 April 2012 14 May 2012 25 June 2012	Notice of proposal to cancel registration of St John of God Association as registered provider. Management of the home with sufficient care, competence and skill with regard to size, statement of purpose, number and needs of residents. Notice of decision to cancel registration of St John of God Association as registered provider. RQIA deregistered St John of God Association as provider of care at Owenvale Court.	25 June 2012
Parkanaur College Residential Care Home, Dungannon (Thomas Doran Trust)	24 May 2012 7 June 2012	Four notices of failure to comply with regulations issued relating to: suitable adaptations for access to corridors/doorways for residents; notifying RQIA of building works; ensuring areas of the home is free from hazards and failure to undertake a health and safety risk assessment at the home and ensuring a suitable and sufficient fire risk assessment is undertaken at the home. Six notices of failure to comply with regulations issued relating to: management; records (two notices); staffing; state of repair of the home; and statutory monitoring visits.	24 May 2012 (two notices); 31 May 2012 and 25 June 2012 14 June 2012 05 July 2012 02 August) (four notices)
Praxis Care Group Domiciliary Care Agency, Lurgan (Praxis)	16 May 2012	Two notices of failure to comply with regulations issued relating to: absence of agency's manager not notified to RQIA and evaluation of the quality of the services arranged by the agency.	23 May 2012 (one notice) 15 June 2012 (one notice)

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
Prime Care Domiciliary Care Agency, Belfast (Prime Care)	15 August 2012	Notices of failure to comply with regulations. Two notices relating to staff training, appraisal and supervision, and associated records.	15 November 2012
Ralph's Close Residential Care Home, Londonderry (Western HSC Trust)	9 August 2012 22 August 2012	Three notices of failure to comply with regulations issued, relating to: the protection, health and safety of residents; provision of suitable staff and staff training. Two notices of failure to comply with regulations issued, relating to: use of restrictive practices; notifiable events.	28 August 2012 (one notice) 5 October 2012 (one notice) 22 October 2012 (one notice) 28 August 2012 (one notice) 5 October 2012 (one notice)
Seaview House Nursing Home , Bangor (Ms R F Gilmore)	7 August 2012	Four notices of failure to comply with regulations issued relating to: patient's nursing plans; staffing; risks to patient's health; reviewing patient's needs.	3 October 2012 (two notices) 1 November 2012 (two notices)
Three Islands Nursing Home (Mr D McAteer and Mrs A McAteer)	25 January 2013	Five notices of failure to comply with regulations issued relating to: patient fees; treatment and services; bedding and furnishings; financial accounts; décor and fire safety.	25 March 2013 (five notices)

Name of Service and Category (Provider)	Date of issue	Details of notice Failure to Comply (FTC) Notice of Proposal (NOP) Notice of Decision (NOD)	Date of Compliance
Woodmount Nursing Home, Strabane (Woodmount)	1 May 2012 8 June 2012	Five notices of failure to comply with regulations issued relating to: proper provision for nursing, health, welfare treatment and supervision of patients; ; needs of patients assessed and reviewed by suitably trained person; number of suitably qualified, competent and experienced persons to meet needs of patients; written nursing plan prepared by nurse in consultation with patient. Notice of proposal to impose conditions of registration. No admissions until further notice, reports of senior management monitoring visits provided to RQIA within three working days of the visits having been completed.	1 June 2012 (one notice) 5 July 2012 (four notices) and NOP withdrawn.
Strawberry Fields Residential Care Home, Randalstown (Strawberry Fields)	22 May 2012:	Six notice of failure to comply with regulations issued relating to: fire safety; in relation to fees(two notices); recruitment of staff; management of service; staffing.	28 May 2012 (one notice) 01 June 2012 (two notices) 19 June 2012 (one notice) 26 June 2012 (one notice) 29 June 2012 (one notice)

Enforcement at Children's Residential Care Services

RQIA does not publish details of enforcement action at registered children's services. However, during 2012-13 four children's homes were served with a total of six notices of failure to comply with regulations.

Three children's homes, all operated by health and social care trusts, each received one notice relating to the statement of purpose for the service. Two achieved compliance in line with deadlines set by RQIA, while one service had a condition of registration to prevent further admissions to the service placed in July 2012. The service achieved compliance with regulations in March 2013 and the condition of registration was lifted. A further children's service, operated by an independent provider, was served three notices relating to welfare, care and protection issues; statutory notifications; and ensuring an environment free from hazard or risks. The service achieved compliance within the one week deadline placed by RQIA.

Appendix 3: Conditions of Registration in place during 2012-13

Service	Condition of Registration	Conditions placed - Date	Compliance achieved - Date
Origin Fertility Clinic, Belfast (Ms J Hall)	To inform RQIA of all incidents in Origin Fertility Care within 24 hours of occurrence.	22 September 2011*	14 February 2013
Rose Martha Court Nursing Home, Ballymena (Kathryn Homes Ltd)	No referrals for admissions to be accepted by the home until such time that the RQIA is satisfied that compliance has been achieved with the matters specified in RQIA failure to comply notice. The reports of senior management monitoring visits and Regulation 29 visits are to be provided to RQIA within three working days of the visits having been completed.	20 February 2012*	9 May 2012
Croft Lodge Residential Care Home, Ballymena (Mr B Magee)	Until further notice, no further admissions to be made to the home.	7 March 2012*	25 May 2012
Owenvale Court Residential Care Home (St John of God Association (SJOGA))	No referrals for new admissions are to be accepted by the home until such time that RQIA is satisfied that compliance has been achieved with the matters specified in RQIA failure to comply notice RCH/1648/08/2011-12. The reports of senior management monitoring visit and Regulation 29 visits are to be provided to RQIA within three working days of the visits being completed. The reports should evidence compliance with respect to Regulations 13(1)(a) and 13(4)(b) (c),(b) of the Residential Care Homes Regulations (NI) 2005.	4 May 2012*	25 June 2012 SJOGA ceased to be the registered provider of Owenvale Court. Care Circle took over its management on that date.
Kilwee Nursing Home, Belfast (Merit Retail Ltd)	No referrals for new admissions until such time that RQIA is satisfied that compliance has been achieved with the matters specified in RQIA failure to comply notices NH/11940/01/2011-2012 and NH/11940/03/2011-2012 Senior management monitoring visit reports and Regulation 29 visit reports are to be provided to RQIA within three working days of the visits having been completed until such time that RQIA is satisfied that compliance has been maintained in respect of regulation 13(1)(a),(b) and 20(1) of the Nursing Homes Regulations (NI) 2005. The reports should evidence compliance	22 May 2012*	5 October 2012

Three children's service had a condition placed on registration for no further admissions.

Service	Condition of Registration	Conditions placed - Date	Compliance achieved - Date
Children's Home	No new admissions until further notice	13 April 2012*	17 September 2012
Children's Home	No new admissions until further notice	25 May 2012*	15 November 2012.
Children's Home	No new admissions until further notice	20 July 2012	4 March 2013

* The enforcement action that led to conditions of registration being placed on these services commenced during 2011-12, and therefore is not captured within Appendix 2.

DIRECTORS' REPORT

Brief History and Statutory Background

Provision for a Health and Personal Social Services Regulation and Improvement Authority was made on 1 September 2003 under Part II of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is known as, The Regulation and Quality Improvement Authority (RQIA).

The Health and Personal Social Services (Quality, Improvement and Regulation) (Order 2003) (Commencement No.3 and Transitional Provisions) (Northern Ireland) Order 2005 made the provisions of the 2003 Order, effective from 1 April 2005. RQIA is a non-departmental public body, established by DHSSPS from 1 April 2005 as part of DHSSPS's drive to see clear standards applied, with accountability for high quality delivery held at a local level.

RQIA has responsibility for registering health and social care services in Northern Ireland, monitoring and inspecting their availability and quality, and encouraging improvements in the quality of those services.

Under The Mental Health (Northern Ireland) Order 1986, as amended by the Health and Social Care Reform (Northern Ireland) Act 2009, RQIA has a range of responsibilities for people with a mental ill health and those with a learning disability.

Principal Activities

In discharging its responsibilities, RQIA exercises two main functions.

- to inspect the quality of health and social care services provided by health and social care (HSC) bodies in Northern Ireland. These inspections take the form of reviews of clinical and social care governance arrangements within HSC bodies
- to regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards introduced for Northern Ireland to ensure that service users know what quality of services they can expect to receive and that service providers have a benchmark against which to measure the quality of their services.

Registration, inspection and enforcement is carried out to consistent standards across Northern Ireland, for the HSC and independent sectors alike.

Chairman and Chief Executive

The Chairman of RQIA is responsible to the Minister for Health and Social Services and Public Safety. Dr Ian Carson was Chairman during 2012-13.

The Chief Executive is an officer of RQIA and not a member of the Board. The Chief Executive is responsible to the Board, through the Chairman, for managing RQIA as a corporate body. The post holder has specific financial responsibilities and duties for which he or she is accountable to the DHSSPS Permanent Secretary in his or her role as the designated Accounting Officer of RQIA's sponsor department. Glenn Houston was appointed as Chief Executive on 1 March 2009. He is designated as the Accounting Officer for 2012-13 and has responsibility for the Annual Report and Accounts for the financial year to 31 March 2013.

The Board of the RQIA

Appointments to the Board are made with the agreement of the Minister for Health, Social Services and Public Safety. There are no specific qualifications required for appointment. Each person is appointed to act in a personal capacity, and not to represent any particular interest or group.

The following Board members were reappointed for a second four-year term on 1 January 2009. This second term was subsequently extended until the 13 April 2013:

Dr Richard Adams
Mrs Lilian Jennett
Mr Allen McCartney
Mr Colin Reid
Mr Austin Smith

The following Board members were reappointed for a second 4 year term on the 1 September 2009:

Ms Geraldine Donaghy
Mrs Ruth Laird CBE
Professor Patricia McCoy
Mrs Una O'Kane

The following Board members were appointed on the 19 December 2011 for a four year term:

Mrs Sarah Havlin
Mr Denis Power
Ms Lindsey Smith

Dr Ian Carson was first appointed as a Board member and Chairman on 1 June 2006 and was re-appointed for a second term on 1 June 2010.

Board Committee Structure and Composition

1 April 2012 to 31 March 2013

Audit Committee

Mrs Ruth Laird CBE (Chairman)
Dr Richard Adams
Ms Geraldine Donaghy
Mrs Lilian Jennett
Mr Denis Power
Mr Austin Smith

Appointments and Remuneration
Committee

Dr Ian Carson (Chairman)
Ms Sarah Havlin
Mr Allen McCartney
Professor Patricia McCoy
Mrs Una O'Kane

Role of the Board

The Board has corporate responsibility: for ensuring that RQIA complies with statutory and administrative requirements for the use of public funds; to fulfil the aims and objectives set by DHSSPS; and for promoting the efficient and effective use of staff and other resources. The Board's responsibilities include:

- establishing the overall strategic direction of RQIA within the policy and resources framework set by DHSSPS
- informing DHSSPS of any changes that may affect the strategic direction of RQIA and the attainability of its targets together with any remedial action required
- ensuring that RQIA operates within the limits of its statutory authority and any delegated authority agreed with DHSSPS
- receiving and reviewing regular financial information and informs DHSSPS of any concerns
- making certain that high standards of corporate governance are observed at all times including the use of an independent audit committee to address key financial and other risks
- appointing a chief executive with the approval of DHSSPS and set performance objectives and remuneration terms linked to these objectives

Register of Interests

RQIA maintains a register of interests. This register details interests which may conflict with the management responsibilities of members of RQIA, senior managers and staff and is recorded as necessary. Information held on the register may be obtained by application to the following address:

Director of Corporate Services
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Pension Scheme for All Staff

Details of the scheme for staff and the treatment of pension liabilities in the accounts are included in the Remuneration Report section of this document and also in Accounting Note 1.20.

Auditors

Under Schedule 1, paragraph 12 (4) of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Comptroller and Auditor General has been appointed as auditor of RQIA. NIAO has engaged ASM to perform the audit fieldwork. The notional cost of the audit of the 2012-13 annual accounts was £14,000. During 2012-13 RQIA made one payment to NIAO for work outside their audit responsibilities. This totalled £1,175 and related to NIAO's input to the National Fraud Initiative.

The Accounting Officer has taken all the steps that he ought to have taken to make himself aware of any relevant audit information and to establish that it is made known to RQIA's auditors. So far as the Accounting Officer is aware, there is no relevant audit information of which RQIA's auditors have not been advised.

The Internal Audit Unit of the HSC Business Services Organisation is appointed to provide the internal audit service to the RQIA. The cost for 2012-13 was £14,531. All reports by internal and external audit are considered by the Audit Committee.

Payment policies

RQIA has sought to meet the government's prompt payment compliance target that 95% of invoices should be paid within 30 days or agreed payment terms. RQIA paid 95.8% of invoices within this target during 2012-13.

On the 16 March 2013 new legislation came into force requiring all public authorities to pay suppliers within 30 calendar days of receipt of an undisputed invoice. Circular HSC (F) 19/2013 brought this into force in the HSC from 3rd of April 2013. Monitoring in 2013-14 will reflect this new 30 calendar day target.

This amended legislative target does not remove the Northern Ireland Executive's commitment to pay suppliers within 10 days whenever possible. RQIA makes every effort to meet this more demanding target and to pay its suppliers as quickly as possible.

The Late Payment of Commercial Debts Regulations 2002 provide qualifying businesses with a statutory right to claim interest on the late payment of commercial debt. During the year, RQIA incurred £213 of charges in relation to 12 overdue invoices.

Related party transactions

These are disclosed at Note 23 to the accounts.

Research and development

RQIA did not carry out any research and development work.

Charitable donations

RQIA did not receive or make any charitable donations.

Fixed Assets

Transactions during the year relating to fixed assets are set out at Notes 6 and 7 to the financial statements.

Sickness Absence Data

Sickness absence data is included in the People section of the RQIA Annual Report.

Personal Data Related Incidents

There were no reported incidents of loss of personal data.

Commitments under PFI Contracts

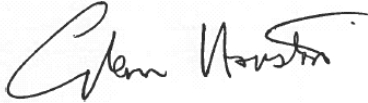
RQIA does not have any commitments under PFI contracts.

Post Balance Sheet Events

Any such events are disclosed at Note 27 to the financial statements.

Annual Accounts

Under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA is to prepare a statement of accounts for each financial year. An Accounts Direction issued by the Department of Health, Social Services and Public Safety (DHSSPS), dated 3 August 2010, required that RQIA should prepare annual accounts for the year ended 31 March 2010 and subsequent financial years.



Glenn Houston
Chief Executive

Date: 4 July 2013

REMUNERATION REPORT

Remuneration Report for the Year Ended 31 March 2013

Scope of the Report

This remuneration report sets out the overall remuneration policy of the Regulation and Quality Improvement Authority (RQIA) and its application to board members and senior executives. It also discloses the payments (in specified bands as required) made to board members and senior executives together with the pension entitlements of the latter. In line with Departmental guidance introduced in 2011/12, a disclosure is also made in relation to the ratio between the salary of the highest paid Director and the salary of the median member of staff.

Remuneration Policy

The Appointments and Remuneration Committee of the Board has been given delegated functions in Standing Orders including the monitoring of the remuneration of senior executives in accordance with the guidance issued by the Department of Health, Social Services and Public Safety (DHSSPS). Standing Orders specify that the Appointments and Remuneration Committee is comprised of RQIA's Chairman and at least three board members. The membership for 2012/13 is detailed in the Directors' Report above.

The Committee considers the remuneration policy as directed by circular HSS (SM) 3/2001 issued by the DHSSPS in respect of senior executives which specifies that they are subject to the HSC Individual Performance Review system. Within this system, each participant agrees objectives with the Chief Executive and the Chief Executive agrees his with the Chairman. At the end of each year, performance is assessed and a performance pay award is considered on the basis of that performance. Any award is approved by the Chairman of the Board and endorsed by the Board's Appointments and Remuneration Committee. There are no elements of senior executives' pay award that are not subject to performance conditions.

Contracts of Employees

HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation and circular HSS (SM) 3/2001. Unless otherwise stated the employees covered by this report are appointed on a permanent basis, subject to satisfactory performance.

Notice Periods

Up to 3 months notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Retirement Age

Under the Equality (Age) Regulations (Northern Ireland) 2006 employees are now able to request to work beyond age 65 years. Occupational pensions are normally effective from age 60 years.

Compensation for Premature Retirement

In accordance with DHSSPS circular HSS (S) 11/83 and subsequent supplements, there is provision within the HSC Superannuation Scheme for premature retirement with immediate payment of superannuation benefits and compensation for eligible employees on the grounds of:

- efficiency of the service
- redundancy
- organisational change

Employers who retire staff early on any of the above grounds must pay the following:

- the basic pension plus increases up to normal retirement age
- the enhancement element of the pension plus increases for as long as this remains in payment
- the enhancement element of the lump sum
- the actuarial charge for payment of the basic lump sum before normal retirement age

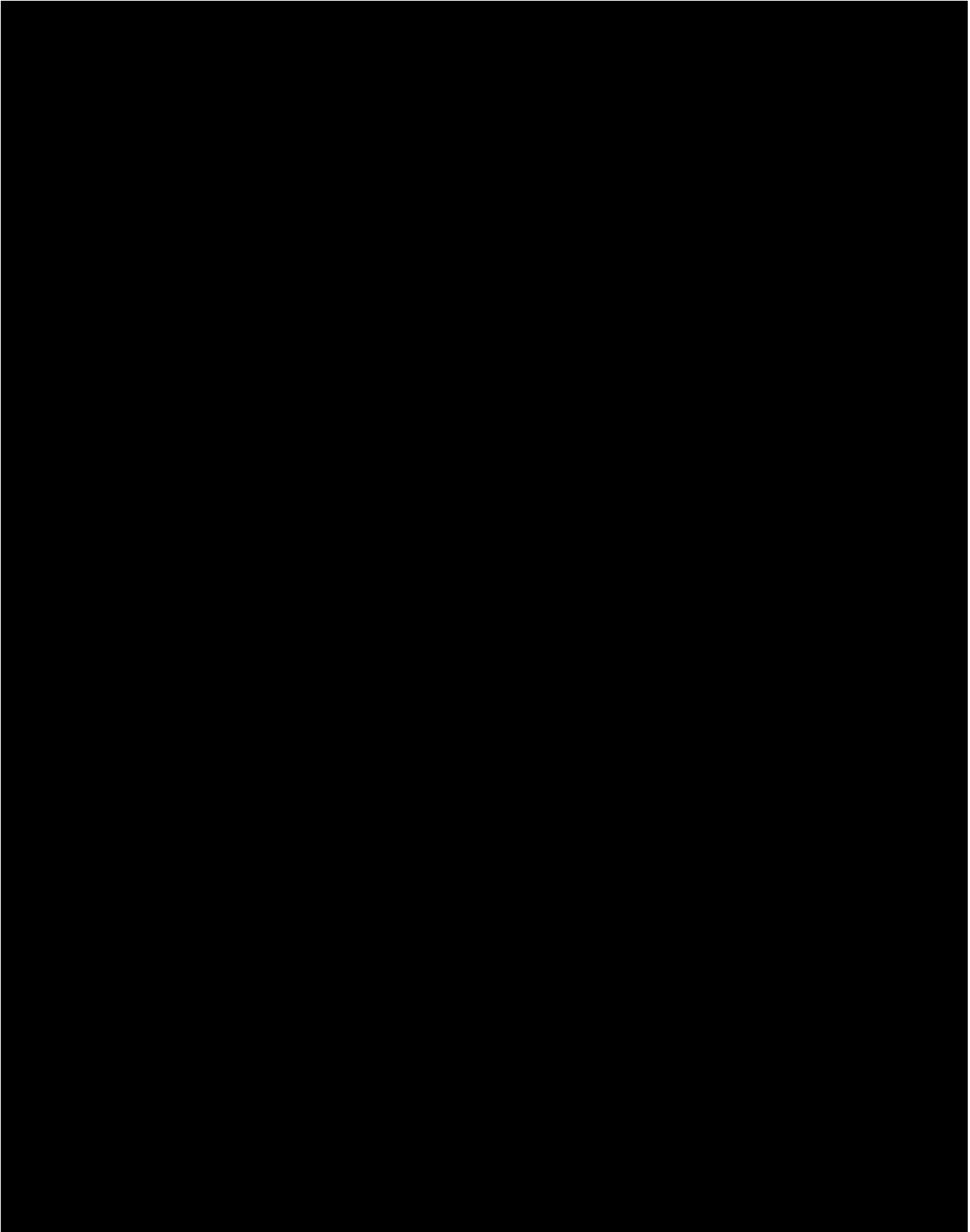
There is also provision within the scheme for early retirement with benefits on health grounds subject to confirmation of permanent incapacity by HSC Medical Advisors.

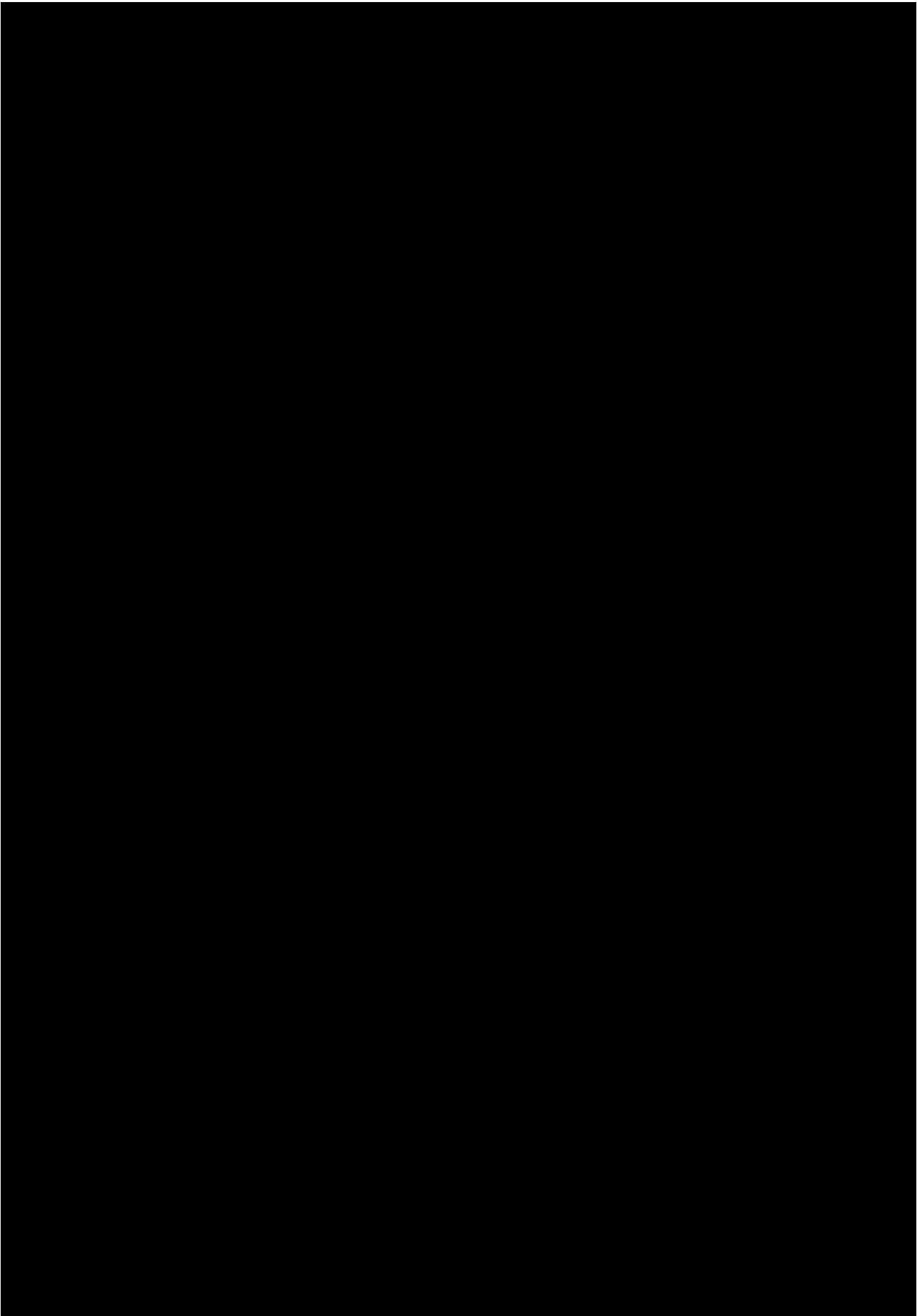
Senior Executives with Date of Appointment

- Glenn Houston, Chief Executive - 1 March 2009.
- Maurice Atkinson, Director of Corporate Services - 1 October 2008.
- Theresa Nixon, Director of Mental Health & Learning Disability - 17 October 2005.
- Dr David Stewart, Director of Reviews - 1 November 2007.
- Kathy Fodey, Director of Regulation - 1 February 2013.
- Phelim Quinn, Director of Regulation - 3 October 2005 to 30 October 2012.

Senior Executives' Salary and Pension Entitlement

The salary and the value of any taxable benefits in kind of RQIA senior executives were as follows (Audited):





As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation as at 31 March 2008 was completed in 2010/11.

Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the RQIA and charged to the Statement of Comprehensive Net Expenditure Account at the time the RQIA commits itself to the retirement. No early retirements occurred in 2012/13.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. The figure does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Other

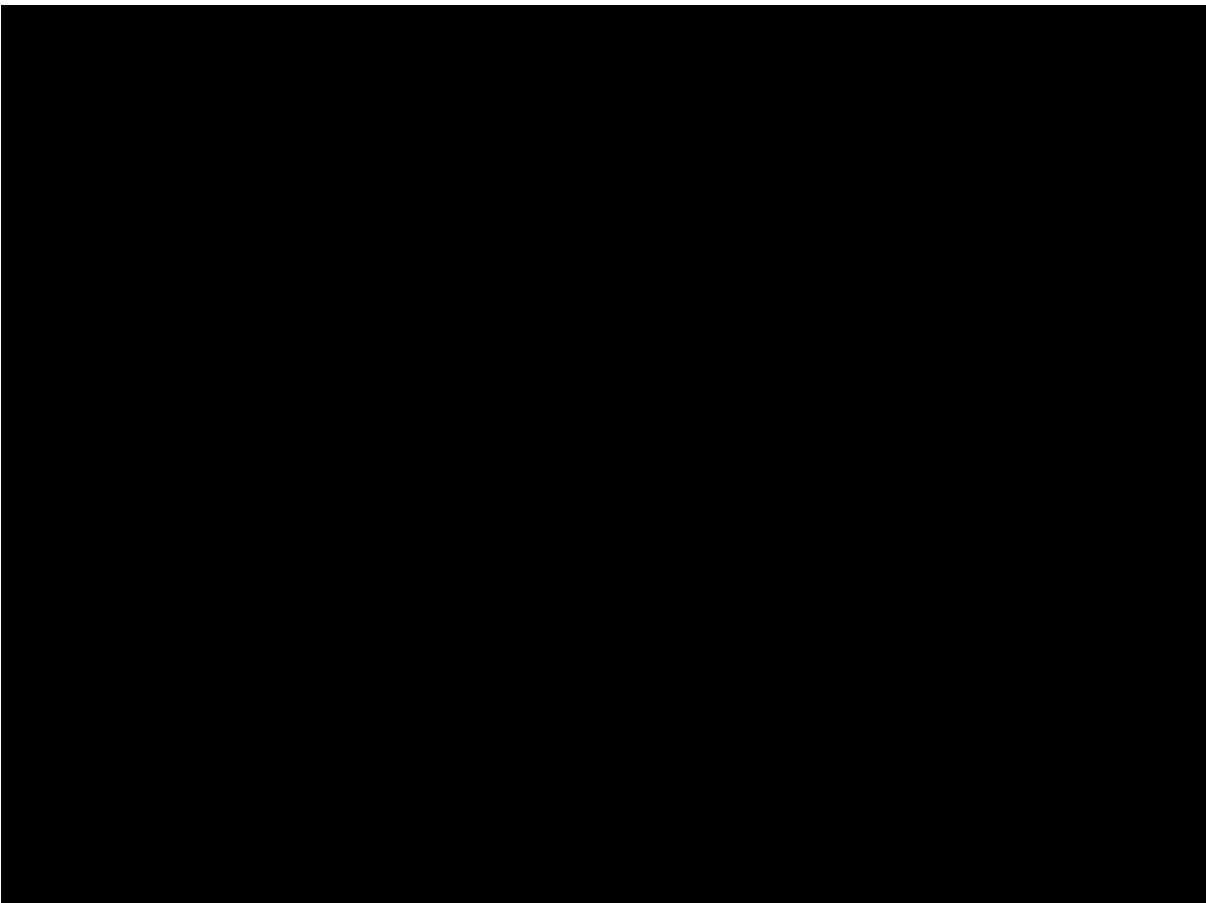
There are no elements of the remuneration package which are not cash. There is no compensation payable to former senior executives. There have been no awards of compensation made to past senior executives.


Appointment of Chairman and Members of the Authority

The Chairman of RQIA and board members are appointed by the DHSSPS under the terms of the founding legislation of RQIA and in line with the Code of Practice for appointments to Public Bodies issued by the Commissioner for Public Appointments for Northern Ireland. Appointments to the Board of RQIA have been made as set out in the Directors' Report above.

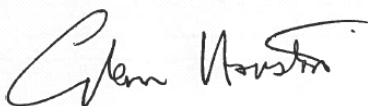
Remuneration of Chairman and Members of RQIA

The amounts paid in 2012/13 together with those for the previous year are detailed in the following table (Audited):



* S Havlin, D Power and L Smith joined RQIA's Board during 2011/12. The full year equivalent in 2011/12 for each of these board members was 

As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions.



Glenn Houston
Chief Executive

Date: 4 July 2013

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Personal Social Services (Quality improvement and Regulation) (Northern Ireland) 2003, the Department of Health, Social Services and Public Safety has directed RQIA to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of RQIA of its income and expenditure, changes in taxpayers equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FREM) and in particular to :

- Observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that RQIA will continue in operation.
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of RQIA.
- Pursue and demonstrate value for money in the services RQIA provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Glenn Houston of The Regulation and Quality Improvement Authority as the Accounting Officer for RQIA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding RQIA's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

As Accounting Officer and Chief Executive of RQIA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's strategic priorities, statutory obligations, and business objectives, whilst safeguarding the public funds and assets for which I am responsible, in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety (DHSSPS).

As Chief Executive I am accountable to the RQIA Board for the day-to-day operations and management of RQIA and as the designated Accounting Officer I am accountable to the Permanent Secretary of the DHSSPS. I am personally responsible for safeguarding the public funds for which I am responsible and; for ensuring propriety and regularity in the handling of those funds. As Chief Executive and Accounting Officer I establish, in agreement with the Department and the RQIA Board, the corporate strategy and business plan in context of the Department's wider strategic aims, Departmental requirements and current PSA objectives and targets.

The Chief Executive provides a formal report to the RQIA Board covering matters of strategic importance, including updates on key targets and business objectives, information on enforcement actions, progress in respect of planned and commissioned reviews, serious incidents, complaints and whistleblowing. Board meetings are held six times a year and a number of Board Workshops are held during the year to develop strategic issues of importance.

The Chief Executive chairs a weekly meeting of the Executive Management Team which provides strategic oversight of all operational issues impacting on the day to day management of the organisation.

The Chair and Chief Executive along with members of the RQIA Executive Management Team (EMT) attend biannual accountability reviews with the Permanent Secretary, Chief Medical Officer, Director of Safety Quality and Standards and other senior executives of DHSSPS.

The Chief Executive and Directors attend bimonthly liaison meetings with Sponsor Branch (DHSSPS) to discuss matters of strategic importance relating to regulation and quality improvement across health and social care.

2. Compliance with Corporate Governance Best Practice

RQIA applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements. RQIA does this by undertaking continuous assessment of its compliance with corporate governance best practice by ensuring that it has proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

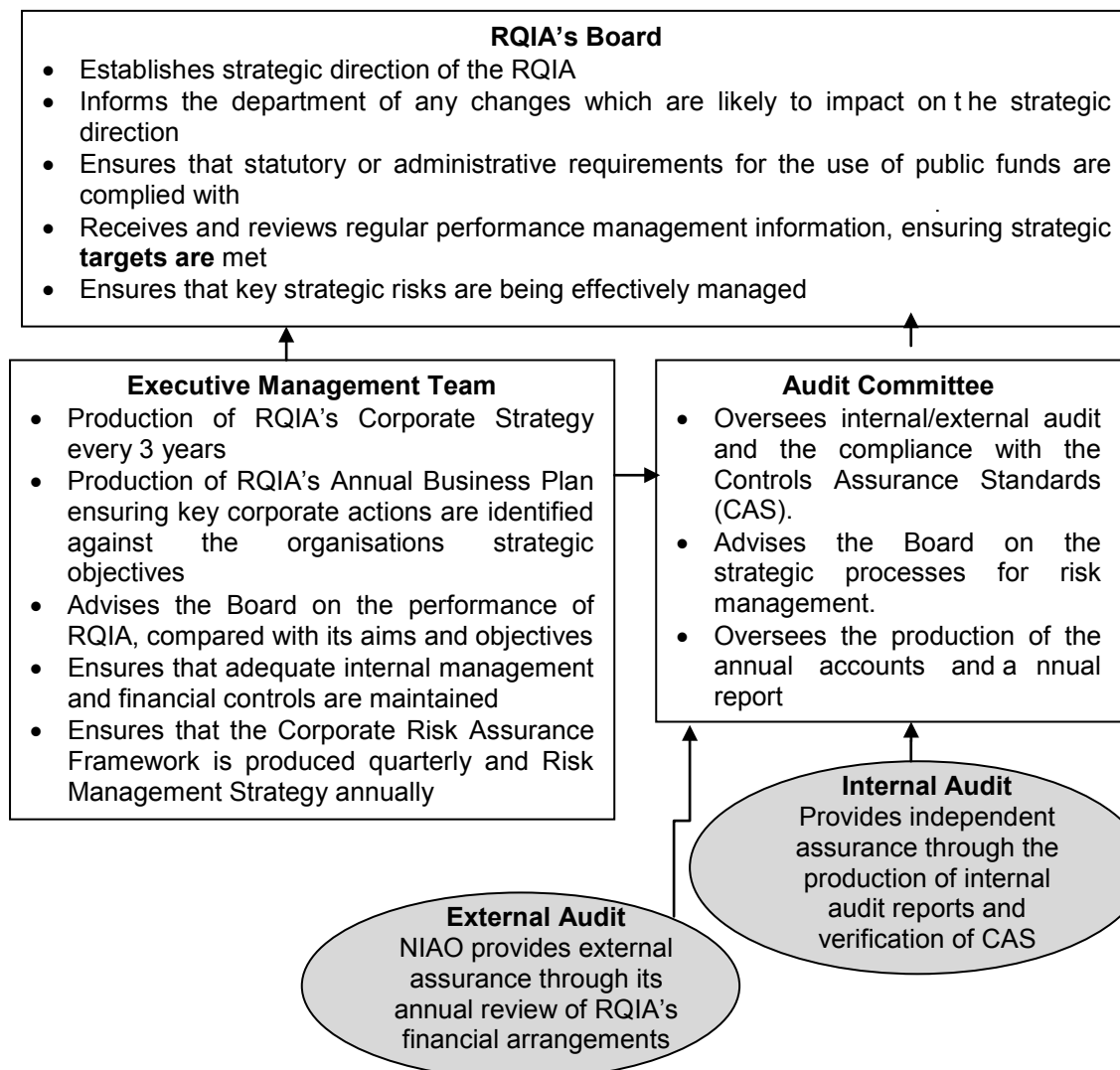
The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- a schedule of matters reserved for Board decisions;
- a scheme of delegation, which delegates decision making authority, within set parameters, to the Chief Executive and other officers;
- standing orders and standing financial instructions;
- the establishment and operation of an effective audit committee; and
- the establishment and operation of an effective appointments and remuneration committee

The system of internal financial control is based on a framework of production of regular financial information, robust administrative procedures including the segregation of duties and a system of delegation and accountability, supported by key management oversight processes. In particular it includes:

- comprehensive budgeting systems with an annual budget which is reviewed and agreed by the Board;
- regular reviews by the Board of periodic financial reports which indicate financial performance against the forecast;
- setting and monitoring targets of financial and other performance measures
- clearly defined capital investment control guidelines;
- as appropriate, formal budget management disciplines; and
- production of RQIA's Property Asset Management Report

A robust structure of accountability and responsibility is required as part of a control environment (i.e. governance, risk management and internal control). The respective responsibilities in relation to corporate governance are detailed in the following page:



RQIA assessed its compliance with best practice in Corporate Governance using the following tools:

- Audit Committee Self-Assessment – September 2012
- Self-assessment against the Governance Controls Assurance Standard – March 2013
- The Board Governance Self-Assessment Tool – May 2013

The outcomes of the self-assessments showed that RQIA continues to follow best practice in Corporate Governance. RQIA also provided Audit Committee members with training and development in Corporate Governance.

3. Governance Framework

RQIA recognises that to deliver its strategic aims, objectives and priorities successfully, it needs sound corporate governance arrangements in place. Corporate governance is founded in statute, policies, processes, systems, organisational culture and behaviours and together they provide a system for the way in which an organisation is directed, administered controlled and goes about its business.

RQIA's governance framework sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business. As an Arms-Length Body (ALB) RQIA is committed to governance excellence and is accountable for its decisions and activities.

RQIA's Responsibility

RQIA is a non-departmental public body, and provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA is also responsible for encouraging improvements in the quality of these services.

RQIA works within a robust statutory framework. The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, provides a statutory mandate to RQIA, and defines its roles and functions. RQIA has a statutory duty to inspect and review services and to report its findings to the Department of Health, Social Services and Public Safety (DHSSPS).

As an ALB, RQIA's approach to governance mirrors the Seven Principles of Standards in Public - the 'Nolan Principles'.

RQIA demonstrates accountability to the DHSSPS through:

- RQIA's annual report which is laid before the NI Assembly;
- annual auditing of RQIA's accounts by the NIAO;
- independent scrutiny of RQIA's procedures and processes through BSO Internal Audit:
- publicly reporting performance in respect of its corporate goals and business targets;
- consulting before introducing major new policies or operational practices;
- its public Board Meetings
- publishing information regarding the operation of the Board, and where appropriate minutes of meetings and reports;
- quarterly production of RQIA's Corporate Risk Assurance Framework; and
- having a robust and accessible complaints process.

Board Responsibility

RQIA has an independent board of 13 members including the Chairman. Each board member is appointed by the Minister for Health, Social Services and Public Safety for an initial four-year term. Board members can serve a maximum of two terms.

The Board is ultimately responsible for all that RQIA does. In order for the RQIA to discharge its responsibilities appropriately and effectively, day-to-day and operational management is delegated to the Chief Executive. A number of matters, however, remain reserved to the Board. These are:

- ensuring that the RQIA fulfills its statutory objectives, general functions and duties and appropriately exercises the legal powers vested in it, under the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 and other legislation;

- determining the overall strategic direction of RQIA within resource limits;
- monitoring the performance of the Chief Executive and his team, holding them to account for the exercise of their delegated powers and delivery against plans and budgets;
- promoting and protecting RQIA's values, integrity, and reputation; and
- ensuring high standards of governance which command the confidence of all of RQIA's staff and stakeholders.

In fulfilling its responsibilities, the Board pays particular attention to:

- maximising the impact and effectiveness of RQIA;
- identifying and managing risks and harnessing opportunities;
- listening and responding to stakeholders;
- ensuring its independence;
- ensuring the prudent use of public funds; and
- ensuring RQIA acts fairly, responsibly, transparently, proportionately and ethically.

In exercising the responsibilities set out above, Board members are required to meet the following obligations:

- The Board acts collectively in making decisions.
- The Board debates issues and makes evidence-based decisions based on appropriate, accurate and timely information and advice from the Executive Management Team (EMT).
- The Board seeks to achieve consensus on major decisions. However, where this is not possible, collective decisions will be based on a majority vote with the Chair holding a casting vote.
- The Board delegates authority through the Chief Executive to the EMT and staff, for the efficient and effective operation of RQIA and prudent use of public funds.

The Board has established clear levels of delegated authority within which:

- some decisions are reserved to the Board;
- the Chief Executive is empowered to make decisions and delegate authority to the EMT and staff for the day-to-day operation of RQIA; and
- the Chief Executive is required to escalate high risk and /or high impact issues for the timely attention and consideration of the Board.

RQIA has a data quality assurance process in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard.

Audit Committee Responsibility

The Board has established an Audit Committee as a Committee of the Board to support them in their responsibilities for issues of risk control and governance. The Audit Committee reviews the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs and reviews the reliability and integrity of these assurances.

The Audit Committee comprises of 5 non-executive Board members, including the Chairman. The Audit Committee Chairman and members are appointed to the Audit Committee as per Standing Orders 5.3 and 5.4.

The Audit Committee advises the Board and Accounting Officer on:

- the strategic processes for risk management, internal control, governance and the mid-year Assurance Statement and the Statement on Internal Control;
- the adherence to accounting policies, the preparation of annual accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit and the extent of adjustments arising from audit findings;
- the planned activity and recommendations of both internal and external auditors;
- adequacy of management response to issues identified by internal audit activity, and those included in external audit's management letter;
- assurances relating to the corporate governance requirements for the organisation;
- (where appropriate) proposals for appointments for either Internal or External Audit services and for the commissioning of non-audit services from contractors who provide audit services;
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations;
- the extent to which processes and procedures provide value for money;
- a periodic review of its own effectiveness and an annual review of its own terms of reference; and
- consideration of write off of losses and authorisation of special payments before submission to the Board for approval.

Chief Executive and EMT Responsibility

The Chief Executive has delegated authority for the day-to-day management of RQIA. The Chief Executive is responsible for leading the EMT and staff in:

- fulfilling RQIA's statutory objectives, general functions and duties and exercising its legal powers;
- developing plans, programmes and policies for Board approval;
- delivering RQIA's services in line with targets and performance indicators agreed by the Board;
- developing the RQIA's relationships with key stakeholders;
- communicating RQIA's plans and achievements to stakeholders, RQIA's staff, DHSSPS and the general public;
- acting as RQIA's Accounting Officer, reporting to the DHSSPS on the use of public funds and with personal accountability and responsibility for RQIA's:
 - propriety and regularity;
 - prudent and economical administration;
 - avoidance of waste and extravagance;
 - efficient and effective use of available resources; and
 - the organisation, staffing and management of RQIA;
- ensuring that the EMT:

- acts within the levels of authority delegated by the Board, escalating any high risk and /or high impact issues for the timely attention and consideration of the Board;
- provides accurate and timely information to enable the Board to fulfill its governance responsibilities effectively; and
- supports the Board in fulfilling their role and responsibilities as set out in this governance statement.

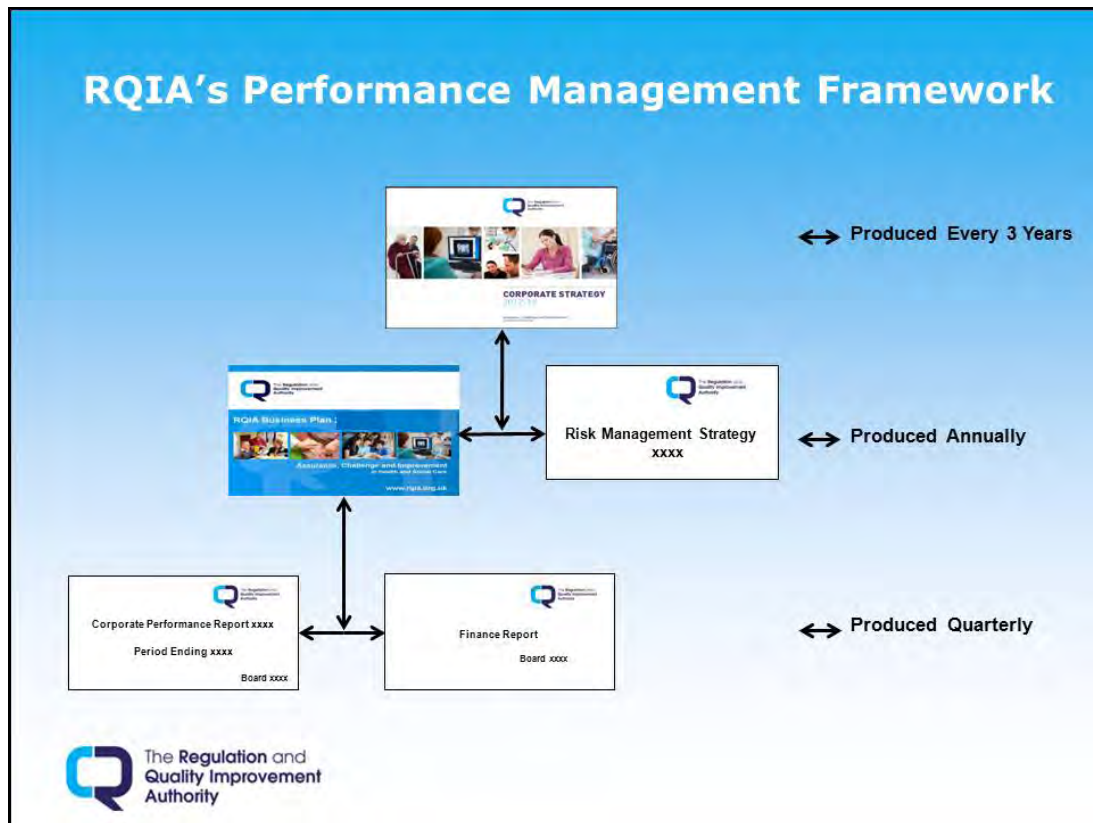
4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within RQIA.

RQIA's Performance Management Framework brings together the Strategy, Business Plan, Risk Management Strategy, Finance Reports and Corporate Performance Reports. The framework follows the plan-do-review-revise cycle and presents an integrated model consisting of the following four key constituent elements:

- Where we want to be
- How will we do it
- How are we doing
- How we need to act differently

The diagram in the next page demonstrates how RQIA's three year strategy is delivered through the annually produced Risk Management Strategy and Business Plan which sets out how RQIA intends to deliver its strategic objectives through time bound business actions and also details how it intends to use the resources at its disposal. The status of the Business Plan actions, measures of success and current financial positions are presented quarterly to RQIA's Board for approval.



The Corporate Performance Report enables the Board to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Board for discussion and approval. It is also made available to RQIA's stakeholders on the RQIA website.

The Risk Management Strategy outlines an overall approach to risk management that addresses the current risks facing the RQIA in pursuing its strategy, which will also facilitate the effective recognition and management of such risks.

Leadership for risk management is provided by the Board, Audit Committee and EMT. The EMT has developed a corporate Risk Assurance Framework report which is reviewed, updated and reported upon regularly. Directorates within RQIA develop and review continually directorate specific risk registers which provide a clear linkage between directorate and corporate risks. The RQIA Board provides leadership through its governance arrangements, annual reviews, approval of the Risk Management Strategy and Corporate Risk Assurance Framework reports, and has oversight of the risk management process through the Audit Committee.

5. Information Risk

The management and control of the risk of loss of electronic information is safeguarded by the provision of secure remote access to a protected ICT environment, encryption of portable media and adherence to corporate security policies for ICT and Data Protection. RQIA also achieved substantive compliance with the HSC CAS in Records Management and ICT during 2012/13.

RQIA has nominated a Personal Data Guardian, Senior Information Risk Owner, Information Asset Owner and information Asset Assistants. It has appointed a Head of Information and an Information Governance and Records Manager.

All RQIA officers are provided with induction and annual training in information and ICT policies and procedures and have relevant clauses in the contracts of employment. Board members have also received training in information governance. RQIA is committed to the principles of the DHSSPSNI Code of Confidentiality and the Protocol for Information sharing and is a registered data controller with the ICO.

RQIA has introduced a suite of information and ICT policies including:

- Information and ICT Security policy
- Use of Electronic Mail (E-mail) Policy
- Use of the Internet Policy
- Use of ICT Equipment Policy
- Records Management Policy
- Retention and Disposal of Documents Schedule
- Version Control Policy and Guidelines for Electronic Documents
- Information Incident Reporting Policy

RQIA has the following reporting and accountability mechanisms in place

- Reporting to DHSSPSNI Information and Analysis Unit on statutory processing of DPA and FOI requests
- DHSS Controls Assurance Standards
- Internal Audit
- Governance Statement

6. Public Stakeholder Involvement

RQIA engages with a wide range of members of the public and other stakeholders as part of its routine inspection and review programmes. It engages with services users and carers using a variety of methods (as appropriate) including, one to one meetings, questionnaires and focus groups. It gathers information from a user/carer/stakeholder perspective for the purpose of making clear and informed judgments when assessing associated risks.

RQIA also engages with stakeholders at a corporate level. This allows it to plan activities in advance and to take into consideration the views of the public, service users and carers. During 2011-12 RQIA engaged with its external stakeholders to develop and agree the RQIA Corporate Strategy 2012-15 and Three Year Review programme 2012-15, by way of hosting a number of pre-consultation and consultation events.

RQIA embeds Personal and Public Involvement (PPI) as a fundamental part of its work. During 2012/13 RQIA progressed a number of actions flowing from the PPI Annual Plan. Key Actions included:

- Active involvement of service user views in conventional domiciliary care agency inspection

- Completion of inspection of Children’s Residential Homes using Peer Reviewers from VOYPIC and Sixth Sense
- Completion of a programme of patient experience reviews of those people subject to detention under the Mental Health (NI) Order 1986
- Review of the approach to and the involvement by lay reviewers in carrying out the Review programme
- Introduction of lay involvement in RQIA’s PPI Forum
- RQIA continues to contribute to the regional standardisation work in relation to PPI
- RQIA determined its approach to include lay reviewer input during Hygiene and Infection Prevention and Control inspections for the 2013/14 inspection year

7. Assurance

Assurances on the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within RQIA who have responsibility for the development and maintenance of the internal control framework, and by considerations made by the external auditors in their management letter and other reports.

The key elements of assurance in relation to the effectiveness of the system of internal control are:

- Executive managers review performance regularly against the actions and measures of success within RQIA’s Annual Business Plan.
- Ten controls assurance standards are reviewed annually against the departmental guidance.
- Internal audit is provided by the Internal Audit Unit of BSO which operates to defined standards and whose work is informed by an analysis of risk to which RQIA is exposed. There is continued coverage of the financial systems through its finance review, corporate risk-based audit and governance audits.
- A Service Level Agreement exists with the Business Services Organisation to provide human resources, equality, internal audit, finance, legal and procurement services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive;
- The report by the external auditor to those charged with governance;
- An audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports is regularly reviewed by the Audit Committee which also advises on the review of the effectiveness of the system of internal control, and is presented to the Board for noting.

Controls Assurance Standards

RQIA assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2012/13.

RQIA achieved the following levels of compliance for 2012/13:

Standard	DHSSPS Expected Level of Compliance	Level of Compliance	Reviewed by
Financial Management (Core Standard)	75% - 99% (Substantive)	80% Substantive	Internal Audit Unit BSO
Management of Purchasing & Supply (Core Standard)	75% - 99% (Substantive)	82% Substantive	Internal Audit Unit BSO
Governance (Core Standard)	75% - 99% (Substantive)	87% Substantive	Internal Audit Unit BSO
Risk Management (Core Standard)	75% - 99% (Substantive)	88% Substantive	Internal Audit Unit BSO
Health & Safety (Core Standard)	75% - 99% (Substantive)	86% Substantive	Internal Audit Unit BSO
Security Management	75% - 99% (Substantive)	88% Substantive	Internal Audit Unit BSO
Fire Safety	75% - 99% (Substantive)	88% Substantive	Internally within RQIA
Records Management	75% - 99% (Substantive)	91% Substantive	Internally within RQIA
Information Communications Technology	75% - 99% (Substantive)	82% Substantive	Internally within RQIA
Human Resources	75% - 99% (Substantive)	86% Substantive	Internally within RQIA

8. Sources of Independent Assurance

The RQIA obtains Independent Assurance from:

- Internal Audit
- Northern Ireland Audit Office (NIAO)

Internal Audit

RQIA has an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed. Annual audit plans are based on this analysis.

In 2012-13 Internal Audit reviewed the following systems:

- Risk Management – (satisfactory level of assurance received)
- Registration (Dental) - (satisfactory level of assurance received)
- Reviews - (satisfactory level of assurance received)
- Mental Health Order Inspection Programmes - (satisfactory level of assurance received)
- Information & Communication Technology - (satisfactory level of assurance received)
- Financial Review - (limited level of assurance received)

In the annual report, the Internal Auditor reported that there is a satisfactory system of internal control designed to meet the Authority's objectives. There were a range of significant (priority one) weaknesses in control identified relating to the on-going issues with the implementation of the new Finance Procurement and Logistics (FPL)

and Human Resource, Payroll, Travel and Subsistence (HRPTS) systems. RQIA plans to take action to address the recommendations from the internal audit report. Concerns in relation to FPL have been discussed at length at various Board Meetings and Audit Committees since January 2013. At the request of the Board and Audit Committee the Chief Executive wrote to BSO in March and May 2013 and DHSSPS in May 2013 to escalate these concerns.

Priority two and three weaknesses in control were identified in a small number of areas. Recommendations to address these control weaknesses have been or are being implemented.

Northern Ireland Audit Office

The financial audit of RQIA was undertaken by the Northern Ireland Audit Office (NIAO) who has engaged ASM to perform the audit fieldwork. NIAO's approach to the 2012-13 Audit was executed in accordance with the Audit Strategy presented to the Audit Committee in January 2013. The Report for those Charged with Governance was issued in June 2013.

NIAO provided an unqualified audit opinion. However there was one priority one weaknesses in control identified in relation to the migration to the new finance and payroll system which is currently being addressed as described in the internal audit section of this report.

9. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within RQIA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

10. Internal Governance Divergences

During 2011-12 Internal Audit (BSO) in completion of an agreed plan of audits did not identify any significant (priority one) weakness in control.

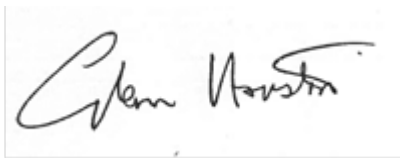
The implementation of the new FPL System is one strand in the HSC-wide Business Services Transformation Project (BSTP). FPL went live in RQIA in November 2012. However, problems with the system in relation to training provided to core users and issues with the performance, functionality and stability of the system were encountered from the very beginning. The concerns and risks associated with FPL resulted in a new risk being added to RQIA's Corporate Risk Assurance Framework Report in January 2013. The risk in relation to FPL was re-classified from a Medium to a High Risk Rating in May 2013.

Internal Audit has provided a “*limited assurance*” in relation to the Financial Review 2012/13. This means that “*there is considerable risk that the system will fail to meet its objectives. Prompt action is required to improve the adequacy and effectiveness of risk management, control and governance.*” Internal Audit identified a range of Priority 1 weaknesses in relation to on-going issues with the implementation of the new FPL and HRPTS systems. Similarly, NIAO was not able to provide the normal assurances in relation to Business Service Organisation (BSO) new systems and processes this year. This resulted in a priority one recommendation in relation to the migration to the new finance and payroll system. In response to the Internal and External Audit reports, RQIA has identified a number of key actions to address the weaknesses in internal control emanating from the implementation of FPL.

11. Conclusion

RQIA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal audit, I am content that the RQIA has operated a sound system of internal governance during the period 2012 -13.



Glenn Houston
Chief Executive

Date: 4 July 2013

REGULATION AND QUALITY IMPROVEMENT AUTHORITY

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I certify that I have audited the financial statements of the Regulation and Quality Improvement Authority for the year ended 31 March 2013 under the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of the Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to examine, certify and report on the financial statements in accordance with the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Financial Reporting Council's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Regulation and Quality Improvement Authority's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Public Health Agency; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on Regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Regulation and Quality Improvement Authority's affairs as at 31 March 2013 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003; and
- the information given in Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.

KJ Donnelly
 KJ Donnelly
 Comptroller and Auditor General
 Northern Ireland Audit Office
 106 University Street
 Belfast
 BT7 1EU

10 July 2013

**The Regulation and Quality Improvement
Authority Statement of Accounts**

For the year ended 31 March 2013

STATEMENT OF COMPREHENSIVE NET EXPENDITURE
for the year ended 31 March 2013

	Note	2013 £	2012 £
Expenditure			
Staff costs	3.1	(6,073,952)	(5,822,990)
Depreciation	4	(50,348)	(46,606)
Other expenditures	4	(1,351,673)	(1,416,648)
		<u>(7,475,973)</u>	<u>(7,286,244)</u>
Income			
Income from activities	5.1	0	0
Other income	5.2	889,643	1,206,869
Deferred income	5.3	0	0
		<u>889,643</u>	<u>1,206,869</u>
Net Expenditure		<u>(6,586,330)</u>	<u>(6,079,375)</u>
Revenue Resource Limit (RRL)	25.1	6,588,932	6,072,364
Surplus / (Deficit) against RRL		<u>2,602</u>	<u>(7,011)</u>


OTHER COMPREHENSIVE EXPENDITURE

	Note	2013 £	2012 £
Net gain/(loss) on revaluation of property, plant and equipment	6.1/6.2/10	1,541	0
Net gain/(loss) on revaluation of intangibles	7.1/7.2/10	0	0
Net gain/(loss) on revaluation of available for sales financial assets		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2013		<u>(6,584,789)</u>	<u>(6,079,375)</u>

The notes on pages 78 to 107 form part of these accounts.

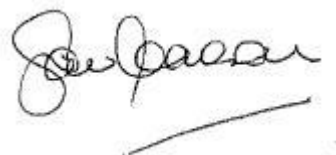
**STATEMENT OF FINANCIAL POSITION
as at 31 March 2013**

	Note	2013		2012	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	257,770		172,990	
Intangible assets	7.1/7.2	<u>4,000</u>		<u>13,333</u>	
Total Non Current Assets			261,770		186,323
Current Assets					
Trade and other receivables	12.0	17,700		13,834	
Other current assets	12.0	31,268		21,301	
Cash and cash equivalents	13.0	<u>8,063</u>		<u>24,127</u>	
Total Current Assets			57,031		59,262
Total Assets			<u>318,801</u>		<u>245,585</u>
Current Liabilities					
Trade and other payables	14.0	(1,394,054)		(510,589)	
Other liabilities	14.0	<u>0</u>		<u>0</u>	
Total Current Liabilities			(1,394,054)		(510,589)
Non Current Assets plus/less Net Current Assets / Liabilities			<u>(1,075,253)</u>		<u>(265,004)</u>
Non Current Liabilities					
Total Non Current Liabilities			0		0
Assets less Liabilities			<u>(1,075,253)</u>		<u>(265,004)</u>
Taxpayers' Equity					
Revaluation reserve		1,541		0	
SoCNE reserve		<u>(1,076,794)</u>		<u>(265,004)</u>	
			<u>(1,075,253)</u>		<u>(265,004)</u>



**Glenn Houston
Chief Executive**

Date: 4 July 2013



**Ian Carson
Chairman**

Date: 4 July 2013

The notes on pages 78 to 107 form part of these accounts.

STATEMENT OF CASH FLOWS
for the year ended 31 March 2013

	Note	2013 £	2012 £
Cash flows from operating activities			
Net expenditure after interest		(6,586,330)	(6,079,375)
Adjustments for non cash costs	25.1	74,131	83,024
(Increase)/decrease in trade and other receivables	12.0	(13,833)	5,281
Less movements in receivables relating to items not passing through the SCNE			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories		0	0
Increase/(decrease) in trade payables		883,465	143,598
Less movements in payables relating to items not passing through the SCNE			
Movements in payables relating to the purchase of property, plant and equipment		(38,355)	(27,285)
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions		0	0
Net cash outflow from operating activities		(5,680,922)	(5,874,757)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	(95,682)	(15,202)
(Purchase of intangible assets)		0	0
Proceeds of disposal of property, plant & equipment		0	0
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Net cash outflow from investing activities		(95,682)	(15,202)
Cash flows from financing activities			
Grant in aid		5,760,540	5,910,000
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net financing		5,760,540	5,910,000
Net increase (decrease) in cash & cash equivalents in the period		(16,064)	20,041
Cash & cash equivalents at the beginning of the period	13	24,127	4,086
Cash & cash equivalents at the end of the period	13	8,063	24,127

The notes on pages 78 to 107 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS EQUITY
for the year ended 31 March 2013

	Note	SoCNE Reserve	Revaluation Reserve	Total
		£	£	£
Balance at 31 March 2011		<u>(115,949)</u>	<u>0</u>	<u>(115,949)</u>
Changes in Taxpayers Equity 2011-12				
Grant from DHSSPS		5,910,000	0	5,910,000
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(6,079,375)	0	(6,079,375)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	<u>20,320</u>	<u>0</u>	<u>20,320</u>
Balance at 31 March 2012		<u>(265,004)</u>	<u>0</u>	<u>(265,004)</u>
Changes in Taxpayers Equity 2012-13				
Grant from DHSSPS		5,760,540	0	5,760,540
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(6,586,330)	1,541	(6,584,789)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	<u>14,000</u>	<u>0</u>	<u>14,000</u>
Balance at 31 March 2013		<u>(1,076,794)</u>	<u>1,541</u>	<u>(1,075,253)</u>

The notes on pages 78 to 107 form part of these accounts.

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting manual (FReM) and in accordance with the requirements of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The accounting policies follow International Financial Reporting Standards (IFRS) to the extent that it is meaningful and appropriate to RQIA. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of RQIA for the purpose of giving a true and fair view has been selected. RQIA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment where appropriate.

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, RQIA;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase

dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

- Items form part of the initial equipping and setting-up cost of a new building or Department, irrespective of their individual or collective cost

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

RQIA does not own any land or buildings nor does it occupy any provided to it by the DHSSPS.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

Depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible

non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which RQIA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Equipment	3 – 5 years
Information Technology	3 – 5 years
Furniture and Fittings	3 – 15 years
Intangible assets	3 – 10 years

Items under construction are not depreciated until they are commissioned.

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Intangible assets, such as software licences, are amortised over 5 years as short life assets.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of RQIA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, RQIA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value. Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Donated assets

With effect from 1 April 2011, DFP guidance changed the policy on donated asset reserves. The donation reserve no longer exists. What used to be contained in the donated asset reserve has moved to the Statement of Comprehensive Net Expenditure Reserve (previously known as General Reserve) and to the Revaluation Reserve. Income for donated assets is now recognised when received.

1.9 Non-current assets held for sale

RQIA does not hold any non-current assets for sale.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.10 Inventories

RQIA does not hold any inventories.

1.11 Income

Operating Income relates directly to the operating activities of RQIA and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive net Expenditure Reserve.

1.12 Investments

RQIA does not have any investments.

1.13 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of

cash with insignificant risk of change in value. RQIA holds no cash equivalent investments.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

RQIA as lessee

RQIA does not hold any Finance Leases. Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

RQIA as lessor

RQIA does not act as a lessor.

1.16 Private Finance Initiative (PFI) transactions

RQIA has no PFI transactions.

1.17 Financial instruments

Financial assets

Financial assets are recognised on the balance sheet when RQIA becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial liabilities

Financial liabilities are recognised on the balance sheet when RQIA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to our relationships with HSC Commissioners, and the manner in which we are funded, financial instruments play a more limited role within RQIA in creating risk than would apply to a non public sector body of a similar size. Therefore RQIA is not exposed to the degree of financial risk faced by business

entities. RQIA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing RQIA in undertaking activities. Therefore the HSC is exposed too little credit, liquidity or market risk.

Currency risk

RQIA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. RQIA has no overseas operations. RQIA therefore has low exposure to currency rate fluctuations.

Interest rate risk

RQIA has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of RQIA's income comes from other public sector bodies, RQIA has low exposure to credit risk.

Liquidity risk

Since RQIA receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.18 Provisions

In accordance with IAS 37, provisions are recognised when RQIA has a present legal or constructive obligation as a result of a past event, it is probable that the RQIA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

RQIA had no provisions at the 31 March 2012 or the 31 March 2013.

1.19 Contingencies

Under IAS 37, RQIA discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of RQIA, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of RQIA. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

RQIA had no contingent liabilities or assets at 31 March 2013.

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. Untaken flexi leave is estimated to be immaterial and has not been included.

Retirement benefit costs

RQIA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both RQIA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. RQIA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by RQIA and charged to the Statement of Comprehensive Net Expenditure at the time RQIA commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. A full valuation as at 31 March 2008 was completed in 2010-11.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets.

1.22 Value Added Tax

RQIA, as a Non-Departmental Public Body, cannot recover VAT incurred through the central VAT agreement.

VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third party assets

RQIA does not hold material assets belonging to third parties.

1.24 Government Grants

Government assistance for capital projects whether from UK, or Europe, were treated as a Government grant even where there were no conditions specifically relating to the operating activities of the entity other than the requirement to operate in certain regions or industry sectors. Such grants (does not include grant-in-aid) were previously credited to a government grant reserve and were released to income over the useful life of the asset.

DFP issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met. The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments

Losses and special payments are items that the Northern Ireland Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had RQIA not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Accounting standards that have been issued but have not yet been adopted

Under International Accounting Standard (IAS) 8 there is a requirement to disclose those standards issued but not yet adopted.

The International Accounting Standards Board (IASB) have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014. The application of these IFRS changes is subject to further review by Treasury and the other Relevant Authorities before due process consultation.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the NI Executive. Should this go ahead, the impact on DHSSPS and its Arms length bodies is expected to focus around the disclosure requirements under IFRS 12.

RQIA's management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

NOTE 2 - ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic purpose of RQIA is to monitor the availability, organisation and standards of health and social care services in Northern Ireland and act as a driving force in promoting improvements in the quality of these services. RQIA's Board acts as the chief operating decision maker, receives financial information on RQIA as a whole, and makes decisions on that basis. RQIA therefore reports on a single operational segment basis.

NOTE 3 - STAFF NUMBERS AND RELATED COSTS

3.1 - Staff Costs

Staff Costs comprise:

Staff costs comprise:	2013		2012	
	Permanently employed staff £	Others £	Total £	Total £
Wages and salaries	4,947,057	180,017	5,127,074	4,883,371
Social security costs	411,563		411,563	383,541
Other pension costs	578,980		578,980	556,078
Sub-Total	5,937,600	180,017	6,117,617	5,822,990
Less Capitalised staff costs	43,665		43,665	0
Total staff costs reported in Statement of Comprehensive Expenditure	5,893,935	180,017	6,073,952	5,822,990
Less recoveries in respect of outward secondments			49,128	43,511
Total net costs			6,024,824	5,779,479

Staff costs represent 82% of RQIA's expenditure.

3.2 - Average number of persons employed

The average number of whole time equivalent persons employed during the year was as follows:

	2013		2012	
	Permanently employed staff No.	Others No.	Total No.	Total No.
Administrative & clerical	140	8	148	143
Total average number of persons employed	140	8	148	143
Less average staff number relating to capitalised staff costs	1		1	0
Less average staff number in respect of outward secondments	1		1	1
Total net average number of persons employed	138	8	146	142

3.3 - Senior Employees' Remuneration

Details of senior employees' remuneration are included within the remuneration report.

3.4 - Reporting of early retirement and other compensation scheme - exit packages

There were no early retirements or awards of any compensation packages in 2012/13 or 2011/12.

3.5 - Staff Benefits

RQIA does not make any payments in relation to staff benefits.

3.6 - Trust Management Costs

Not applicable to RQIA.

3.7 Retirements due to ill-health

During 2012/13 there were no early retirements agreed on the grounds of ill-health. Therefore there are no additional pension liabilities to be borne by the HSC Pension Scheme.

NOTE 4 - OPERATING EXPENSES

Operating Expenses are as follows:

	2013	2012
	£	£
Operating Expenses are as follows:-		
Supplies and services - General	41,029	29,972
Establishment	343,772	321,716
Premises	187,017	167,658
Bad debts	0	0
Rentals under operating leases	203,290	207,447
BSO services	190,864	149,114
Training	77,679	79,003
ICT Maintenance	116,949	211,300
ICT Hardware and Software	78,934	55,075
Miscellaneous expenditure	88,357	158,945
Non cash items		
Depreciation	50,348	46,606
Amortisation	9,333	13,151
Loss on disposal of property, plant & equipment (including land)	449	2,947
Loss on disposal of intangibles	0	0
Auditors remuneration	14,000	20,320
Total	1,402,021	1,463,254

During 2012/13 RQIA made one payment to NIAO for work outside their Audit Responsibility. This related to NIAO's input to the National Fraud Initiative.

NOTE 5 - INCOME

5.1 - Income from Activities

RQIA did not receive income from activities in 2012/13 or 2011/12.

5.2 - Other Operating Income

	2013	2012
	£	£
Other income from non-patient services	5,409	14,878
Seconded staff	50,211	43,511
Donations / Government grant / Lottery funding for non current assets	0	0
Other income from Fees Levied on registered bodies	834,023	1,148,480
Total	889,643	1,206,869

5.3 - Deferred income

RQIA did not receive any deferred income in 2012/13 or 2011/12.

NOTE 6 – PROPERTY, PLANT & EQUIPMENT

6.1 – Property, plant & equipment – year ended 31 March 2013

	Plant and Machinery (Equipment)	Asset Under Construction	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2012	103,729	0	281,558	103,325	488,612
Indexation	0	0	0	1,808	1,808
Additions	0	89,779	44,257	0	134,036
Disposals	0	0	(5,362)	0	(5,362)
At 31 March 2013	103,729	89,779	320,453	105,133	619,094
Depreciation					
At 1 April 2012	83,583	0	216,735	15,304	315,622
Indexation	0	0	0	267	267
Disposals	0	0	(4,913)	0	(4,913)
Provided during the year	7,120	0	32,715	10,513	50,348
At 31 March 2013	90,703	0	244,537	26,084	361,324
Carrying Amount					
At 31 March 2013	13,026	89,779	75,916	79,049	257,770
At 31 March 2012	20,146	0	64,823	88,021	172,990
Asset financing					
Owned	13,026	89,779	75,916	79,049	257,770
Carrying Amount At 31 March 2013	13,026	89,779	75,916	79,049	257,770

None of RQIA's assets were purchased through finance leases or HP contracts.

6.2 – Property, plant & equipment – year ended 31 March 2012

	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£
Cost or Valuation				
At 1 April 2011	103,729	286,766	136,927	527,422
Indexation	0	0	0	0
Additions	0	15,676	26,811	42,487
Disposals	0	(20,884)	(60,413)	(81,297)
At 31 March 2012	103,729	281,558	103,325	488,612
Depreciation				
At 1 April 2011	76,462	202,838	68,065	347,365
Indexation	0	0	0	0
Disposals	0	(17,936)	(60,413)	(78,349)
Provided during the year	7,121	31,833	7,652	46,606
At 31 March 2012	83,583	216,735	15,304	315,622
Carrying Amount				
At 31 March 2012	20,146	64,823	88,021	172,990
At 1 April 2011	27,267	83,928	68,862	180,057
Asset financing				
Owned	20,146	64,823	88,021	172,990
Carrying Amount At 31 March 2012	20,146	64,823	88,021	172,990
Asset financing				
Owned	27,267	83,928	68,862	180,057
Carrying Amount At 1 April 2011	27,267	83,928	68,862	180,057

NOTE 7 - INTANGIBLE ASSETS

7.1 – Intangible assets – year ended 31 March 2013

	Software Licenses	Total
	£	£
Cost or Valuation		
At 1 April 2012	141,623	141,623
At 31 March 2013	141,623	141,623

Amortisation

At 1 April 2012	128,290	128,290
Indexation	0	0
Provided during the year	9,333	9,333
At 31 March 2013	137,623	137,623

Carrying Amount

At 31 March 2013	4,000	4,000
At 31 March 2012	13,333	13,333

Asset financing

Owned	4,000	4,000
Carrying Amount		
At 31 March 2013	4,000	4,000

7.2 – Intangible assets – year ended 31 March 2012

	Software Licenses £	Total £
Cost or Valuation		
At 1 April 2011	141,623	141,623
At 31 March 2012	141,623	141,623
Amortisation		
At 1 April 2011	115,139	115,139
Provided during the year	13,151	13,151
At 31 March 2012	128,290	128,290
Carrying Amount		
At 31 March 2012	13,333	13,333
At 1 April 2011	26,484	26,484

Asset financing

Owned	13,333	13,333
Carrying Amount At 31 March 2012	13,333	13,333

Asset financing

Owned	26,484	26,484
Carrying Amount At 1 April 2011	26,484	26,484

NOTE 8 - FINANCIAL INSTRUMENTS

RQIA is a non-departmental public body funded by its sponsor body in the DHSSPS and holds no powers to borrow funds or invest surplus funds. RQIA does not hold any financial instruments and is not exposed to credit, interest rate, or currency risk.

NOTE 9 - ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale in 2012/13 or 2011/12.

NOTE 10 - IMPAIRMENTS

There were no impairments in 2012/13.

NOTE 11 - INVENTORIES

RQIA does not hold any inventories.

NOTE 12 - TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 - Trade receivables and other current assets

	2013 £	2012 £
Amounts falling due within one year		
Trade receivables	17,700	13,834
Trade and other receivables	<u>17,700</u>	<u>13,834</u>
Prepayments and accrued income	31,268	21,301
Other current assets	<u>31,268</u>	<u>21,301</u>
Amounts falling due after more than one year		
Trade and other receivables	0	0
Prepayments and accrued income	0	0
Other current assets falling due after more than one year	<u>0</u>	<u>0</u>
Total Trade and Other Receivables	<u>17,700</u>	<u>13,834</u>
Total Other Current Assets	<u>31,268</u>	<u>21,301</u>
Total Receivables and other Current Assets	<u><u>48,968</u></u>	<u><u>35,135</u></u>

12.2 - Trade receivables and other current assets: Intra-Government balances

	Amounts falling due within 1 year 2012/13 £	Amounts falling due within 1 year 2011/12 £	Amounts falling due after more than 1 year 2012/13 £	Amounts falling due after more than 1 year 2011/12 £
Balances with other central government bodies	0	0	0	0
Balances with NHS /HSC Trusts	12,753	1,350	0	0
Intra-government balances	<u>12,753</u>	<u>1,350</u>	<u>0</u>	<u>0</u>
Balances with bodies external to government	36,215	33,785	0	0
Total receivables and other current assets at 31 March	<u><u>48,968</u></u>	<u><u>35,135</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

NOTE 13 - CASH AND CASH EQUIVALENTS

	2013 £	2012 £
Balance at 1st April	24,127	4,086
Net change in cash and cash equivalents	(16,064)	20,041
Balance at 31st March	8,063	24,127

The following balances at 31 March were held at	2013 £	2012 £
Commercial banks and cash in hand	8,063	24,127
Balance at 31st March	8,063	24,127

NOTE 14 - TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 - Trade payables and other current liabilities

	2013 £	2012 £
Amounts falling due within one year		
Other taxation and social security	223,239	0
Trade capital payables - property, plant and equipment	73,794	35,439
Trade revenue payables	272,982	238,511
Payroll payables	103,521	127,046
BSO payables	695,745	109,593
Other payables	24,773	0
Trade and other payables	1,394,054	510,589
Other current liabilities	0	0
Total payables falling due within one year	1,394,054	510,589
Amounts falling due after more than one year		
Total non current other payables	0	0
Total Trade Payables and Other Current Liabilities	1,394,054	510,589

14.2 - Trade payables and other current liabilities - Intra-government balances

	Amounts falling due within 1 year 2012/13	Amounts falling due within 1 year 2011/12	Amounts falling due after more than 1 year 2012/13	Amounts falling due after more than 1 year 2011/12
	£	£	£	£
Balances with other central government bodies	918,984	109,593	0	0
Balances with local authorities	1,588	2,267	0	0
Balances with NHS /HSC Trusts	753	35,061	0	0
Balances with public corporations and trading funds	0	0	0	0
Intra-government balances	921,325	146,921	0	0
Balances with bodies external to government	472,729	363,668		0
Total payables and other liabilities at 31 March	1,394,054	510,589	0	0

14.3 – Loans

RQIA did not have any loans payable at either 31 March 2013 or 31 March 2012.

NOTE 15 - PROMPT PAYMENT POLICY

15.1 - Public Sector Payment Policy - Measure of Compliance

The Department requires that NDPB's pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. RQIA's payment policy is consistent with the Better Payments Practice code and Government Accounting rules and its measure of compliance is:

	2013 Number	2013 £	2012 Number	2012 £
Total bills paid	948	1,301,475	967	964,432
Total bills paid within 30 day target or under agreed payment terms	908	1,210,600	930	884,133
% of bills paid within 30 day target or under agreed payment terms	95.8%	93.0%	96.2%	91.7%
Total Bills Paid since 1st November 2012	315	633,575		
Total bills paid within 10 day target or under agreed payment terms	214	507,972		
% of bills paid within 10 day target or under agreed payment terms	67.9%	80.2%		

Implementation of new HSC Finance systems in November 2012 enabled reporting against the 10 day target as set out in Managing Public Money. Therefore the 10 day section in the table above covers November to March only.

15.2 - The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment(s) being late	175
Amount of interest paid for payment(s) being late	38
Total	213

This is also reflected as a fruitless payment in note 26.

NOTE 16 - PROVISIONS FOR LIABILITIES AND CHARGES - 2013 & 2012

RQIA did not hold any provisions in 2012/13 or 2011/12.

NOTE 17 - CAPITAL COMMITMENTS

RQIA had no contracted capital commitments at 31 March 2013 not otherwise included in these financial statements.

NOTE 18 - COMMITMENTS UNDER LEASES

18.1 - Operating Leases

Total future minimum lease payments under operating leases are given in the table below.

	2013	2012
	£	£
Obligations under operating leases comprise		
Buildings		
Not later than 1 year	193,800	193,800
Later than 1 year and not later than 5 years	775,200	775,200
Later than 5 years	568,126	761,926
	1,537,126	1,730,926
Other		
Not later than 1 year	8,716	3,702
Later than 1 year and not later than 5 years	14,721	3,487
Later than 5 years	0	0
	23,437	7,189

18.2 - Finance Leases

RQIA does not hold any finance leases.

18.3 - Lessor Commitments

RQIA does not act as a lessor.

NOTE 19 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

19.1 - Off balance sheet PFI and other service concession arrangements schemes

RQIA has no commitments under PFI or other service concession arrangement contracts.

NOTE 20 - OTHER FINANCIAL COMMITMENTS

RQIA did not have any other financial commitments at either 31 March 2013 or 31 March 2012.

NOTE 21 - FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

RQIA is a non-departmental public body funded by its sponsor body in the DHSSPS and holds no powers to borrow funds or invest surplus funds. Therefore RQIA does not require or hold any financial guarantees, indemnities or letters of comfort. Similarly RQIA has not provided any guarantees, indemnities or letters of comfort.

NOTE 22 - CONTINGENT LIABILITIES

RQIA has no contingent liabilities.

NOTE 23 - RELATED PARTY TRANSACTIONS

RQIA is a non-departmental public Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) and is regarded as a related party.

During the 2012/13 RQIA has had various material transactions with the DHSSPS and with other entities for which the DHSSPS is regarded as the parent department, particularly with the Business Services Organisation (BSO) which provides financial, human resources, procurement and legal services to RQIA through Service Level Agreements.

During the year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with RQIA.

NOTE 24 - THIRD PARTY ASSETS

RQIA did not hold any third party assets at the 31 March 2013.

NOTE 25 - FINANCIAL PERFORMANCE TARGETS

25.1 - Revenue Resource Limit

RQIA is given a Revenue Resource Limit which it is not permitted to overspend. The Revenue Resource Limit (RRL) for RQIA is calculated as follows:

	2013	2012
	Total	Total
	£	£
HSCB	0	21,676
DHSSPS (excludes non cash)	6,514,801	5,967,664
Non cash RRL (from DHSSPS)	74,131	83,024
Total Revenue Resource Limit to Statement	<hr/>	<hr/>
Comprehensive Net Expenditure	6,588,932	6,072,364
	<hr/> <hr/>	<hr/> <hr/>

25.2 - Capital Resource Limit

RQIA is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2013	2012
	Total	Total
	£	£
Gross capital expenditure	134,036	42,487
(Receipts from sales of fixed assets)	0	0
Net capital expenditure	<hr/>	<hr/>
	134,036	42,487
Capital Resource Limit	137,346	45,000
Overspend/(Underspend) against CRL	<hr/>	<hr/>
	(3,310)	(2,513)
	<hr/> <hr/>	<hr/> <hr/>

NOTE 25.3 - Financial Performance Targets

RQIA is required to ensure it breaks even on an annual basis by containing its net expenditure to within £20,000 of RRL limits.

	2012/13	2011/12
	£	£
Net Expenditure	(6,586,330)	(6,079,375)
RRL	6,588,932	6,072,364
Surplus / (Deficit) against RRL	2,602	(7,011)
Break Even cumulative position(opening)	(21,987)	(14,976)
Break Even cumulative position (closing)	(19,385)	(21,987)
Materiality Test:		
	2012/13	2011/12
	%	%
Break Even in year position as % of RRL	0.04%	-0.12%
Break Even cumulative position as % of RRL	-0.29%	-0.36%

NOTE 26 - LOSSES & SPECIAL PAYMENTS

Type of loss and special payment	2012-13		2011-12	
	No. of Cases	£	No. of Cases	£
Cash losses				
Theft, fraud etc				
Overpayments of salaries, wages and allowances				
Other causes				
Claims abandoned				
Waived or abandoned claims				
Administrative write-offs				
Bad debts	2	430	0	0
Other				
	2	430	0	0
Fruitless payments				
Late Payment of Commercial Debt	12	213	1	30
Other fruitless payments and constructive losses	0	0		0
	12	213	1	30
Stores & Inventory losses				
Losses of accountable stores through any deliberate act	0	0	1	520
Other stores losses				
Other Equipment & Property	2	449	8	2,947
	2	449	9	3,467
Special Payments				
Compensation payments				
- Clinical Negligence				
- Public Liability				
- Employers Liability				
- Other				
Ex-gratia payments	0	0	1	20
Extra contractual				
Special severance payments				
TOTAL	16	1,092	11	3,517

26.1 - Special Payments

There were no special payments or gifts made during the year.

NOTE 27 - POST BALANCE SHEET EVENTS

There are no post balance sheet events having a material effect on the accounts.

NOTE 28 - DATE AUTHORISED FOR ISSUE

The accounting officer authorised these financial statements for issue on 10 July 2013.



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Quality Improvement
Authority

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Regulation and Quality Improvement Authority

Standing Orders

Contents

Foreword	3
Glossary of Terms	4
Standing Order One: Management Arrangements	6
Standing Order Two: Powers Reserved to the Board	11
Standing Order Three: Powers Delegated by the Board	26
Standing Order Four: Conduct of Board Business	48
Standing Order Five: Board Committees	59
Standing Order Six: Code of Conduct	74
Standing Order Seven: Standing Financial Instructions	85
Appendices	
Appendix A: Job description of Chairman	124
Appendix B: Job description of Board members	148
Appendix C: Job description of Chief Executive	180
Appendix D: Organisational Chart	185

Foreword

These Standing Orders provide the framework for the management and operation of the Regulation and Quality Improvement Authority (RQIA). They seek to ensure the maintenance of public service values and high standards of personal conduct of our Board members and staff.

These documents fulfil the dual role of protecting RQIA's interests (ensuring, for example, that all transactions maximise the benefit to the public purse) and protecting Board members and staff from any possible accusation that they have acted less than properly (provided of course that Board members and staff have followed the correct procedures outlined in them).

The format is that the role and responsibilities of RQIA and those who work in it are set out at a high level in the first instance and then greater and greater detail is provided of all the procedures and processes that are required to fulfil them. This cascading approach means that they may be used as a reference source for everything from general management arrangements to specific procedures. Good governance demands that these Standing Orders and associated documents are rigorously adhered to. RQIA will try to ensure that everyone from Board members to the most junior staff know what they cover and how to access the instructions and guidance in them.

These updated Standing Orders were authorised for use by RQIA by the Board at its meeting on 8 November 2012. They are commended to the Members and all the staff of RQIA as the basis of what we do and how we should do it.

Dr Ian Carson Glenn
Chairman Chief

Houston
Executive

8 November 2012

Glossary of Terms

Save as permitted by law, at any meeting the Chairman of the Board shall be the final RQIA on the interpretation of Standing Orders (on which he / she shall be advised by the Chief Executive or Secretary to the Board.)

Any expression to which a meaning is given in the 'Interpretation' at Article 2 of the HPSS Quality, Improvement and Regulation (NI) Order 2003 shall have the same meaning in this interpretation and in addition:

"Accounting Officer" shall be the HSC manager responsible and accountable for funds entrusted to the Board. She / he shall be responsible for ensuring the proper stewardship of public funds and assets. For RQIA this shall be the Chief Executive as specified by the Permanent Secretary as Accounting Officer of DHSSPS.

"Assembly" is the Northern Ireland Assembly and refers to Parliament if the Assembly is not in operation.

"RQIA" is the Regulation and Quality Improvement Authority.

"Board" shall mean the Chairman, and Board members, appointed by the Minister for DHSSPS.

"Budget" means a resource, expressed in financial terms, approved by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Board.

"Chairman" is the person appointed by the Minister to lead the Board and to ensure that it successfully discharges its responsibility for RQIA as a whole. The expression the 'Chairman of the Board' shall be deemed to include the member of the Board deputising for the Chairman if he / she is absent from the meeting or is otherwise unavailable.

"Chief Executive" means the chief officer of RQIA.

"Clinical and social care governance" is about organisations taking corporate responsibility for performance and will provide guarantees for the standards of clinical and social care. It is the framework within which HSC organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.

Clinical and social care governance will help those planning and delivering services to identify and build on good practice; to assess and minimise risk of untoward events; to investigate problems as they arise and to ensure that lessons are learnt. It will help professionals by ensuring that lifelong learning through continuous professional development is addressed by and within their organisation.

"Committee" shall mean a Committee created by the Board.

"Committee members" shall be persons formally appointed by the Board to sit on or to chair specific Committees.

"Department" means the Department of Health, Social Services and Public Safety

"Deputy Chairman" means a member who may be appointed by the Board to take on the Chairman's duties if the Chairman is absent for any reason.

"DHSSPS" is the Department of Health, Social Services and Public Safety

"Director" is the term applied to managers who report to the Chief Executive who are responsible for discrete areas of the work of RQIA.

"Member" shall mean persons appointed by the Minister to RQIA Board but does not include the Chairman.

"Minister" is the Minister responsible for DHSSPS.

"Nominated officer" means an officer charged with the responsibility of or discharging specific tasks within Standing Orders and Standing Financial Instructions.

"Officer" shall mean an employee of RQIA. In certain circumstances, officer may include a person who is employed by another HSC body or by a third party contracted to RQIA who carries out functions on its behalf.

"Order" shall mean the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

"Petition" is a request by an individual or body for a matter to be included on the Agenda of a Board meeting.

"Public" means any person who is not a Board member or a member of staff servicing the Board meeting and shall include any person with the status of observer.

"Secretary" means a person appointed by RQIA to have responsibility for the administration of Board Meetings.

"Executive Team" means the Chief Executive and Directors.

"SFIs" shall mean Standing Financial Instructions.

"SOs" shall mean Standing Orders.

"Virement" is the transfer of funds between budgets.

Standing Order One: Management Arrangements

1.1 Statutory Framework

1.2 Accountability Framework

1.3 Governance Framework

1.4 Financial Performance Framework

1.5 Delegation of Powers

Standing Order One: Management Arrangements

1.1 Statutory Framework

The Regulation and Quality Improvement Authority (the 'RQIA') is a body corporate, which came into existence on 1 April 2005. It was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The Order provides that RQIA has overall responsibility for monitoring and regulating a wide range of health and social care services delivered by, or on behalf of, Health and Social Care (HSC), and for monitoring the quality of care in the HSC. In particular:

RQIA is the registration authority responsible for formally approving and granting registration to persons or establishments or agencies providing or managing eligible services. Minimum care standards to be introduced by the DHSSPS ensure that service providers have a benchmark against which to measure the quality of their services. Registration, inspection and enforcement are to be carried out to consistent standards across Northern Ireland by RQIA, with statutory and independent sector services treated the same way.

RQIA has a major role to play in encouraging improvement in the quality of services commissioned and provided by HSC and other organisations. It is to promote a culture of continuous improvement and best practice through clinical and social care governance arrangements monitoring and inspection/review.

Where serious and/or persistent clinical and social care governance problems come to light, it has a key role, in collaboration with other regulatory and inspectoral bodies, to play in the investigation of such incidents and works with these bodies and service providers to ensure that appropriate remedial and preventative action is taken.

It has a duty to report to the DHSSPS on the provision of services, their availability and on the quality of care provided by HSC and other organisations delivering health and social care services.

As a statutory body, RQIA, subject to any directions given by the DHSSPS, may do anything it considers necessary in the exercise of its functions and, in particular, to co-operate with other public authorities in the United Kingdom, acquire and dispose of land or property and enter into contracts in its own name.

RQIA consists of a Chairman and other members appointed by the Minister. The Chief Executive is a member of RQIA's staff and has wide responsibilities for the general exercise of its functions. The job descriptions of the Chairman, Board members and the Chief Executive and an organisational chart are attached at Appendices A, B, C and D. RQIA may delegate its functions to a committee, sub-

committee, member, member of staff or any other person.

The principal place of business of RQIA is at:

9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

1.2 Accountability Framework

The Management Statement and Financial Memorandum (MSFM) drawn up by the DHSSPS in consultation with RQIA set out a framework covering the operations, financing, accountability and control of RQIA. The main provisions are summarised below:

- The Minister is accountable to the Assembly or Parliament for the activities and performance of RQIA and his/her responsibilities include approving its strategic objectives, reporting on its performance to the Assembly, approving and securing funds for it, making appointments to the Board and approving the appointment of the Chief Executive;
- The Permanent Secretary of DHSSPS, as the Departmental Accounting Officer, is accountable to Parliament for the funds provided to RQIA and designates the Chief Executive as RQIA's Accounting Officer (if he/she believes that the incumbent is no longer suitable for this role, the designation may be withdrawn);
- The Permanent Secretary is supported by the Safety Quality and Standards Directorate, under the guidance of the Chief Medical Officer in the DHSSPS, which also acts as the primary point of contact for RQIA;
- The Chairman of RQIA is responsible to the Minister; he/she is to ensure that RQIA's policies and actions support the wider strategic policies of the Minister and that its affairs are conducted with probity; he/she shares the corporate responsibilities of the Board with the other Board members; he/she has a particular leadership role and is to ensure that a Code of Practice for Board Members enshrining the Nolan 'seven principles of public life' is in place; communications between the Board and the Minister shall normally be through the Chairman;
- RQIA's Board has corporate responsibility for ensuring that the aims and objectives set by DHSSPS and approved by the Minister are fulfilled and promotes the efficient, economic and effective use of staff and other resources in so doing;
- The Chief Executive is responsible for the day-to-day operations and management of RQIA; he/she is designated as RQIA's Accounting Officer and is accountable to the Permanent Secretary of the DHSSPS. He/she is personally responsible for safeguarding the public funds for which he/she has charge and for ensuring propriety and regularity in the handling of those public funds;

should the Board or its Chairman contemplate a course of action which the Chief Executive considers would infringe the requirements of propriety and regularity, or does not represent prudent or economical administration, efficiency or effectiveness, he/she is to take the action prescribed in the Accounting Officer Memorandum which may include informing the Permanent Secretary as Accounting Officer of the DHSSPS.

1.3 Governance Framework

The Management Statement agreed also sets out the requirements for planning, budgeting and control. These include:

- A three-year corporate plan and annual business plan with effective reporting of its financial and non-financial performance against those plans to DHSSPS;
- Budgeting procedures as set out in the Financial Memorandum;
- The arrangements for internal audit and the setting up of an independent Audit Committee as a committee of the Board;
- The publication of an annual report and audited annual accounts;
- External audit under arrangements made by the Comptroller and Auditor General;
- Value for money examinations; and
- The management of staff with provision for whistle blowing procedures and a code of conduct for staff.

1.4 Financial Performance Framework

The Financial Memorandum and the rules set out in Government Accounting Northern Ireland (GANI) establish the financial regime within which RQIA is required to operate.

It includes the requirements to:

- Maximise income from sources other than the public purse;
- Break even on its Income and Expenditure Account year on year and to maintain its Net Current Assets;
- Stay within its cash limit for the year;
- Operate within the Resource Limits, both Capital and Revenue set by the Department;
- Remain within its delegated expenditure authorisations; and
- Comply with the Prompt Payment Code.

1.5 Delegation of Powers

Schedule I of the founding legislation provides for the delegation of functions by RQIA. The management arrangements for RQIA have been established through the retention of some specified powers by the Board and through the delegation of other powers. These are set out as follows:

Standing Order One: Management Arrangements

- Powers Reserved to the Board; and
- Powers Delegated by the Board

Standing Order Two: Powers Reserved to the Board

2.1 Strategic Direction

2.2 Monitoring Performance

2.3 Financial Stewardship

2.4 Corporate Governance and Personal Conduct

2.5 Appointment of Senior Executives

2.6 Effective Communication

2.7 Statutory Functions

Standing Order Two: Powers Reserved to the Board

The Management Statement agreed between the DHSSPS and RQIA identifies the key corporate responsibilities of the Chairman and members of the Board. These may be defined as follows.

- 2.1 Strategic Direction: to set the strategic direction of the organisation within the overall policies and priorities of the HSC, approve its annual and longer term objectives and agree plans to achieve them.
- 2.2 Monitoring Performance: to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken as necessary.
- 2.3 Financial Stewardship: to ensure effective financial stewardship through value for money, financial control and financial planning and strategy.
- 2.4 Corporate Governance and Personal Conduct: to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation.
- 2.5 Appointment of Senior Executives: to put in place systems to appoint, appraise and remunerate senior executives.
- 2.6 Effective Communication: to ensure that there is effective communication between RQIA and stakeholders both directly and through the media.
- 2.7 Statutory Functions: to oversee the discharge of the statutory functions of the organisation.

The 'Schedule of Powers Reserved to the Board' (see below) is designed to enable the Board to fulfil the seven key areas of corporate responsibility outlined above.

The matters specified shall not be interpreted so as to exclude any other issues which it might be appropriate, because of their exceptional nature, to bring to the Board.

The Chairman shall determine, in consultation with the Chief Executive, whether matters other than those set out in the following schedule of powers reserved to the Board shall be brought to the Board for consideration.

Schedule of Powers Reserved to the Board

ITEMS	RESPONSIBILITY CONSTRAINTS		SUBMITTED BY
2.1 Strategic Direction			
Corporate Plan	Approve objectives, key performance indicators and strategy for the period 2012/15.	Reflect statutory duties and duties or priorities set by Department in line with Public Service Agreement. Review of performance for previous 2-5 years per timetable agreed with DHSSPS.	Chief Executive
Business Plan	Approve business plan.	Key targets and milestones for year ahead. Resources allocated to specific objectives and highlighted in budget. By 31 March each year.	Chief Executive

ITEMS RES	PONSIBILITY	CONSTRAINTS	SUBMITTED BY
2.2 Monitorin g Performance			
Annual Report with Annual Accounts	Approve report and accounts.	Operating and financial review of the performance of RQIA in the preceding financial year in relation to the objectives set by the Department and those contained in its own Business Plan. To be signed by Chairman and Chief Executive. Provided to Auditor and submitted to Department in accordance with timetable for annual accounts.	Chief Executive / Director of Corporate Services
Staffing Levels	Monitor staffing levels and approve submission to Equality Commission.	Submission of three yearly returns to Equality Commission.	Chief Executive / Director of Corporate Services
Complaints Monitoring	Monitor complaints handling and approve annual report.	Annual report to Department.	Chief Executive / Director of Corporate Services

ITEMS RES	PONSIBILITY	CONSTRAINTS	SUBMITTED BY
2.3 Financial Stewardship			
Financial Plan – Revenue	Approve annual recurrent and non-recurrent budgeted expenditure.	In accordance with forecast income and grant-in-aid agreed with Department. Related to Corporate Plan, objectives and key performance indicators. By 31 March each year.	Chief Executive / Director of Corporate Services
Financial Plan - Capital	Approve capital expenditure proposals.	Within capital funds approved by Department. Based on economic appraisals/business plans. By 31 March each year or as soon as possible after allocation is notified.	Chief Executive / Director of Corporate Services
Additions/Revision to Financial Plans In-Year	Approve any material revenue additions/revisions or capital proposals arising in year.	Within available revenue or capital resources as agreed with Department. Includes transfers in revenue budgets. Based on economic appraisals/business plans.	Chief Executive/Director of Corporate Services
Revenue and Capital Expenditure	Review Balance Sheet, revenue budget reports and capital expenditure statement.	Monthly. Director	of Corporate Services

Standing Order Two: Powers Reserved to the Board

Audit Committee Minutes	Consider and approve the minutes of Audit Committee.	Receive oral report from Chairman of Committee following each Audit Committee meeting. Minutes submitted after endorsement by Committee at subsequent meeting.	Director of Corporate Services
Annual Accounts (and Summary in the Annual Report)	Approve for submission to Department and for inclusion in Annual Report.	Recommended for approval by Audit Committee (together with reconciliation to Financial Plan approved by Board for financial year reported in Accounts). In light of assurance on Internal Control. To meet Department's timetable for submission.	Chief Executive / Director of Corporate Services
External Audit Management Letter	Consider Management Letter recommendations. Approve action plan and response to External Auditor.	Recommendation by Audit Committee. By end October each year.	Chief Executive / Director of Corporate Services
Fraud Prevention and Detection	Approve Policy and Plan.	Recommended for approval by Audit Committee. Annually in March.	Chief Executive / Director of Corporate Services
Value for Money	Review Annual Plan.	By 31 March each year. Including appraisal of previous year's performance.	Chief Executive / Director of Corporate Services.

ITEMS RES	PONSIBILITY	CONSTRAINTS	SUBMITTED BY
2.4 Corporate Governance and Personal Conduct			
Annual Statement on Internal Control	Receive assurance on adequacy and effectiveness of system of internal control.	From Audit Committee. Annually, with Accounts for approval. For signature by Chief Executive.	Chief Executive / Director of Corporate Services
Annual Risk Management Plan and Report	Approve for submission to Department.	Recommended for approval by Audit Committee to meet Department reporting timetable.	Chief Executive / Director of Corporate Services
Annual Review of Governance Arrangements	Consider and approve.	Recommended for approval by Audit Committee. By 31 March each year.	Chief Executive / Director of Corporate Services
Schedule of Matters Reserved to the Board	Approve new or revised versions.	Following consideration & approval by Audit Committee.	Chief Executive / Director of Corporate Services

Standing Order Two: Powers Reserved to the Board

Scheme of Delegation of Powers	Approve new or revised versions.	Following consideration & approval by Audit Committee.	Chief Executive / Director of Corporate Services
Scheme of Delegation of Specific Statutory Functions	Approve new or revised versions.	Within 3 months of new legislation being implemented.	Chief Executive / appropriate Director
Standing Financial Instructions	Approve new or revised versions.	Following consideration & approval by Audit Committee.	Chief Executive / Director of Corporate Services
Conduct of Board Meetings	Approve new or revised versions.	As required.	Chief Executive / Director of Corporate Services

Standing Order Two: Powers Reserved to the Board

Board Committees	<p>Approve establishment, terms of reference, membership & reporting arrangements of Board Committees:</p> <ul style="list-style-type: none"> • Audit Committee; • Appointments and Remuneration Committee; • Other 	Following recommendation for approval by Audit Committee.	Chief Executive / Director of Corporate Services
Board Sub Committees (defined as a committee of a Committee)	Approve establishment, terms of reference, membership & reporting arrangements of Board Sub Committees	Following recommendation for approval by Audit Committee.	Chief Executive / Director of Corporate Services
Declaration of Chairman and Members' Interests	Board Members' Interests to be declared and recorded in minutes	<p>Within 4 weeks of a change or addition; to be entered in Register available for scrutiny by public in RQIA offices or at Board meetings And on Internet and website</p>	Board Members

Standing Order Two: Powers Reserved to the Board

Code of Conduct	Approve measures to ensure that all RQIA members and staff are aware of the public service values which must underpin their conduct.	As required.	Chief Executive / Director of Corporate Services
Whistle-blowing Policy	Ensure arrangements are in place to guarantee that concerns expressed by RQIA members and staff and others are fully investigated and acted upon as appropriate and that all RQIA members and staff are treated with respect.	As required.	Chief Executive / Director of Corporate Services

ITEMS RES	PONSIBILITY	CONSTRAINTS	SUBMITTED BY
2.5 Appointment of Senior Executives			
Senior Executive Appointments	Ensure that adequate and effective arrangements are made for the composition of interview panels for the appointment of Senior Executives.	Panel composition, conduct of interviews and selection in accordance with selection and recruitment policies.	Chief Executive
Terms and Conditions	Approve decisions of the Appointments and Remuneration Committee.	In accordance with such terms and conditions of service as may be determined by the Department.	Chairman of Board
Remuneration	Approve decisions of the Appointments and Remuneration Committee for the total remuneration package of Senior Executives to assure compliance with Ministerial / Departmental direction.	Annually in line with current approved terms including Salary review and Performance Related Pay arrangements and termination payments if applicable.	Chairman of Board

Standing Order Two: Powers Reserved to the Board

ITEMS RES	PONSIBILITY	CONSTRAINTS	SUBMITTED BY
2.6 Effective Communication			
Board Meetings	To hold meetings in public.	A minimum of five times per year as agreed by Board. Only exceptional categories of items to be considered in a section of the meeting not open to the public.	Chairman
Communications Strategy	Approve.	To be reviewed at least annually.	Chief Executive

ITEMS RES	PONSIBILITY	CONSTRAINTS	SUBMITTED BY
2.7 Statutory Functions			
All functions of RQIA determined by Statute	Review of significant actions and decisions arising out of statutory functions as defined by HSC (Quality, Improvement and Regulation) Order 2003 and dependent Regulations.	Functions and powers delegated through Statutory Scheme of Delegation and reported upon as detailed in these Standing Orders.	Chief Executive / Directors
Annual Report of RQIA	Approve annual report to DHSSPS.	In accordance with HSC (Quality, Improvement and Regulation) Order 2003 Article 7 (1). The way in which RQIA has exercised its functions in the preceding financial year. As soon as possible after the end of the financial year.	Chief Executive

Standing Order Two: Powers Reserved to the Board

<p>Returns on Registration of persons in respect of Establishments and Agencies</p>	<p>Consider statistical returns on registrations granted, refused or cancelled.</p>	<p>Schedule of activity of RQIA in relation to the provisions of HSC (Quality, Improvement and Regulation) Order 2003, Articles 12 – 20 inclusive. Quarterly at next convenient Board meeting.</p>	<p>Chief Executive / Director of Corporate Services</p>
<p>Reports on Urgent Procedures for Cancellation of Registration and Appeals to the Care Tribunal</p>	<p>Review cases involving emergency measures.</p>	<p>Reports on urgent cancellations of Registration under Article 21 of the Order. Reports on Appeals to the Care Tribunal. At first available Board meeting. In confidential section of meeting until matter is finalised.</p>	<p>Chief Executive / Panel of Members and Officers</p>

Standing Order Two: Powers Reserved to the Board

<p>Returns on Reviews, Inspections and Investigations.</p>	<p>Consider a statistical return on these functions.</p>	<p>Schedule of activity of RQIA in relation to the provisions of HSC (Quality, Improvement and Regulation) Order 2003, Articles 35 (1). Quarterly at next convenient Board meeting.</p>	<p>Chief Executive / Directors</p>
<p>Reports on Special Measures and Improvement Notices</p>	<p>Consider reports on any such cases.</p>	<p>Reports on recommendations to the Department concerning special measures to be taken by a body or service provider in relation to Article 35 paras (3) – (6) inclusive of the Order. Reports on Improvement Notices issued under Article 39 of the Order. At first available Board meeting.</p>	<p>Chief Executive / Directors</p>

Standing Order Three: Powers Delegated by the Board

3.1 Arrangements for Delegation

3.2 Emergency Powers

3.3 Delegation to Committees

3.4 Delegation of Statutory Functions

3.4.1 Registration of Establishments and Agencies

3.4.2 Inspection of Establishments and Agencies

3.5 Delegation to Chief Executive

3.5.1 Chief Executive's Scheme of Delegation

3.5.2 Administrative Scheme of Delegation

3.5.3 Financial Scheme of Delegation

Standing Order Three: Powers Delegated by the Board

3.1 Arrangements for Delegation

Subject to such directions as may be given by the DHSSPS and the powers reserved to itself, the Board may make arrangements for the exercise of any of its functions by a Committee or sub-Committee or by the Chief Executive, in each case subject to such restrictions and conditions as the Board thinks fit.

All delegated functions relating to financial matters are governed by Standing Financial Instructions.

Where functions are delegated: this means that although the carrying out of the function (i.e. day to day operation) is delegated RQIA retains the responsibility for that function.

The arrangements made by the Board as set out in the "Powers Reserved to the Board and Powers Delegated by the Board" (SOs 2&3) as well as Standing Financial Instructions shall be considered as being incorporated in these Standing Orders.

3.2 Emergency Powers

An emergency is any situation where a decision or action is required to protect the reputation or finances of RQIA, or to ensure its proper operation, which, for genuine reasons of urgency, cannot be postponed until the next ordinary meeting of the Board. In such an emergency, the Chairman and the Chief Executive in consultation with at least two other members may exercise the powers of RQIA. In the absence of the Chairman and the Chief Executive, the powers of RQIA may be exercised by any two members of the Executive Team in consultation with at least two members (of the board). They should also take steps to inform as many members as possible by e-mail or other means within 48 hours. The exercise of such powers shall be reported to the next ordinary meeting of the board, together with an explanation of the need for the urgent action or decision.

3.3 Delegation to Committees

The Board shall agree any amendment to the delegation of executive powers to be exercised by Committees or sub-Committees which it has formally constituted, as part of the annual review of Standing Orders, or as required. The Board shall approve the constitution and terms of reference of these Committees or sub-Committees and their specific executive powers. (Standing Order 5).

3.4 Delegation of Statutory Functions

All the statutory powers and functions of RQIA shall be exercised by the Chief Executive in accordance with the HSC (Quality,

Improvement and Regulation) Order 2003, Article 9 with the exception of those listed below which are delegated to panels appointed by the Board which include the Chief Executive:

- Refusal or Cancellation of Registration of persons in respect of establishments or agencies (including the urgent procedure);
- Recommendations to the Department for special measures in respect of a statutory body or service provider.

These arrangements are set out in the next section of this standing order.

3.4.1 Registration of Establishments and Agencies

ITEM		RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
3.4.1.1	Registration of Establishments and Agencies	The power to grant registration, vary conditions of registration, impose additional conditions, issue registration certificates and charge fees.	HSC (Quality, Improvement and Regulation) Order 2003, Article 14 and dependent Regulations. Make a quarterly statistical return to the Board on registrations.	Chief Executive
3.4.1.2	Refuse or cancel the registration of Establishments and Agencies	The decision to refuse or cancel registration.	HSC (Quality, Improvement and Regulation) Order 2003, Articles 14 and 15. Report to the next Board meeting on any refusals or cancellations of registration.	A panel of two Board members, the Chief Executive and one Director The panel is empowered to act providing at least one Board Member and the Chief Executive or one Director is available.
3.4.1.3	Urgent cancellation of the registration of Establishments or Agencies	Operation of the urgent procedure for cancellation of the registration of a person in respect of an establishment or agency, varying or removing a condition of registration or	The application to a Lay Magistrate shall be presented to the panel by the Chief Executive or (in his/her absence) the Director and shall include: <ul style="list-style-type: none"> • A copy of the most recent inspection report. 	A panel of two Board Members, the Chief Executive and a Director The panel is empowered to act providing at least one

Standing Order Three: Powers Delegated by the Board

ITEM		RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
		<p>imposing an additional condition.</p>	<ul style="list-style-type: none"> • The proposed application. • Any legal opinion obtained. <p>The panel shall determine whether or not, it is/is not satisfied that there is a serious risk to a person's life, health or well-being.</p> <p>If it is satisfied that such a risk exists, the panel shall authorise an application to be made to a Lay Magistrate on behalf of RQIA. In any event, it shall make a report to the next Board meeting on the circumstances, its deliberations and the outcome.</p> <p>The panel shall be serviced by the Secretary to the Board who shall:</p> <ul style="list-style-type: none"> • Convene the panel • Make a record of the proceedings (verbatim if legally advised to do so) • Arrange for any order to be served upon the person registered in respect of the establishment or Agency • Forward the report of the panel to the Board. 	<p>Board Member and the Chief Executive or one Director is available.</p>

Standing Order Three

3.4.2 Inspection of Establishments and Agencies

ITEMS		RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
3.4.2.1	Inspection, review and investigation in respect of statutory bodies and providers.	Carry out the functions set out in HSC (Quality, Improvement and Regulation) Order 2003, Article 35	With the exception of paras (3) – (6) inclusive for which provision is made below.	Chief Executive
3.4.2.2	Report to the Department on unacceptably poor quality or significant failings.	Take a view that the health and personal social services under consideration are of an unacceptably poor standard or that there are significant failings in the running of the services. May recommend that the Department take special measures.	HSC (Quality, Improvement and Regulation) Order 2003, Article 35, paras (3) – (6) inclusive set out the circumstances in which a report must be made. Information in support of the view taken shall be presented to the panel by the Chief Executive or (in his/her absence) the Director and shall include: <ol style="list-style-type: none"> 1. The inspection, review or investigation report. 2. Any proposed recommendation to the Department to take special measures (if applicable). 3. Any legal opinion obtained. 	A panel of two Board members, the Chief Executive and one Director. The panel is empowered to act providing at least one Board Member and the Chief Executive or one Director is available

Standing Order Three: Powers Delegated by the Board

ITEMS		RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
			<p>The panel shall determine whether or not, on the basis of the information received, it is/is not satisfied that the view taken is justified.</p> <p>If it is satisfied that the view is justified, the panel shall authorise the issue of the Report (including on behalf of RQIA).</p> <p>In any event, it shall make a report to the next Board meeting on the circumstances, its deliberations and the outcome.</p> <p>The panel shall be serviced by the Secretary to the Board who shall:</p> <ol style="list-style-type: none"> 1. Convene the panel 2. Make a record of the proceedings (verbatim if legally advised to do so) 3. Arrange for the report to be sent to the Department. 4. Forward the report of the panel's proceedings to the Board. 	

3.5 Delegation to Chief Executive

Schedule I of the 2003 Order provides that the Chief Executive of RQIA “shall be responsible ... for the general exercise of its functions”.

The Chief Executive shall exercise all those functions of RQIA that are not reserved to the Board or delegated to a Committee, sub-Committee or panel by the Board.

The Chief Executive shall determine which of these remaining functions he / she shall perform personally and shall delegate to nominated officers the remaining functions. He / she shall retain accountability for them to the Board. The Director of Corporate Services, Director of Regulation and Nursing, Director of Reviews and Medical Director and the Director of Mental Health and Learning Disability and Social Work shall report to the Chief Executive. This will be the Executive Team of RQIA.

- 3.5.1** The Chief Executive shall prepare a Scheme of Delegation identifying his / her proposals for delegation of powers to nominated officers. This Scheme and any subsequent amendments to it shall be considered by the Board, revised as necessary and approved by it. (See page 35)
- 3.5.2** The Chief Executive shall prepare an Administrative Scheme of Delegation (see page 37)
- 3.5.3** The Chief Executive shall prepare a Financial Scheme of Delegation (see page 46)

Standing Order 3.5.1 Chief Executive's Scheme of Delegation

ITEM		RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
3.5.1.1	Corporate Operational Matters	Matters which impact on the corporate operational performance of RQIA.	Timely submission required from appropriate lead Director or joint submission.	Executive Team
3.5.1.2	Business plan – Preparation for submission to the Board	An accessible statement of RQIA's purpose, values and goals; and key actions to be undertaken by RQIA.	To be prepared annually in line with Government proposals.	Executive Team
3.5.1.3	Lead and Manage Individual Directorates/Departments	The operational management of individual directorates including leadership and development.	Responsive to corporate needs.	Executive Team
3.5.1.4	Appointment of Staff	Individual Directorates / Departments to assess need for the appointment of staff and manage the selection and recruitment process consistent with agreed HR policies.	Confirmation of funding availability by Director of Corporate services and approval to appoint by Chief Executive.	Executive Team
3.5.1.5	Financial Performance of Directorate's/Department's Operations	Management of individual Directorate's / Department's performance to achieve agreed targets within budget.	Individual budgets may be set and agreed with Chief Executive and approved annually by Board.	Executive Team

Standing Order Three: Powers Delegated by the Board

ITEM		RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
			Monthly reporting to budget holders by Director of Corporate Services	
3.5.1.6	Approval of RQIA policies and procedures	Executive Team Policy Group to approve RQIA policies and procedures.	Board approval of specified policies is required as designated in the "Scheme of Delegation for RQIA Policies"	Executive Team

3.5.2 Administrative Scheme of Delegation

3.5.2.1 Custody of Seal

The Common Seal of RQIA shall be kept by the Chief Executive [or Secretary] in a secure place.

3.5.2.2 Sealing Documents

The Seal of RQIA shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board or of a Committee, thereof or where the Board has delegated its powers. Before any building, engineering, property or capital document is sealed it must be approved and signed by the Director of Corporate Services (or an officer nominated by her / him) and authorised and countersigned by the Chief Executive (or an officer nominated by her / him who shall not be within the originating department).

3.5.2.3 Register of Sealing

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing).

3.5.2.4 Signature of Documents

Where the signature of any document shall be a necessary step in legal proceedings involving RQIA, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary RQIA to some other person for the purpose of such proceedings.

The Chief Executive or nominated officers shall be authorised, by resolution of the Board, to sign on behalf of the Board any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board or any Committee, sub-committee or standing Committee thereof or where the Board has delegated its powers on behalf of the Board.

3.5.2.5 Delegation of Budgets

	ITEMS RES	PONSIBILITY	CONSTRAINTS	DELEGATED TO
3.5.2.5	Budgets for Pay and Non-Pay Expenditure	Commitment of expenditure within categories and amounts set out in budgets.	<p>Within Limits laid down for categories of expenditure.</p> <p>Payroll budgets included costed staffing levels which become funded establishment when approved.</p>	Chief Executive who may further delegate to Directors and Heads of Departments or Named Officers.

3.5.2.6 Procedure for Delegating Power to Authorise and Approve Non-Pay Expenditure

3.5.2.6.1 RQIA to initiate expenditure and approve payments

RQIA to initiate expenditure and to approve the payment of invoices is delegated to the Chief Executive who delegates it to Directors and Heads of Department. They in turn may delegate these powers to named officers in their directorates or departments.

Each Director or Departmental Head shall nominate appropriate officers and the Director of Corporate Services will compile a comprehensive list. The list (including specimen signatures) will be copied to BSO Regional Supplies Service and the payments section at BSO Finance. A copy shall be retained in each Directorate or Department for reference. The list shall be amended as necessary and reviewed at least annually; a revised version will be distributed.

Expenditure in each specified category is only permitted within the budget provided for it.

The delegated officers shall observe the limits delegated to them on the list, which shall not be exceeded without express approval of the Chief Executive. They must also note their responsibilities in authorising expenditure to be incurred by RQIA.

3.5.2.6.2 Routine Expenditure

Definition _____

This is expenditure on goods and services for which a budget is provided and which is usually initiated by requisition and repeated periodically. Examples would include office supplies and consumables together with the maintenance of equipment and other establishment costs.

Expenditure Limits

None. Within budgets.

3.5.2.6.3 Non-Routine Expenditure

Definition _____

This is expenditure which occurs on a once-only or occasional basis for which a budget may be provided. It may include books, periodicals, courses, travel, and equipment costing less than £5000.

Expenditure limits

As provided by the Scheme of Delegation within the budget or

approved funding.

No Budget or Approved Funding:

If no budget or specifically approved funding exists for any such proposed expenditure, a Director or Department Head is to consult the Director of Corporate Services to identify a possible source of funds. A submission may then be prepared for the Executive Team seeking the authorisation of the Chief Executive for the proposed expenditure and its funding.

Specific Items

Individual procedures apply for the following:

- Use of Management Consultants
- Use of Messenger Services
- Use of Taxis
- Single Tender Actions

3.5.2.6.4 Capital Expenditure

Definition

Capital expenditure is defined in The HSC Capital Accounting Manual, March 2004 (see paras.2.2-2.3).

The essential elements are that there is a tangible asset capable of use for more than one year and that the expenditure exceeds £5,000.

Expenditure Limits

As provided by the Scheme of Delegation within the budget or approved funding.

3.5.2.6.5 Quotations and Tendering of Non-pay Expenditure

Delegated Expenditure Limit

These delegated expenditure limits have been agreed by DFP.

PURCHASING ALL GOODS AND SERVICES

Delegated RQIA for the Purchase of Goods and Services

(All costs exclude VAT)

<u>THRESHOLDS</u>	<u>NUMBER / TYPE OF TENDER REQUIRED</u>	<u>AUTHORISATION</u>
Up to £1,000	1 or 2 Oral Quotations depending on the need to have a	An officer of RQIA nominated by the Chief Executive

		price comparison (fax or e-mail confirmation should be obtained)
£1,000 - £10,000	3 Selected Tenders	An officer of RQIA nominated by the Chief Executive
>£10,000-£30,000	4 Selected Tenders	The Chief Executive or Director of Corporate Services.
> £30,000 – EU thresholds	Publicly advertised open or restricted tender competition	The Chief Executive.

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, RQIA should undertake a comprehensive business case for all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

Where RQIA is unable to obtain a sufficient number of tenders, it must seek the advice of the Director of the Regional Supplies Service.

CAPITAL PROJECTS (EXCLUDING IT)

The Chief Executive may authorise capital expenditure on discrete capital projects of up to £10,000. Capital projects over this amount require the approval of the Department, and may be subject to quality assurance by DFP if requested. Capital projects over the delegated limit for the Department (see DAO (DFP) 06/05) will require approval by the Department and DFP.

Capital projects over the delegated limit for DHSSPS approval (see DAO(DFP) 06/05) may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the Department and DFP.

APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The purchase of IT equipment and systems should be in line with guidance contained in DAO (DFP) 33/03 and the subject of competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated RQIA for each IT project is set out in Table 2.

Delegation Arrangements for Information Technology Projects, System and Equipment (All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £10,000	The Chief Executive
£10,000-£500,000	The Chief Executive with prior approval from the Department
Projects over £500,000	The Chief Executive with prior approval from the Department and DFP

3.5.2.6.6 Engagement Of External Consultants

General

RQIA should follow guidance in HSS (F) 20/06 and any subsequent guidance as may be issued by DFP or the Department.

RQIA will provide the Department with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

All assignments expected to exceed £50,000 will also be subject to Ministerial approval, and those expected to exceed £75,000 will be subject to both Ministerial and DFP approval.

Economic appraisal

A full business case should be prepared for all consultancy

assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold.

3.5.2.6.7 Disposal of Surplus Equipment

RQIA is authorized to dispose of by sale or otherwise any articles up to a value of £10,000 of any description, subject to the requirements set out in paragraphs 16-19.

3.5.2.6.8 Lease and Rental Agreements

Prior Departmental approval must be secured for all property and finance leases (see paragraphs 80 and 81).

3.5.2.6.9 Losses and Special Payments

Delegated limits to HSC bodies/Non-Departmental Public Bodies to write off losses and authorise special payments

Limits of RQIA (per case)

The Chief Executive, with prior approval from the Department, will have RQIA to write off losses and make special payments up to:

Losses

- | | | |
|----|---|---------|
| 1. | Cash losses | £10,000 |
| 2. | Losses of equipment or property in stores or in use | £10,000 |
| 3. | Constructive losses and fruitless payments. | £10,000 |
| 4. | Bad debts and claims abandoned or waived | £10,000 |

Special Payments

- | | | |
|----|---|------------------|
| 5. | Compensation payments | |
| | (a) made under legal obligation (court order) | Complete |
| | (b) where legal advice is that RQIA should not fight a court action because it is unlikely to win and all relevant guidance has been applied. | Inc costs £5,000 |

(c) damage or loss of personal property of staff £2,000

6. Ex-gratia payments:-

(a) extra-contractual payments to contractor Nil

(b) maladministration where there was no financial loss by claimant Nil

(c) Other ex-gratia payments (including Personal Injury not covered at 5b) £10,000

7. Extra-statutory payments Nil

NOTE: All cases which result in repair work costing more than £2,000 should be notified to the Department

For all cases outside these limits, the approval of the Department and, where appropriate, DFP, is necessary before any write-off or special payment can be action.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the Chief Executive and the Department where appropriate.

At the end of each financial year RQIA shall submit to the Department a statement of the annual losses incurred and special payments made.

3.5.3 Financial Scheme of Delegation

3.5.3.1 Procedure for Delegation of Budgets

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and accompanied by a clear definition of:

- a) the amount of the budget;
- b) the purpose of each budget heading;
- c) individual and group responsibilities;
- d) RQIA to exercise virement (transfer of funds) within total revenue or total capital;
- e) achievement of planned levels of service; and
- f) the provision of regular reports.

(Standing Financial Instructions, para. 5.3)

Principles of delegation

Control of a budget shall be set at a level at which budget management can be most effective.

Whilst the Chief Executive retains overall responsibility for budgets, they may be delegated to directorates and departments. In turn, Directors and Heads of Department may delegate the management of a budget to officers under their span of control.

A list of the officers so authorised shall be forwarded to the Director of Corporate Services.

General

All expenditure is to be included in the budgetary system and all items must be coded to a budget heading.

Where additional funding is required outside the budgetary framework for prospective expenditure the relevant director or department head shall prepare a submission to the Executive Team.

Timetable

The Director of Corporate Services shall have discussions with designated holders in February and March of each year and submit proposed budgets to the Chief Executive for approval in March of each year. The delegation of budgets shall be arranged before 1 April each year.

Virement

The rules governing virement are important. Virement powers cannot be unlimited as otherwise the initial budgetary decisions of the Board could be nullified. Virement rules which are too restrictive, however, will not then allow the freedom to manage. The Board wishes to permit the optimum flexibility through virement, subject to its own priorities and plans.

Virement is permissible except where expressly excluded as below:-

- **no virement** between capital and revenue budgets is permitted except with the **written** permission of DHSSPS;
- no virement from a non-recurrent to a recurrent purpose is permitted;
- all non-recurrent virements must be agreed within a period of account and certainly no longer than one year;
- locally planned savings are available to the budget holder on a recurring basis at the discretion of the Director or department head involved;
- savings arising from RQIA policy changes or from imposed cuts are not available to the budget holder;
- fortuitous savings are at the disposal of budget holders in the same way as planned savings;
- where timing delays, such as the late delivery of capital equipment, mean that expenditure is not incurred in one period of account, then the "savings" are not available for virement until the postponed expenditure in the following period of account has been committed;
- Both budget holders must confirm their agreement to the Director of Corporate Services in writing and the proposed virement must then be submitted to the Executive Team to be approved by the Chief Executive.

Overspends and Underspends

The consent of the Chief Executive must be obtained before incurring any overspends which cannot be met by virement. Any funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

3.5.3.2 Authorisation to initiate and approve PAYROLL Expenditure

The power to authorise payroll expenditure is delegated to the Chief Executive as determined by the framework approved by the Appointments and Remuneration Committee on behalf of the Board.

The power to appoint a member of staff is delegated to members of the relevant interview panel provided that approval has been

obtained from the Chief Executive to initiate the recruitment process.

This applies to new posts or replacement staff for both permanent and temporary appointments.

Additional payroll costs such as overtime payments are delegated to Directors and Department Heads to authorise, providing they remain within the total funds for the individual budget concerned.

3.5.3.3 Authorisation and Approval of NON-PAY Expenditure

Financial Limits The responsibility for the authorisation and approval of non-pay expenditure for Board administration is delegated to the Chief Executive. He/she further delegates these powers to Directors and Heads of Departments within the budgets provided to them and the limits set out below.
All costs exclude VAT In turn, they may delegate them to named officers.

Not required **1. Routine Revenue Expenditure**
 Within budget limits

Up to £10,000 **2. Non-Routine Revenue Expenditure**
Within budget or ear-marked funds:
 Nominated officers

£10,000-£30,000 Chief Executive or Director of Corporate Services

£30,000 - EU Thresholds Chief Executive

No budget or ear-marked funds:
 Submission to EMT

Use of Management Consultants (and Research Contracts)

Authorisation of proposed use:

Up to £10,000 Chief Executive with prior notification to Finance Policy and Accountability Unit (FPAU)

£10,000-20,000 Chief Executive (in absence officer designated as acting), full but proportionate business case and notify FPAU.

£20,000 and above Chief Executive (in absence officer designated as acting) with prior approval of DHSSPS.

Unlimited Approval to pay:
 Chief Executive/Director of Corporate Services

	<u>3. Capital Expenditure</u>
< £50,000	Chief Executive
> £50,000	Board
	<u>4. Disposal of Board Assets</u>
< £50,000	Chief Executive
> £50,000	Board

Standing Order Four: Conduct of Board Business

- 4.1 Constitution and Remit of Board**
 - 4.1.1 Constitution**
 - 4.1.2 Remit**
 - 4.1.3 Composition of the Board**

- 4.2 Procedures for Meetings**
 - 4.2.1 Code of Practice on Openness**
 - 4.2.2 Public Board Meetings**
 - 4.2.3 Conduct of Meetings**
 - 4.2.4 Calling of Meetings**
 - 4.2.5 Setting Agenda**
 - 4.2.6 Petitions**
 - 4.2.7 Notice of Meetings**
 - 4.2.8 Notice of Motion**
 - 4.2.9 Deputations and Speaking Rights**
 - 4.2.10 Admission of the Public and Media**
 - 4.2.11 Chairman of Meeting**
 - 4.2.12 Quorum**
 - 4.2.13 Record of Attendance**
 - 4.2.14 Confidential section of meetings**
 - 4.2.15 Motions**
 - 4.2.16 Voting**
 - 4.2.17 Suspension of Standing Orders**
 - 4.2.18 Minutes**
 - 4.2.19 Committee Minutes**
 - 4.2.20 Variation and Amendment of Standing Orders**
 - 4.2.21 Potential Conflict of Interests**

Standing Order Four: Conduct of Board Business

4.1 Constitution and Remit of the Board

4.1.1 Constitution

All business shall be conducted in the name of RQIA.

All funds received in trust shall be held in the name of RQIA as corporate trustee.

4.1.2 Remit

The powers of RQIA established under statutory instruments shall be exercised by the Board.

RQIA shall define and regularly review the functions it exercises on behalf of the Minister.

RQIA has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in "Powers Reserved to the Board" (Standing Order 2) and have effect as if incorporated in the Standing Orders.

4.1.3 Composition of the Board

The Regulations for the appointment and tenure of the Chairman and Members and their terms of office are determined by the DHSSPS. Reference can be made to the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Schedule I.

The Chairman and Members are appointed in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland and their appointment is approved by the Minister responsible for DHSSPS. The composition of the Board is currently a Chairman and twelve members.

If the Chairman has ceased to hold office or is unable to perform his/her duties owing to illness, absence from Northern Ireland or any other cause, the Members of the Board may appoint one of their number as Acting Chairman or Deputy Chairman for a period until the Chairman is able to resume his/her duties or a new Chairman is appointed.

4.2 Procedures for Meetings

4.2.1 Code of Practice on Openness

The Code was issued by the DHSSPS in 1996. RQIA shall pursue its aims “to ensure that people may easily obtain an understanding of all services that are provided by the HSC and, particularly, changes to those services that may affect them or their families”.

RQIA shall accept the duty imposed on it by the Code to be positive in providing access to information; the presumption shall be in favour of openness and transparency in all its proceedings.

4.2.2 Public Board Meetings

The Board shall hold its meetings in public, although, in exceptional circumstances (SO.4.2.14), certain matters may be dealt with in a private part of the meeting. Meetings shall be held every other month. Arrangements for admission of the public and press shall be in accordance with the Code of Practice on Openness.

4.2.3 Conduct of Meetings

The meetings and proceedings of the Board shall be conducted in accordance with these Standing Orders.

The proceedings of the Board shall not be invalidated by any vacancy in its membership; a quorum is one third of the full Board membership being present.

4.2.4 Calling of Meetings

For all ordinary scheduled meetings of the Board an agenda shall be sent to members 6 clear working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but shall certainly be despatched no later than 3 clear working days save in an emergency. Failure to receive such a notice by any Member shall not invalidate the proceedings of any meeting so indicated in the notice.

Before each such meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be provided and advertised in the press and on RQIA website at least 5 clear working days before the meeting. On request from the press or a member of the public, a copy of the agenda as circulated to the Board shall be supplied but any items to be dealt with in a confidential part of the meeting shall be omitted. RQIA shall pay particular attention to the requirements of its Equality Scheme when considering all matters concerning Board meetings.

The Chairman may call a meeting of the Board for a special purpose (including in the event of an emergency) at any time. If requested in writing by at least one third of the number of members which comprise the Board, the Chairman shall call a meeting of the Board for a special purpose.

If the Chairman refuses to call a meeting or fails to do so within seven days after such a request, such one third or more members may forthwith call a meeting. In the case of a meeting called by Members in default of the Chair, the notice shall be signed by those Members and no other business other than that specified in the notice shall be transacted at the meeting. Failure to serve such a notice on more than three members of the Board shall invalidate the meeting. A notice shall be presumed to have been served one day after posting.

4.2.5 Setting the Agenda

The order of business at each routine scheduled Board meeting shall be:

- Welcome and Apologies
- Minutes of the previous meeting
- Matters arising out of minutes
- Declaration of Interests
- Chairman's Report
- Chief Executive's Report
- Financial Report
- Reports and minutes committee meetings
- Notices of Motion
- Items for information
- Any other business

4.2.6 Petitions

If RQIA receives a petition the Chairman shall include the petition as an item for the agenda of the next meeting, providing it is appropriate for consideration by the Board. The Chairman shall advise the next meeting of any petitions that are not granted and the grounds for refusal.

4.2.7 Notice of Meetings

Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted at it, and any motions relating to it, signed by the Chairman or by an officer of the Board authorised by the Chairman to sign on his behalf shall be sent to each member and to everyone on the Board meeting distribution list in accordance with the provisions for calling a meeting at 4.2.4 above.

4.2.8 Notices of Motion

With reference to matters included in the notice of meetings, a member of the Board may amend or propose a motion in writing at least 10 clear days before the meeting to the Chairman. All notices so received, shall be inserted in the agenda for the meeting subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business on the agenda.

4.2.9 Deputations and Speaking Rights

Deputations from any meeting, association, public body or an individual may be permitted to address a public meeting of the Board provided notice of the intended deputation and a summary of the subject matter is given to the Board at least two clear days prior to the meeting and provided that the Chairman of the Board agrees. The specified notice may be waived at the discretion of the Chairman.

In normal circumstances this facility shall be confined to a short statement or presentation from the members of the deputation; a copy of any such submission should be made available to RQIA prior to the meeting. The Chairman shall determine the actual allotted time and if the deputation has sufficiently covered the issue.

4.2.10 Admission of the Public and Media

RQIA shall make arrangements that encourage and facilitate attendance of the public at Board meetings. Reasonable facilities shall be made available for representatives of the press and broadcasting media to report Board meetings.

The Chairman shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press and broadcasting media so as to ensure that the Board's business shall be conducted without interruption and disruption. Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public shall be required to withdraw upon the Board resolving as follows:

“That in the interests of public order the meeting adjourns for (the period to be specified) to enable the Board to complete business without the presence of the public.”

Nothing in these Standing Orders shall require the Board to allow members of the public or representatives of the press and broadcasting media to record proceedings in any manner whatsoever, other than in writing, or to make an oral report of proceedings as they take place from within the meeting, without prior

agreement of the Chairman.

4.2.11 Chairman of Meeting

At any meeting of the Board, the Chairman, if present, shall preside. In the Chairman is unable to attend the meeting, a Board member previously nominated by the Chairman shall do so or, if no such nomination has been made, the Board members present shall choose one among their number to act as acting Chairman or Deputy Chairman.

If the Chairman is absent temporarily on the grounds of a declared conflict of interest, the same arrangements shall apply.

4.2.12 Quorum and Attendance of Employees and Others

No Board meeting may commence or continue unless at least one third of the total number (appointed or not) of its members are present.

If the Chairman or a member has been disqualified from participating in discussion of any matter and/or from voting on any resolution by reason of having declared a conflict of interest, the Chairman or member shall no longer count towards the quorum. If, as a consequence, a quorum no longer exists, the meeting must proceed to the next item of business, record what happened in the minutes and include the item that could not be discussed on the agenda for the next meeting of the Board.

The Chief Executive of RQIA and Directors shall attend Board meetings routinely by invitation of the Chairman and participate in the business as required by the Chairman. The Committee Services Manager and other staff of RQIA shall attend meetings in order to provide administrative services. No-one other than Board Members shall have voting rights at Board meetings.

4.2.13 Record of Attendance

A record of the names of the Chairman and members present at the meeting shall be noted in the minutes and, if necessary, the point at which they join, leave or resume their place at the meeting shall also be noted.

4.2.14 Confidential Section of Meetings

Without prejudice to RQIA's declared intention to follow the requirements of the Code on Openness, the Board may by resolution exclude the public or representatives of the press or broadcasting media from a meeting (whether during the whole or part of the proceedings at the meeting) on one or more of the following grounds:

- by reason of the confidential nature of the business to be transacted at the meeting;
- when publicity would be prejudicial to the public interest;
- for such other special reasons as may be specified in the resolution being reasons arising from the exceptional nature of the business to be transacted or of the proceedings at the meeting.

4.2.15 Motions

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

When a motion is under discussion or immediately prior to discussion it shall be open to a member to move:

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business (*)
- The appointment of an ad hoc Committee to deal with a specific item of business
- That the motion be now put (*)
- A motion resolving to exclude the public (including the press).

In the case of sub-paragraphs denoted by (*) above: to ensure objectivity, only a member who has not previously taken part in the debate may put motions.

No amendment to the motion shall be admitted if, in the opinion of the Chairman, the amendment negates the substance of the motion.

When an adjourned item of business is re-commenced or a meeting is reconvened, any provisions for deputations or speaking rights, not previously undertaken, or other arrangements shall be treated as though no interruption had occurred.

Withdrawal of Motion or Amendments

The proposer may withdraw a motion or amendment once moved and seconded with the concurrence of the seconder and the consent of the Chairman.

Motion to Rescind a Resolution

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding 6 calendar months, shall bear the signature of the member who gives it and also the signatures of 4 other Board members.

When any such motion has been disposed of by the Board, it shall not be appropriate for any member other than the Chairman to propose a motion to the same effect within 6 months, however the Chairman may do so if he considers it appropriate.

Chairman's Ruling

Contributions of members made at meetings of the Board must be material and relevant to the matter under discussion. The decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

4.2.16 Voting

Every item or question at a meeting shall be determined by the Chairman seeking the general assent of voting members or the expression of a wish to proceed to a vote. A vote shall be determined by the majority of the votes of the Chairman of the meeting and members present and voting on the question; in the case of the number of votes for and against a motion being equal, the Chairman of the meeting shall have a second or casting vote. No-one other than duly appointed Board members have voting rights. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

All questions put to the vote shall, at the discretion of the Chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the members present so request.

If at least one third of the members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each member present voted or abstained.

If a member so requests, his / her vote shall be recorded by name upon any vote (other than by paper ballot).

4.2.17 Suspension of Standing Orders

Except where this would contravene any statutory provision or any direction made by the Department, one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board are present and that a majority of those present vote in favour of suspension.

A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Board.

Audit Committee shall review every decision to suspend Standing Orders.

4.2.18 Minutes

Draft minutes of the proceedings of each Board meeting shall be drawn up and submitted for agreement at the next Board meeting. No discussion shall take place upon the minutes except as to their accuracy and as the Chairman may consider appropriate. Any amendment to the minutes shall be agreed and the amended version brought back to the next meeting to be finally agreed and recorded. Agreed Minutes are to be signed as an accurate record by the Chairman of the meeting.

Agreed minutes providing a record of a public Board meeting shall be made available to the public or media upon request, as required by the Code of Practice on Openness in the HSC.

4.2.19 Committee Minutes

The minutes of Board Committee meetings shall be brought to the Board once they have been approved by the Committee. Copies of minutes will be presented to the Board for approval except where considerations of confidentiality preclude that from being done.

At the Board meeting following the meeting of the committee the committee Chairman will give a verbal update of the meeting in the absence of full minutes being available.

4.2.20 Variation and Amendment of Standing Orders –

These Standing Orders shall be amended only if:

- a notice of motion under the appropriate Standing Order has been given; and
- the proposed amendment is set out in a paper sent out with the Agenda for the meeting; and
- no fewer than half of the Board members present vote in favour of amendment; and
- at least two-thirds of the Board members are present; and
- the variation proposed does not contravene a statutory provision or direction made by the Department.

4.2.21 Potential Conflict of Interests

Subject to the following provisions of this Standing Order, if the Chairman or a Board member has any potential conflict of interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he / she shall, at the meeting, and as soon as practicable after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision, and he / she shall withdraw from the meeting while the consideration or

discussion of the contract or other matter and the vote is being taken.

In **exceptional circumstances** the individual who has declared a potential conflict of interest may be asked by the Chairman to remain for the discussion if their expertise is specifically required to inform the other members in their discussions. This expert advice shall be restricted to the giving of factual and objective information before withdrawing while the decision and vote is taken.

The Department may, subject to such conditions as the Department may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to be in the interests of the HSC that the disability shall be removed.

The Board may exclude the Chairman or a Board member from a meeting of the Board while any contract, proposed contract or other matter in which he / she has a pecuniary interest, is under consideration.

Any remuneration, compensation or allowances payable by RQIA to the Chairman or a Board member shall not be treated as a pecuniary interest for the purpose of this Standing Order.

For the purpose of this Standing Order the Chairman or a Board member shall be treated, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

- a) he / she, or a nominee of his / hers, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in any other matter under consideration; or
- b) he / she is a business partner of, or is in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in any other matter under consideration; and in the case of persons living together the interest of one partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

The Chairman or a Board member shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

- a) of his/her membership of a company or other body, if he/ she has no beneficial interest in any securities of that company or other body;
- b) of an interest of his as a person providing Family Health Services which cannot reasonably be regarded as an interest more substantial than that of others providing such of those

services as he / she provides; or

- c) of an interest in any company, body or person with which he / she is connected as mentioned in Standing Orders above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

Where the Chairman or a Board member has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he / she has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class, this Standing Order shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his/her duty to disclose his/her interest.

NB. This Standing Order applies to a Committee or sub-committee as it applies to the Board and applies to a member of any such Committee or Sub-Committee (whether or not he / she is also a member of the Board) as it applies to a member of the Board.

Access to Documents

A member of the Board may, for the purposes of his or her duty as a member and no other, have access to any document in the possession of RQIA, which has or is to be considered by RQIA. However, a member of the Board shall not knowingly apply to have access to, or request a copy of, any document relating to a matter in which he/she has any potential conflict of interest.

Standing Order Five: Board Committees

5.1 Appointment of Committees

5.2 Committees

5.3 The Process for the Appointment of a Committee Chairman

5.4 The Process for the Appointment of Committee Members

5.5 The Process for the Appointment of Sub-Committee Chairman and Members

5.6 Period of Appointment

Standing Order Five: Board Committees

5.1 Appointment of Committees

Subject to such directions as may be given by the Department, the Board may and, if directed by the Department, shall appoint Committees of the Board. These Standing Orders shall apply as appropriate to any committee established by the Board. The terms of reference for Board Committees are contained in Schedule 1 of these Standing Orders.

A Committee appointed under this Standing Order may, subject to such directions as may be given by the Department or the Board, appoint sub-Committees.

Committees and sub-committees appointed under this Standing Order may consist of such persons (whether or not Members of RQIA) as the Board or the Committee making the appointment may determine.

Each Committee shall have such terms of reference and powers, membership and be subject to such conditions as to reporting back to the Board, as the Board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders. The Board shall approve the appointments to each of the Committees which it has formally constituted.

Where Committees are authorised to establish sub-Committees they may not delegate executive powers to the sub-Committee unless expressly authorised by the Board.

The Chairman may also at any time establish short life working groups but these working groups should not have any delegated authority or they would require to be formally constituted in Standing Orders.

5.2 Committees

In order to fulfil its duties and promote good governance RQIA has established the following committees:

- Audit committee
- Appointments and Remuneration committee

Appointments to committees will be made taking due consideration of the balance of roles of Board members, the duties involved and the skills / experience required and the diversity balance of the committee.

5.3 The Process for the Appointment of a Committee Chairman

Following expressions of interest in writing, the Chairman will nominate one Board member to act as chairman of the committee and seek approval from the Board for this appointment.

This will be conducted and ratified at a public Board meeting and will be formally recorded in the minutes.

5.4 The Process for the Appointment of Committee Members

Following expressions of interest in writing, the Chairman will, in consultation with the Chairman of the respective committee, nominate Board members for appointment and seek approval from the Board for these appointments.

This will be conducted and ratified at a public Board meeting and will be formally recorded in the minutes.

5.5 The Process for the Appointment of Sub-Committee Chairman

Sub-committee members need not necessarily be members of the parent committee. Following expressions of interest in writing, the parent Committee Chairman, in consultation with the Board Chairman, will appoint a Chairman of the sub-committee and will seek approval from the parent committee for this appointment. This will be conducted at a meeting of the committee and will be formally recorded in the minutes.

The appointment of the sub-committee Chairman will be forwarded to the Board for ratification at a public Board meeting.

5.6 The Process for the Appointment of Sub-Committee Members

Sub-committee members need not necessarily be members of the parent committee. Following expressions of interest in writing, the parent Committee Chairman, in consultation with the Board Chairman, will nominate Board members for appointment and will seek approval from the parent committee for this appointment. This will be conducted at a meeting of the committee and will be formally recorded in the minutes.

The appointment of the sub-committee Chairman will be forwarded to the Board for ratification at a public Board meeting.

The Chairman of the Board will review the appointment of committee and sub-committee members when he/she is conducting the annual appraisal of Board members. The Chairman is responsible for ensuring an equity of workload among the Board members.

5.7 Period of Appointment

The Board will review the membership of committees and sub-committees every two years.

The Chairman should ensure that the periods of membership of Committees and sub-committees are consistent with the periods of appointment of Board members.

Standing Order Five: Board Committees

Appendix 1: Audit Committee Terms of Reference

1.0 Introduction

1.2 Membership

1.3 Quorum

1.4 Secretariat

1.5 Meetings

1.6 Reporting

1.7 Rights

1.8 Access

1.9 Responsibilities

1.9.2 Financial Reporting

1.9.3 Internal Controls and Risk Management Systems

1.9.4 Internal / External Audit

1.9.5 Other

2.0 Information Requirements

Standing Order Five: Board Committees

Appendix 1: Audit Committee Terms of Reference

1.0 Introduction

1.1 The Board has established an Audit Committee as a Committee of the Board to support it in its oversight and responsibility for risk control and governance. On behalf of the Board and the Accounting Officer the Audit Committee considers and reviews the comprehensiveness, reliability and integrity of audit and governance systems and ensures that RQIA meets required standards of financial and statutory probity.

1.1.1 The Audit Committee has delegated responsibility for ensuring that there is a framework for accountability and oversight; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring that RQIA is complying with all aspects of the law, relevant regulations, good practice and governance.

1.2 Membership

1.2.1 The Audit Committee Chairman and members will be appointed to the Audit Committee as per Standing Orders 5.3 and 5.4.

1.2.2 The Audit Committee will have a Chairman who is a non-executive Board member.

1.2.3 The Audit Committee will have 5 other members who are non-executive Board members.

1.2.4 In the event that the Audit Committee Chairman is not available, he/she will nominate a Committee member to chair the meeting on their behalf.

1.3 Quorum

1.3.1 The quorum necessary for the transaction of business shall be any 3 of the 6 members of the Audit Committee. A duly convened meeting of Audit Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

1.4 Secretariat

1.4.1 The Audit Committee will be provided with a secretariat function by the Director of Corporate Services.

1.5 Meetings

- 1.5.1** The Audit Committee will meet at least four times a year (at appropriate times in the reporting and audit cycle). The Chair of the Audit Committee may convene additional meetings, as deemed necessary.
- 1.5.2** The Board or the Accounting Officer may also ask Audit Committee to convene further meetings to discuss particular issues on which they may require the Audit Committee's advice.
- 1.5.3** Audit Committee meetings will normally be attended by the Chief Executive (as Accounting Officer), the Director of Corporate Services, the Head of Finance, the Planning and Corporate Governance Manager, the Head of Internal Audit and a representative(s) of External Audit.
- 1.5.4** Audit Committee may ask any other Director / official to attend to assist it with its consideration of any particular matter.
- 1.5.5** Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank consideration of any particular matter.

1.6 Reporting

- 1.6.1** The Audit Committee will report formally in writing to the Board and Accounting Officer after each meeting.
- 1.6.2** The Secretary will minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.
- 1.6.3** At the beginning of each meeting, the Audit Committee Chairman will establish and note any conflicts of interest.
- 1.6.4** The Audit Committee will make whatever recommendations to the Board it deems appropriate in relation to any matter within its remit where action or improvement is needed.
- 1.6.5** The Audit Committee will provide the Board and Accounting Officer with an Annual Report, timed to support the finalisation of annual accounts and the Statement on Internal Control, summarising its conclusions from the work and activities that it has undertaken during the year.

1.7 Rights

- 1.7.1** The Audit Committee may co-opt additional members for a defined

period to provide specialist skills, knowledge and experience.

- 1.7.2** The Audit Committee may commission specialist ad-hoc advice subject to budgets agreed by the Board.

1.8 Access

- 1.8.1** The Audit Committee Chairman will arrange to meet with the Head of Internal Audit and a representative of External Audit as appropriate.
- 1.8.2** The Head of Internal Audit and a representative (s) of External Audit will have free and confidential access to the Chairman of the Audit Committee.

1.9 Responsibilities

- 1.9.1** The Audit Committee will provide the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority in relation to:

1.9.2 Financial Reporting

The integrity and regularity of the financial statements of RQIA, with particular focus on the preparation of annual accounts and the Annual Report of RQIA. This will include the process for review of the accounts prior to submission for audit; the extent of adjustments arising from audit findings, interim management statements and any other formal announcement relating to its financial performance; and the review of significant financial reporting issues and judgements which they may contain.

Reviewing and challenging where necessary:

- the consistency of, and any changes to, accounting policies.
- methods used to account for significant or unusual transactions.
- whether RQIA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of External Audit.
- the clarity of disclosure in RQIA's financial reports and the context in which statements are made.
- all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (insofar as it relates to the audit and risk management).

1.9.3 Internal Controls and Risk Management Systems

- 1.9.3.1** The strategic processes for risk management, the effectiveness of internal controls, Statement on Internal Control and the Mid-year Assurance Statement.

1.9.3.2 Anti-fraud policies, whistleblowing processes and arrangements for special investigations.

1.9.4 Internal / External Audit

1.9.4.1 The planned activity and recommendations of both internal and external auditors.

1.9.4.2 The adequacy of management response to issues identified by internal audit activity, and those included in external audit's management letter.

1.9.4.3 (As appropriate) proposals for appointments of Internal or External Audit services and for the commissioning of non-audit services from those who provide audit services.

1.9.5 Other

1.9.5.1 The consideration of write off of losses and authorisation of special payments before submission to the Board for approval.

1.9.5.2 A periodic review of its own performance and effectiveness and an annual review of its terms of reference.

1.9.5.3 Appropriate and timely training for all Committee members on appointment and thereafter.

2.0 Information Requirements

2.1 For each meeting the Audit Committee will be provided with:

2.1.1 A report summarising any significant changes and updates to RQIA's Risk Assurance Framework.

2.1.2 A progress report from the Head of Internal Audit summarising:

- Work performed (and a comparison with work planned)
- Key issues emerging from Internal Audit work
- Management response to audit recommendations
- Changes to the Internal Audit Plan
- Any resourcing issues affecting the delivery of Internal Audit objectives
- The extent of implementation of agreed recommendations

2.1.3 A progress report from External Audit summarising:

- Work performed
- Key issues emerging
- Management response to audit findings

- 2.1.4** As and when appropriate Audit Committee will be provided with:
- Internal Audit Strategy
 - Head of Internal Audit's Annual Opinion and Report
 - Draft statement on the adequacy of internal controls and compliance with the applicable Controls Assurance Standards (CAS)
 - Draft annual accounts and audit certificate
 - External Audit Management Letter
 - Risk Management Strategy and updates to Corporate Risk Assurance Framework
 - Report on any changes to accounting policies
 - Report on any proposals to tender for audit functions
 - Report on co-operation between Internal and External Audit
 - Mid-year Assurance Report from Head of Internal Audit
 - Draft reports from Head of Internal Audit re commissioned reviews or special investigations

Standing Order Five: Board Committees

Appendix 2: Appointments and Remuneration Committee Terms of Reference

1.0 Remit and Constitution

1.1 Introduction

1.2 Background

1.3 Role

1.4 Terms of Reference

1.5 Relationship with and Reporting to the Board

1.6 Composition of the Remuneration and Appointments Committee

1.7 Establishment of a Remuneration and Appointments Committee

2.0 Conduct of Business

2.1 Attendance

2.2 Frequency of Meetings

Standing Order Five: Board Committees

Appendix 2: Appointments and Remuneration Committee Terms of Reference

1.0 Remit and Constitution

1.1 Introduction

1.1.1 The Code of Accountability requires that a Remuneration and Appointments Committee be established.

1.2 Background

1.2.1 The Committee is required to oversee the IPR/PRP system which is in operation and included in the contracts of employment for Senior Executives and Senior Managers. Additionally, it is to monitor the implementation of nationally agreed terms and conditions of service under the arrangements for 'Agenda for Change'.

1.3 Role

1.3.1 The primary responsibility of the Appointments and Remuneration Committee is to advise the Board about the appointment and appropriate remuneration and terms of service for the Chief Executive and Senior Executives. The Board may decide to extend the remit to include other Senior Managers' terms and conditions of service.

1.3.2 The Committee is to approve proposals arising for all staff out of 'Agenda for Change' and endorse the outcome of the process.

1.4 Terms of Reference

1.4.1 The main functions of the Committee are:

- Consider and agree the framework or broad policy for the appointment and pay (remuneration) of the Chief Executive and second tier officers. This will include the basic pay principles and overall approach to remuneration including governance and disclosure. No officer shall be involved in any decisions as to his or her own remuneration.
- In considering this policy, take into account all factors, which it decides are necessary, including the provisions of any national agreements for staff where appropriate. The objective of this policy shall be to ensure that the senior management of RQIA are:
 - remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose;

and

- provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation.
- Consider and recommend to RQIA the framework or broad policy for the pay (remuneration) of staff below second tier level, including the policy or broad approach for pay uplifts for RQIA staff and pension policies.
- Be informed of and review any major changes in employee benefit structures, including pensions, throughout RQIA;
- Monitor and evaluate the performance of the Chief Executive and agree targets for any performance related pay schemes operated by RQIA;
- Within the terms of the agreed policy, receive reports from the Chief Executive on the total individual remuneration package of each Director including, where appropriate, bonuses and incentive payments. These packages shall be determined within the framework or policy set by the Committee;
- Agree the framework or broad policy for the terms and conditions of service for Directors, including termination payments and compensation commitments, taking account of such national guidance as is appropriate.
- Consider and recommend to RQIA disciplinary and grievance procedures applicable to and possible disciplinary action involving the Chief Executive including the dismissal of the postholder.

1.5 Relationship with and Reporting to the Board

1.5.1 The Committee shall report, in writing, to the Board the basis for its recommendations. The Board should use that report as a basis for its decisions but remain accountable for taking decisions on the remuneration and terms of service of the Chief Executive and Senior Executives. Minutes of the Board meetings shall record such decisions.

1.6 Composition of the Remuneration and Appointments Committee

1.6.1 The Committee shall comprise the Chairman of the Board and at least three Board members. A quorum shall be three.

1.6.2 The Chief Executive and other Senior Executives shall not be present for discussions about their own remuneration and terms of service.

However, they may be invited to attend meetings of the Committee to discuss the terms of service of other staff.

1.6.3 The Chief Executive and the Director of Corporate Services shall provide information, advice and support to the Committee.

1.7 Establishment of the Remuneration and Appointments Committee

1.7.1 The Committee shall be constituted as a Committee of the Board with the power to make recommendations to the Board. The Terms of Reference are to be approved by the Board and recorded in the Board minutes.

1.7.2 Committee meetings shall be conducted formally and draft minutes submitted to the confidential section of the next Board meeting. When agreed and approved at the next meeting of the Committee, the minutes shall be submitted to the next public Board meeting for consideration and noting in the minutes.

2 Conduct of business

2.1 Attendance

2.1.1 Only the Chairman, members of the Committee, the Chief Executive and the Director of Corporate Services, shall attend meetings as a matter of course. The Board Committee secretary shall be in attendance to record the business of the meetings.

2.1.2 Other Board members and officers may be invited to attend as required.

2.1.3 The Director of Corporate Services is responsible for the implementation of remuneration and terms and conditions of service in RQIA. He / she shall deal with all matters affecting terms and conditions of service and shall be present at every meeting as Secretary to the Committee.

2.1.4 Any member of staff of RQIA may be required to attend a meeting of the Committee, as necessary.

2.1.5 The Chairman shall request fuller explanatory information in papers put before them, if there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.

2.2 Frequency of Meetings

2.2.1 One meeting is to be held each year and a further one if necessary; the specific remit as the core of each meeting is set out below, although any matters relating to staff and remuneration may be

considered. Further meetings may be arranged at the discretion of the Chairman, as necessary.

2.2.2 The following is the normal timetable, together with the core content for each meeting.

Meeting	Month	Core Content
1	April/May	To monitor and approve the result of the IPR/PRP process for the previous year. To establish the framework for any local pay negotiation for the forthcoming year, subject to National priorities.
2	October	To receive an update on progress of IPR process for the current year.

Standing Order Six: Code of Conduct

6.1 Introduction

6.2 Public Service Values

6.3 General Principles

6.4 Public Service Values in Management

6.5 Public Business and Private Gain

6.6 Anti-Fraud Policy

6.7 Hospitality

6.8 Gifts

6.9 Sponsorship

6.10 Register of Hospitality, Gifts and Sponsorship

6.11 Declaration of Interests

6.12 Substance Abuse

6.13 Misuse of Internet Facilities

6.14 Staff Policies and Procedures

6.15 Raising Concerns at Work – “Whistleblowing”

6.16 Powers and duties

Standing Order Six: Code of Conduct

6.1 Introduction

The Department's Management Statement agreed with RQIA states that the Chairman shall ensure that a Code of Practice for Board Members is in place, based on the Cabinet Office's model *Code of Practice for Board Members of Public Bodies*, (DPFO (DFP) dated 11 March 1997 refers). The Code shall commit the Chairman and other Board Members to the Nolan 'seven principles of public life', and shall include a requirement for a comprehensive and publicly available register of Board Members' interests.

This Code should apply to all RQIA Members and staff as it re-affirms long-standing good practice for ensuring that high standards of corporate and personal conduct, based on public service values, are at the heart of the HSC.

Since RQIA is publicly funded, it must be accountable to The Northern Ireland Assembly and ultimately to Parliament and the Public Accounts Committee, for the services it provides and for the effective and economical use of taxpayers' money.

6.2 Public Service Values

There are three crucial public service values, which must underpin the work of the Health & Personal Social Services:

- Accountability
- Probity or integrity
- Openness

These values are the responsibility of the Chairperson, Board Members, RQIA Members and all staff.

In addition to the above principles, the First Report of the Committee on Standards in Public Life (Nolan) emphasized a code of best practice, which shall be incorporated into all public bodies' codes of conduct. These are:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

The Board is committed to these principles and all individuals are expected to adhere to them in the course of their work with RQIA.

6.3 General Principles

Those who work in the public sector have a duty to:

- Conduct business with probity
- Deal with patients, clients, staff, residents and suppliers impartially and with respect
- Achieve value for money from public funds
- Demonstrate high ethical standards of personal conduct.

RQIA must set a rigorous and visible example and shall be responsible for corporate standards of conduct and ensure acceptance and application of the Code of Practice.

The Chairman, Board members and all RQIA employees/officers are required to accept the provisions of the Code of Practice on appointment and to follow the principles set out herein. The Code of Practice shall inform and govern their decisions and personal conduct.

6.4 Public Service Values in Management

It is a long established principle that public sector bodies, which include RQIA, must be impartial, honest and open in the conduct of their business, and that their employees shall remain beyond suspicion. It is also an offence under the Prevention of Corruption Acts 1906 and 1916 for an employee to accept any inducement or reward for doing, or refraining from doing anything, in his or her official capacity, or corruptly showing favour or disfavour, in the handling of contracts.

It is unacceptable for the Board of any HSC organisation, or any individual within the organisation for which the Board is responsible, to ignore public service values in achieving results. The Chairman, Board Members and all staff have a duty to ensure that public funds are properly safeguarded and that at all times RQIA conducts its business as efficiently and effectively as possible.

Proper stewardship of public monies requires value for money to be high on the agenda of the Board at all times. Employment, procurement and accounting practices within RQIA must reflect the highest professional standards.

Individuals are expected to:

- Ensure that the interests of patients and clients remain paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use public funds entrusted to them to the best advantage of the service as a whole always ensuring value for money in the procurement of goods and services.

Public statements and reports issued by RQIA, or individuals within RQIA, should be clear, comprehensive and balanced, and shall fully represent the facts. They shall also appropriately represent the corporate decisions of the Board, or be explicit in being made in a personal capacity, where this is considered necessary.

Annual and all other key reports shall be issued in good time to all individuals and groups in the community who have a legitimate interest in health and social services issues to allow full consideration by those wishing to attend public meetings on local health and social services issues.

6.5 Public Business and Private Gain

The Code of Practice defines the principle that the Chairman, Board Members and all staff shall act impartially and shall not be influenced by social or business relationships. No one shall use their public position to further their private interests.

It is the responsibility of all RQIA members and staff to ensure that they do not:

- Abuse their official position for personal gain or to benefit their family or friends or to benefit individual contractors;
- Seek to advantage or further private business or other interests in the course of their official duties.

Where there is a potential for private, voluntary or charitable interests to be material and relevant to RQIA or HSC business, the relevant interest shall be declared and recorded in the Board minutes and entered into a register, which is available to the public. This is set out in more detail in SO 6.11.

When a conflict of interest is established or perceived, the Chairman, Board Member or member of staff shall withdraw and play no part in the relevant discussion or decision.

6.6 Anti-Fraud Policy

RQIA is absolutely committed to maintaining an honest, open and well-intentioned atmosphere. It is therefore also committed to the elimination of any fraud within RQIA and to the rigorous investigation of any such cases.

The Board wishes to encourage anyone with reasonable suspicions of fraud to report them. Therefore RQIA shall rigorously enforce the “whistleblowing” policy (see SO 6.15), in that no employee will suffer in any way as a result of reporting reasonably held suspicions. For these purposes “reasonably held suspicions” shall mean any suspicions other than those which are groundless and /or raised

maliciously or vexatiously.

RQIA has an Anti-Fraud Policy and a Fraud Response Plan, to give officers specific direction in dealing with cases of suspected fraud, theft or corruption. Advice may also be obtained from the Director of Corporate Services.

6.7 Hospitality

6.7.1 Providing Hospitality

The use of public funds for hospitality and entertainment shall be carefully considered within the guidelines issued by the Department in circular HSS(F) 8/2003 outlined in the Standing Financial Instructions (SFI 10.3).

Normally, hospitality for visitors to RQIA is to be provided at its own offices through the purchase of sandwiches or light meals from a local provider.

Exceptionally the use of hotels or restaurants may be appropriate for entertaining guests or visitors and for conferences or seminars. The Chairman or Chief Executive or a Director may approve this together with any special functions on RQIA's premises, providing funds are available in their hospitality budgets.

On behalf of the Board the Audit Committee shall monitor the hospitality expenses claimed by the Chairman and Chief Executive. The Chief Executive shall monitor all other hospitality expenses.

6.7.2 Receiving Hospitality

Modest hospitality may be accepted providing it is normal, reasonable and similar to that which would be offered by RQIA in similar circumstances e.g. light lunches in the course of working visits.

Board members and staff shall decline all other offers of hospitality or entertainment. If a situation arises in which, whatever the scale of the hospitality, it could be perceived as likely to compromise their integrity, Board members and staff should politely decline the hospitality offered. If in doubt, advice shall be sought from their immediate superior officer or the Director of Corporate Services.

It is recognised that the scale of hospitality given by some organisations may be greater than that of RQIA and to refuse might give offence. In these circumstances acceptance may be difficult to avoid. Should circumstances arise that cause concern, these should be reported to the Director of Corporate Services as soon as possible and a record made of the basis on which hospitality was accepted or not accepted.

NB See also SO6.12 on **Alcohol Policy**.

6.8 Gifts

Token gifts (generally at Christmas) of very low intrinsic value such as diaries or calendars may be accepted from persons outside RQIA with whom staff have regular contact.

Any other gifts to Board members or staff or their families shall be politely refused.

If in doubt, Board members and staff shall decline the gift or consult their immediate superior officer before accepting it.

At present a limit of £20 is used as a guide for identifying gifts of low intrinsic value but the nature or number of gifts may mean that items whose value is less than this may be considered inappropriate. (The number of gifts accepted shall be limited within any financial period.)

6.9 Sponsorship

Commercial sponsorship is not generally acceptable, as acceptance maybe perceived as compromising the work of RQIA.

Board Members must be satisfied that their acceptance of any commercial sponsorship could not compromise or be perceived to compromise the integrity of RQIA.

Acceptance by Board members and staff of commercial sponsorship for attendance at relevant conferences and courses might be acceptable providing the employee seeks permission in advance and RQIA can be absolutely satisfied that future views, actions or decisions of RQIA shall not be compromised or perceived to be compromised.

- Acceptance of commercial sponsorship of conferences, courses or other events run by RQIA may only be accepted if it can be demonstrated that:
- promotional material of the sponsor does not unduly dominate the venue;
- no particular product is being promoted or receiving an implicit endorsement by association with RQIA;
- other competing commercial bodies have been given an equal opportunity to sponsor and be associated with a particular event or other such events over a period of time.

Decisions regarding sponsorship are to be referred to RQIA's Executive Team in the case of events organised by RQIA. Decisions, together with all relevant information, shall be recorded in the minutes for future scrutiny. A suitable contract shall be drawn up with the

prospective sponsor setting out RQIA's requirements in line with this Standing Order.

6.10 Register of Hospitality, Gifts and Sponsorship

All instances when hospitality, gifts (except those of up to £20) and sponsorship are accepted shall be notified to the Chief Executive's office, with a record of the basis of the decision to accept. A register shall be maintained and shall be made available for public inspection on request.

6.11 Declaration of Interests

The Code of Conduct requires the Chairman and Board members to declare interests which are relevant and material to RQIA. The Chairman, Chief Executive, Members, Executive Team or staff within RQIA who have delegated responsibility to commit or influence commitment of Public Funds or for actions and decisions of RQIA shall declare any such interests. New Board members or staff shall do so on appointment.

Interests that shall be regarded as 'relevant and material' are:

- a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.
- c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the HSC.
- d) A position of trust in a charity or voluntary organisation involving the field of health and social care.
- e) Any connection with a voluntary or other organisation contracting for HSC services.
- f) Any other commercial interest in a matter presented to the RQIA for decision.
- g) Any other non-pecuniary interest, work, activity or membership of an organisation which could be affected by the actions and decisions of RQIA.

When Board members' interests are declared, they shall be recorded in the Board minutes. Any changes in interests shall be declared at the next Board meeting following the change occurring. Board members' directorships of companies likely or possibly seeking to do business with the HSC shall be published in RQIA's Annual Report. The information shall be kept up to date for inclusion in succeeding Annual Reports.

During the course of a Board meeting, if a conflict of interest is established, the member concerned shall, as soon as practicable after

its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision. The member shall withdraw from the meeting and play no part in the relevant discussion or decision.

(NB there may be exceptional circumstances, and SO.4.2.21 shall be applied)

Register of Interests

The Chief Executive shall ensure that a Register of Interests is established to record formally declarations of interests of Board members or RQIA staff and of their spouses/partners. In particular the Register shall include details of all directorships and other relevant and material interests, which have been declared by Board members, managers and budget-holders.

These details shall be kept up to date routinely and by means of a formal annual review of the Register to ensure that any changes to interests declared during the preceding twelve months have been incorporated.

The Register shall be available to the public and the Chief Executive shall take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

If Board members, Directors, managers / budget-holders or any other staff are in doubt about the relevance of an interest, this shall be discussed with the Chairman, Chief Executive or superior officer as appropriate

The general principle to be adopted is that if there is uncertainty regarding the need to disclose a possibly material matter then, in the interests of openness, disclosure shall be made.

6.12 Substance Abuse

RQIA discourages any form of substance abuse by its Board members and staff. Under the terms of individual contracts of employment, disciplinary action may be instituted if an employee is unable to perform the duties of his / her post as a result of any form of substance abuse or if the resulting actions of an employee brings RQIA into disrepute.

RQIA has specific policies regarding the abuse by staff of alcohol, drugs and tobacco, which are detailed below. Any other substance abuse shall also be covered by this policy.

Alcohol policy

Board members and staff are not permitted to consume alcohol while on duty except whenever at evening business functions. Board members and staff are expected to ensure that, if they consume alcohol at any time, it shall not affect the performance of their duties.

RQIA permits alcohol to be provided and paid for out of public funds on rare occasions:

- Moderate quantities of alcohol with meals provided as part of approved hospitality for visitors or guests;
- Similarly for approved special functions on its premises. (See SO6.7 above).

Otherwise, alcohol may not be consumed in its offices or any other location or venue identified with RQIA unless specific permission has been given by the Chief Executive or a Director for staff to bring their own refreshments for a function (for example, at Christmas).

Drugs Policy

RQIA expects Board members and staff to observe the law both during and outside working hours.

If medical opinion advises that the taking of prescription drugs may affect an individual's performance of their duties, they shall inform their line manager so that an acceptable arrangement can be made to deal with the situation.

Any use of recreational drugs which affects the performance of an employee's duty or brings RQIA into disrepute shall be considered unacceptable behaviour and may be subject to disciplinary action.

Smoking Policy

RQIA discourages smoking and it is not permitted within its accommodation, offices or buildings or other premises, or parts of premises, being used exclusively by RQIA.

6.13 Misuse of Internet Facilities

Staff, in the conduct of their work for RQIA, have access to the Internet for research and other work related activities. RQIA's IT security policy states that intentional misuse of the Internet by staff that can be deemed to be of an illegal, offensive or unethical nature is unacceptable and therefore may result in RQIA taking disciplinary action, e.g. in the case of:

- Violation of copyright, license agreements or other contracts for example copying and using software for business purposes from a site where there is a clear limitation for personal use only;

- Downloading any information which could be considered illegal or offensive e.g. pornographic or racist material (in this context the term 'pornographic' is used to include material which is considered distasteful but not illegal to possess);
- Successful or unsuccessful attempts to gain unauthorised access to information resources – commonly known as hacking;
- Using or knowingly allowing someone else to use any computer, computer network, computer system, program or software to devise or execute any artifice or scheme to defraud or to obtain money, property, services or other things of value by false pretences or promises or representations;
- Without authorisation destroying, altering, dismantling, disfiguring, preventing rightful access to or otherwise interfering with the availability and/or integrity of computer-based information and/or information resources;
- Without authorisation invading the privacy of individuals or entities that are creators, authors, users or subjects of the information resources; for example reading the e-mail of another without permission;
- Using the internet for political lobbying;
- Transmitting or causing to be transmitted, communications that may be construed as harassment or disparagement of others; or
- Violating any UK laws pertaining to the unauthorised use of computing resources or networks.
- Staff may, subject to the conditions noted above, make use of internet access for personal use providing it does not interfere with their work. Internet use may be monitored.

6.14 Staff Policies and Procedures

RQIA is to have a range of policies and procedures on issues affecting staff and how they work within RQIA. These shall be detailed in the Staff Handbook, which is to be accessed through RQIA's shared drive on its intranet or from the Corporate Services department.

The content of these policies shall be consulted upon with recognised staff side organisations and cover issues such as: - health and safety, equal opportunities, IT security, absence due to sickness, special leave and work/life balance arrangements, training and development opportunities, travel arrangements and raising concerns at work (See SO.6.15 below).

6.15 Raising Concerns at Work – “Whistleblowing”

RQIA is committed to dealing responsibly with any genuine concern that a Board member or any member of staff may have about malpractice within the organisation. Therefore in the interest of developing an open and honest culture so that staff can raise genuine concerns without fear of recrimination or victimisation, RQIA is to set

out its policy, make it known to staff on appointment and thereafter if it is revised or up-dated and to include it in the Staff Handbook.

6.16 Powers and duties

The powers and duties of individuals within RQIA are generally set out in the relevant Job Description and Contract of Employment. All individuals are expected to behave at all times in accordance with the spirit of the Standing Orders. In particular, all individuals shall observe the provisions of the Code of Conduct as it applies to them.

The Chairman and Board members shall pay particular regard to SO2 which sets out the main functions of the Board and those matters that are reserved to the Board.

When acting in the capacity of a member of a Board Committee, they shall pay regard to the appropriate Scheme of Delegation which sets out those matters which have been delegated by the Board.

Those staff whose position is operational, that is the Chief Executive, Directors, Senior Professional Advisors, managers and other staff, shall pay regard to any appropriate Scheme of Delegation either by the Board or by the Chief Executive. This may delegate responsibility to the individual in a personal capacity or as a member of a group or team.

Staff are accountable through their line management structure as well as through any participation in a multidisciplinary group of functional/professional role. This accountability is to the Chief Executive through their line manager.

All staff are encouraged to keep up to date with all staff policies, (and any additions or amendments to them), and are to ensure that they adhere to them.

Standing Order Seven: Standing Financial Instructions

Foreword

1 Introduction

2 Independent Audit

3 Expenditure Control Limit

4 Promoting Financial Stability

5 Funding, Business Planning, Budgets, Budgetary Control and Monitoring

6 Annual Accounts and Reports

7 Bank Accounts

8 Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments

9 Terms of Service and Payment of Senior Executives and Employees

10 Non-Pay Expenditure for RQIA Administration including procurement procedures

11 Capital Expenditure, Fixed Asset Registers and Security of Assets

12 Stores and Receipt of Goods

13 Disposals and Condemnations, Losses and Special Payments

14 Information Technology

15 Payments to Independent Contractors

16 Retention of Documents

17 Risk Management

Standing Order Seven: Standing Financial Instructions

Foreword

The Codes of Conduct and Accountability require RQIA to adopt Standing Financial Instructions (SFIs) setting out the responsibilities of individuals.

SFIs form part of the Standing Orders of RQIA, which are laid down by the Codes. In addition, there are financial procedures and Systems Manuals as well as other instructions and guidelines, which are promulgated from time to time by the Director of Corporate Services. Collectively, these must cover all aspects of financial management and control. They are the 'business rules' that Members and employees (including employees of Third Parties contracted to RQIA) must follow when acting on behalf of RQIA.

SFIs adopted by RQIA are mandatory on all Members and employees of RQIA.

Failure to comply with SFIs is a disciplinary matter which could result in dismissal.

* Please note that the numbering of the sections and papers of SFIs does not continue from the previous Standing Order 6. This Standing Order is separately numbered.

Standing Order Seven: Standing Financial Instructions

1 Introduction

1.1 General

- 1.1.1 These Standing Financial Instructions (SFIs) are issued for the regulation of the conduct of RQIA in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of RQIA.
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures to be adopted by RQIA. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, economy, efficiency, effectiveness and accuracy of accounting.
- 1.1.3 These SFIs identify the financial responsibilities that apply to everyone working for RQIA. They do not provide detailed procedural advice. These statements shall therefore be read in conjunction with the detailed departmental and financial procedure notes. The Director of Corporate Services must approve all financial procedures.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Corporate Services or a Senior Manager **MUST BE SOUGHT BEFORE YOU ACT; FAILURE TO COMPLY WITH SFIs IS A DISCIPLINARY MATTER WHICH COULD RESULT IN DISMISSAL.**

1.2 Terminology

- 1.2.1 Any expression to which a meaning to given in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2005, shall have the same meaning in these instructions; and **'Board'** means the Chairman and Members of RQIA appointed by DHSSPS:
- a) **'RQIA'** means the Northern Ireland Regulation and Quality Improvement Authority;
 - b) **'Board'** means the Chairman and Members of RQIA appointed by the Minister;
 - c) **'Budget'** means a resource expressed in financial terms, approved by the Board for the purpose of carrying out, for a specific period, any or all of the functions of RQIA;
 - d) **'Budget Holder'** means the Chief Executive, Director or employee with delegated RQIA to managed finances (Income and Expenditure) for a specific area of the organisation;
 - e) **'Chief Executive'** means the chief officer of RQIA;
 - f) **'Director of Corporate Services'** means the chief administrative and financial officer of the RIA;
 - g) **'Legal Adviser'** means the properly qualified person appointed

by RQIA to provide legal advice.

- 1.2.2 Wherever the title Chief Executive, Director of Corporate Services, or other nominated officer is used in these instructions, it shall be deemed to include such other directors or employees who have been duly authorised to represent them.
- 1.2.3 Wherever the term 'employee' is used it shall be deemed to include employees of third parties contracted to RQIA when acting on behalf of RQIA.

1.3 Responsibility

- 1.3.1 The Board exercises financial supervision and control by:
- a) formulating the financial strategy;
 - b) requiring the submission and approval of budgets within the funding approved by the Department / total income;
 - c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
 - d) defining specific responsibilities placed on Senior Executives and other employees as indicated in the Schemes of Delegation.
- 1.3.2 RQIA shall delegate responsibility for the performance of its functions in accordance with the Schemes of Delegation adopted by the Board. (The Board shall keep the extent of delegation under review.)
- 1.3.3 Notwithstanding the SFIs, the Chief Executive is ultimately accountable to the Board for ensuring that RQIA meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for RQIA's activities and is responsible to the Board for ensuring that its financial obligations and targets are met.
- 1.3.4 The Chief Executive is nominated by the Department as the Accounting Officer who is responsible, (through the Accounting Officer nominated by the Secretary of State), to the Northern Ireland Assembly or Parliament. The Accounting Officer Memorandum issued by the Department's Permanent Secretary to the Chief Executive on 9 March 2005 refers.
- 1.3.5 The Chief Executive and Director of Corporate Services shall, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.
- 1.3.6 It is a duty of the Chief Executive to ensure that existing Members and employees and all new appointees are notified of and understand their responsibilities within these instructions.

- 1.3.7 The Director of Corporate Services is responsible for:
- a) implementing RQIA's financial policies and for co-coordinating any corrective action necessary to further these policies;
 - b) maintaining an effective system of internal control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
 - c) ensuring that sufficient records are maintained to show and explain RQIA's transactions, in order to disclose, with reasonable accuracy, the financial position of RQIA at any time;
and, without prejudice to any other functions of Members and employees of the Board, the duties of the Director of Corporate Services include:
 - d) the provision of financial advice to the Board and its Members and employees;
 - e) the design, implementation and supervision of systems of financial control; and
 - f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as RQIA may require for the purpose of carrying out its statutory duties.
- 1.3.8 All directors and employees, severally and collectively, are responsible for:
- a) the security of the property of RQIA;
 - b) avoiding loss;
 - c) exercising economy and efficiency in the use of resources; and
 - d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Schemes of Delegation.
- 1.3.9 Any contractor or employee of a contractor who is empowered by RQIA to commit RQIA to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.
- 1.3.10 For any and all Members and employees who carry out a financial function, the form in which financial records are kept and the manner in which directors and employees discharge their duties must be to the satisfaction of the Director of Corporate Services.

2 Independent Audit Committee

- 2.1.1 In accordance with Standing Orders, the Board shall establish an Audit Committee, which shall provide an independent and objective view of internal control by:

- a) overseeing Internal and External Audit services;
- b) reviewing financial systems;
- c) ensuring compliance with Standing Orders and Standing Financial Instructions; and
- d) reviewing schedules of losses and compensations and making recommendations to RQIA.

2.1.2 Where the Audit Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of the Audit Committee shall raise the matter at a full meeting of RQIA. Exceptionally, the matter may need to be referred to the Department. (To the Director of Financial Management in the first instance).

2.1.3 It is the responsibility of the Director of Corporate Services to ensure that an adequate internal audit service is secured and the Audit Committee shall be involved in the selection process when an internal audit service is put out to tender by RQIA.

2.1.4 The Audit Committee shall carry out the functions as set out above along with other functions in relation to Risk Management and Controls Assurance as set out in the Standing Orders.

2.2 Director of Corporate Services

- 2.2.1 The Director of Corporate Services is responsible for:
- a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control by the establishment of an independent internal audit function;
 - b) ensuring that the internal audit is adequate and meets the standards set out in the Internal Audit Manual;
 - c) deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities; and
 - d) ensuring that an annual audit report is prepared for the consideration of the Audit Committee on behalf of RQIA. The report must include:
 - (i) a clear statement on the effectiveness of Internal Control
 - (ii) progress against plan approved by the Audit Committee;
 - (iii) major internal financial control weaknesses discovered;
 - (iv) progress on the implementation of internal audit recommendations;
 - (v) strategic audit plan covering the coming three years; and
 - (vi) a detailed plan for the coming year.

- 2.2.2 The Director of Corporate Services or designated auditors are entitled without necessarily giving prior notice to require and receive:
- a) access to all records, documents and correspondence relating

to any financial or other relevant transactions, including documents of a confidential nature;

- b) access at all reasonable times to any land, premises or employee of RQIA;
- c) the production of any cash, stores or other property of RQIA under an employee's control; and
- d) explanations concerning any matter under investigation.

2.3 Role of Internal Audit

2.3.1 Internal Audit shall review, appraise and report upon:

- a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- b) the adequacy and application of financial and other related management controls;
- c) the suitability of financial and other related management data; and
- d) the extent to which RQIA's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration; and
 - (iii) poor value for money or other causes.

2.3.2 Whenever any matter arises which involves, or is thought to involve irregularities concerning cash, stores or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Corporate Services must be notified immediately.

2.3.3 The Head of Internal Audit Services, shall normally attend Audit Committee meetings and have a right of direct access to all Audit Committee Members, the Chairman and Chief Executive of RQIA.

2.3.4 The reporting system for internal audit is to be as follows:

- an urgent interim report is to be made orally or in writing to alert management to the need to take immediate action to correct a serious weakness in performance or control or whether there are reasonable grounds for suspicion of malpractice;
- on completion of an audit a report is to be sent to the Director or Manager who has a direct responsibility for the activity being audited and who has RQIA to take action on internal audit recommendations;
- interim reports are also to be made where it is necessary to make a significant change in the scope of the assignment or

where it is desirable to inform management of progress;

- the appropriate Director or Manager shall produce a timely management response to each internal audit report; and
- the internal audit reports and management responses must be submitted to the Audit Committee for consideration.

2.4 External Audit

2.4.1 External audit services are provided under arrangements specified in the Statement of Management issued by the Department.

2.4.2 The Northern Ireland Comptroller and Auditor General is the appointed External Auditor of RQIA, who may outsource the External Audit programme to appropriately qualified private sector organisations.

3 Expenditure Limit Control

- 3.1 The Management Statement Financial Memorandum requires that RQIA is not to exceed its annual Revenue Resource Limit, with a further requirement to declare all in-year easements to the centre. The Chief Executive has overall executive responsibility for RQIA's activities and is responsible to the Board for ensuring that it stays within its resource limit and any in-year or cumulative deficits are eliminated.
- 3.2 The Director of Corporate Services shall:
- a) provide monthly returns in the form required by the Department;
 - b) ensure cash drawn from the Department of Health, Social Services and Public Safety is required for approved expenditure only, and is drawn down only at the time of need;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable RQIA to fulfil its statutory responsibility not to exceed its Annual Revenue and Capital Resource Limits; and
 - d) be responsible for financial risk register and ensure that the Chief Executive and Executive Team are advised of potential financial problems to ensure timely action is taken so that Departmental Resource limits are not breached.
- 3.3 The Executive Team shall ensure that adequate information is provided in a timely way to the Director of Corporate Services to enable reliable financial projections to be made, and necessary advice provided to the Chief Executive on any financial risk to the break-even position.

4 Promoting Financial Stability

RQIA has an obligation, with all other HSS bodies, to contain expenditure within the resources available. Deficits should not be allowed to develop, and where they do threaten to arise, RQIA must ensure that appropriate contingency arrangements are put in place.

5 Funding, Business Planning, Budgets, Budgetary Control and Monitoring

5.1 Available Funds

5.1.1 The Director of Corporate Services of RQIA shall:

- a) periodically review the bases and assumptions for utilising available funds and ensure that these are reasonable and realistic and secure RQIA's entitlement to funds;
- b) at the start of each financial year submit to RQIA for approval a Financial Plan showing the total planned funds available and their proposed distribution including any sums to be held in reserve;
- c) regularly update RQIA on significant changes to the initial funding and the uses of such funds;
- d) be involved in challenging those assumptions made regarding the financial implications of all policy changes and assisting in their evaluation; and
- e) advise the Chief Executive on the need for a contingency reserve in the light of known Budget uncertainties.

5.2 Preparation and Approval of Business Plans and Budgets

5.2.1 The Chief Executive shall compile and submit to the Board a Financial Plan which takes into account financial targets and forecast limits of available resources. The annual plan shall contain:

- a) a statement of the significant objectives / assumptions on which the plan is based, including a proposed deployment of resources across care programmes for the following period; and
- b) details of major changes in workload or delivery of services (quantified where possible by KPIs – Key Performance Indicators) or resources required to achieve the plan.

5.2.2 At least one month before the start of the financial year the Director of Corporate Services shall, on behalf of the Chief Executive, prepare and submit budgets for consideration by the Executive Team and approval by the Board. Such budgets shall:

- a) be in accordance with the aims and objectives set out in the Financial Plan;
- b) accord with workload and manpower plans;
- c) be produced following discussions with any Third Party service providers;
- d) be prepared within the limits of available funds; and
- e) identify potential risks.

- 5.2.3 The Director of Corporate Services shall monitor financial performance against budgets, periodically review them, and report to the Executive Team and the Board. The Director of Corporate Services shall advise the Chief Executive on the need to apply any contingency reserve.
- 5.2.4 All budget holders shall ensure that the necessary Business Case preparation and approvals have been obtained from the Board **before** committing to recurrent revenue expenditure.
- 5.2.4 RQIA budget holders should provide information and estimates as required by the Director of Corporate Services to enable budgets to be compiled.
- 5.2.5 The Director of Corporate Services has a responsibility to ensure that adequate training is delivered on an ongoing basis to budget holders to help them manage their budgets successfully.

5.3 Budgetary Delegation

- 5.3.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- a) the amount of the budget;
 - b) the purpose(s) of each budget heading;
 - c) individual and group responsibility;
 - d) RQIA to exercise virement, only within total revenue or total Capital (NB no virement between revenue and capital);
 - e) achievement of planned level of service; and
 - f) the provision of regular reports.
- 5.3.2 The Chief Executive and delegated budget holders must not exceed budgetary total or virement set by RQIA.
- 5.3.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement. Where DHSSPS resources allocated for a particular purpose are not required in full, for that purpose, they must be returned to the centre for potential redistribution.
- 5.3.4 Non-recurrent administrative budgets shall not be used to finance recurring expenditure without the authority in writing of the Chief Executive.
- 5.3.5 All Budget Holders are required to regularly review all projected expenditure and identify to the Director of Corporate Services on a timely basis, where inescapable expenditure has the potential to breach their delegated budget.

5.4 Budgetary Control and Reporting

5.4.1 The Director of Corporate Services shall devise and maintain systems of budgetary control. These shall include:

- a) monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) movements in working capital;
 - (iii) material capital project spend and projected outturn against plan;
 - (iv) details of any corrective action where necessary and the Chief Executive's and/or Director of Corporate Services' view of whether such actions are sufficient to correct the situation.
- b) the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;
- c) investigation and reporting of variances from financial, workload (KPIs) and manpower budgets;
- d) monitoring of management action to correct variations; and
- e) arrangements for the authorisation of in-year budget transfers.

5.4.2 Each Budget Holder is responsible for ensuring that:

- a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Chief Executive or Director of Corporate Services;
- b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- c) all estimated budgets are reviewed regularly especially where there is a projected impact of their delegated budget;
- d) no new posts are to be filled without the approval of the Chief Executive and confirmation by the Director of Corporate Services that sufficient funds are available within RQIA's budget to meet the full cost of employment; and
- e) they have access to adequate management information and financial advice to ensure that they manage staffing and other budgets effectively within delegated limits.

5.4.3 The Chief Executive is responsible for identifying and implementing cost improvements and maintenance of a balanced budget.

5.5 Capital Expenditure

5.5.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. The rules governing capital

expenditure are contained in SFI.11 together with the provisions of the HSC Capital Accounting Manual, March 2008.

The essential elements are that there is a tangible asset capable of use for more than one year and that the expenditure exceeds £5,000.

5.6 Capital Monitoring Returns

- 5.6.1 The Director of Corporate Services is responsible for ensuring that the appropriate monitoring forms are subjected to the appropriate directorate within the Department of Health, Social Services and Public Safety.
- 5.6.2 These monitoring returns must include estimated monthly movement on the cost of Capital and Provisions, (including provisions for employers and public liability and early retirement liabilities).

6 Annual Report and Accounts

- 6.1 The Chief Executive, on behalf of RQIA, shall:
- a) arrange for the preparation of annual accounts and financial reports in accordance with the Resource Accounting guidance provided by the Department, RQIA's accounting policies, and generally accepted accounting principles;
 - b) certify and submit audited Annual Accounts to the Department in accordance with current prescribed guidelines and timetable; and
 - c) submit the prescribed financial returns to the Department for each financial year in accordance with the prescribed timetable.
- 6.2 RQIA's Annual Accounts must be audited by the NI Comptroller and Auditor General and adopted by the Board at a public meeting.
- 6.3 In accordance with the Management Statement, RQIA shall publish an Annual Report and Accounts and present it at a public meeting. Inter alia the document shall include or provide ready access to:
- a) a summary financial statement consistent with the Annual Accounts of RQIA supported by a statement from the External Auditor that this is so;
 - b) a note stating whether the External Auditor's report to the annual accounts was qualified or unqualified and, if qualified, set out the report in full together with any further material needed to understand the qualification;
 - c) remuneration of the Chairperson, the Chief Executive and other Senior Executives in accordance with current guidance from the Department;
 - d) details of relevant directorships and other significant interests of Board members;
 - e) composition of the Remuneration Committee; and
 - f) all other specified disclosures consistent with best practice in the publication of Annual Accounts for a public service body

7 Banking

7.1 General

- 7.1.1 The Director of Corporate Services is responsible for managing the banking arrangements and for advising RQIA on the provision of banking services and operation of accounts. The advice shall take into account guidance/direction issued from time to time by the Department.
- 7.1.2 RQIA shall be notified of the banking arrangements put in place by the Chief Executive, on the advice of the Director of Corporate Services.

7.2 Bank Accounts

- 7.2.1 The Director of Corporate Services is responsible for:
- a) bank accounts;
 - b) establishing separate bank accounts as appropriate for RQIA's non-exchequer funds;
 - c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and
 - d) reporting to the Chief Executive all arrangements made with the bankers for accounts to be overdrawn.

7.3 Procedures

- 7.3.1 The Director of Corporate Services shall prepare detailed instructions on the operation of bank accounts, which must include;
- a) the conditions under which each bank account is to be operated;
 - b) the limit to be applied to any overdraft; and
 - c) those authorised to sign cheques or other orders drawn on the accounts.
- 7.3.2 The Director of Corporate Services must advise the bankers in writing of the conditions under which each account shall be operated.

7.4 Tendering and review

The Director of Corporate Services shall review the banking arrangements of RQIA at regular intervals to ensure they reflect best practice and represented best value for money by periodically seeking competitive tenders for the banking business in co-operation with other HSC organisations.

8 Income, Fees And Charges and Security of Cash, Cheques and Other Negotiable Instruments

8.1 Income Systems

- 8.1.1 The Director of Corporate Services is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due, including 'HSC' transactions.
- 8.1.2 The Director of Corporate Services is also responsible for the prompt banking of all monies received.

8.2 Fees and Charges

- 8.2.1 The Director of Corporate Services is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.
- 8.2.2 All employees must inform the Director of Corporate Services promptly of all money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

8.3 Debt Recovery

- 8.3.1 The Director of Corporate Services is responsible for the appropriate recovery action on all outstanding debts.
- 8.3.2 Income due but not received shall be dealt with in accordance with guidance on losses detailed in the Management Statement.
- 8.3.3 Overpayments shall be detected (or preferably prevented) and recovery initiated.

8.4 Security of Cash, Cheques and other Negotiable Instruments

- 8.4.1 The Director of Corporate Services is responsible for:
- a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - b) ordering and securely controlling any such stationery;
 - c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and of coin operated machines; and

d) prescribing systems and procedures for handling cash and negotiable securities on behalf of RQIA.

- 8.4.2 Public Funds shall not, under any circumstances, be used for the encashment of private cheques.
- 8.4.3 All cheques, postal orders, cash etc. shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Corporate Services.
- 8.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that RQIA is not to be held liable for any loss and written indemnities must be obtained from the organisation or individuals absolving RQIA from responsibility for any loss.

9 Recruitment, Terms of Service, Remuneration, Appointments and Payroll Processing

9.1 Remuneration and Terms of Service

9.1.1 RQIA shall formally agree and record in the minutes of its meetings, the precise terms of reference of the Remuneration Committee, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (The constitution of this committee is covered in Standing Orders).

9.1.2 The Committee shall:

- a) advise the Board as to the appropriate remuneration and terms of service for the Chief Executive, directors and senior professional advisors (and other senior employees):
 - i. all aspects of salary (including any performance-related elements/bonuses);
 - ii. provisions for other benefits, including pensions and cars; and
 - iii. arrangements for termination of employment and other contractual terms.
- b) such advice is intended to ensure the above are fairly rewarded for their individual contribution to RQIA – having proper regard to RQIA's circumstances and performance and to the provision of any national arrangements for such staff or Departmental guidance where appropriate;
- c) monitor the evaluation of the performance of individual directors and senior professional advisors (and other senior employees); and
- d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national or Departmental guidance as is appropriate.

9.1.3 The Committee shall report through its minutes to the Board the basis for its recommendations. The Board shall use the minutes to not the basis for the Committee's decisions, but remain accountable for taking decisions on the remuneration and terms of service of Senior Executives and employees.

9.1.4 The Committee shall consider and approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for other employees.

9.1.5 RQIA shall remunerate the Chairman and Members in accordance with the payment of the Remuneration to Chairmen and Members.

9.2 Funded Establishment

9.2.1 The manpower plans incorporated within the annual budget shall form the funded establishment.

- 9.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.

9.3 Staff appointments

- 9.3.1 No director or employee may engage, re-engage, or regrade employees, either on a permanent or temporary basis, or hire agency staff, or agree to changes in any aspect of remuneration:
- a) unless authorised to do so by the Chief Executive; and
 - b) within the limit of his approved budget and funded establishment as confirmed by the Director of Corporate Services.

9.4 Processing of Payroll

- 9.4.1 The Director of Corporate Services is responsible for:
- a) specifying timetables for submission of properly authorised time records and other notifications;
 - b) the final determination of pay;
 - c) making payment on agreed dates; and
 - d) agreeing methods of payments.
- 9.4.2 The Director of Corporate Services shall issue instructions regarding:
- a) verification and documentation of data;
 - b) the timetable for receipt and preparation of payroll data and the payment of employees;
 - c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
 - d) security and confidentiality of payroll information;
 - e) checks to be applied to completed payroll before and after payment;
 - f) RQIA to release payroll data under the provisions of the Data Protection Act;
 - g) methods of payment available to various categories of employee;
 - h) procedures for payment by cheque, bank credit, or cash to employees;
 - i) procedures for the recall of cheques and bank credits;
 - j) pay advances and their recovery;
 - k) maintenance of regular and independent reconciliation of pay control accounts;
 - l) separation of duties of preparing records and handling cash; and
 - m) a system to ensure the recovery from leavers of sums of money and property due by them to RQIA.
- 9.4.3 Appropriately nominated managers have delegated responsibility for:
- a) submitting time records and other notifications in accordance with agreed timetables;
 - b) completing the records and other notifications in accordance with the Director of Corporate Services; and
 - c) submitting termination forms if the prescribed form immediately upon knowing the effect date of an employee's resignation, termination or

retirement. Where any employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Corporate Services must be informed immediately.

- 9.4.4 Regardless of the arrangement for providing the payroll service, the Director of Corporate Services shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

9.5 Contract of Employment

The Chief Executive shall make appropriate arrangements for:

- a) ensuring that all employees are issued with a Contract of Employment in a form approved by RQIA and which complies with employment legislation; and
- b) detailing variations to, or termination of, contracts of employment.

10 Non-pay Expenditure for RQIA Administration Including Procurement Procedures

10.1 Delegation of RQIA

10.1.1 Within the administrative ceiling set by the Department, the Board shall approve the level of non-pay expenditure on an annual basis and the Chief Executive shall determine the level of delegation to budget managers.

10.1.2 The Chief Executive shall set out:

- a) the list of managers who are authorised to place requisitions for the supply of goods and services; and
- b) the maximum level of each requisition and the system for authorisation above that level.

10.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services to ensure proper stewardship of public funds and assets.

10.1.4 The Chief Executive is responsible for ensuring that goods and services are correctly specified and that the Centre of Procurement Expertise (CoPE) provides value for money. In support of this a Service Level Agreement should be put in place with the COPE, requiring it to provide assurance that the systems and processes used in procurement ensure appropriate probity and propriety.

10.2 Choice, requisitioning, ordering, receipt and payment for goods and services

10.2.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money (VFM) for RQIA. The concept of VFM remains central to the procurement policy.

10.2.2 Twelve guiding principles have been adopted as the basis of procurement policy, which are:

- Transparency;
- Integrity;
- Fair Dealing;
- Consistency;
- Purchasing by competition;
- Responsiveness;
- Informed decision making;
- Legality;
- Effectiveness;
- Efficiency;
- Integration; and
- Accountability

- 10.2.3 Therefore RQIA requires that the Regional Supplies Service (RSS) as the Centre of Procurement Expertise (COPE) is consulted in the first instance to ensure that procurement is carried out in a professional way. Where this advice is not acceptable to the requisitioner, the Director of Corporate Services (and/or the Chief Executive) shall be consulted.
- 10.2.4 The Director of Corporate Services shall be responsible for the prompt payment of accounts and claims in line with Public Sector Prompt Payment Policy laid down in HSS(F)3/95 which specifies that payment is to be made within thirty days of receipt of the goods or a valid invoice, whichever is the latter. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with Department guidance.
- 10.2.5 The Director of Corporate Services shall:
- a) advise the Chief Executive and Executive Team regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds shall be incorporated in standing orders and regularly reviewed;
 - b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;
 - c) be responsible for the prompt payment of all properly authorised accounts and claims;
 - d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) a list of directors/employees (including specimens of their signatures) authorised to certify invoices;
 - (ii) certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charges are in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisation have been obtained;
 - the account is arithmetically correct; and
 - the account is in order for payment;
 - (iii) a timetable and system for submission to the Director of Corporate Services of accounts for payment; provision shall be

made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; and

- (iv) instructions to employees regarding the handling and payment of accounts;
 - e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).
- 10.2.6 Prepayments or payments on account are only permitted where exceptional circumstances apply. In such instances:
- a) prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cashflow must be discounted to NPV) and the intention is not to circumvent cash limits;
 - b) the appropriate manager must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on RQIA if the supplier is at some time during the source of the prepayment agreement unable to meet his commitments;
 - c) the Director of Corporate Services will need to be satisfied with the proposed arrangements before contractual arrangements proceed; and
 - d) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the Chief Executive / Director of Corporate Services if problems are encountered.
- 10.2.7 Official orders must:
- a) be consecutively numbered;
 - b) be in a form approved by the Director of Corporate Services;
 - c) state the terms and conditions of trade; and
 - d) only be issued to, and used by, those duly authorised by the Chief Executive.
- 10.2.8 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Corporate Services and that:
- a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Corporate Services in advance of any commitment being made;
 - b) contracts above specified thresholds are advertised and awarded in accordance with Circular HSS (PPM) 3/2004 EC and GATT rules on public procurement and comply with the White Paper on Standards, Quality and International Competitiveness (CMND 8621);
 - c) where consultancy advice is being obtained, the procurement of such skills must be in accordance with guidance issued by the Department;
 - d) no order shall be issued for any item or items to any firm which has made an offer of reward or benefit to Members or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; or

- (ii) conventional hospitality, such as lunches in the course of working visits;
- e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Executive or the Director of Corporate Services on behalf of the Chief Executive;
- f) all goods, service, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- g) verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. An official order clearly marked ‘Confirmation Order’ must confirm these;
- h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- i) goods are not taken on trial or loan in circumstances that could commit RQIA to a future uncompetitive purchase;
- j) changes to the list of managers/employees authorised to certify invoices are notified in a timely manner to the Director of Corporate Services;
- k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Corporate Services;
- l) petty cash records are maintained in a form as determined by the Director of Corporate Services.

10.2.9 The Chief Executive **must** ensure that RQIA’s Standing Orders are compatible with the requirements issued by the Department in respect of building and engineering contracts (CONCODE) and land and property transaction (ESTATECODE). The technical audit of these contracts shall be the responsibility of the Head of Corporate Services. The Director of Corporate Services shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

10.3 **Hospitality**

The use of public funds for hospitality and entertainment shall be carefully considered within the guidelines issued by the Department in circular HSS(F)8/2003 outlined in the Standing Financial Instructions

10.3.1 Providing Hospitality

Definition - *Hospitality refers to: meals; beverages and light refreshments; of any type provided out of public funds to anyone be they a public servant or official, representative of a public or private body or organisation, or a private individual. It includes hospitality provided for training events run by RQIA itself but not where such events are run by an external organisation.*

10.3.2 Justification For Hospitality

See Standing Order 6.7 , Code of Conduct, pp 85-86

A fundamental consideration governing the justification for expenditure by RQIA at public expense is that on **every** occasion the hospitality extended shall be in the direct interest of RQIA and proportionate to that interest.

10.3.3 Accountability

The Chief Executive has ultimate responsibility and accountability for expenditure on hospitality but in most instances the appropriate senior officer (determined by the Chief Executive) of the department or area arranging/providing the hospitality shall decide where it is appropriate and its scale.

10.3.4 Scale of Hospitality

Some events may justify a much greater outlay than others and judgments on the scale of provision shall be based on common sense considerations. The maxim to follow, however, is that official entertainment shall be, and shall be seen to be on a modest scale and not ostentatious in nature.

10.3.5 Recipients of Hospitality

- (a) Anyone from either outside or within RQIA provided with official hospitality can be regarded as recipients of hospitality. The maxim to consider as regards any meeting or other event, which involves people from outside RQIA, is that the numbers of officials from within RQIA shall be kept to a minimum.
- (b) It is also recommended that guests shall not be offered hospitality:
 - (i) solely as a reciprocal gesture;
 - (ii) on an automatically recurrent or regular basis unless circumstances indicate that it is appropriate to do so (for example where long distances are travelled).

10.3.6 Internal Meetings and Recruitment Panels

- a) Factors to take into account include: the duration of meetings; distance travelled; whether or not non public sector guests will be there; or whether the majority of those present work under the direct control of the chair.
- b) It is suggested that if hospitality is to be extended it shall be limited to light refreshments and written approval shall be sought in advance from the appropriate senior officer.
- c) In the case of recruitment panels it is recommended that lunches shall not normally be provided but the chair of the panel shall decide what is appropriate taking account of factors like time constraints prohibiting the panel taking lunch and the composition of the panel including the

presence of an outside assessor.

10.3.7 Training Courses/Away Days/Seminars/Conferences

a) Residential

It is normal practice for meals and light refreshments to be provided for delegates. Beverages (including alcohol) are permissible with evening meals up to a recommended limit of one third of the total cost of the meal.

b) Non-residential

Lunch may be provided where it facilitates the running of the course or where alternative provision is not available. Written approval shall be sought in advance from the appropriate senior officer. Unless part of a fixed price package, beverages (with the exception of tea/coffee/fruit juice) shall not normally be provided with lunches.

10.3.8 Hospitality involving meals or venues outside RQIA (excluding training events)

a) The Chairperson or Chief Executive may approve such hospitality providing funds are available in their hospitality budgets.

b) Prior written approval shall be obtained from the approving officer regarding:

- the appropriateness of extending hospitality;
- the type of hospitality proposed;
- the scale and cost of hospitality proposed;
- the guest list; and
- the venue.

c) Only in very exceptional circumstances shall recipients of official hospitality be allowed to approve, or instruct their staff to approve, such expenditure.

10.3.9 Situations not specifically covered by guidelines

It is recognised that there may be exceptional circumstances when hospitality shall be provided, in the interests of RQIA, that may not be covered above. In such situations **approval** shall be obtained, in writing, from the Chief Executive (or the Director of Corporate Services if this seems more appropriate) **before** expenditure is incurred. The request for approval shall give an indication of

- why the request falls outside the boundaries of what is normally allowable;
- why it is considered necessary to provide such hospitality.

10.3.10 Authorising Payment Of Hospitality

In each case it is the responsibility of the delegated officer to ensure that the expenditure was properly approved in accordance with the Financial Schemes of delegation and that the hospitality extended falls within the terms approved.

10.3.11 Documentation

- a) The purchase and payment for hospitality bought from external suppliers, irrespective of whether it is provided within or outside the body, shall be approved, authorised and documented in the same manner as the purchase of any type of goods or services.
- b) The documentation shall include:
 - the written request for permission and approval to extend hospitality (see paragraph 7.7.8 above);
 - if appropriate, evidence of having sought the best price;
 - receipts/invoices detailing separately the purchase of:
 - food; and
 - beverage.

10.3.12 Hospitality And Subsistence Claims

The Chairperson, Chief Executive and senior managers shall be required to submit personal claims for entertainment expenses to the Board for approval, through the Director of Corporate Services.

Staff are reminded that claims for subsistence allowances are not permitted where meals are provided as part of a function attended.

11 Capital Expenditure, Fixed Asset Registers and Security of Assets

11.1 RQIA's Capital Expenditure

11.1.1 The Chief Executive:

- a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the commissioning plans;
- b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without the resources to finance all revenue consequences, including capital charges; and

11.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) that a **business case** (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - (ii) appropriate project management and control arrangements; and
- b) that the Director of Corporate Services is satisfied with the reliability of the estimated costs and resource consequences detailed in the business case;
- c) that Departmental approval is obtained for projects costing more than RQIA's delegated limit for capital schemes;
- d) schemes requiring Departmental approval are re-submitted to the Department for re-consideration if any of the conditions specified in the Capital Investment Manual apply.

11.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive shall issue procedures for their management, incorporating the recommendations of 'Estatecode'. The Director of Corporate Services shall issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.

11.1.4 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- a) specific RQIA to commit expenditure;
- b) RQIA to proceed to tender; and
- c) approval to accept a successful tender.

The Chief Executive shall issue a scheme of delegation for capital investment management in accordance with 'Estatecode' guidance and RQIA's Standing Orders.

- 11.1.5 The Director of Corporate Services shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

11.2 Asset Registers

- 11.2.1 The Chief Executive is responsible for the maintenance of register of assets, taking account of the advice of the Director of Corporate Services concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted at least once a year.
- 11.2.2 RQIA shall maintain an asset register recording fixed assets. The minimum data set to be held within this register shall be as specified in the Capital Accounting Manual, March 2008, issued by the Department.
- 11.2.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - c) lease agreements in respect of asset held under a finance lease and capitalised.
- 11.2.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 11.2.5 The Director of Corporate Services shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 11.2.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual, March 2008, issued by the Department.
- 11.2.7 The value of each asset, where appropriate, shall be depreciated using methods and rates as specified in the Capital Accounting Manual, March 2004, issued by the Department.
- 11.2.8 The Director of Corporate Services of RQIA shall calculate and pay capital charges as specified in the Capital Accounting Manual, March 2008, issued

by the Department.

11.3 Security of Assets

- 11.3.1 The overall control of fixed assets is the responsibility of the Chief Executive.
- 11.3.2 The Director of Corporate Services must approve asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets). This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset; and
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 11.3.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Corporate Services.
- 11.3.4 Whilst each employee has responsibility for the security of property of RQIA, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to HSC property as may be determined by RQIA. Directors or employees using portable RQIA assets are responsible for the safe custody of those assets and the secure storage of those assets when unattended. Any breach of agreed security practices must be reported in accordance with instructions.
- 11.3.5 Any damage to RQIA's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by employees in accordance with the procedure for reporting losses.
- 11.3.6 Where practicable, assets shall be marked as RQIA property.

12 Stores and Receipt of Goods

- 12.1** RQIA's need to hold stores is minimal and mainly office supplies. Stores, defined in terms of controlled stores and departmental stores (for immediate use) shall be:
- a) kept to a minimum;
 - b) subjected to annual stocktake; and
 - c) valued at the lower of cost and net realisable value.
- 12.2** Subject to the responsibility of the Director of Corporate Services for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by her / him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Corporate Services. The control of fuel oil shall be the responsibility of a designated estates manager.
- 12.3** The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks shall be marked as health service property.
- 12.4** The Director of Corporate Services shall set out procedures and systems to regulate the stores including records for receipts of goods, issues, and returns to stores, and losses.
- 12.5** Stocktaking arrangements shall be agreed with the Director of Corporate Services and there shall be a physical check covering all items in store at least once a year.
- 12.6** Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Corporate Services.
- 12.7** The designated Manager shall be responsible for a system approved by the Director of Corporate Services for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer shall report to the Director of Corporate Services any evidence of significant overstocking and of any negligence or malpractice (see also 13, Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.
- 12.8** For goods supplied via the Regional Supplies Service, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Corporate Services who shall satisfy herself

that the goods have been received before accepting the recharge.

13 Disposals and Condemnations, Losses and Special Payments

13.1 Disposals and Condemnations

- 13.1.1 The Director of Corporate Services must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.
- 13.1.2 When it is decided to dispose of a RQIA asset, the head of department or authorised deputy shall determine and advise the Director of Corporate Services of the estimated market value of the item, taking account of professional advice where appropriate.
- 13.1.3 All unserviceable articles shall be:
- a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Corporate Services; and
 - b) recorded by the Condemning Officer in a form approved by the Director of Corporate Services which shall indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Corporate Services.
- 13.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director Corporate Services who shall take the appropriate actions.

13.2 Losses and special payments

- 13.2.1 The Director of Corporate Services must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments, in line with Departmental guidance.
- 13.2.2 Any employee discovering or suspecting a loss of any kind must immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Corporate Services. Where a criminal offence is suspected, the Director of Corporate Services must immediately inform the police if theft or arson is involved, but if the case involves suspicion of fraud, then the particular circumstances of the case shall determine the stage at which the police are notified.
- 13.2.3 The Director of Corporate Services must notify the Department of all frauds.
- 13.2.4 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, the Director of Corporate Services must immediately notify:
- a) the Board; and
 - b) Departmental Director of Financial Management.

- 13.2.5 The write off of losses and special payments shall be in accordance with the guidelines issued under Circular HSS(F)38/98 which draws on the manual 'Government Accounting in Northern Ireland' issued by the Department of Corporate Services and Personnel.
- 13.2.6 Within limits delegated to it by the Department, the Audit Committee on behalf of RQIA shall approve the write off of losses. Losses and special payments in excess of the delegated RQIA must be referred to the Department's Finance Policy and Accountability unit.
- 13.2.7 The Director of Corporate Services shall be authorised to take any necessary steps to safeguard RQIA's interests in bankruptcies and company liquidations.
- 13.2.8 For any loss, the Director of Corporate Services shall consider whether an insurance claim can be made against any applicable insurers.
- 13.2.9 The Director of Corporate Services shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 13.2.10 The Audit Committee's approval shall be sought to the write off action prior to their disclosure in the Notes to the Annual accounts.
- 13.2.11 No special payments exceeding delegated limits shall be made without the prior approval of the Department.

14 Information Technology

- 14.1** The Director of Corporate Services, who is responsible for the accuracy and security of the computerised financial data of RQIA, shall in accordance with HSC IT Security Policy:
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of RQIA's data, programs and computer hardware for which she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.
- 14.2** The Director of Corporate Services shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy shall be obtained from them prior to implementation.
- 14.3** In the case of computer systems which are proposed General Applications (i.e. normally those applications which HSS bodies wish to sponsor jointly) all responsible directors and employees shall send to the Director of Corporate Services:
- a) details of the outline design of the system;
 - b) the operational requirement, in the case of packages acquired either from a commercial organisation, from the HSC, or from another public sector organisation.
- 14.4** The Director of Corporate Services shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract shall also ensure rights of access for audit purposes.
- 14.5** Where another health organisation or any other agency provides a computer

service for financial applications, the Director of Corporate Services shall periodically seek assurances that adequate controls are in operation.

14.6 Where computer systems have an impact on corporate financial systems the Director of Corporate Services shall be satisfied that:

- a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Communications and Technology Strategy (ICT);
- b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- c) Finance staff have access to such data;
- d) such computer audit reviews as are considered necessary are being carried out; and
- e) an outturn statement comparing actual with forecast performance. Special reference shall be made to any supplementary funding requirements.

15 Payments to Independent Contractors

15.1 The Chief Executive shall approve additions to, and deletions from, approved lists of contractors consistent with HSC policy, taking into account the care needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, with any time limits laid down in the contractor's HSC terms and conditions of service.

15.2 The Chief Executive shall:

- a) ensure that lists of all contractors, for which RQIA is responsible, are maintained in an up to date condition; and
- b) ensure that systems are in place to deal with applications, resignations, inspection of premises etc, within the appropriate contractor's terms and conditions of service.

15.3 The Director of Corporate Services shall:

- a) ensure that only contractors included in RQIA's approved lists receive payments;
- b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
- c) ensure that regular independent verification of claims is undertaken, to confirm that:
 - (i) rules have been correctly and consistently applied;
 - (ii) overpayments are detected (or preferably prevented) and recovery initiated in accordance with HSC(F)38/98 circular, Guidance on Losses and Special Payments, Appendix B "Recovery of Overpayments"; and
 - (iii) fraud is detected (or preferably prevented).
- d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- e) ensure that a prompt response is made to any query raised by either the Business Services Organisation or Counter Fraud Unit regarding claims from contractors submitted directly to them.

16 Retention of Documents

- 16.1** The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under guidance contained in Circular HSS(F)14/2004 on the Preservation and Destruction of Financial and Associated Records issued by the Department and any subsequent guidance.
- 16.2** The documents held in archived shall be capable of retrieval by authorised person.
- 16.3** Documents held under Departmental guidance shall only be destroyed at the express instigation of the Chief Executive and records shall be maintained of documents so destroyed.

17 Risk Management

17.1 The Chief Executive shall ensure that RQIA has a systematic programme of risk identification, assessment and management, which shall be approved and monitored by the Audit Committee on behalf of RQIA.

17.2 The programme of risk management shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the identification and control of risk;
- c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control;
- d) contingency plans to mitigate the impact of adverse events;
- e) audit arrangements including internal audit, clinical and social care audit, health and safety review;
- f) arrangements to review the risk management programme on an annual basis, as stipulated by the Departmental Controls Assurance programme.
- g) A corporate risk register must be maintained and reviewed at least once annually.

The existence, integration and evaluation of the above elements shall provide assurance on the adequacy of internal controls as required by HSS(F)13/98, Supplement 1 and subsequent guidance.

Appendix A

Job description of Chairman

DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY

AN ROINN SLÁINTE, SEIRBHÍSÍ SÓISIALTA AGUS SÁBHÁILTEACHTA POIBLÍ

PUBLIC APPOINTMENTS

INFORMATION PACK

***REGULATION AND QUALITY IMPROVEMENT
AUTHORITY***

CHAIR

ROLE OF THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (HEALTH AND PERSONAL SOCIAL SERVICES REGULATION AND IMPROVEMENT AUTHORITY)

General

The Health and Personal Social Services Regulation and Improvement Authority, now known as the Regulation and Quality Improvement Authority (RQIA), took up its responsibilities on a phased basis from 1st April 2005, with powers granted under legislation.

Currently RQIA has some 88 staff in place. It is expected however that, when fully operative, it will employ a total of some 100 - 110 staff and will be responsible for management of an annual budget of approximately £4 - £4.5m.

Status & Role of Organisation

RQIA is an independent, non Departmental Public Body, sponsored by the Department of Health, Social Services and Public Safety (DHSSPS). It has overall responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

In delivering on this overall responsibility, RQIA will exercise two main functions. Firstly, it will monitor the quality of health and social care services provided by Health and Personal Social Services (HSC) bodies in Northern Ireland. This will be done through reviews of clinical and social care governance arrangements within HSC bodies.

Secondly, RQIA will regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on new minimum care standards, introduced for Northern Ireland on a phased basis from December 2005, in order to ensure that service users know what quality of services they can expect to receive and providers have a benchmark against which to measure the quality of the services that they deliver. Registration, inspection, complaints investigation and enforcement will be carried out to consistent standards across Northern Ireland with the regulated services provided by both the HSC and independent sectors being treated in the same way.

Accountability

RQIA is accountable through the Department to the Minister with responsibility for Health, Social Services and Public Safety.

RQIA must produce an annual report covering the way it has exercised its functions and reporting on its findings with regard to the provision and quality of health and care services in Northern Ireland.

Practice

RQIA will address and make recommendations for improvement in the quality of all health and social care services that are regulated or delivered by the HSC.

RQIA is required to:

- a) develop as an organisation that visibly supports and demonstrates a commitment to quality in the exercise of its functions and in the selection and management of its workforce;
- b) ensure that the programme of routine reviews of clinical and social care governance commands the respect of service users, the public and the HSC;
- c) ensure the involvement of service users in investigative methods and ensure that restorative and preventative actions are taken by the HSC and regulated service providers in response to the findings of RQIA; and
- d) develop an approach to dealing with serious and persistent problems that is rigorous, fair and commands the respect of service users, service providers, the public and professional and other staff working in the health and social care sectors.

Performance

The work of RQIA will make a significant contribution to improving the quality of health and social care services by identifying both good practice and deficiencies, poor performance, persistent problems and complaints.

It applies minimum standards fairly and consistently to improve the quality of care services and to improve the protection of vulnerable people using these services.

It ensures that service users and their families know exactly what they can expect from regulated health and social care providers.

It provides safeguards and assurances for service users.

It provides greater clarity and consistency for providers as to the standards they will be required to meet.

It encourages improvement in the quality of health and social care services across Northern Ireland.

It provides better and more accessible information about health and social care services for members of the public.

The Board

RQIA is managed directly by a board which has corporate responsibility for its operation. The board comprises a non-executive Chair and 12 non-executive members.

Non-executive members, including the Chair, are not personally liable for the activities of RQIA providing that they have acted honestly and in good faith and their actions do not contravene the statutory provisions relating to RQIA.

CHAIR: JOB DESCRIPTION

Job Title

Chair

Accountable to

The Minister, through the Permanent Secretary of the Department of Health Social Services and Public Safety (DHSSPS).

Role

It is the Chair's role to work closely with DHSSPS in planning to secure, deploy and account for the human, financial and other physical resources of RQIA. Key tasks include:

- development and review of the RQIA's constitution, mission statement, committee and governance arrangements;
- ensuring appropriate strategies are in place for the appointment and training of staff;
- working closely with the DHSSPS to secure and organise the RQIA's premises and to secure the appointment of the members to RQIA as necessary;
- arranging and ensuring that appropriate training is provided for members of the RQIA board, in order to ensure effective exercise of the board's functions;
- overseeing arrangements for the structure of RQIA and its committees.

In addition:

- RQIA Chair is responsible for leading the board and for ensuring that it successfully discharges its overall responsibilities for the organisation as a whole.
- He/she represents RQIA in its dealings with Ministers, ensuring that RQIA retains the confidence of Ministers and that its policies are compatible with those of the Minister with responsibility for the Department of Health, Social Services and Public Safety.
- The Chair provides strategic direction to RQIA in particular on:
 - formulating RQIA's strategy for discharging its statutory duties;

- encouraging high standards of propriety and promoting the efficient and effective use of staff and other resources throughout RQIA;
- ensuring that RQIA in reaching its decisions, takes proper account of guidance provided by the Minister and the Department of Health, Social Services and Public Safety; and
- conducting an annual assessment of performance of individual RQIA members.

The Chair is RQIA's main spokesperson to the Assembly, to the Department and elsewhere. He/she is expected to manage and promote the relationship between RQIA and the media and to develop and maintain a communications strategy.

It is the Chair's role to:

- Provide leadership to the board;
- Enable all members to make a full contribution to the board's affairs and to ensure that the board acts as a team;
- Ensure that key and appropriate issues are discussed by the board in a timely manner;
- Ensure that the board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions;
- Ensure that RQIA observes the Department's policies and priorities, including the requirements as set out in the Health and Personal Social Services Codes of Conduct and Accountability;
- Lead members, when necessary, through a formally appointed remuneration committee, on the appointment, appraisal and remuneration of the Chief Executive and (along with the latter) other executive directors;
- Appoint members to an audit committee of the main board;
- Advise the Minister through the Department, on the performance of board members.

Codes of Conduct & Accountability

RQIA Chair is required, on appointment, to subscribe to the Health and Personal Social Services Codes of Conduct and Accountability. The high standards of corporate and personal conduct required of the Chair are described more fully in the Codes.

Time Commitment

RQIA Chair will normally have to devote around 2 to 3 days a week to the appointment.

Remuneration

The Chair will receive annual remuneration of [REDACTED] He/She will also be eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on RQIA business.

Period of Appointment

RQIA Chair will normally be appointed for a period of 4 years. The Department will conduct an annual assessment of his/her performance during the period of appointment. Re-appointment to the same post may be considered subject to an appropriate standard of performance having been achieved during the initial period of office.

CHAIR – PERSON SPECIFICATION

Qualifications

No specific qualifications are required for this appointment.

Essential Criteria

General

The Chair will be committed to the objectives of the Health and Personal Social Services.

A candidate would be expected to meet the following criteria:

- **Leadership – Acting as board Leader to ensure focus, direction and results**
- **Making an impact with others – Developing and maintaining co-operative working relationships to achieve results**
- **Committing to the non-executive role – Understanding the environment in which you are making a contribution**
- **Thinking strategically – Making a significant contribution to the strategic direction of the organisation**
- **Analytical thinking – Making decisions and solving problems in a team and organisational environment**
- **Learning and self-development – Able and willing to further develop as a non-executive Chair**

A more detailed explanation of the competencies required to meet the above criteria is set out in the sections which follow.

What we are looking for in a non-executive Chair

Leadership

Acting as board Leader to ensure focus, direction and results

As Chair you have a responsibility to lead the board. You will lead the development of a vision for the future of the organisation and the creation of a climate in which the organisation's long-term goals can be achieved. You will develop the individual members of the board into an effective team, dealing with diverse individuals and providing motivation and inspiration. Where necessary you will manage conflicts or disagreements between team members.

The effective Chair will for example:

- communicate a sense of core purpose
- create strong morale and spirit in the team
- create focus
- set objectives and goals
- measure performance against goals
- ensure own time and the time of others is spent on what's important
- quickly sense what will help or hinder accomplishing a goal
- find common ground and get co-operation with minimum disruption
- deal effectively with all individuals
- create a climate in which people want to do their best
- empower others
- foster open dialogue
- read situations quickly
- invite input from each person and share ownership and visibility
- develop constructive working relationships with other DHSSPS-sponsored board Chairs and non-executives
- involve all stakeholders to ensure their interests are considered

Appendices

- act as board representative in consultations and dealings with Ministers
- ensure all stakeholders are content with partnership and networking arrangements with the Department and wider HSC.

Making an impact with others

Developing and maintaining co-operative working relationships to achieve results

As Chair you will be part of a team and you will be expected to contribute to the work of the team. This will require you to be able to communicate clearly with others and to listen to what others say. You will need to challenge others where necessary, put across rational arguments and influence others, but at the same time develop effective working relationships with your fellow team members. Outside of the board you will demonstrate a willingness to network with others to ensure the continuing success of the board.

The effective Chair will for example:

- build rapport well
- be a good listener
- quickly find common ground to solve problems
- be seen as a team player and co-operative
- encourage collaboration
- gain trust quickly of other parties
- demonstrate self-confidence dealing with a wide range of situations and people at all levels
- be confident to contribute in a team environment
- work with other members of the team, not against them
- build on the ideas of others
- share information and expertise willingly
- get the message across in a way others can understand
- speak with RQIA and persuasiveness when necessary
- take unpopular stands if necessary
- speak up when lacking understanding
- recognise people who could be useful to the organisation and build working relationships with them

- make useful outside contacts
- recognise the partnership arrangements with the Department and wider HSC.

Committing to the non-executive role

Understanding the working environment in which you are making a contribution

As Chair you are part of a wide and complex framework to achieve results in the field of health, social services and public safety. It is important that you are aware of your responsibilities both personally and organisationally to help the public get the best service. You are expected not only to contribute but to commit to the decisions of the board when they are taken.

The effective Chair will for example:

- understand his/her role as a non-executive Chair in a DHSSPS sponsored body
- set personal agendas aside when making board decisions
- treat other non-executives, executives, staff and DHSSPS staff as partners with common goals
- genuinely care about people
- be concerned about his/her work
- support equal and fair treatment and opportunity for all
- be available and ready to help
- be sympathetic to the plight of others
- put self in others' shoes
- adhere to public service values at all times
- act in line with those values
- be committed to implementing DHSSPS strategy and policy
- practice what he/she preaches
- be widely trusted
- be seen as a direct and truthful individual
- admit mistakes

Thinking Strategically

Making a significant contribution to the strategic direction of the organisation

As Chair you are responsible for contributing to the strategic direction of the organisation. You will have to demonstrate an understanding of the organisation and the environment in which it operates. You will have to think ahead, taking into account a wide range of sometimes complex but interrelated issues, with an understanding of the impact of plans and priorities.

The effective Chair will for example:

- be sensitive to how people and organisations function
- develop a strong working knowledge of DHSSPS policy and strategy
- understand the origin and reasoning behind key organisational and governmental policies, practices and procedures
- understand the culture of the organisation, of and the health, social services and/or public safety sector
- anticipate future consequences and trends accurately in respect of DHSSPS strategy and policy
- have broad knowledge and perspective
- look toward the broadest possible view of an issue
- easily envisage potential future scenarios that will impact on the organisation and the sector
- discuss different aspects and impacts of issues and project them into the future
- anticipate potential pitfalls and plan approach accordingly
- use common sense, past experience and basic rules to identify key underlying issues
- link initiatives to organisational and DHSSPS goals and objectives.

Analytical Thinking

Making decisions and solving problems in a team and organisational environment

As Chair you will have to contribute to solving problems and making decisions. You will need to understand the quality of your own thinking and decisions, seeking feedback where appropriate. You will have to be prepared to make quick decisions that are effective. As problems arise you will have to analyse the problem, decide who needs to be involved to deal with the problem, and generate options to solve the problem.

The effective Chair will for example:

- know personal strengths, weaknesses, opportunities and limits
- seek feedback and gain insight from mistakes
- be open to constructive criticism of self
- be receptive to talking about own shortcomings
- make decisions in a timely manner, sometimes with incomplete information and under tight deadlines
- be able to make a quick decision
- make good decisions based upon a mixture of analysis, wisdom, experience and judgement
- make decisions that adhere to DHSSPS strategy and policy
- use rigorous logic and methods to solve difficult problems with effective solutions
- probe all relevant sources for answers
- be able to see hidden problems
- commit to actions in a timely fashion
- can accurately restate the opinions of others even when he/she disagrees
- be sought out by others for advice and solutions.

Learning and self-development

Able and willing to further develop as a non-executive Chair

As Chair you will be expected to acquire knowledge and understanding during your tenure. You will need to have an appreciation of your development needs and assess how these needs may best be met. You will require the confidence to approach others to acquire understanding and to ask for assistance and clarification where necessary.

The effective Chair will for example:

- learn quickly when facing new problems
- be open to change
- enjoy the challenge of unfamiliar tasks
- quickly grasp the essence and the underlying structure of issues in a DHSSPS environment
- pick up on the need to change personal and interpersonal behaviour quickly
- be personally committed to and actively work to continuously improve self
- understand that different situations and levels may call for different skills and approaches
- work to deploy strengths
- work on compensating for weaknesses and limits
- pick up on technical issues quickly
- learn new skills and knowledge.

Desirable Criteria

The Chair might also live in, work in or have significant connections with Northern Ireland.

The Chair might have had direct experience of working in or with health and social care services in either the public, private or voluntary sectors.

The Chair might also be able to demonstrate an appreciation of the factors which influence safety and minimise risk and the key issues affecting the delivery of high quality health and social care services.

Candidates should note that where it is necessary to prepare a shortlist for interview, the desirable criteria will be applied. It is therefore important that nomination forms should reflect how, and to what extent, you meet both the essential and the desirable criteria.

DISQUALIFICATION FOR APPOINTMENT TO THE BOARD OF RQIA

Candidates should read the following disqualifications carefully before proceeding with their nomination.

The disqualifications for appointment as Chair and members of RQIA are as follows:

(1)(a) a person who within 5 years of the day his appointment would otherwise have taken effect has been convicted whether in the United Kingdom or elsewhere of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine;

(b) a person who has been adjudged bankrupt or has made a composition or arrangement with his creditors;

(c) a person who has been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body or a health and social services body;

(d) a person whose tenure of office as chairman or as a member of a committee or sub-committee or a director of any public body, health service body or health and social services body has been terminated on the ground that –

(i) it was not in the interests of, or conducive to the good management of, that body, that he should continue to hold office;

(ii) it was not in the interests of the Health Service or the Health and Personal Social Services that he should continue to hold office;

(iii) the person failed without the consent of that body to attend its meetings for a continuous period of 3 months;

(iv) the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which he had a pecuniary interest.

(e) a person who is employed by RQIA, the Northern Ireland Social Care Council, the Northern Ireland Practice and Education Council or any body exercising functions similar to those of the aforementioned bodies under legislation in force in Northern Ireland, England, Scotland or Wales;

(f) a person who is a chairman, member, director or employee of a health service body or a health and social services body;

(g) a person whose application for registration under Part III of the Order, Parts II and III of the Registered Homes (Northern Ireland) Order 1992, Part VIII of the Children (Northern Ireland) Order 1995, Part 1 of the Health and Personal Social Services Act (Northern Ireland) 2001, Part IV of the Care Standards Act 2000 or Part 1 of the Regulation of Care (Scotland) Act 2001, has been refused, or

(i) whose registration has been suspended and the suspension has not been terminated; or

(ii) whose name has been removed from the register and not restored.

(h) a person included in a list kept by the Secretary of State under section 1 of the Protection of Children Act 1999 (list of individuals considered unsuitable to work with children), section 81 of the Care Standards Act 2000 (list of individuals considered unsuitable to work with vulnerable adults), Article 1 of the Protection of Children (Scotland) Act 2003, Article 3 or 35 of the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.

(i) any employed or self-employed health care professional or employees of health care professionals

(j) a person whose registration as a health care professional has been withdrawn or suspended.

(k) he holds a paid appointment or office with a trade union which represents the interests of members who are employed by a health service body or a health and social services body.

(l) any person who has financial or related interests which prejudice the exercise of his duties.

(2) For the purposes of paragraph (1)(a) -

(a) the date of conviction shall be deemed to be the date on which the ordinary period allowed for making an appeal or application with respect to the conviction expires or, if such an appeal or application is made, the date on which the appeal or application is finally disposed of or abandoned or fails by reason of its not being prosecuted; and

(b) there shall be disregarded -

(i) any conviction by or before a court outside the United Kingdom for an offence in respect of conduct which, if it had taken place in any part of the United Kingdom, would not have constituted an offence under the law in force in that part of the United Kingdom;

(ii) any sentence of imprisonment passed by such a court on a person who at the time the sentence was passed was under 21 years of age.

(3) Where a person is disqualified because he has been adjudged bankrupt, the disqualification shall cease -

(a) unless the bankruptcy order made against that person is previously annulled, on his discharge from bankruptcy; and

(b) if the bankruptcy order is so annulled, on the date of the order of annulment.

(4) For the purposes of paragraph (1) (c) "dismissal" excludes dismissal which is established to have been unfair in industrial tribunal proceedings.

(5) Where a person is disqualified because he made a composition or arrangement with his creditors, his disqualification shall cease -

(a) except where sub-paragraph (b) applies, on the expiration of 3 years from the date on which the terms of the deed of composition or arrangement are fulfilled; or

(b) where he pays his debts in full, on the day on which payment is completed.

(6) Subject to paragraph (7), a person who is disqualified under paragraph (1)(c) may, after the expiry of 2 years beginning on the date on which he was dismissed, apply in writing to the Department to remove that disqualification, and the Department may direct that that disqualification shall cease.

(7) Where the Department refuses an application to remove a disqualification no further application may be made by that person until the expiry of the period of 2 years beginning with the date of the application and this paragraph shall apply to any subsequent application.

(8) In paragraph (1)(i), a "health care professional" means -

(a) a medical practitioner or dental practitioner;

(b) a nurse, midwife or health visitor registered in accordance with the Nursing and Midwifery Order 2001;

(c) a registered pharmacist;

(d) an ophthalmic optician, other than a body corporate enrolled in the list kept under section 9 of the Opticians Act 1989;

(e) a person who is registered as a member of a profession to which the Professions Supplementary to Medicine Act 1960 **extends**;

(f) a fully registered osteopath as defined by section 41 of the Osteopaths Act 1993 or

(g) a fully registered chiropractor as defined by section 43 of the Chiropractors Act 1994.

"health service body" means -

(a) A health RQIA, a special health RQIA, a Primary Care Trust or an NHS Trust respectively constituted under Section 8, 11 and 16A of the National Health Services Act 1977 and Section 5 of the National Health Service and Community Care Act 1990;

(b) a Health Board, a Special Health Board, the Common Services Agency for the Scottish Health Service or an NHS Trust respectively constituted under sections 2, 10 and 12A of the National Health Service (Scotland) Act 1978;

(c) a Dental Practice Board or a Scottish Dental Practice Board;

(d) the Public Health Laboratory Service Board; and

(e) the National Radiological Protection Board established by section 1 of the Radiological Protection Act 1970;

"health and social services body" means -

- (a) a Health and Social Services Board;
- (b) an HSS Trust;
- (c) the Agency; or
- (d) a special agency.

Appendix B

Job description of Board Members

**DEPARTMENT OF HEALTH, SOCIAL
SERVICES & PUBLIC SAFETY**

Public Appointments
Information Pack

**REGULATION AND QUALITY
IMPROVEMENT AUTHORITY (RQIA)**
1/12

NON-EXECUTIVE MEMBERS

- 1 x Medical Member**
- 1 x Nursing Member**
- 1 x Social Care Member**
- 2 x Lay Members**

**This information pack can be made available in other formats;
please contact the address below for details**



Public Appointments Unit Room D1 Castle Buildings Stormont Estate Belfast BT4 3SQ
Tel: [REDACTED] Fax: [REDACTED] Textphone: [REDACTED]
E-mail: [REDACTED]

Please read this document carefully before you fill in your application form.

This pack contains:

- Regulation and Quality Improvement Authority (RQIA) Non-Executive Member Post Information Pack (including post description and person specification);
- Application Form;
- Public Appointments Monitoring Form (included at section 4 of the application form);
- CPANI Leaflet - The Commissioner for Public Appointments NI – includes Guidance on Conflicts of Interest and Integrity; and
- Probity and Conflicts of Interest - Additional Guidance for Candidates

A Regulated Appointment

The procedure for this appointment is bound by the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. This means that it is based on a fair, open and transparent process that involves independent scrutiny. The Minister responsible for Health, Social Services and Public Safety makes the final decision about who to appoint.

Your Application

Your application form is very important. You must therefore demonstrate clearly on your application form how you meet the published criteria. The selection panel can only assess your application based on the information you provide. Application forms and the information pack can be made available in other formats – please contact Public Appointments Unit (PAU) for details.

The Department is required to monitor the age, gender, ethnic origin, community background and disability of applicants to ensure that equal opportunity measures are effective (Section 4 of the application form). As with all information contained in the form, it is gathered, maintained and processed, strictly in accordance with our Data Protection Registration, **for public appointment purposes only**. On receipt of the application form, this information will be detached; it will not be made available to the selection panel.

Criteria-based selection process

Criteria based selection is currently the most common method of making public appointments in Northern Ireland. What this means is that the onus is on the applicant to provide evidence of work or personal performance which demonstrates that they can perform to the specified standard.

Suitability for appointment – Section 5 of the Application Form

In this section you are asked to provide practical information against the selection criteria for appointees. The information you provide in section 5 of the application form **will** be used for short listing purposes. When completing this section you should have a copy of the essential criteria beside you for reference purposes.

Many people are not used to writing about themselves or thinking about what they have done as opposed to what a team has done. Before starting to complete this section, it is important that you think about **your role** and what **you** have done individually, either on your own or as a team member. To complete this section effectively, you need to understand the relationship between the examples you will use and the relevant selection criteria. In addition you should bear in mind the following points:

- You should use simple and easy to understand language in your examples to describe what you have done;
- Use actual examples, rather than 'how you would do something';
- You can use examples from your working life, where appropriate, or from your personal life, including any voluntary or community work you are or have been involved in;
- Avoid statements that describe your personal beliefs or philosophies – focus on specific challenges and results;
- If possible, quantify/qualify your accomplishments;
- Use specific examples which you think relate to the appointment in order to support how your skills, knowledge, experience and qualities meet the criteria. Describe **your** contribution – what **you** did, how **you** did it, why **you** did it and the **outcome** it had.

ROLE OF THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

General

The Regulation and Quality Improvement Authority (RQIA), (previously known as The Health and Personal Social Services Regulation and Improvement Authority) took up its responsibilities from 1st April 2005, with powers granted under legislation.

Currently the Authority has some 136 full-time and part-time staff in place and it is responsible for management of an annual expenditure of approximately £7m.

Status & Role of Organisation

The RQIA is an independent, non-Departmental Public Body, sponsored by the Department of Health, Social Services and Public Safety (DHSSPS). It has overall responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

In delivering on this overall responsibility, the RQIA will exercise two main functions. Firstly, it will monitor the quality of health and social care services provided by Health and Social Care (HSC) bodies in Northern Ireland. This will be done through thematic and DHSSPS sponsored reviews of clinical and social care governance arrangements within HSC bodies.

Secondly, the RQIA will regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards in order to ensure that service users know what quality of services they can expect to receive and providers have a benchmark against which to measure the quality of the services that they deliver. Registration, inspection, complaints investigation and enforcement are thus carried out to consistent standards across Northern Ireland with the regulated services provided by both the HSC and independent sectors being treated in the same way.

The RQIA also undertakes a range of responsibilities for people with mental illness and those with learning disability, having assumed the functions of the former Mental Health Commission from 1st April 2009.

The RQIA also assumed enforcement responsibilities, from March 2010, under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2010.

Practice

The RQIA will address and make recommendations for improvement in the quality of all health and social care services that are regulated or delivered by the HSC.

The RQIA is required to:

- e) develop as an organisation that visibly supports and demonstrates a commitment to quality in the exercise of its functions and in the selection and management of its workforce;
- f) ensure that the programme of thematic and commissioned reviews of clinical and social care governance commands the respect of service users, the public and the HSC;
- g) ensure the involvement of service users in investigative methods and ensure that restorative and preventative actions are taken by the HSC and regulated service providers in response to the findings of the RQIA; and
- h) develop an approach to dealing with serious and persistent problems that is rigorous, fair and commands the respect of service users, service providers, the public and professional and other staff working in the health and social care sectors.

Performance

The work of the RQIA will make a significant contribution to improving the quality of health and social care services by identifying both good practice and deficiencies, poor performance, persistent problems and complaints.

It applies minimum standards fairly and consistently to improve the quality of care services and to improve the protection of vulnerable people using these services.

It ensures that service users and their families know exactly what they can expect from regulated health and social care providers.

It provides safeguards and assurances for service users.

It provides greater clarity and consistency for providers as to the standards they will be required to meet.

It encourages improvement in the quality of health and social care services across Northern Ireland.

It provides better and more accessible information about health and social care services for members of the public.

The Board

The RQIA is managed directly by a board which has corporate responsibility for its operation. The board comprises a non-executive Chair and 12 non-executive members.

Non-executive members, including the Chair, are not personally liable for the activities of the RQIA providing that they have acted honestly and in good faith and their actions do not contravene the statutory provisions relating to the RQIA.

Accountability

The RQIA is accountable through the Department to the Minister with responsibility for Health, Social Services and Public Safety.

The RQIA must produce an annual report covering the way it has exercised its functions and report on its findings with regard to the provision and quality of health and care services in Northern Ireland.

ACCESS Northern Ireland (AccessNI)

It is the Department's policy to carry out a "Basic Disclosure Check" for the appointment of the Members of the Regulation and Quality Improvement Authority (RQIA).

The vetting check will be undertaken by AccessNI, which is the responsibility of the Department of Justice in Northern Ireland and operates under the provisions of Part V of the Police Act 1997.

AccessNI enables organisations in Northern Ireland to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in certain defined areas, such as working with children or vulnerable adults.

Codes of Conduct and Accountability

To ensure that public service values remain at the heart of the Health and Social Care system, the members of the RQIA are required, on appointment, to subscribe to the Codes of Conduct and Accountability. The high standards of corporate and personal conduct required of members are described more fully in the Codes.

Time Commitment

The Board members will normally have to devote a minimum of 2 – 3 days per month to the appointment. This may involve commitment both inside and outside normal working hours.

Remuneration

The Board members will receive an annual remuneration of [REDACTED]. The members are also eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on Council business.

Period of Appointment

The Board member is normally appointed for an initial four year term and will be appointed from an immediate date.

Interviews for this post will take place between 28th, 29th, & 31st January 2013 and 1 February 2013 . Interviews will be held on all or some of these dates – applicants must be available on any of the dates specified.

DISQUALIFICATIONS

HOUSE OF COMMONS AND NI ASSEMBLY DISQUALIFICATIONS

Under the terms of the House of Commons Disqualifications Act 1975, the European Assembly Elections Act 1978 and the Northern Ireland Assembly Disqualification Act 1975, existing MPs, MEPs and MLAs cease to hold their elected office if they take up an appointment to a public body listed in the aforementioned legislation. A person appointed as a Member of the Regulation & Quality Improvement Authority is disqualified from membership of the House of Commons.

The onus is on the person standing for election to state that they are aware of the provisions of the House of Commons Disqualification Act 1975, the European Assembly Elections Act 1978 or the Northern Ireland Assembly Disqualification Act 1975 and that, to the best of their knowledge and belief, they are disqualified from being an MP, MEP or MLA.

If an individual holding a public appointment decides to stand for election as an MP, MEP or MLA, it is their responsibility to check whether the public body to which they belong or the office that they hold is listed in the appropriate Disqualification Act.

If the public body to which an individual belongs or the office that they hold is listed in the Disqualification Act they must immediately notify the Department of their intention to stand for election. To avoid any disqualification issues from arising later they should resign their appointment **before** submitting their nomination as candidate in an election. If they have not resigned their public appointment before submitting their nomination as a candidate and are subsequently elected as an MP, MEP or MLA their election will be void.

RQIA DISQUALIFICATIONS

Disqualifications apply which are specific to membership of the RQIA board see pages 25 - 28 of this Information Pack.

DISQUALIFICATIONS

OTHER HEALTH & SOCIAL CARE BODY or ARMS LENGTH BODY

If you are currently serving as a non-executive of a Health and Social Care Body or any other Arms Length Body, **there is an onus of responsibility on applicants** to not only examine the disqualifications of the organisation to which they are applying, but also to be aware of any disqualifications which exist on the body to which they currently serve.

In some cases it is not possible to hold two concurrent appointments, however you should note that disqualification is from appointment to a post, not application. In the event of a relevant disqualification you may be required to resign from a current position in order to accept this post.

Hints for Completing Your Application Form

- You should write legibly using **black ink or typescript minimum font size 12** to complete the form.
- **All** sections of the application form must be completed. Please do not submit your Curriculum Vitae as it will not be taken into account. This is to enable us to consider all applications on an equal basis.
- Read each page carefully and answer every question that is relevant to you.
- Review the selection criteria before completing the application form.
- There may be several aspects to a criterion so ensure you provide evidence that shows how you meet all aspects.

Submitting Application Forms

We will accept completed application forms delivered by hand, by post, by fax or by e-mail. It is the responsibility of the applicant taking into account their chosen method of delivery, to ensure that sufficient time is allowed for their application to arrive with the Department by noon on the closing date.

Applications delivered by hand – must be received by the Department on or before noon on the closing date. A receipt will be issued to those using this method of delivery.

Applications Posted - when returning your application form by post, please ensure it bears the correct value of postage as failure to do so may cause Royal Mail to delay your application thus causing you to miss the closing date.

Application by fax or e-mail - if you decide to send your application form by fax (TEL: [REDACTED]) or e-mail [REDACTED] you must ensure that it is faxed/e-mailed **in sufficient time** to arrive by 12.00 noon on the closing date. Applications received by fax or in the PAU “in box” after 12.00 noon will be treated as **late applications and will not be accepted**.

The Department accepts no responsibility for application forms received after 12.00noon on the closing date.

How we will handle your application

- Your application will be acknowledged by the Public Appointments Unit within five working days of receipt. If you do not receive an acknowledgement, please contact PAU to ascertain whether or not your application has been received.
- On receipt of the application form, the Monitoring Information Section (4)

will be detached; it will not be made available to the selection panel.

- Please keep a copy of your Application Form for reference.

Appointment Process

- A selection panel consisting of a Departmental official, the Chair of the RQIA and an Independent Panel member will assess your application.
- Short listing for interview is based on merit.
- When assessing each application against the criteria, the selection panel will use a Marking Frame with a scale of 1 – 7 to determine how an applicant's skills, knowledge, experience and qualities as displayed throughout the entire application form meet the criteria.
- Further short listing may be required and a further score may be introduced in circumstances where there is a high volume of applications received. A proportionate approach will be applied to this as agreed by the panel (the usual method is, of those who have met the initial short listing criteria, to rank them in numerical order, with the highest scores first etc). The selection panel are then presented with a factual summary of the outcome of the short listing process eg- 2 applicants awarded an overall score of 30, 5 applicants awarded an overall score of 29 etc. Based on these findings, the panel identify a sufficient number of applicants to be invited for interview whilst ensuring that it is proportionate to the number of posts being filled.
- If you are dissatisfied with the panel decision or have any queries in relation to your non-selection for interview you should write to Public Appointments Unit at the address below within 10 working days from the date on this letter. All correspondence will be acknowledged by return.
- All requests will be dealt with in a timely manner. Should the outcome of the enquiry result in the applicant being short listed for interview, the Department will make the necessary arrangements.
- The Minister is not involved in the short listing or interview stage of the process.
- Following the interviews, the Minister is presented with an applicant summary of those deemed suitable for appointment by the selection panel. These are presented to the Minister in alphabetical (not rank) order.
- An AccessNI check is then requested for the applicant whom the Minister has identified for appointment.
- All documentation relating to AccessNI will be destroyed by the Department once the appointment process has been completed.
- If you are successful you will be invited, by telephone, to accept the appointment. The appointment will then be formally confirmed in writing.

- All interviewees will be advised in writing of the outcome of their interview once the appointment process has been completed.
- The Minister may create a reserve list to cover any unforeseen vacancies that arise within twelve months.

Equality and Diversity

Accessibility to appointments is fundamental and the appointments process promotes and demonstrates equality of opportunity and equal treatment to all applicants at every stage of the appointment process.

The Department of Health, Social Services and Public Safety is committed to encouraging a diverse range of applicants for public appointments and to the principle of appointment on merit with independent assessment, openness and transparency of process. Applications are welcomed regardless of age, gender, disability, religion, ethnic origin, political opinion, sexual orientation or whether or not you have dependants. Please visit the Department's website at www.dhsspsni.gov.uk for more information about Public Appointments.

Interview Expenses

Applicants invited for interview will be entitled to claim re-imbursment of reasonable travelling expenses incurred to attend for interview.

Publicising Appointments

A Press Release will be published to announce the appointment of new members to Public Bodies. The Commissioner for Public Appointments requires that announcements contain details of an appointee's recent political activity. Should you be appointed, you will be required to complete a political activity form. Details of any political activity, together with some of the information that you have provided in your application form, will be made public in the press announcement. The Press Release will include:

- Your name
- A short description of the body to which you have been appointed
- A brief summary of the skills and knowledge that you will bring to the role
- The period of appointment and any remuneration associated with the appointment
- Details of all other public appointments held and any related remuneration received
- Details of any political activity declared in the last 5 years.

Key dates and Contact Information

- Completed application forms must be received on or before **12.00 noon on Thursday 13 December 2012.**
- **Late applications will not be accepted.**
- **Interviews** will take place between **28th January – 1 February 2013.**
- **If you have any queries please:**
 - Telephone: [REDACTED]
 - Fax: [REDACTED]
 - Text phone: [REDACTED] **(for those with hearing difficulties); or**
 - E-mail: [REDACTED]

Complaints

If you wish to make a complaint about any aspect of this appointment process, you should contact the Department of Health, Social Services & Public Safety (DHSSPS), Public Appointments Unit, who will investigate your complaint. If you are dissatisfied with the Department's response, you may wish to ask the Commissioner for Public Appointments for Northern Ireland to investigate the matter. Contact details can be found in the enclosed leaflet entitled "CPANI – The Commissioner for Public Appointments for Northern Ireland".

POST TITLE: - RQIA NON-EXECUTIVE MEMBER –

Non-Executive Member

Accountable to

The Minister, through the Permanent Secretary of the Department of Health, Social Services and Public Safety.

Reports to

The Chair of the Regulation and Quality Improvement Authority (RQIA).

Role

Key tasks will include:

- Playing a full part in representing the activities of the Authority and in attendance at meetings;
- Promoting and influencing the strategic development of the Authority, sharing in corporate responsibility for strategic decision-making;
- Contributing to the sub-committees established to process the work of the Authority;
- Participating in the Authority's induction, training and annual performance appraisal programme;
- Participating in the monitoring of the full range of statutory requirements;
- Assisting in ensuring that the Authority's policies and activities are based on the principles of equal opportunity and diversity;
- Contributing to the development of the Authority's policies and procedures;
- Assisting in the development of the corporate strategy and business plan;
- Representing the Authority at official or social occasions relevant to the business of the Authority;
- Assisting in the development and maintenance of effective links with appropriate agencies, regulatory and quality assurance bodies;
- Assisting in establishing and maintaining appropriate partnerships and links with key stakeholders including service users, public private sector organisations and UK, European and international perspectives.

PERSON SPECIFICATION - ESSENTIAL CRITERIA

RQIA - NON-EXECUTIVE MEMBER

GENERAL

Non-Executive Members of RQIA will be committed to the principles and objectives of the Health and Social Care system.

Lay Members

No specific requirements.

Medical Member applicants:

Applicants for this post must be included on the General Medical Council (GMC) register.

Nursing Member applicants:

Applicants for this post must hold a current Nurse Registration with the Nursing and Midwifery Council (NMC).

Social Care Member applicants:

Applicants for this post must hold a professional social work qualification recognised by the Northern Ireland Social Care Council (NISCC) and be registered on Part 1 of the NISCC register.

ESSENTIAL CRITERIA

All applicants must demonstrate that they have the necessary skills, knowledge, experience and qualities; they will need to show, both on the application form and at interview, how they meet the following **five** essential criteria:

Making an impact with others and displays a range of political skills – *Developing and maintaining co-operative working relationships to achieve results. Displays a range of political skills in networking with key stakeholders including local government*

Committing to the non-executive member role – *Understanding the environment in which you are making a contribution*

Thinking strategically – *Making a significant contribution to the strategic direction of the organisation*

Analytical thinking – *Making decisions and solving problems in a team and organisational environment*

Learning and self-development – *Able and willing to further develop as a member*

APPLICANTS CAN APPLY FOR MORE THAN ONE CATEGORY

In the event that this competition fails to yield sufficient/suitable applicants from the Medical, Nursing, and or Social Care fields to be appointed as non-executive members at this time the vacancies will be filled by Lay Members to ensure a fully complimented board.

TERM OF APPOINTMENT

The established Departmental policy is that initial terms of appointment are usually for a four year period

Making an impact with others & displays a range of political skills –
Developing and maintaining co-operative working relationships to achieve results. Displays a range of political skills in networking with key stakeholders including local government (in this context 'Local Government' includes Government Departments, Non Departmental Public Bodies and Borough, District & City Councils).

As a Board member you will be part of a team and you will be expected to contribute to the work of the team. This will require you to be able to communicate clearly with others and to listen to what others say. You will need to challenge others where necessary, put across rational arguments and influence others, but at the same time develop effective working relationships with your fellow team members. You must be aware of the needs of interest groups, including community organisations, specialist health interest groups, charities and patients' organisations. In addition you must also possess interpersonal and social skills when dealing with individuals and groups. It will be important for you to display good networking and communication skills to ensure that feedback is obtained on health issues on all possible occasions. You will be required to possess an understanding, sensitivity, and awareness of how the political system works at Council, Assembly and Westminster levels. In this context "Local Government" includes Government Departments, Non Departmental Public Bodies and Borough, District & City Councils.

Therefore we would like you to tell us about a team of which you have been or are a member. This could be a work team or it could be a team outside of a work environment, for instance in a voluntary capacity. We want you to tell us about the type of team it is and what it does, but in particular we want to know about your contribution to the team, and how your contribution made the team successful in meeting its aims.

The effective non-executive member will for example:

Develop Peer Relationships

- Build rapport well
- Be a good listener
- Quickly find common ground to solve problems
- Be able to solve problems with peers with minimal disruption
- Be seen as a team player and co-operative
- Easily gain trust and support of peers
- Encourage collaboration
- Be candid with peers

Influence

- Gain trust quickly of other parties

- Be direct and forceful as well as diplomatic
- Sell the benefits of own case
- Demonstrate self-confidence dealing with a wide range of situations and people at all levels

Contribute to the Team

- Understand why groups do what they do (group dynamics)
- Be willing to contribute in a group environment
- Work with other members of the team, not against them
- Build effectively on the ideas of others
- Share information and own expertise willingly

Communicate Effectively

- Concise and clear with words and language
- Get message across in a way that others can understand
- Speak with authority and persuasiveness when necessary
- Phrase questions clearly
- Have the confidence to speak up when necessary

Challenge Effectively

- Take unpopular stands if necessary
- Speak up when lacking understanding
- Ask for more detail when necessary
- Encourage direct and tough debate but is not afraid to end it and move on

Displays a range of political skills in networking with key stakeholders

- Networking with key stakeholders including local government – in this context “Local Government” includes Government Departments, Non Departmental Public Bodies and Borough, District & City Councils
- Recognise people who could be useful to the organisation and builds relationships with them
- Keep in touch and maintain these relationships over time
- Know who to go to within the organisation to provide information or solve a problem
- Make useful outside contacts

Committing to the non-executive role

Understanding the working environment in which you are making a contribution

As a Board member, you will be part of a wide and complex framework to achieve results in the field of health, social care and public safety. As a member you will have organisational responsibilities, to the board, the organisation and the Department. It is important that you are aware of your responsibilities both personally and organisationally to help the public get the best service. The role of the non-executive is an important public service role and is governed by public service values such as integrity and trust. Public service values have been developed to ensure a consistent environment for all those working in public service. You are expected not only to contribute but to commit to the decisions of the board. At times this will result in you agreeing and committing to board decisions that may be contrary to your individual position. You need to be content that you would be able to give this commitment.

Therefore under this selection criterion you should provide us with an example that demonstrates your personal integrity, honesty and commitment to public service values. This could be within an organisation, club, association or family environment.

The effective non-executive member will for example:

Commit To Corporate Decisions and the Public Service

- Understand his/her role as a non-executive within a body sponsored by DHSSPS
- Strong awareness of how the organisation operates including internal politics and sensitivities
- Treat others (e.g. non-executives, executives, staff and Departmental staff) as partners with common goals
- Commit to the decisions of the board, the DHSSPS and the NI Executive even at times when this may be contrary to your individual position

Empathise and Understand

- Strong understanding of the customer base and their needs
- Be concerned about their work
- Be available and ready to help
- Be sympathetic to the plight of others
- Put yourself in other's shoes

Act with Integrity and Trust demonstrating Ethics and Values

- Awareness of Public Service Values and adhering to them at all times
- Committed to portraying the values of the organisation
- A strong sense of honesty and integrity
- Commitment to confidentiality of board business
- Evidence of being able to work to a set of rules, values or principles

Thinking Strategically

Making a significant contribution to the strategic direction of the organisation

As a Board member, you will be responsible for contributing to the strategic direction of the organisation. You will have to demonstrate an understanding of the organisation and the environment in which it operates. You will have to think ahead, taking into account a wide range of sometimes complex but interrelated issues, with an understanding of the impact of plans and priorities.

Under this selection criterion you should think about work you have undertaken, or activities in a voluntary or community capacity, and assess how you have contributed to planning the future focus and activities of that group or team. This could include collecting information on what has happened in the past to analyse how this should influence what happens in the future. Your example should demonstrate how you have looked ahead to ensure you, your group, team or organisation meets its objectives or goals.

The effective non-executive member will for example:

Have Organisational and Business Understanding

- Be knowledgeable about how organisations work
- Understand the origin and reasoning behind key practices and procedures DHSSPS policies,
- Understand the culture of organisations
- Understand the importance of governance

Have Cultural Understanding

- Be sensitive to how people and organisations function
- Anticipate potential pitfalls and plan approach accordingly
- View corporate culture as a necessary part of organisational life and adjust accordingly
- Be able to manoeuvre through complex cultural situations effectively and sensitively

Understand Strategy

- See ahead clearly and plan accordingly
- Anticipate future consequences and trends accurately
- Have broad knowledge and perspective
- Be future orientated

Maintain Broad Perspective

- Look toward the broadest possible view of an issue
- Be able to easily pose future scenarios
- Be able to discuss different aspects and impacts of issues and project them into the future

Analytical Thinking

Making decisions and problem solving

As a Board member, you will have to contribute to solving difficult problems and making decisions. You will encounter a lot of information that may require analysis and a decision or resolution to be made by the board. You will be expected to play an active part in contributing to these decisions and solutions. You will need to understand the quality of your own thinking and decision-making process. As problems arise, you will have to analyse the problem, decide who needs to be involved to deal with it, and generate options to solve the problem. You will have to be prepared to make quick decisions that are effective and seek feedback where appropriate.

For this selection criterion we would like you to describe a difficult problem you have encountered and how you have contributed to providing a solution. You should emphasise your role and how you went about collating data, your analysis, and generating options or solutions. Examples can be drawn from your employment or personal experiences.

The effective non-executive member will for example:

Have Self-Knowledge

- Know personal strengths, weaknesses, opportunities and limits
- Seek feedback; gain insights from mistakes
- Be open to criticism
- Be receptive to talking about shortcomings

Listen/Gather Feedback

- Ask others what they think and take note of their responses
- Practice attentive and active listening
- Have the patience to hear people out
- Be able to accurately restate the opinions of others even when he/she disagrees

Make Timely Decisions

- Make decisions in a timely manner, sometimes with incomplete information and under tight deadlines
- Be able to make a quick decision

Make Quality Decisions

- Make good decisions based upon a mixture of analysis, wisdom, experience and judgement
- Propose solutions and suggestions which mostly turn out to be correct and accurate when judged over time
- Be sought out by others for advice and solutions

Solve Problems

- Use rigorous logic and methods to solve difficult problems with effective solutions
- Probe all relevant sources for answers
- Be able to see hidden problems

Learning and self-development

Able and willing to further develop as a non-executive member

As a Board member, you will be expected to acquire knowledge and understanding during your tenure. You will not be expected to know everything on the first day. You will need to have an appreciation of your development needs and assess how these needs may best be met. You will require the confidence to approach others to acquire understanding and to ask for assistance and clarification where necessary.

We will be assessing your ability and willingness to ensure your contribution develops quickly.

For this criterion you should think about a group or activity you were involved in, either in work or outside of the work environment, when you acquired a considerable amount of knowledge or understanding in a short time.

OR

If you do not have an example when you acquired knowledge and understanding quickly, then tell us how you gain understanding and knowledge, for example by reading newspapers or using the internet.

The effective non-executive member will for example:

Learning ‘on the job’

- Learn quickly when facing new problems
- Be open to change
- Enjoy the challenge of unfamiliar tasks
- Pick up technical things quickly
- Quickly grasp the essence and the underlying structure of anything

Self-Development

- Be personally committed to and actively work to continuously improve self
- Pick up on the need to change personal and interpersonal behaviour quickly
- Understand that different situations and levels may call for different skills and approaches
- Learn new skills and knowledge
- Work to deploy strengths
- Work on compensating for weakness and limits

DISQUALIFICATION FOR APPOINTMENT TO THE BOARD OF THE RQIA

Applicants should read the following disqualifications carefully before proceeding with their application.

The disqualifications for appointment as Chair and members of the Authority are as follows:

(1)(a) a person who within 5 years of the day his appointment would otherwise have taken effect has been convicted whether in the United Kingdom or elsewhere of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine;

(b) a person who has been adjudged bankrupt or has made a composition or arrangement with his creditors;

(c) a person who has been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body or a health and social services body;

(d) a person whose tenure of office as chairman or as a member of a committee or sub-committee or a director of any public body, health service body or health and social services body has been terminated on the ground that –

(i) it was not in the interests of, or conducive to the good management of, that body, that he should continue to hold office;

(ii) it was not in the interests of the Health Service or the Health and Personal Social Services that he should continue to hold office;

(iii) the person failed without the consent of that body to attend its meetings for a continuous period of 3 months;

(iv) the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which he had a pecuniary interest.

(e) a person who is employed by the Authority, the Northern Ireland Social Care Council, the Northern Ireland Practice and Education Council or any body exercising functions similar to those of the aforementioned bodies under legislation in force in Northern Ireland, England, Scotland or Wales;

(f) a person who is a chairman, member, director or employee of a health service body or a health and social services body;

(g) a person whose application for registration under Part III of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Parts II and III of the Registered Homes (Northern Ireland) Order 1992, Part VIII of the Children (Northern Ireland) Order 1995, Part 1 of the Health and Personal Social Services Act (Northern Ireland) 2001, Part IV of the Care Standards Act 2000 or Part 1 of the Regulation of Care (Scotland) Act 2001, has been refused, or

(i) whose registration has been suspended and the suspension has not been terminated; or

(ii) whose name has been removed from the register and not restored.

(h) a person included in a list kept by the Secretary of State under section 1 of the Protection of Children Act 1999 (list of individuals considered unsuitable to work with children), section 81 of the Care Standards Act 2000 (list of individuals considered unsuitable to work with vulnerable adults), Article 1 of the Protection of Children (Scotland) Act 2003, or Article 3 or 35 of the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.

(i) any employed or self-employed health care professional or employees of health care professionals

(j) a person whose registration as a health care professional has been withdrawn or suspended.

(k) he holds a paid appointment or office with a trade union which represents the interests of members who are employed by a health service body or a health and social services body. – No longer applies as removed by Statutory Rule no 165

(l) any person who has financial or related interests which prejudice the exercise of his duties.

(2) For the purposes of paragraph (1) (a) -

(a) the date of conviction shall be deemed to be the date on which the ordinary period allowed for making an appeal or application with respect to the conviction expires or, if such an appeal or application is made, the date on which the appeal or application is finally disposed of or abandoned or fails by reason of its not being prosecuted; and

(b) there shall be disregarded -

(i) any conviction by or before a court outside the United Kingdom for an offence in respect of conduct which, if it had taken place in any part of the United Kingdom, would not have constituted an offence under the law in force in that part of the United Kingdom;

(ii) any sentence of imprisonment passed by such a court on a person who at the time the sentence was passed was under 21 years of age.

(3) Where a person is disqualified because he has been adjudged bankrupt, the disqualification shall cease -

(a) unless the bankruptcy order made against that person is previously annulled, on his discharge from bankruptcy; and

(b) if the bankruptcy order is so annulled, on the date of the order of annulment.

(4) For the purposes of paragraph (1) (c) "dismissal" excludes dismissal which is established to have been unfair in industrial tribunal proceedings.

(5) Where a person is disqualified because he made a composition or arrangement with his creditors, his disqualification shall cease -

(a) except where sub-paragraph (b) applies, on the expiration of 3 years from the date on which the terms of the deed of composition or arrangement are fulfilled; or

(b) where he pays his debts in full, on the day on which payment is completed.

(6) Subject to paragraph (7), a person who is disqualified under paragraph (1)(c) may, after the expiry of 2 years beginning on the date on which he was dismissed, apply in writing to the Department to remove that disqualification, and the Department may direct that that disqualification shall cease.

(7) Where the Department refuses an application to remove a disqualification no further application may be made by that person until the expiry of the period of 2 years beginning with the date of the application and this paragraph shall apply to any subsequent application.

(8) In paragraph (1)(i), a "health care professional" means -

(a) a medical practitioner or dental practitioner;

(b) a nurse, midwife or health visitor registered in accordance with the Nursing and Midwifery Order 2001;

- (c) a registered pharmacist;
- (d) an ophthalmic optician, other than a body corporate enrolled in the list kept under section 9 of the Opticians Act 1989;
- (e) a person who is registered as a member of a profession to which the Professions Supplementary to Medicine Act 1960 **extends**;
- (f) a fully registered osteopath as defined by section 41 of the Osteopaths Act 1993; or
- (g) a fully registered chiropractor as defined by section 43 of the Chiropractors Act 1994.

"health service body" means -

- (a) A health authority, a special health authority, a Primary Care Trust or an NHS Trust respectively constituted under Section 8, 11 and 16A of the National Health Services Act 1977 and Section 5 of the National Health Service and Community Care Act 1990;
- (b) a Health Board, a Special Health Board, the Common Services Agency for the Scottish Health Service or an NHS Trust respectively constituted under sections 2, 10 and 12A of the National Health Service (Scotland) Act 1978;
- (c) a Dental Practice Board or a Scottish Dental Practice Board;
- (d) the Public Health Laboratory Service Board; and
- (e) the National Radiological Protection Board established by section 1 of the Radiological Protection Act 1970;

"health and social services body" means -

- (a) a Health and Social Services Board;
- (b) an HSS Trust;
- (c) the Agency; or
- (d) a special agency.

Appendix C

Job description of Chief Executive



JOB ROLE

POST: Chief Executive

SALARY: Up to £ [REDACTED]
Senior Executive 3

REPORTS TO: Chairman of RQIA

ACCOUNTABLE TO: Board of RQIA
Permanent Secretary, Department of Health, Social Services and Public Safety (DHSSPS) in his/her role as Accounting Officer for RQIA

WORK BASE: 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

Overall aim of the post

To ensure the provision of a comprehensive and effective regulatory organisation as required by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The Chief Executive, as the Accounting Officer, will be responsible for the overall management of RQIA. S/he will provide effective leadership and direction in accordance with the requirements of the Board of RQIA, to the Executive Team and staff. In particular, s/he will ensure that the following main objectives are achieved.

Main objectives

1. **Strategy** - that RQIA sets a strategic agenda which establishes RQIA as the premier organisation responsible for ensuring high quality health and social care services for the population of Northern Ireland. This strategy will need to be agreed with the Board of RQIA, the DHSSPS sponsoring branch and the senior staff of RQIA.

2. **Governance** – that RQIA has a sound governance structure in place, which:
 - a) demonstrates proper business arrangements in accordance with the Nolan Principles of Good Governance in respect of corporate decision-making, and,
 - b) demonstrates that all regulation and inspection processes are of the highest order to ensure consistency, transparency and appropriateness in all its functions.
3. **Relationships** – the establishment and maintenance of effective working relationships with the DHSS/SPS, all relevant stakeholders including: Health and Social Care (HSC) organisations, commissioners, other statutory and regulatory bodies, patient representatives etc.
4. **Delivery programme and performance** – that RQIA develops and implements an appropriate delivery programme; in accordance with its strategic objectives; which ensures optimum performance is maintained at all times.
5. **Resources** – the development and maintenance of proper structures and processes to guarantee the effective use of all human and other resources and to achieve value for money in all dealings. This will include the preparation of appropriate Corporate and Business Plans.
6. **Public Relations** – that the reputation and image of RQIA signifies 'quality' in respect of health and social care in Northern Ireland.

The above is intended to outline the main responsibilities of the role – it is not intended to be a comprehensive description of the role requirements.

April 2008

PERSON SPECIFICATION

Role – Chief Executive

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they have:

- Successfully discharged, for a period of at least 5 years, within the last 8 years, senior management responsibilities at Chief Executive/Chief Officer/Director level;
- At least 3 years' experience within the last 6 years of working in a regulatory organisation or an organisation which is subject to regulation/formal public scrutiny;
- Delivered against challenging performance management programmes meeting a full range of key targets and making significant improvements;
- Had personal accountability for a significant budget for 3 years, within the last 6 years, in a complex organisation, securing value for money by effective prioritisation and driving efficiencies.
- Worked with a diverse range of stakeholders to achieve successful outcomes and have an understanding of the diplomacy necessary to build strong relationships, and;
- Successfully demonstrated high level governance and organisational skills (including strategic planning, risk management, financial and people management skills).

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is, therefore, essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

The following additional desirable criteria may be introduced dependant upon the number of applications received.

- At least 5 years at director level in a regulatory / regulated organisation.
- Chief Executive experience

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the HSC Leadership Qualities Framework at www.nhsleadershipqualities.nhs.uk
In particular candidates should demonstrate;

- Outstanding leadership skills
- Strategic thinking and ability to translate thinking into practice
- Proven record of promoting a positive organisational profile

Appendices

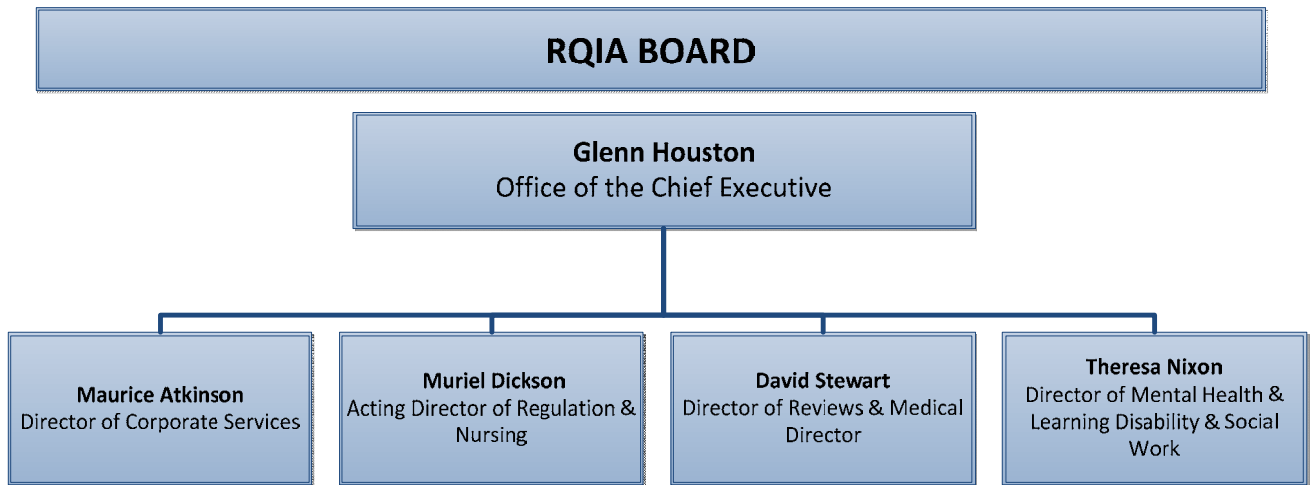
- Outstanding ability to communicate in writing and orally

Other personal abilities candidates should demonstrate are;

- Ability to respond well in stressful circumstances providing sound judgement and leadership
- Ability to inspire confidence based on sound organisational ability
- Ability to be sufficiently mobile to achieve the requirements of the post

Appendix D

Organisational Chart





Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

The Quality Standards for Health and Social Care

**SUPPORTING GOOD GOVERNANCE AND
BEST PRACTICE IN THE HPSS**

March 2006

FOREWORD BY THE MINISTER

The people of Northern Ireland are entitled to the highest standards of health and social care. Having standards in place to ensure that people have the right care wherever they live in Northern Ireland is a fundamental principle of reform and modernisation of the health and social care system.

I am committed to putting patients, clients and carers first. The *Quality Standards for Health and Social Care* set out the standards that people can expect from Health and Personal Social Services (HPSS). In developing these standards, my aim is to raise the quality of services and to improve the health and social wellbeing of the people of Northern Ireland. At the heart of these standards are key service user and carer values including dignity, respect, independence, rights, choice and safety.

The standards have five key quality themes:

- Corporate leadership and accountability of organisations;
- Safe and effective care;
- Accessible, flexible and responsive services;
- Promoting, protecting and improving health and social well-being; and
- Effective communication and information.

The publication of the quality standards is an important milestone in the process of putting patients first. They will be used by the new Regulation and Quality Improvement Authority to assess the quality of care provided by the HPSS. The new Authority will be looking to see how the HPSS provide quality services and will be reporting their findings both to the Department and to the public.

Given the rapidly changing environment in which the HPSS now operates including changes arising from the Review of Public Administration, it is important that these standards do not become outdated or serve to stifle innovation. Therefore, the standards will be reviewed by the end of 2008.

SHAUN WOODWARD MP

Minister for Health, Social Services and Public Safety

CONTENTS

PAGE

FOREWORD

SECTION 1	INTRODUCTION TO THE DEVELOPMENT OF STANDARDS	1
SECTION 2	VALUES AND PRINCIPLES UNDERPINNING THE STANDARDS	6
SECTION 3	FORMAT OF THE STANDARDS	9
SECTION 4	CORPORATE LEADERSHIP AND ACCOUNTABILITY OF ORGANISATIONS (THEME 1)	10
SECTION 5	SAFE AND EFFECTIVE CARE (THEME 2)	12
SECTION 6	ACCESSIBLE, FLEXIBLE AND RESPONSIVE SERVICES (THEME 3)	17
SECTION 7	PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING (THEME 4)	20
SECTION 8	EFFECTIVE COMMUNICATION AND INFORMATION (THEME 5)	22
APPENDIX 1	GLOSSARY OF TERMS	24
APPENDIX 2	REFERENCES, CIRCULARS AND PUBLICATIONS	26

Section 1: Introduction to the Development of Standards

1.1 Introduction

Almost 95% of the population of Northern Ireland makes contact with health and social services on an annual basis. This contact may be through primary care services, community care services or through hospitals. In all of these contacts, people are entitled to the highest standards of health and social care.

This document sets out clearly for the public, service users and carers, and those responsible for the commissioning, planning, delivery, and review of services, the quality standards that the Department considers people should expect from Health and Personal Social Services (HPSS). It represents a significant step in the process of placing the needs of the service user and carer, and the wider public, at the centre of planning, delivery and review of health and social care services.

1.2 Background to the development of standards

Quality improvement is at the forefront of the development of health and social care services in Northern Ireland. These improvements are centred around five main areas, which are an integral part of modernisation and reform:

- setting of standards – to improve services and practice;
- improving governance in the HPSS - in other words, the way in which the HPSS manages its business;
- improving the regulation of the workforce, and promoting staff development through life-long learning and continuous professional development;
- changing the way HPSS organisations are held to account for the services they provide; and
- establishing a new, independent body to assess the quality of health and social care.

The consultation document “Best Practice – Best Care”, published in April 2001, sets out the detail of this framework to improve the quality of care. This included links to national standard setting bodies such as the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE).

1.3 Improving governance in health and social care

The outcome of the Review of Public Administration, announced in November 2005, signalled major changes to the structure and functions of HPSS organisations. Regardless of these changes there remains a statutory duty of quality on HSS Boards and Trusts. This means that each organisation has a legal responsibility for satisfying itself that the quality of care it commissions and/or provides meets a required standard. This requirement is just as important as the responsibility to demonstrate financial regularity and propriety. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care. This process is known as *Governance*.

1.4 The setting of standards

In addition to drawing on national and professional standards, a range of local standards is being developed to enhance governance arrangements in the HPSS. These include controls assurance standards, so that by 2006-07, there will be a comprehensive set of specific assurance standards, which the HPSS can use to assess compliance against the required attainment levels. In addition, a number of care standards have been developed to facilitate the inspection and regulation of specific health and social care services provided by the HPSS and the independent sector. These care standards are specified in legislation and will be inspected, regulated and monitored by a new organisation called the Health and Personal Social Services Regulation and Improvement Authority (the Regulation and Quality Improvement Authority - RQIA).

The development of the *Quality Standards for Health and Social Care*, as outlined in this document, is intended to complement standards already issued or currently in development. Consequently, evidence of compliance with existing or new standards, such as professional standards, charter standards, controls assurance and/or care standards will form part of the evidence of practitioner or organisational commitment to these new quality standards.

1.5 What is a standard?

A standard is a level of quality against which performance can be measured. It can be described as 'essential'- the absolute minimum to ensure safe and effective practice, or 'developmental', - designed to encourage and support a move to better practice. The *Quality Standards for Health and Social Care*, which are contained in this document, are classed as essential.

Given the rapidly changing environment in which the HPSS operates, it is important that standards do not become outdated or serve to stifle innovation.

To prevent this, standards need to be regularly reviewed and updated. It will be the Department's responsibility, drawing on the best evidence available, including advice, reports and/or information from the RQIA, to keep the quality standards under consideration, with a formal review being completed by the end of 2008.

1.6 Why are standards important?

Raising and maintaining the quality of services provided by the HPSS is a major objective for all involved in the planning, provision, delivery and review of health and social care services. Currently, there remains unacceptable variation in the quality of services provided, including timeliness of delivery and ease of access.

In order to improve the quality of these services, change is needed, underpinned and informed by a more cohesive approach to standards development.

Standards:

- give HPSS and other organisations a measure against which they can assess themselves and demonstrate improvement, thereby raising the quality of their services and reducing unacceptable variations in the quality of services and service provision;
- enable service users and carers to understand what quality of service they are entitled to and provide the opportunity for them to help define and shape the quality of services provided by the HPSS and others;
- provide a focus for members of the public and their elected representatives, to consider whether their money is being spent on efficient and effective services, and delivered to recognised standards;
- help to ensure implementation of the duty the HPSS has in respect of human rights and equality of opportunity for the people of Northern Ireland; and
- promote compliance, and underpin the regulation and monitoring of services to determine their quality and safety and to gauge their continuous improvement.

By promoting integration, these *Quality Standards for Health and Social Care* will contribute to the implementation of clinical and social care governance in the HPSS and will be used by HPSS and other organisations, service users and carers, the wider public and the RQIA to assess the quality of care provision.

1.7 The five quality themes

There are five quality themes on which the standards have been developed to improve the health and social well-being of the population of Northern Ireland. These themes have been identified through consultation with service users, carers and HPSS staff and through a review of standards developed elsewhere at local, national and international level.

The five quality themes are:

1. Corporate Leadership and Accountability of Organisations;
2. Safe and Effective Care;
3. Accessible, Flexible and Responsive Services;
4. Promoting, Protecting and Improving Health and Social Well-being; and
5. Effective Communication and Information.

1.8 Assessing quality

The RQIA was established by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 and began work on 1 April 2005. It has two main functions:

- inspection and regulation of specified health and social care services provided by the HPSS and the independent sector; and
- inspection and review of the services provided by the HPSS in Northern Ireland.

The RQIA has a general duty to encourage improvements in the quality of services commissioned and provided by HPSS and other organisations. It will promote a culture of continuous improvement and best practice through inspection and review of clinical and social care governance arrangements.

The RQIA has taken over responsibility for the registration, inspection and regulation of providers of care, for example, residential care, nursing homes and day care facilities. On a phased basis, the RQIA will assume further responsibilities over the coming years, including reporting on the quality of care provided by the HPSS. Where serious and/or persistent clinical and social care governance problems come to light, it will have a key role to play, in collaboration with other regulatory and inspectoral bodies, in the investigation of such incidents. It will report on its findings to the Department and to the public.

1.9 How will the standards be used to measure quality?

The RQIA, in conjunction with the HPSS, service users and carers, will agree how the standards will be interpreted to assess service quality. It is envisaged that specific tools will be designed to allow the RQIA to measure that quality and to assist the HPSS in assessing themselves. Once developed, not only will these tools assess HPSS structures and processes but they will also contribute to the assessment of clinical and social care outcomes.

Whilst it is for the RQIA to provide guidance on what assessment methods it will use, it is recognised that collecting the evidence to demonstrate that relevant standards have been successfully achieved may be a time consuming process for the HPSS. Therefore, information that is currently compiled on existing standards will also be able to be used to contribute to the demonstration of achievement for these standards.

The RQIA will commence reviewing clinical and social care governance within the HPSS in 2006/07, using the five themes contained within this document. RQIA will report on the quality of care provided by the HPSS following its review. This approach will promote quality improvement across organisations.

Section 2: Values and Principles Underpinning the Standards

2.1 Introduction

There are three key premises, which underpin these quality standards and are central to all aspects of planning, provision, delivery, review and improvement of the HPSS. They are that:

- people in receipt of services should be actively involved in all decisions affecting their lives and should fully contribute to any planning for delivery and evaluation of, services;
- clinical and social care governance in the HPSS must take account of the organisational structures, functions and the manner of delivery of services currently in place. Clinical and social care governance must also apply to all services provided in community, primary, secondary and tertiary care environments;
- service users and carers should be fully valued by HPSS staff who, in turn, should be valued by service users, carers and others.

2.2 The values underpinning the Standards

The quality of a service provided is dependent on managers and HPSS staff basing their practice on the following values and principles; these complement those already outlined in the care standards for independent agencies, establishments and certain other services provided by HPSS organisations.

They are:

DIGNITY AND RESPECT	The uniqueness and intrinsic value of the individual is acknowledged and each person is treated with dignity and respect. This is applicable to service users, carers, staff and others who come in contact with services.
INDEPENDENCE	A balance between the promotion of independence and risk taking is needed. Service users have as much control as possible over their lives. Service users are informed about risk whilst being protected against unreasonable risks.
PROMOTION OF RIGHTS	In the context of services delivered to them, the individual and human rights of service users are promoted and safeguarded. Where necessary, appropriate advocacy arrangements are put in place.
EQUALITY AND DIVERSITY	Equality of opportunity and positive outcomes for service users and staff are promoted; their background and culture are valued and respected.
CHOICE AND CAPACITY	Service users are offered, wherever possible, according to assessed need and available resources, the opportunity to select independently from a range of options based on clear and accurate information, which is presented in a manner that is understood by the service user and carer.
PRIVACY	Service users have the right to be free from unnecessary intrusion into their affairs and there is a balance between the consideration of the individual's safety, the safety of others and HPSS organisational responsibilities.
EMPOWERMENT	Service users are enabled and supported to achieve their potential in health and social well-being. Staff are supported and developed to realise their ability and potential.
CONFIDENTIALITY	Information about service users and staff is managed appropriately and everyone involved in the service respects confidential matters.
SAFETY	Every effort is made to keep service users, staff and others as safe as is possible. In all aspects of treatment and care, service users are free from exploitation, neglect or abuse.

2.3 The principles underpinning the Standards

The following principles are fundamental to the development of a quality service.

<p>PUBLIC AND SERVICE USER INVOLVEMENT</p>	<p>The views and experiences of service users, carers, staff and local communities are taken into account in the planning, delivery, evaluation and review of services.</p> <p>Service users and carers, wherever possible, are involved in, and informed about, decisions made when they seek access to or receive services during their treatment or care.</p>
<p>SAFETY AND EFFECTIVENESS</p>	<p>Systems are in place to ensure that the safety of service users, carers, staff and the wider public, as appropriate, underpin all aspects of health and social care delivery. For example, the imperative to protect children and vulnerable adults may take precedence over the specific wishes of the service user and their carers. In addition, the protection of staff may need to be balanced with the specific wishes of service users, carers, families and friends.</p> <p>Quality systems are in place to enable staff to play a full and active role in providing effective and efficient health and social care services for all who use these services.</p> <p>Staff are fully supported, regularly supervised and appropriately trained and educated, to provide safe and effective health and social care services.</p>
<p>ROBUST ORGANISATIONAL STRUCTURES AND PROCESSES</p>	<p>Robust organisational structures and processes are in place, which are regularly reviewed to promote safe and effective delivery of care.</p> <p>Timely information is shared and used appropriately to optimise health and social care.</p>
<p>QUALITY of SERVICE PROVISION</p>	<p>Policies, procedures and activities are in place to encourage and enable continuous quality improvement.</p> <p>Service developments and provision are based on sound information and knowledge of best practice, as appropriate.</p>

Section 3: Format of the Standards

3.1 The five quality themes

The five quality themes are applicable to the whole of the HPSS, including those services, which are commissioned or provided by HPSS organisations and family practitioner services. They are underpinned by the duty of quality on HSS Boards and Trusts. Where care is commissioned outside Northern Ireland, commissioners must ensure that the quality of care is commensurate with these and other associated standards.

The five quality themes, encompassing the standards, are set out in sections four to eight of this document. These are:-

- Corporate Leadership and Accountability of Organisations (Section 4);
- Safe and Effective Care (Section 5);
- Accessible, Flexible and Responsive Services; (Section 6);
- Promoting, Protecting and Improving Health and Social Well-being (Section 7); and
- Effective Communication and Information (Section 8).

3.2 Format of the standards

Each theme has a **title**, which defines the area upon which the standard is focused. Then, a **standard statement** will explain the level of performance to be achieved. The reason why the standard is seen to be important will be covered by the **rationale**. The standard statement will then be expanded into a series of **criteria**, which will provide further detail of areas for consideration by the HPSS and by RQIA.

Section 4: Corporate Leadership and Accountability of Organisations (Theme 1)

4.1 Standard Statement

The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of professional and organisational accountability.

4.2 Rationale

The HPSS must provide effective leadership and a clear direction to make the most of its resources (people, skills, time and money), and to deliver high quality services to the public in as safe an environment as is possible. The aim is to ensure a competent, confident workforce and an organisation that is open to learning and is responsive to the needs of service users and carers. This will facilitate staff in the organisation to take individual, team and professional responsibility in order to promote safe, sustainable and high quality services. The organisation needs to maintain and further enhance public confidence.

4.3 Criteria

The organisation:

- a) has a coherent and integrated organisational and governance strategy, appropriate to the needs, size and complexity of the organisation with clear leadership, through lines of professional and corporate accountability;
- b) has structures and processes to support, review and action its governance arrangements including, for example, corporate, financial, clinical and social care, information and research governance;
- c) has processes in place to develop leadership at all levels including identifying potential leaders of the future;
- d) actively involves service users and carers, staff and the wider public in the planning and delivery, evaluation and review of the corporate aims and objectives, and governance arrangements;
- e) has processes in place to develop, prioritise, deliver and review the organisation's aims and objectives;
- f) ensures financial management achieves economy, effectiveness, efficiency and probity and accountability in the use of resources;

- g) has systems in place to ensure compliance with relevant legislative requirements;
- h) ensures effective systems are in place to discharge, monitor and report on its responsibilities in relation to delegated statutory functions and in relation to inter-agency working;
- i) undertakes systematic risk assessment and risk management of all areas of its work;
- j) has sound human resource policies and systems in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities required by their job, including compliance with:
 - Departmental policy and guidance;
 - professional and other codes of practice; and
 - employment legislation.
- k) undertakes robust pre-employment checks including:
 - qualifications of staff to ensure they are suitably qualified and are registered with the appropriate professional or occupational body;
 - police and Protection of Children and Vulnerable Adults checks , as necessary;
 - health assessment, as necessary; and
 - references.
- l) has in place appraisal and supervision systems for staff which support continuous professional development and lifelong learning, facilitate professional and regulatory requirements, and informs the organisation's training, education and workforce development;
- m) has a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with its statutory obligations; and
- n) has a workforce strategy in place, as appropriate, that ensures clarity about structure, function, roles and responsibilities and ensures workforce development to meet current and future service needs in line with Departmental policy and the availability of resources.

Section 5: Safe and Effective Care (Theme 2)

5.1 Standard Statement

Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

5.2 Rationale

A quality service is one which is safe, effective and sustainable. Diminished standards on safety reflect a poor quality of service. The provision of health and social care is complex and will never be one hundred percent error-free. However, more can always be done to avoid injury and harm to service users, from the treatment and care that is intended to help them. This is an integral part of continuous quality improvement. Services must be delivered in a way that appropriately manages risk for service users, carers, staff, the public and visitors. Where an adverse incident has occurred or has been prevented from happening (a near miss), then systems need to be in place to assist individuals and organisations to learn from mistakes in order to prevent a reoccurrence.

It is acknowledged, however, that in some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual really wants and values. In such circumstances, risk taking can be considered to be a positive action. Health and social care staff need to work in partnership with service users and carers to explore choices and agree on how risk can be managed and minimised for the benefit of individual service users, carers, families and communities.

The promotion of safe care must be complemented by the provision of effective care. Care should be based on the best available evidence of interventions that work and should be delivered by appropriately competent and qualified staff in partnership with the service user. Systems and processes within organisations should facilitate participation in, and implementation of, evidence-based practice.

This theme of “Safe and Effective Care” has been subdivided into three areas:

- ensuring safe practice and the appropriate management of risk;
- preventing, detecting, communicating and learning from adverse incidents and near misses; and
- promoting effective care.

5.3 Criteria

5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk

The organisation:

- a) has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;
- b) acknowledges and promotes the central place that patients, service users and carers have in the prevention and detection of adverse incidents and near misses;
- c) has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general;
- d) promotes effective interagency working in relation to raising awareness of the risk factors associated with abuse, including domestic violence and in the promotion of effective interagency responses;
- e) has a safety policy in place which takes account of the needs of service users, carers and staff, the public and the environment; and
- f) has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:
 - efficacy and comparability of outcomes in health and social care;
 - compliance with professional and other codes of practice;
 - effective and efficient procedures for obtaining informed consent for examination, treatment and/or care;
 - accurate, timely and consistent recording of care given or services provided and associated outcomes;
 - protection of health, welfare and safety of staff;
 - awareness raising and staff knowledge of reporting arrangements for adverse incidents and near misses, and whistleblowing arrangements when poor performance and/or unsafe practice in examination, treatment or care comes to light;
 - there is choice where food and/or fluid is provided, which reflects cultural and spiritual preferences and that procedures are in place to promote the safe handling of food and a healthy diet;

- safe practice in the selection, procurement, prescription, supply, dispensing, storage and administration of medicines across the spectrum of care and support provided, which complies with current medicines legislation;
- promotion of safe practice in the use of medicines and products, particularly in areas of high risk, for example:
 - intrathecal chemotherapy;
 - blood and blood products;
 - intravenous fluid management;
 - methotrexate;
 - potassium chloride; and
 - anticoagulant therapy.
- risk assessment and risk management in relation to the acquisition and maintenance of medical devices and equipment, and aids and appliances across the spectrum of care and support provided;
- promotion of general hygiene standards, and prevention, control and reduction in the incidence of healthcare acquired infection and other communicable diseases;
- appropriate decontamination of reusable medical devices;
- safe and effective handling, transport and disposal of waste, recognising the need to promote the safety of service users and carers, staff and the wider public, and to protect the environment;
- interventional procedures and/or any new methods undertaken by staff are supported by evidence of safety and efficacy;
- address recommendations contained in RQIA reports (when available), service and case management reviews; and
- participation in and implementation of recommendations contained in local or national enquiries, where appropriate, e.g. National Confidential Enquiries.

5.3.2 Preventing, Detecting, Communicating and Learning from Adverse Incidents and Near Misses

The organisation:

- a) has systems and processes in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided;
- b) promotes an open and fair culture, rather than one of blame and shame, to encourage the timely reporting and learning from adverse incidents and near misses;
- c) has reporting systems in place to collate, analyse and learn from all adverse incidents, and near misses, share knowledge and prevent reoccurrence of adverse incident or near miss; and
- d) has systems in place that promote ongoing communication with service users and carers when treatment or care goes wrong, and puts in place an individual care plan to minimise injury or harm.

5.3.3 Promoting Effective Care

The organisation:

- a) provides relevant, accessible, information to support and enhance service user and carer involvement in self-management of their health and social care needs;
- b) promotes a person-centred approach and actively involves service users and carers in the development, implementation, audit and review of care plans and care pathways;
- c) promotes a culture of learning to enable staff to enhance and maintain their knowledge and skills;
- d) ensures that clinical and social care interventions are carried out under appropriate supervision and leadership, and by appropriately qualified and trained staff, who have access to appropriate support systems;
- e) uses recognised clinical and social care standards and outcomes as a means of measuring health and social care quality;
- f) promotes the implementation of evidence based practice through use of recognised standards and guidelines including guidance from the Department, NICE, SCIE and the National Patient Safety Agency (NPSA);
- g) has in place systems to promote active participation of staff in evidence based practice, research, evaluation and audit;

- h) has systems in place to prioritise, conduct and act upon the findings of clinical and social care audit and to disseminate learning across the organisation and the HPSS, as appropriate;
- i) provides regular reports to the organisation's executive and non-executive board directors on clinical and social care governance arrangements and continuous improvement in the organisation; and
- j) promotes the involvement of service users and carers in clinical and social care audit activity.

Section 6: Accessible, Flexible and Responsive Services (Theme 3)

6.1 Standard Statement

Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability of resources.

Each organisation strives to continuously improve on the services it provides and/or commissions.

6.2 Rationale

To meet the needs of local communities and to narrow inequalities in health and social well-being, services should take account of the current and anticipated needs of the local community. Service users, carers, front line staff and the wider public should be meaningfully engaged in all stages of the service planning and decision-making cycle. Assessment of need should be undertaken in partnership with the statutory, voluntary, private and community sectors. This should be informed by the collation and analysis of information about the current health and social well-being status of the local population, unmet need, legislative requirements, and evidence of best practice and review of current service provision. Service planning should also take account of local and regional priorities and the availability of resources.

In order to promote systematic approaches to the development of responsive, flexible and accessible services for the local population and for individuals, this theme has been subdivided into two main areas:

- service planning processes; and
- service delivery for individuals, carers and relatives.

6.3 Criteria

6.3.1 Service Planning Processes

The organisation:

- a) has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives;

- b) integrates views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services;
- c) promotes service design and provision which incorporates and is informed by:
 - information about the health and social well-being status of the local population and an assessment of likely future needs;
 - evidence of best practice and care, based on research findings, scientific knowledge, and evaluation of experience;
 - principles of inclusion, equality and the promotion of good relations;
 - risk assessment and an analysis of current service provision and outcomes in relation to meeting assessed needs;
 - current and/or pending legislative and regulatory requirements;
 - resource availability; and
 - opportunities for partnership working across the community, voluntary, private and statutory sectors.
- d) has service planning and decision-making processes across all service user groups, which take account of local and/or regional priorities;
- e) has standards for the commissioning of services which are readily understood and are available to the public; and
- f) ensures that service users have access to its services within locally and/or regionally agreed timescales.

6.3.2 Service Delivery for Individuals, Carers and Relatives

The organisation:

- a) ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators;
- b) has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision;
- c) ensures that information, where appropriate, is provided in a number of formats, which may include, large print, audio format on tape or compact disc, computer readable format, Braille, etc. and is:

- written in easy to understand, non-technical language;
 - laid out simply and clearly;
 - reproduced in a clear typeface;
 - available on the internet; and
 - in the preferred language of the reader , as necessary;
- d) incorporates the rights, views and choice of the individual service user into the assessment, planning, delivery and review of his or her treatment and care, and recognises the service user's right to take risks while ensuring that steps are taken to assist them to identify and manage potential risks to themselves and to others;
- e) ensures that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially;
- f) promotes multi-disciplinary team work and integrated assessment processes, which minimise the need for service users and carers to repeat basic information to a range of staff; and
- g) provides the opportunity for service users and carers to provide comment on service delivery.

Section 7: Promoting, Protecting and Improving Health and Social Well-being (Theme 4)

7.1 Standard Statement

The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social well-being, and to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking account of equality and human rights legislation.

7.2 Rationale

Individuals, families and carers have a major part to play in their own and their dependents' health and social well-being. Although many factors influence the health and social well-being of individuals, many of these factors are societal issues and are outside the control of individuals. Examples include poverty, social exclusion, poor education, unemployment, crime, and poor housing. Resolving these issues requires a broad-based approach and concerted action by a wide range of people and agencies including the statutory, voluntary, community and business sectors. The HPSS, working in partnership with these other agencies and community groups, should actively seek to influence and support better decision-making, and establish systems to promote and improve the health and social well-being of the public and to reduce inequalities. The goal is to improve the health and social well-being of the population of Northern Ireland, by increasing the length of their lives, improving the quality of life through increasing the number of years spent free from disease, illness, or disability, and by providing better opportunities for children and support for families.

7.3 Criteria

The organisation:

- a) has structures and processes in place to promote and implement effective partnership arrangements, to contribute to improvements in health and social well-being, and promote social inclusion and a reduction in inequalities;
- b) actively involves the services users and carers, the wider public, HPSS staff and the community and voluntary sectors, in the planning and development of local solutions to improve health and social well-being and to reduce inequalities;
- c) is committed to human rights, as identified in human rights legislation and United Nations Conventions, and to other Government policies aimed at tackling poverty, social need and the promotion of social inclusion;

- d) actively pursues equality screening and, where appropriate, equality impact assessment in compliance with section 75 of the Northern Ireland Act 1998;
- e) promotes ownership by service users, carers and communities to enable service users and the public to take responsibility for their own health, care and social well-being, and to participate as concerned citizens in promoting the health and social well-being of others;
- f) collects, collates, develops and uses health and social care information to assess current and future needs of local populations, taking account of health and social well-being inequalities;
- g) has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance;
- h) has processes to engage with other organisations to reduce local environmental health hazards, as appropriate;
- i) has evidence-based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes, which take account of local and regional priorities and objectives;
- j) has systems to promote a healthier, safer, and “family friendly” workforce by providing advice, training, support and, as appropriate, services to support staff;
- k) has quality assured screening and immunisation programmes in place, as appropriate, and promotes active uptake among service users, carers and the public;
- l) uses annual public health and social care reports in the development of priorities and planning the provision and delivery of services; and
- m) provides opportunities for the use of volunteers, as appropriate.

Section 8: Effective Communication and Information (Theme 5)

8.1 Standard Statement

The HPSS communicates and manages information effectively, to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies.

8.2 Rationale

Good communication and effective use of information are the basis for decision-making by individuals, the public and organisations. They ensure that all relevant facts are collated and used to inform treatment and care, and the assessment, planning, service delivery and resource allocation processes. For information to be useful, it needs to be in an understandable format, accessible to those who need it and readily available. The communication and information management processes within an organisation must take account of the needs of service users and carers, staff and the public and the media, and any legislative or regulatory requirements. Protecting personal information and confidentiality are important to ensure that information is appropriately communicated to those who need to know and effectively used to inform any decisions made. The HPSS should be sensitive to the range of information needs required to support individuals, communities and the organisation itself.

8.3 Criteria

The organisation has:

- a) active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public;
- b) an effective information strategy and communication strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation;
- c) an effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services;
- d) system(s) and process(es) in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to relevant staff and partner organisations; these are monitored to ensure effectiveness;

- e) clear communication principles for staff and service users, which include:
- openness and honesty;
 - use of appropriate language and diversity in methods of communication;
 - sensitivity and understanding;
 - effective listening; and
 - provision of feedback.
- f) clear information principles for staff and service users, which include:
- person-centred information;
 - integration of systems;
 - delivery of management information from operational systems;
 - security and confidentiality of information; and
 - sharing of information across the HPSS, as appropriate;
- g) the organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media;
- h) effective records management policies and procedures covering access and the completion, use, storage, retrieval and safe disposal of records, which it monitors to assure compliance and takes account of Freedom of Information legislation;
- i) procedures for protection of service user and carer information which include the timely sharing of information with other professionals, teams and partner organisations as appropriate, to ensure safe and effective provision of care, treatment and services, e.g. in relation to the protection of children or vulnerable adults, and the safe and efficient discharge of individuals from hospital care;
- j) effective and efficient procedures for obtaining valid consent for examination, treatment and/or care;
- k) an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery; and
- l) a range of published up-to-date information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, which are subject to regular audit and review .

GLOSSARY OF TERMS

Adverse incident	Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation.
Carer	Carers are people who, without payment, provide help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability.
Care plan	The outcome of an assessment. A description of what an individual needs and how these needs will be met.
Care Standards	Care Standards are service specific standards currently being developed. They will cover a range of services provided by public, voluntary and private organisations such as nursing homes, residential homes, independent clinics etc.
Clinical and Social Care Governance	A framework within which HPSS is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
Community care	Health and social services aimed at supporting individuals to remain safely in their own homes for as long as possible.
Community development	Consultation with, and involvement of local communities and groups in improving health and social well-being of the community.
Controls Assurance Standards	These standards focus on key areas of potential risk and help HPSS organisations demonstrate that they are doing their reasonable best to manage themselves and protect stakeholders from risk. They support effective governance.
Equality impact assessment	Consideration of a policy having regard to its impact on and the need to promote equality of opportunity between: persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, men and women generally, persons with a disability and persons without and between persons with dependants and persons without.
Evidence based practice	Provision of services which are based on best practice as proven by research findings, scientific knowledge and evaluation of experience.
Family Practitioner Services (FPS)	The principal primary care services i.e. family doctors, opticians, dentists and pharmacists.
HPSS (Health and Personal Social Services)	An organisation which either commissions or provides health and social services, e.g. HSS Boards, Strategic Health and Social Care Authority, a Trust providing hospital and community services, a local commissioning body, and Family Practitioner Services.

NPSA	The National Patient Safety Agency promotes safe practice in clinical care and supports the development of solutions and the cascade of learning to reduce areas of high risk.
Person-centred assessment	An assessment, which places the individual at the centre of the process and which responds flexibly and sensitively to his/her needs.
Primary care	The many forms of health and social care and/or treatment accessed through a first point of contact provided outside hospitals e.g. family doctors, pharmacists, nurses, allied health professionals (physiotherapists, psychologists, dieticians etc) social workers, care assistants, dentists, opticians and so on.
Secondary care	Specialist services usually provided in an acute hospital setting following referral from a primary or community healthcare professional.
Statutory duty	A legal responsibility.
Statutory sector	Government-funded organisations e.g. HSS Boards, Strategic Health and Social Services Authority, Trusts, Special Agencies and Local Commissioning Groups.
Tertiary care	Highly specialised services usually provided in an acute hospital setting by medical and other staff with expertise in a particular medical specialty.

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**Northern Ireland
Executive**

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Independent review of measures to reduce the risk of hyponatraemia in children published

Health Minister, Michael McGimpsey has welcomed the publication of an independent review of measures in place in hospitals in Northern Ireland to reduce the risk of hyponatraemia in children.
– Thursday, 5 February 2009

The Regulation and Quality Improvement Authority (RQIA) investigated the application in Northern Ireland of the National Patient Safety Agency's (NPSA) recommendations to reduce the risk of hyponatraemia when administering intravenous fluids to children in hospital.

The Review concluded that Health and Social Care Trusts and independent hospitals have undertaken considerable work to reduce the risk of hyponatraemia when administering intravenous fluids to children, and it highlights a number of good practice initiatives. It also makes 16 recommendations that should be implemented before full compliance with NPSA Safety Alert 22 is fully achieved.

Commenting on the publication of the Review, the Minister said: "The RQIA's independent assessment of steps being taken in Northern Ireland hospitals to prevent hyponatraemia in children is extremely helpful. I am committed to ensuring safe, high-quality services for all patients here and reducing the risk of hyponatraemia in children is a key element of this.

"The finding that hospitals in Northern Ireland have already made significant progress is encouraging, but I note that further improvements can still be made, particularly in the reporting of incidents and the treatment of children on adult wards.

"I have written to Trusts and independent hospitals requiring them to implement all of the RQIA's recommendations by April 2009. I have also asked the RQIA to repeat its review later in 2009, and I expect to see evidence of significant progress when this is complete."

Notes to Editors:

1. Hyponatraemia is a disorder of sodium and water metabolism and is the most common electrolyte abnormality in hospitalised patients.

2. RQIA's review into the application of NPSA Safety Alert 22: Reducing the Risk of Hyponatraemia when Administering Intravenous Fluids to Children is available to

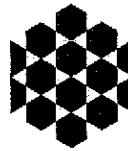
5. The Department has commissioned the RQIA to repeat its review in 2009. It is expected that this will be carried out in June 2009.
 6. John O'Hara QC is currently chairing a public inquiry into hyponatraemia-related deaths in Northern Ireland.
 7. Media enquiries to DHSSPS Press office [REDACTED] or out of office hours please contact the Duty Press Officer via pager number [REDACTED] and your call will be returned.
-

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From the Chief Medical Officer
Dr Michael McBride



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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Date: 1 July 2010

Dear Ian

**RQIA FOLLOW-UP REVIEW – REDUCING THE RISK OF HYPONATRAEMIA WHEN
ADMINISTERING INTRAVENOUS INFUSIONS TO CHILDREN.**

Thank you for your letter of 19 May to Michael McGimpsey enclosing the above report, amended to take account of the Department's earlier comments.

I can confirm that we have reviewed this latest version and are content with the report. Minister has approved the report and has accepted the 8 recommendations made by the review team.

It is encouraging to note that the review team found that HSC Trusts and independent healthcare facilities in Northern Ireland have good operational control of the administration of intravenous fluids to children and that compliance with NPSA Safety Alert 22: *Reducing the Risk of Hyponatraemia when Administering Intravenous Fluids to Children* has been substantially achieved.

The next step will be to publish the report and I would be grateful if you could arrange to have the report published on your website on 7 July 2010. It is not intended to issue a press release to accompany publication of the report.

I am grateful to RQIA for carrying out this follow-up review.

Yours sincerely

A handwritten signature in black ink, appearing to read "Michael McBride". The signature is fluid and cursive, with the first name "Michael" and last name "McBride" clearly distinguishable.

DR MICHAEL McBRIDE
Chief Medical Officer

Glenn Houston

David Stewart

Dr McCormick

Dr Woods

Dr Livingstone

Andrew Browne

Tricia Finlay

Billy Baird

Claire Baxter



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

Baseline Assessment of the Care of Children Under 18
Admitted to Adult Wards in Northern Ireland

December 2012

informing and improving health and social care

www.rqia.org.uk
WS-077/4 Page 545

The Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our reviews are carried out by teams of independent assessors, most of whom are either experienced practitioners or experts by experience.

Our reports are submitted to the Minister for Health Social Services and Public Safety and are available on the RQIA website at www.rqia.org.uk.

Contents

	Executive Summary	1
1.	Introduction	2
1.1	Background and Context for the Review	2
1.2	Purpose of the Review	4
1.3	The Review Team	5
2.	Methodology	6
2.1	Trust Self-assessment Proforma	6
2.2	Validation Visits	6
2.3	Reporting	6
3.	Admission Arrangements for Children	7
3.0	Table 1: Age range and number of children and young people under 18 admitted to acute adult wards 2009-10 (by HSC trust)	7
3.1	Belfast Health and Social Care Trust	
3.1	Figure 1: Number of children under 18 per age group in adult wards in Belfast Trust in 2008-09 and 2009-10.	8
3.2	Northern Health and Social Care Trust	9
3.3	South Eastern Health and Social Care Trust	9
3.4	Southern Health and Social Care Trust	10
3.5	Western Health and Social Care Trust	10
3.6	Summary	11
4.	Organisational Challenges	12
4.1	Recruitment and Retention of Paediatric Nurses	12
4.2	Training on issues related to Children	12
4.3	Appropriate Accommodation	12
4.4	Transition Arrangements	13
4.5	Different Age Ranges for Clinical Policies	13
4.6	Children with Mental Health Issues	13
4.7	Summary	14
5.	Organisational Governance	15
5.1	Organisational Focus	15
5.2	Leadership	15
5.3	Clinical Responsibility	16
5.4	Availability of Records	16
5.5	Reporting and Follow Up of Incidents	16
5.6	Clinical Audit	16
5.7	Distribution of Circulars and Information Relevant to Children	17
5.8	Summary	17

6.	Clinical Management and Pharmacy	18
6.1	Clinical Policies	18
6.2	Early Warning Score Charts	18
6.3	Intravenous Fluid Management	19
6.4	Pain Management	19
6.5	Consent to Examination and Treatment	19
6.6	Pharmacy	20
6.7	Training	21
6.8	Equipment	21
6.9	Summary	21
7.	Maternity Services	22
7.1	Belfast Health and Social Care Trust	22
7.2	Northern Health and Social Care Trust	22
7.3	South Eastern Health and Social Care Trust	23
7.4	Southern Health and Social Care Trust	23
7.5	Western Health and Social Care Trust	24
7.6	Summary	25
8.	Child Protection	26
8.1	Pre-employment Checks	26
8.2	Training on Safeguarding for Children	26
8.3	Referral Arrangements to Social Services	27
8.4	Links with Public Protection Arrangements	27
8.5	Access to Social Services Client Administration and Retrieval Environment (SOSCARE)	27
8.6	Summary	28
9.	Patient Experience	29
9.1	Facilities for Children and their Carers on Adult Wards	29
9.2	Patient Advocacy	29
9.3	Education of Children	30
9.4	Collection of Information about the Experience of Children in Adult Wards	30
9.5	Summary	30
10.	Independent Hospitals	31
10.1	Introduction	31
10.2	Ulster Independent Clinic	31
10.3	North West Independent Hospital	32
10.4	Summary	33
11.	Conclusions and Recommendations	34
12.	Recommendations	38

Executive Summary

The purpose of this review is to carry out a baseline assessment of the provision of care to children under the age of 18 years admitted to adult hospital wards. There have been no specific standards issued in Northern Ireland in relation to this topic. A service framework for children is being developed, which provides the opportunity to establish regional standards.

The review team was advised that in 2009-10 3,933 children were admitted to adult wards in Northern Ireland. Previous reports in the United Kingdom present a clear consensus that children admitted to hospital should, as far as possible, be cared for in paediatric, rather than adult wards.

The review team found that there is no standardisation of the age limits across hospitals up to which children are admitted to paediatric wards. In addition, different clinical policies for children can have different upper age limits to which they apply. It is recommended that there is a regionally agreed age up to which admission to paediatric wards would be the normal practice. When this is set, plans should be agreed to design services for children in order to achieve this goal.

The review team found that all health and social care trusts had identified children in adult wards as an important issue for clinical governance and had put measures in place to reduce risk. Training programmes were being carried out in relation to fluid management and other clinical issues. Some trusts had developed policies for the care of children in adult wards, and some had specific working groups to address issues. The review team found examples of innovation and good practice in acute general and maternity services, which could be usefully shared across trusts.

Arrangements were found to be in place for the safeguarding of children admitted to adult wards, including pre-employment checks, child protection training and referral to social services. Trusts indicated that, given the number of staff involved in these settings, it is a challenge to ensure that all staff on adult wards are kept up-to-date on issues relating to children.

Trusts seek to put in place measures to improve the experience of children admitted to adult wards, such as providing them with side rooms, and facilitating parents to stay over.

The overall conclusion of the review team is that the current provision of services in Northern Ireland is resulting in significant numbers of children being cared for in adult wards who should be admitted to paediatric wards. This report makes 14 recommendations for improvements to service delivery.

1.0 Introduction

1.1 Background and Context for the Review

The care of children in adult settings in hospitals has been reported in a number of previous reports.

The Platt report¹ on the Welfare of Children in Hospital (1959) is recognised as playing a pivotal role in changing the way services were provided to meet the needs of children. It highlighted the recognition that children should have much greater access to visiting by their parents. The report emphasised that children in hospitals should not be treated in the same way as adults.

The Kennedy report² into events surrounding deaths of children who underwent heart surgery at the Bristol Royal Infirmary (2001) found problems with the quality of care at this hospital. Services were fragmented, the rights and vulnerability of children were overlooked, and open and honest relationships with children and parents were lacking. Staff were skilled in treating adults, but had no specific training in treating children, and facilities were designed with little acknowledgement of the needs of children. The report recommended that: “Children should always (save in exceptional circumstances, such as emergencies) be cared for in a paediatric environment, and always by healthcare professionals who hold a recognised qualification in caring for children. This is especially so in relation to paediatric intensive care.”

In 2002, the European Association for Children in Hospital (EACH) published a Charter³ for the rights of children in hospital. EACH is the umbrella organisation for member associations involved in the welfare of children in hospitals across Europe. Article 6 (1) of the Charter stated that: “Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.”

The National Service Framework (NSF) for Children⁴ (2003) set out a standard for hospital services for children in England. It stated (paragraph 5.4) that: “Children should not be cared for in adult wards, but on wards that are appropriate for their age and stage of development. Actual age is less important than the needs and preferences of the individual child or young person. In particular the needs of adolescents require careful consideration.” The standard for hospital services set out three dimensions of quality which: “a hospital needs to get right if it is to provide the service that children deserve.”

- Child-centred hospital services

¹ Platt report: Platt, H (1959) The Welfare of Children in Hospital (the Platt report)

² Kennedy report: The Stationery Office (2001) The Report of the Public Inquiry into children’s heart surgery at the Bristol Royal Infirmary 1984- 1995: Learning from Bristol

³ European Association for Children in Hospital (2002) : The EACH Charter and Annotations

⁴ National Service Framework [NSF] for Children: Department of Health (2003) Getting the right start: National Service Framework for Children - A Standard for Hospital Services

- Quality and safety of care provided
- Quality of setting and environment

In 2006, the Healthcare Commission⁵ reviewed the progress being made by hospitals in England towards achieving the 2003 NSF standard for hospital services for children. The review found that the needs of children were better met when they were being cared for in services managed by paediatric directorates. The review recommended that each trust needed to apply greater scrutiny to services provided to children outside the paediatric department.

In 2007 the Children's Surgical Forum of the Royal College of Surgeons of England published a report on Surgery for Children, Delivering a First Class Service⁶. The forum which brings together a range of professionals involved in delivering surgical services to children concluded (paragraph 1.4) that: "As far as possible, adults and children should be segregated in all services areas including outpatient clinics, operating theatres, day care units, wards and emergency departments. This is desirable for adults and children alike." In relation to wards the report stated that: "Children should not be admitted to adult surgical wards or critical care facilities other than in special circumstance, in which case there should be full discussion with key children's services personnel to enable risk assessment and exploration of the alternatives before the decision is made."

In 2010, the report of a review of children's services in the NHS, led by Professor Sir Ian Kennedy, was published⁷. It stated that: "outside specialist paediatric services and settings, NHS professionals often have very little training in caring for children, and little awareness of how their needs differ from those of adults" (p50).

In 2008, RQIA was commissioned by DHSSPS to carry out a review on Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children⁸, and a follow up review in 2010⁹. These reviews included consideration of the arrangements in place for managing intravenous infusions for children in adult wards. Following these reviews RQIA decided to undertake this wider assessment to include issues relating to patient safety and child protection. The review also takes account of the experience of children and their carers when they are admitted as inpatients in adult settings.

In May 2010 Standards of Care for Children Undergoing Ear, Nose and Throat Surgery were issued by the DHSSPS¹⁰. These standards were also linked to

⁵ Healthcare Commission: Improving services for children in hospital, February 2007

⁶ The Royal College of Surgeons of England (July 2007) Surgery for Children. Delivering a First Class Service. Report of the Children's Surgical Forum

⁷ Professor Sir Ian Kennedy, (September 2010): Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs.

⁸ RQIA Independent Review. Reducing the risk of hyponatraemia when administering intravenous infusions to children, April 2008

⁹ RQIA Follow-up Review- Reducing the risk of hyponatraemia when administering intravenous infusions to children May 2010

¹⁰ Improving Services for Paediatric ENT Surgery – Policy and Standards of Care for Paediatric ENT Surgery in Northern Ireland. May 2010

paediatric surgery standards¹¹. Both standards make reference to ensuring that children are treated and looked after in a suitable environment with staff who have received the appropriate training.

In 2011, Transforming Your Care¹² stated that a major review of in-patient paediatric services should be carried out in Northern Ireland. As a result of this the DHSSPS will be carrying out a review of paediatric services which includes a consultation process. This current review of children on adult wards will help to inform this process.

1.2 Purpose of the Review

Currently in Northern Ireland there are no specific standards in relation to the admissions of children to adult wards. This review therefore represents a baseline assessment to inform the provision of care arrangements and for consideration in relation to future policy and standards. RQIA is aware that work is underway to develop a regional children's service framework. This will provide an opportunity to establish a future standard for provision of care in this regard.

The terms of reference for the review were:

1. To assess quality and safety of in-patient services to children under 18 in acute adult wards.
2. To assess that hospitals are aware of their legal responsibilities in relation to children in adult wards.
3. To assess the equivalence and appropriateness of care for children under 18 in acute adult wards, to ensure that they are able to receive the same standard of care on adult wards as that delivered within a paediatric unit.
4. To assess the provision of maternity services in relation to young people under 18.

¹¹ Improving Services for General Paediatric Surgery - Policy and Standards of care for General Paediatric Surgery in Northern Ireland (2010).

¹² Transforming Your Care: A Review of Health and Social Care in Northern Ireland. December 2011

1.3 The Review Team

Name	Title	Organisation
Niall McSperrin	Lay Reviewer	
Philip O'Hara	Children's Inspector	RQIA
Dr Steven Playfor	Consultant Paediatric Intensivist	Royal Manchester Children's Hospital
Phelim Quinn	Director of Regulation and Nursing	RQIA
Judith Taylor	Pharmacy Inspector	RQIA
Dr David Stewart	Director of Reviews and Medical Director	RQIA
Mary McClean	Project Manager	RQIA
Patricia Corrigan	Administrative support	RQIA
Louise Curran	Administrative support	RQIA

2.0 Methodology

2.1 Trust Self-assessment Proforma

The process used to carry out the review involved a number of stages, commencing with the submission of a self- assessment questionnaire to RQIA. This questionnaire covered the following areas:

- A profile of the number of children under 18 admitted to adult wards in 2009-10, along with their age range, gender and average length of stay.
- Clinical and social care governance arrangements in relation to organisational policies, planning and provision of services, record keeping, untoward incident follow up and clinical audit.
- Staff training in relation to child protection and intravenous fluid management.
- Clinical management; pain management and patient consent.

2.2 Validation Visits

a. Health and Social Care Trusts

The members of the review team, which included a lay reviewer, undertook validation visits to each trust between 10 and 14 October 2011, which involved the following approaches:

- i. Meetings with senior managers to discuss governance arrangements for children under 18 in adult wards. Further meetings with trust staff to discuss the information provided and local arrangements.
- ii. Focus group discussions with junior and senior medical, nursing, pharmacy and maternity staff.
- iii. Visits to a range of medical, surgical and maternity wards.

b. Independent Hospitals

RQIA officers carried out validation visits to each independent hospital surveyed in relation to the information which they had provided.

2.3 Reporting

This report presents the findings and conclusions of the review team following this baseline assessment, and provides recommendations in relation to taking forward the issues which have been identified. Initial feedback was provided to each trust at the end of each review visit.

3.0 Admission Arrangements for Children

Each health and social care (HSC) trust was asked to provide information on the number of children under 18 years who were admitted to adult wards and the age range of children admitted. Information was also requested on the arrangements for the admission to maternity units for young women under 18 years of age. All trusts have paediatric wards which were not the focus of this review. Table 1 below shows the age range and number of children and young people under 18 admitted to acute adult wards 2009-10.

Table 1: Age range and number of children and young people under 18 admitted to acute adult wards 2009-10 (by HSC trust)

Trust	Number of children	Age range
Northern	579	14-17
South Eastern	453	14-17
Southern	1,045	14-17
Western	593	14-17
Belfast	1,263	13-17
Total	3,933	13-17

[Source: Trust self-assessment submitted to RQIA].

Trusts provided information about the specialities to which children under 18 were most commonly admitted to adult wards. Admissions were most common in adult medicine and adult surgery wards. In 2009-10 trusts advised that there was a total of 420 admissions of children and young women under 18 to maternity wards.

3.1 Belfast Health and Social Care Trust

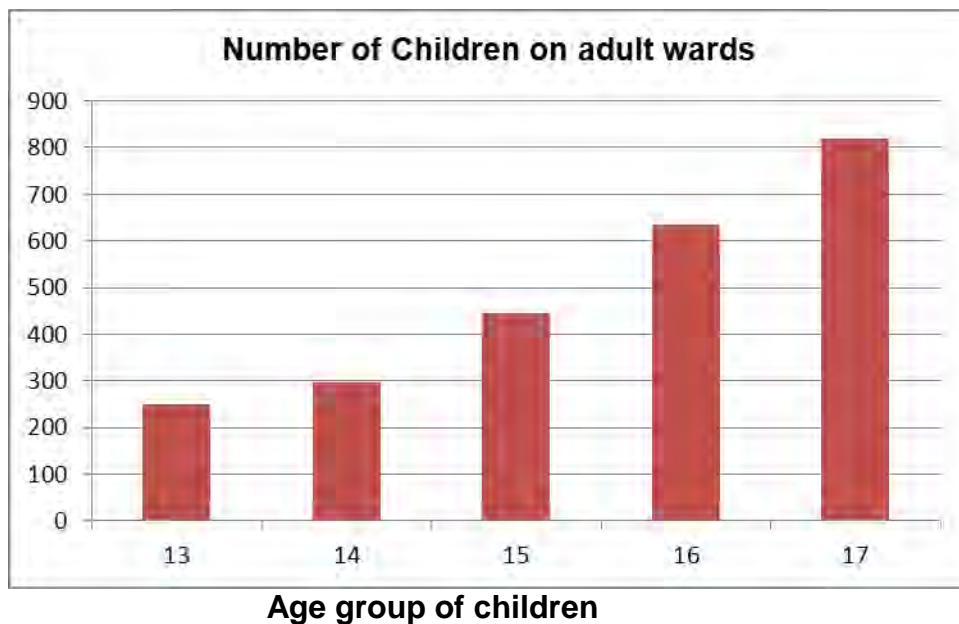
Paediatric services in the Belfast Health and Social Care Trust (Belfast Trust) are provided at Royal Belfast Hospital for Sick Children (RBHSC), which has 107 beds. RBHSC provides general paediatric care for children living in the Belfast area and regional specialist care for children living throughout Northern Ireland. There is also a children's ward at Musgrave Park Hospital for children with orthopaedic and rheumatological conditions.

The Belfast Trust provides maternity services at the Royal Jubilee Maternity Hospital (RJMS) and the Mater Hospital. Prior to September 2011, the usual upper age limit for children to be admitted to Royal Belfast Hospital for Sick Children (RBHSC) was up to their 13th birthday but this was then extended to their 14th birthday. Above this age, children are generally admitted to adult wards. Children who have previously been attending RBHSC for specific treatment can continue to be admitted up to their 16th birthday.

The trust advised that the number of children under 18 admitted to adult wards in 2009-10 was 1263.

The Belfast Trust provided information on children admitted to adult wards for 2008/09 to 2009/10. The age range was 13-17. For this two year period there were 973 males and 1463 females. The mean length of stay on adult wards within the trust varied, showing for example children spent 11.5 days in neuro-surgery and 3.5 days in maternity. The mean length of stay for children admitted into adult surgical and medical wards in the Belfast City hospital was 2.1 days and 3.3 days respectively. Figure 1 shows the age distribution for these admissions. The largest number of admissions were among children aged 16-17.

Figure 1: Number of children under 18 per age group in adult wards in Belfast Trust in 2008-09 and 2009-10.



3.2 Northern Health and Social Care Trust

Paediatric services in the Northern Health and Social Care Trust (Northern Trust) are provided at Antrim Area Hospital and Causeway Hospital in Coleraine. Maternity services are also provided at both hospitals.

For Antrim Area Hospital the usual upper age limit for admission to a paediatric ward is 14 years 11 months. In Causeway Hospital it is 15 years 11 months. Above these ages, children under 18 years are generally admitted into adult wards. Exceptions to this include children with disabilities and long-term conditions who can continue to be cared for in paediatric wards. Influencing factors include the size of the child, and also whether they wish to remain in paediatrics or prefer to go to an adult ward. Some younger children can be admitted to adult environments for specific interventions, for example, in cardiology in Causeway Hospital.

The trust advised that 579 children under 18 were admitted to adult wards in 2009-10.

In the Northern Trust children were admitted to maternity, gynaecology and cardiology wards, although the majority were admitted to general medical and surgical wards. Based on the mean length of stay, children remained on wards, for example in Antrim Area Hospital, in haematology for 3.12 days, gynaecology 3.79 days, general surgery 2.38 days and general medicine 2.67 days. The age range on all wards was between 14-17years.

3.3 South Eastern Health and Social Care Trust

Paediatric services in the South Eastern Health and Social Care Trust (South Eastern Trust) are provided at the Ulster Hospital, Dundonald. Obstetric services are provided at the Ulster Hospital and there are midwifery led maternity units at both Lagan Valley and Downe hospitals.

Children are usually admitted into paediatric wards up to their 14th birthday, but may continue to be admitted up to their 18 birthday if they have complex needs. Some children under 14 may be admitted to adult wards if there is a specialist need for the admission.

The trust has established an adolescent bay, staffed by paediatric nurses, at the Ulster Hospital. This can admit young people up to the age of 18, under the care of clinicians from a range of specialties.

The trust advised that 453 children and young people were admitted to adult wards in 2009-10.

Within the South Eastern Trust children were admitted to general medical and surgical wards, and also to maternity, gynaecology, and endocrinology. The age range for this group was between 14-17, with the majority being 16 and over, although there were children under 14 on a number of adult wards.

3.4 Southern Health and Social Care Trust

Paediatric services in the Southern Health and Social Care Trust (Southern Trust) are provided at Craigavon Area Hospital and at Daisy Hill Hospital, in Newry. Maternity services are also provided at both these hospitals.

At the time of the review visit the usual practice was that children up to their 14th birthday were admitted to paediatric wards. However, there is clinical agreement that children or young people with complex health needs, or requiring treatment of diabetic ketoacidosis, are admitted to the children's ward. In March 2010, the trust developed a strategic position statement, Changing for Children. This proposes the establishment of new arrangements so that young people from 14 to 16 years would be admitted to adolescent units for acute medical and elective surgical care. The trust advised that 1,045 children and young people, aged 14 to 18 were admitted to adult wards in 2009-10.

In the Southern Trust the adult wards to which most children were admitted were general surgical and medical wards and medical assessment units. There were also admissions to specialised units including dermatology, maternity, gynaecology, ear, nose and throat (ENT) and cardiology. Children admitted were aged between 14-17 years. Based on the average length of stay in Craigavon hospital for example, children remained on medical admission units for two days.

3.5 Western Health and Social Care Trust

Paediatric services in the Western Health and Social Care Trust (Western Trust) are provided at Altnagelvin Hospital in Londonderry and the new South West Acute Hospital in Enniskillen¹³. Maternity services are also provided at these two sites.

The usual upper age limit for admission to paediatric wards differed between the two hospitals. Children with longstanding conditions could remain in paediatric wards. At Altnagelvin, children were admitted to paediatric wards up to their 14th birthday and in Erne Hospital (which was open at the time of the review visit) it was up to their 16th birthday. The review team was advised that younger children were admitted to a dermatology unit at Altnagelvin Hospital, but this was under review. In June 2012 services at Erne hospital moved to the new South West Acute Hospital, where all patients are provided with single room accommodation.

The trust advised that 593 children and young people aged 14 to 18 were admitted to adult wards in 2009-10.

In the Western Trust children under 18 were admitted to a number of specialities which included maternity, gynaecology, haematology, endocrinology and cardiology. The wards that admitted most children were general medical and surgical wards. The children were primarily between the ages of 14-17, although within some units there were children under 14. Based on the mean length of stay for children admitted to adult wards, this was less than three days.

¹³ The Review team did not visit the South West Acute Hospital in Enniskillen

3.6 Summary

The review team was advised that almost 4,000 children under 18 years were admitted to adult wards in Northern Ireland in 2009-10. Children were admitted to a broad range of specialties and, in particular, to adult surgery and adult medical wards.

The arrangements for the admission of children are not standardised across trusts in relation to the ages when children are usually admitted to paediatric wards. The cut-off ages can vary between hospitals in the same trust.

The review team found that for each trust the majority of children were between the ages of 15-17. There were also more females than males and this is explained through admissions in the maternity units. The length of hospital stay also varied and was found to be longer within some specialist units.

4.0 Organisational Challenges

RQIA's review team asked each trust to highlight the key challenges which faced the organisation in the provision of care for children who were being admitted to adult wards. Several common themes emerged.

4.1 Recruitment and Retention of Paediatric Nurses

Trusts advised that they had difficulty in recruiting and retaining paediatric nurses to work in adult ward environments where children were also being cared for. Trusts recognised the benefits in having paediatric nurses in these adult wards, but the small number of children being admitted to individual wards impacted on the ability to retain staff. Nurses were concerned about the ability to retain paediatric knowledge and skills in this situation. The Northern Trust is considering methods of enabling paediatric nursing staff to rotate between the Antrim paediatric and emergency departments.

4.2 Training on Issues Related to Children

Trusts advised that it was difficult to provide and sustain training related to children across all the adult settings in which children were being admitted. A large number of clinical staff were involved in the care of children. There was a need to ensure that they had mandatory child protection training, and training in relevant issues such as fluid management for children. The South Eastern Trust has developed a pack for every adult ward in which children were admitted, setting out policies and procedures in relation to children. This pack also includes guidelines as to when children should be referred for a paediatric opinion. The Western Trust has packs available in adult wards, which contain documentation relevant to children.

4.3 Appropriate Accommodation

Trusts advised that a major constraint on moving to their desired position where children and young people were accommodated in more age appropriate environments was the lack of appropriate staffed accommodation. The current age cut-offs for admission to paediatric environments were significantly influenced by local availability of paediatric beds. In particular, the limited space at RBHSC led to the policy to admit children over 14 years to adult wards rather than the specialist children's hospital.

Trusts also advised that the lack of single room accommodation in some wards, and overnight accommodation for parents, impacted on the provision of suitable arrangements for those children who were admitted to adult wards. New build facilities, such as the South West Acute Hospital in Enniskillen, have single room accommodation, which addresses this problem.

A lack of appropriate accommodation for adolescents was a particular challenge. Trusts recognised that they had different needs, and different approaches were being considered.

The Northern Trust was considering plans to have a limited number of wards designated for admission of children under 18 years.

The South Eastern Trust had established an adolescent bay, in the Ulster Hospital and this allowed young people to be cared in a (specific) setting for their needs.

The Belfast Trust had considered cohorting young people into a limited number of wards but, there had been difficulties in balancing the needs for specific specialty care for children within this approach.

The Southern Trust was planning to establish adolescent units for children under 16 requiring acute medical and elective surgical care. In the interim period, arrangements were in place to cohort young people in specific adult wards.

The Western Trust had established an innovative approach to the provision of ENT services for children in a ward used primarily for adults. A section of an adult ward was dedicated at particular times for elective surgery for children and young people and staffed with paediatric trained staff.

4.4 Transition Arrangements

Trusts advised that ensuring effective arrangements were in place for the transition of care between paediatric and adult services for children with long-term and complex conditions created challenges. These could be impacted on when children were admitted to adult wards.

All trusts indicated that there were arrangements in place to allow children who were having ongoing care to be readmitted to paediatric wards even if they were older than the usual cut-off age for admission.

4.5 Different Age Ranges for Clinical Policies

The review team was advised that different clinical policies for the treatment of children can apply up to different ages. For example, guidance for fluid management for children is up to 16 years of age, whereas guidance for the treatment of diabetic ketoacidosis is up to 18 years of age.

When children are cared for in paediatric wards the relevant paediatric policy will generally apply. In adult wards, there is a need to ensure that the correct policy is applied to each child admitted, based on their specific age. With small numbers of children admitted, the use of policies in particular clinical situations may also be very infrequent.

4.6 Children with Mental Health Issues

Trusts advised that the provision of suitable accommodation for children and young people who have mental health issues can be difficult. Young people can be admitted to a busy adult medical admission unit as a place of safety while waiting transfer to an appropriate mental health service.

4.7 Summary

The review team was advised by trusts that the current arrangements result in significant numbers of children and young people being admitted to adult wards. These create considerable challenges in ensure the safe and effective delivery of care. These challenges are also evident in the provision of care for children who have mental health problems. Trusts have indicated that they are putting in place measures to manage identified risks. However, their desired position would be to have children and young people cared for in age appropriate environments. Achieving this is being constrained by a lack of suitable staffed accommodation.

5.0 Organisational Governance

5.1 Organisational Focus

The review team found that each trust had identified children being cared for in adult wards as an important issue for the trust governance agenda and for the trust senior team to address. Trusts were aware of risks and challenges associated with their local arrangements and were putting in place measures to manage identified risks. All trusts were taking multidisciplinary approaches to addressing these issues.

5.2 Leadership

Each trust has an identified lead director for children's services who is an executive director on the trust board. Trusts have also established specific arrangements for leadership for issues in relation to safeguarding of children. For example, in the Belfast Trust there is a lead doctor identified in each hospital for issues relating to children under 18 admitted to adult wards. The Northern Trust has an identified safeguarding lead for the trust. The Southern Trust has an identified safeguarding lead in each hospital.

As children are being cared for in a range of wards, the management issues relating to children in adult wards requires effective cooperation at directorate level (coordination and planning of services). Some trusts have established specific groups to address planning issues related to children in adult wards.

In the Northern Trust, the review team met with members of a multidisciplinary working group. This was established to develop and oversee the implementation of an action plan to address issues relating to the care of children in adult wards, which had been identified from an investigation following a clinical incident in the trust.

In the South Eastern Trust, a multidisciplinary group has been established, specifically in relation to the care of children in adult wards. This group has taken forward a range of initiatives designed to reduce risk and improve services. These include:

- preparing a resource pack for all adult wards in relation to the care of children
- developing an agreed checklist for those children who should be referred to paediatric services
- developing a formal trust policy on the care of children in adult wards
- ensuring that this group of patients is included in the trust audit programme for safety, quality and patient experience issues

In the Southern Trust, a multidisciplinary working group was established (as part of both Changing for Children and Prevention of Hyponatraemia), to devise a shared care policy for the management of young people aged 14 -18 years who are admitted to acute wards. The trust has prepared a shared care management plan for young people presenting with diabetic ketoacidosis, an algorithm for prescription of fluid for children admitted to adult wards.

5.3 Clinical Responsibility

Trusts advised that at the time of the review visit, the usual arrangement was for the clinical responsibility for a child who was admitted to an adult ward to be with the admitting consultant for the specialty. Paediatricians could be contacted for advice when required. Children with complex needs known to the paediatric service could continue to be admitted to children's wards.

The Southern Trust advised that a consultant post had been established for adolescents, and that it had established a protocol for 14 to 18 year olds admitted to adult wards.

5.4 Availability of Records

The review team sought information as to the availability of previous records to inform the treatment and care of children and young people admitted to adult wards.

Trusts advised of arrangements to ensure access to the clinical records from previous treatment, on an outpatient or inpatient basis. The time to retrieve records can depend on whether the previous treatment was on a different site, as the electronic system of records management is site specific. All trusts can now access previous radiological investigations and reports through picture archiving and communication systems (PACS).

In relation to social care records, there are arrangements in place to access the electronic care record, Access to Social Services Client Administration and Retrieval Environment (SOSCARE). These differ between hospitals and generally the review team found that direct access is not available to staff looking after children admitted to adult wards.

5.5 Reporting and Follow up of Incidents

All trusts have policies and procedures in place for the reporting and follow up of incidents. Serious adverse incidents (SAIs) are reported to the Health and Social Care Board and are subject to follow up within the regional procedures. SAIs are reported and considered at relevant committees within the trust governance structures.

There are no specific arrangements for monitoring incidents which relate to children in adult wards, however, relevant incidents are considered in line with trust procedures. Trusts were able to advise the review team of some incidents, which had been recorded in the previous year on the incident reporting system, where an incident had related to an under 18 year old patient in an adult ward.

5.6 Clinical Audit

The review team asked for information on clinical audits which related specifically to the care of children and young people in adult wards. All trusts were participating in a regional audit of the use of intravenous fluids for hospitalised children diagnosed with appendicitis or bronchiolitis.

The Belfast Trust had carried out three specific audits in relation to young people in adult environments on:

- child protection arrangements in adult accident and emergency departments
- deliberate self-harm management for under 18 year olds at the Mater and Belfast City hospitals
- audit of the use of a revised paediatric fluid balance chart in adult ward areas

The South Eastern Trust had carried out an audit in relation to the procedures to prevent hyponatraemia among children in acute inpatient facilities. The trust was also participating in a national audit on paediatric Crohn's disease and paediatric ulcerative colitis.

The Southern Trust has ongoing regular audit in relation to fluid prescription and hyponatraemia for children on adult wards. The trust was also participating in a national inflammatory bowel disease audit on Crohn's disease and ulcerative colitis, which included adolescent patients.

5.7 Distribution of Circulars and Information Relevant to Children

The review team asked trusts for details of the arrangements for distributing circulars and information of particular relevance to children, to staff who care for children in adult wards.

Trusts have arrangements in place for the receipt, recording and distribution of circulars and other sources of advice to ensure that appropriate action has occurred. Circulars and policies are generally available to all hospital staff through the trust intranet sites.

The review team noted the benefits in the South Eastern Trust of having a resource pack in each adult ward relating to the care of children, where relevant information is brought together and is easily accessible.

5.8 Summary

The review team found that the care of children in adult wards was regarded as an important issue within trust governance arrangements. Although there are no specific arrangements for monitoring incidents in respect of children in adult wards, relevant incidents are considered in line with trusts procedures. Leadership for children was clearly identified at director level. Trusts had recognised risks and operational issues in relation to the care of children and some trusts had established working groups to focus on these issues. Across trusts there are examples of good practice, which the review team considers could be usefully shared on a regional basis.

6.0 Clinical Management and Pharmacy

The review was provided with information about aspects of the clinical management of children in adult wards. Information was also requested on arrangements for training, pharmacy, consent and provision of clinical equipment for children in adult wards. These issues were discussed at meetings and focus groups in trusts.

6.1 Clinical Policies

Trusts provided details of clinical policies and procedures that were relevant to the care of children in adult wards. In general, these relate to the care of all children and cover a wide range of topics. Policies are usually made available through trust intranet sites. The South Eastern Trust had developed a policy for the care of children under 18 in adult acute wards, and the Southern Trust had developed a protocol for 14 to 18 year olds for care arrangements in adult wards.

All trusts have procedures in relation to intravenous infusion for children up to 16 years, in keeping with regional guidance. These are widely disseminated to adult wards to which children have been admitted. Policies on the treatment of diabetic ketoacidosis have also been widely disseminated. The Northern and Western trusts have issued guidance to wards on the use of paracetamol for children.

6.2 Early Warning Score Charts

The review team discussed the use of early warning score (EWS) charts with each trust in relation to children in adult wards. These charts are designed to provide a severity of illness score to predict the need of urgent medical treatment as early as possible. The review team noted a range of different policies in relation to children and various charts in place for early warning scores across Northern Ireland.

The Belfast Trust has implemented a paediatric early warning score chart (PEWS). At the time of the review visit, the trust was developing a new sick children's early warning score chart (SCEWS). This is age specific and will be of particular benefit when children are in an adult ward.

The Northern Trust is working towards harmonisation of a number of different charts that were in place across the trust. The Trust has a standardised PEWS observation chart and policy in place since June 2008.

The South Eastern Trust was piloting a new PEWS chart for children up to 14 years. This was also used in the adolescent unit. For children aged 14-18 years in adult wards, an adult medical early warning score (MEWS) chart would be used.

The Southern Trust has developed a PEWS chart for children up to 14 years, with an adult MEWS chart being used for children in adult wards over that age.

The Western Trust has EWS charts but did not use a specific chart for children. The trust considered that PEWS charts could potentially be useful, but no validated PEWS chart was available for implementation at the time of the review.

6.3 Intravenous Fluid Management

The review team found that all trusts have implemented policies and procedures for the use of intravenous fluids in children under 16 years, in line with regional guidelines. Adult wards where children are cared for are included in training programmes and in the dissemination of regional guidelines.

6.4 Pain Management

Trusts provided information about the arrangements for pain management for children in adult wards.

The Belfast Trust has an acute pain service available on all hospital sites. Nurses providing the service can contact the paediatric pain nurses at RBHSC for advice and guidance when required.

The Northern Trust advised that pain relief is prescribed to children on adult wards by medical staff, in line with their clinical judgement. They can contact paediatric leads in relation to pain management for under 18 year olds.

The South Eastern Trust advised that children in adult wards can be referred to the acute pain service if assistance is required with their analgesia. The trust advised that staff providing the service have experience treating paediatric patients.

The Southern Trust advised that children can be referred to the acute pain management team which is responsible for reviewing the effectiveness of pain management.

The Western Trust advised that a children's trained nurse is the identified pain nurse for the trust.

All trusts advised that there are tools used to assess levels of pain in children which are age appropriate using, for example, pain rulers or smiley faces.

In the Southern Trust a hospital passport was being trialled, with a section "How You Know I am In Pain". This is designed to enable children or young people who have a learning disability with complex needs, or a difficulty with communication, to let clinical staff know they are in pain.

6.5 Consent to Examination and Treatment

Trusts advised that their procedures regarding consent for examination, treatment or care for children under 18 in adult wards are in line with regional guidance. The Belfast, South Eastern and Western trusts have adopted the regional consent policy and documentation. Northern and Southern trusts have trust specific policies.

6.6 Pharmacy

The review team found that there were some differences in the arrangements for provision of pharmacist input at ward level in different hospitals across Northern Ireland.

In the Belfast Trust, ward based pharmacists are in place for the majority of adult wards. The trust has three paediatric pharmacists and one for maternity services at Royal Jubilee Maternity Service. There is a lead pharmacist for medicines governance issues. There are policies and procedures in place in relation to safe medicines practice, but these are not specific to children in adult wards. The British National Formulary for Children is not routinely issued to adult wards. The pharmacy service issues a newsletter on relevant issues on a quarterly or six monthly basis.

In the Northern Trust, there is ward pharmacist provision in every ward. There is a clinical pharmacist for paediatric wards who can be contacted if specialist advice is required for children on adult wards. In general there are not specific policies and procedures in relation to prescribing for children on adult wards. However, there is a procedure in relation to paracetamol prescribing, which has been distributed to all wards. The British National Formulary for Children is available in an electronic format to all wards.

In the South Eastern Trust, there is a clinical pharmacy service available in most wards. The trust does not have a paediatric trained pharmacist, and ward based clinical pharmacy is not available for the Women and Children's Directorate. Where clinical pharmacy is provided at ward level, pharmacists check the inpatient drug Kardex and discharge prescriptions. The trust has a medicines policy which covers both adults and children. The British National Formulary for Children is also available within the trust.

In the Southern Trust, there is a clinical pharmacy service available in adult medical wards, but the coverage in surgical wards is limited. The trust governance pharmacist provides an input to training for junior doctors and the trust is carrying out a pilot of web-based pharmacy training. In general there are not specific policies in relation to prescribing for children, with the exception of intravenous fluids. The British National Formulary for Children is available electronically. The British National Formulary for Children is available in all adult wards where children and young people are admitted.

In the Western Trust, a ward based clinical pharmacy service is available in the majority of wards throughout the trust, including all medical wards. There is a paediatric pharmacist available at Erne Hospital and a full-time pharmacist in the Women's and Children's Directorate at Altnagelvin Hospital. The trust has developed a medicines code that covers all aspects of medicines use at ward level. It does not specifically refer to the use of medicines in children under 18 in adult wards. The British National Formulary for Children is not routinely issued to all adult wards, but is available electronically. A paediatric drug calculator is made available in theatres and intensive care units (ICU). Trust pharmacy staff advised that there can sometimes be difficulties in accessing information on cross-border patients who

are admitted. They advised that they would contact GP practices and community services in this regard. The trust issues a quarterly quality and safety newsletter, which always includes medication related learning. The medicines governance pharmacist also circulates the regional medicines governance newsletter.

6.7 Training

All trusts provided information about their training arrangements in relation to the prescribing, administering and monitoring of intravenous infusions for children. Training programmes are in place in all trusts, which are delivered both online through trust intranets and in educational sessions with staff. The Western Trust has developed a knowledge competency assessment tool to support training.

Trusts provide a range of other training programmes on clinical issues available. There are no specific lists of clinical training recommended for staff that care for children in adult wards.

6.8 Equipment

The review team asked each trust to provide information as to whether specific items of equipment in relation to children and young people were provided in adult wards that cared for children under 18. All trusts advised that appropriate equipment was available, including resuscitation equipment and paediatric Intravenous (IV) giving sets. Ensuring that this equipment was available did impact on available storage in some wards.

6.9 Summary

The review team found that trusts have established systems in place relating to the clinical care of children in adult wards with particular reference to fluid management, consent and the use of appropriate equipment. There are some differences in the provision of relevant services, including pain management and clinical pharmacy at ward level. There are also differences in the availability of the British National Formulary for Children. All trusts use early warning score charts and there are some differences in the charts which are being used. Two trusts have specific policies in relation to the care of children in adult wards.

7.0 Maternity services

The review team met with staff from maternity services in each trust. They visited a number of maternity units to discuss arrangements for the provision of maternity care to young mothers under the age of 18 years.

The review team was advised by several trusts that the numbers of births to teenage mothers had fallen in recent years and constitutes a low percentage of activity for maternity units.

7.1 Belfast Health and Social Care Trust

The review team found that individualised care planning takes place in maternity services for each woman. The trust advised that the focus of care is during the whole period of the pregnancy. There are good arrangements in place for liaison between maternity and social services. The clinical psychology service can also provide input where required.

During the antenatal period there is a specific teenage parent craft service provided by a midwife who can arrange for one-to-one or small group sessions. However, the trust advised that some young women prefer to attend adult classes. The trust is taking part in a project for school age mothers in partnership with schools. At the Mater Hospital one midwife works specifically with teenagers.

The trust policy is to provide the young woman with a side room at the time of delivery whenever possible. There is no restriction on the age when a woman can have midwife-led care. After delivery, they may be admitted to the main postnatal ward.

Maternity staff have been trained to complete Understanding the Needs of Children in Northern Ireland (UNOCINI) child protection assessment forms for under 18 year olds. Maternity services can access a child protection nurse if required, to provide advice on child protection issues.

A consultant obstetrician and gynaecologist advised the review team that they have developed a particular interest in services for teenagers and have established an adolescent gynaecology clinic.

7.2 Northern Health and Social Care Trust

The Northern Trust has arrangements in place for individualised care planning for all young women using maternity services. There are established systems for liaison between maternity services and social services. There was also evidence of effective links between maternity services and education services for school age mothers.

During the antenatal period parent craft classes are provided for young mothers. There is a family support and intervention team which has a long waiting list.

The trust advised that there are a small number of single rooms available in Antrim Maternity Unit, although they would aim to provide young mothers with a single room when possible. Arrangements are made to enable a relative to stay with the young person throughout their admission, as necessary.

Ward sisters in maternity services have been trained to complete UNOCINI assessments. These are completed at the time of booking and a social worker will carry out a home visit. There is a child protection nurse specialist linked to maternity services.

The trust has established arrangements to obtain feedback from users of maternity services, with a maternity-specific evaluation form.

7.3 South Eastern Health and Social Care Trust

The South Eastern Trust has established a specific antenatal clinic at the Ulster Hospital for young women, run by a midwife who acts as the parentcraft coordinator. It takes place alongside a consultant clinic so that referrals can easily be made. Young women are referred to the clinic at booking. Young women can be seen individually or in group settings. The review team was advised that, in general, attendance is good, and young women are encouraged to bring their partner and parents.

There are good relations between maternity services and social services. There is a school age mothers (SAMS) project, with a particular focus on those young mothers still in education.

The trust policy is that young women under 16 years are referred for delivery to the Ulster Hospital. Midwifery led units can admit 16-17 year olds; however, this is not common practice.

In the maternity unit at the Ulster Hospital, half of the rooms are single rooms. This allows the trust to facilitate young women to have single room accommodation and a partner or parent to stay.

Midwives can complete UNOCINI forms online and send them to the trust social services gateway team¹⁴ who allocate a named social worker. Midwives indicated that communication worked well in this regard. Midwives do not have direct access to SOS CARE, but can access information by contacting social services.

7.4 Southern Health and Social Care Trust

The Southern Trust advised that there is an individualised approach to the planning of care for young women using maternity services. There are good working relations between maternity and social services.

¹⁴ Gateway is a Social Work Service for children and families

During the antenatal period parent craft classes are provided for teenagers. Young women under 18 who are pregnant are provided with support through SureStart.¹⁵ There is a school age mother's project, which deals with issues such as where the new mother will live and access to education.

Decisions as to whether to provide a young woman with a side room or for placement in shared ward accommodation are taken on a case-by-case basis. Arrangements can be made for a parent to stay over. Generally there is more access to single accommodation at Daisy Hill than in Craigavon Hospital, due to the layout of the maternity ward.

Maternity staff meet every two weeks with members of the child protection team. This enables joint discussions to take place in relation to the care of young women under 18, where there are specific issues. A child protection nurse specialist is linked to maternity services. Staff in maternity services can undertake UNOCINI assessments and can make referrals to social services using this framework.

7.5 Western Health and Social Care Trust

The first booking for young women who are pregnant is through community midwives. At the time of the review, the trust was carrying out a pilot of a new Family Nurse Partnership initiative in part of the trust area, a model developed in the United States of America. The aim of this initiative is to provide young women during their first pregnancy, with education and support to look after their babies. Support is provided weekly during pregnancy, and monthly after the baby is born.

Maternity services are managed within the Women and Children's Directorate and work closely with social services. There are arrangements in place to support young women in maintaining their education.

Young women under 16 years of age who are pregnant have consultant-led care. Over 16 year olds can access midwife-led care.

The new maternity unit at Altnagelvin has a significant number of single rooms. The trust carries out regular surveys and provides feedback forms in relation to patient experience of maternity services.

Maternity staff complete UNOCINI forms and there is close working with the trust gateway team. Maternity wards have access to the SOS CARE social services IT system.

¹⁵ SureStart is a government led initiative aimed at giving every child the best possible start in life and which offers a broad range of services focusing on Family Health, Early Years Care and Education and Improved Well Being Programmes to children aged 4 and under.

7.6 Summary

The review team found that all trusts had considered the needs of young women under 18 years who use maternity services. Trusts have arrangements to plan individualised care arrangements. Specific initiatives are in place in some trusts for the antenatal care of young women. The review team considered that it would be useful to share the learning from the different models of care in place, or being piloted, across trusts. There are links established to ensure appropriate referrals are made to social services and to enable young women to continue education. In general, trusts seek to provide single room accommodation for young women to facilitate parents or partners to stay over. This is more easily accommodated in those units with greater numbers of single rooms. Maternity staff can complete UNOCINI assessment forms. There are some differences between trusts in the arrangements for access to SOSKARE for maternity services.

8.0 Child Protection

The review team found that all trusts had identified the need to ensure that there were effective child protection arrangements in place when children and young people are admitted to adult wards. Through focus groups with staff, and visits to wards, there was evidence that safeguarding arrangements had been embedded at ward level.

8.1 Pre-employment Checks

All trusts advised that their recruitment policies require is that enhanced disclosure checks through AccessNI¹⁶ for staff including those working on adult wards that admit children. Applicants are advised of the need for such checks during recruitment.

8.2 Training on Safeguarding for Children

Trusts advised that child protection awareness is included in corporate induction programmes for staff working in wards that admit children.

Child protection training at stage one, which is the basic foundation level, is targeted at staff who have regular contact with children and/or parents. Trusts have programmes in place to provide this for staff who work on adult wards that admit children. Some specific initiatives have taken place to encourage and monitor uptake of child protection training.

In the Belfast Trust training in child protection and safeguarding is provided by safeguarding nurse specialists on a multidisciplinary basis. Uptake is recorded and monitored.

In the Northern Trust the Area Child Protection Committee undertakes an annual training needs analysis and a trust-wide nursing learning and development forum considers collaborative approaches to delivering safeguarding training.

In the South Eastern Trust training is delivered on a multidisciplinary basis, and uptake is monitored for staff working in the acute sector.

The Southern Trust advised that is difficult to provide training on a multidisciplinary basis and staff primarily access uniprofessional training. Multidisciplinary training, which is provided in relation to safeguarding, includes the use of UNOCINI and considers the impact of domestic violence on children.

The Western Trust provides training on the use of UNOCINI, which is open to all staff. The trust also provides training on courtroom skills; however, it tends to be midwives, health visitors and medical staff who attend.

¹⁶ AccessNI enables organisations in Northern Ireland to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in certain defined areas, such as working with children or vulnerable adults

In general, trusts advised that rolling out child protection training to all staff who work in adult wards was challenging, due to the number of staff who are required to be released to take part in training.

The review team was advised that an e-learning package on child protection is part of the mandatory training for all levels of F1 and F2 doctors¹⁷. This is monitored through the training tracker IT system.

8.3 Referral Arrangements to Social Services

The review team found that there were clear arrangements in place to refer issues and concerns to social services regarding children admitted to adult wards. In focus groups and during ward visits, the review team found that staff were aware of procedures for referral.

There were some differences in practice within and between trusts in relation to who completed UNOCINI assessment forms. In some units these are usually completed by social workers whereas in others nurses will initiate the process. The South Eastern Trust described a joint approach where the assessment was initiated in the emergency department by a nurse and then completed by a social worker.

8.4 Links with Public Protection Arrangements

The review team was advised that the Southern Trust is taking a lead role in developing a regional model for the application of the Public Protection Arrangements in Northern Ireland (PPANI) in relation to acute hospital settings. This will include consideration of the arrangements to be put in place when an offender is admitted to hospital for treatment. Trusts have considered the potential risks in such situations and described the actions taken to manage these risks to protect children.

8.5 Access to SOSKARE

SOSKARE is an IT system which holds information on children and adults who have been in contact with social services in Northern Ireland. It is therefore an important source of information to inform professionals if a child admitted to an acute ward has previously been known to social services.

The review team discussed arrangements for access to SOSKARE in hospitals. All trusts had procedures in place to facilitate this, which differed between hospitals.

In most units there was not direct access at adult ward level to SOSKARE, with access facilitated through contacting social services. In some hospitals, information on SOSKARE can be made available through the emergency department where there was direct access to the system.

¹⁷ A Foundation Doctor (FY1 or FY2) is a grade of medical doctor undertaking a two- year, general postgraduate medical training programme. This is compulsory for all newly qualified medical practitioners in the UK from 2005 onwards.

8.6 Summary

The review team found that all trusts had considered child protection arrangements in relation to placing children in adult wards and these were embedded at ward level. Trusts confirmed that pre-employment checks were being carried out and training programmes were made available. Trusts experienced challenges in rolling out training programmes to the number of staff who required this, particularly releasing staff for training. Referral arrangements to social services are in place. The Southern Trust is leading on the development of new arrangements to take forward PPANI in acute hospitals. The review team found that while there were arrangements to facilitate access to information on SOSKARE when a child is admitted to an adult ward, these differed between units.

9.0 Patient Experience

Admission to hospital can be a difficult experience for any patient. The review team discussed with trusts their arrangements to improve the experience for children and young people who were required to be admitted to adult ward settings.

9.1 Facilities for Children and their Carers on Adult Wards

In general, trusts advised that children under 18 admitted to adult wards are provided with a single room, if this is available. There is a significant variation in the number of single rooms between hospitals and wards. In some wards there are few side rooms and these may be required for isolation for infection control purposes. Newer units have more single rooms, and all new build facilities are designed to provide ward accommodation in single rooms.

Trust staff advised that they facilitate parents to stay over when possible. Adult wards do not generally have separate rooms for parents for this purpose, which can be the case in paediatric units. However, reclining chairs are usually available for a parent who is staying over.

Adult wards will not usually have the range of facilities for entertainment of children, which can be available in a paediatric unit. However, there is generally access to a television for the child. The Belfast Trust had a play team in the children's hospital who offered advice for children admitted to the Royal Victoria Hospital on the same site. The South Eastern Trust has two play specialists who worked predominately in paediatrics, but could provide advice for older children.

Members of the review team spoke to a number of young people during visits to wards. They indicated that hospital stays can be quite boring and they are encouraged to bring in their own equipment, such as laptops, for amusement and to maintain contact with friends.

9.2 Patient Advocacy

The review team asked trusts if there were arrangements in place for patient advocacy, which could be accessed by children and parents when a child was placed in an adult ward. This role was generally considered to be undertaken by nursing staff or the social work team.

In some hospitals, such as Altnagelvin, a patient liaison service could be contacted if a patient required support in representing a concern to the relevant hospital department. In the adult neurosurgery ward in the Royal Victoria Hospital the review team met with a paediatric nurse who acted as the key worker for a child on admission. The Belfast Trust also had a social worker for oncology and haematology patients under the age of 18 years. The Southern Trust has a patient support service in Craigavon Area and Daisy Hill hospitals, which responds to the needs of children and young people.

9.3 Education of Children

Trusts advised that many children are admitted for short periods and do not require specific arrangements in relation to their education.

Some children are admitted for longer periods and the review team asked about arrangements in place in relation to education. Trusts advised that arrangements are made for children to undertake exams and to have education provided when in hospital. In some instances, informal arrangements take place with children's schools when a child is admitted for a prolonged period. The Northern Trust had an identified link to schools. However, in general the review team found that there were not agreed policies between education and health trusts in relation to this issue.

9.4 Collection of Information about the Experience of Children in Adult Wards

The review team was advised that, in general, trust surveys of patient experience have not had a specific focus on children in adult wards. However, issues could be highlighted through surveys or other approaches, such as the collection of patient stories. The review team was advised of a specific initiative in neurosurgery in the Belfast Trust, where the views of children and their carers had been surveyed.

9.5 Summary

The review team found that trusts made arrangements to accommodate children admitted to adult wards in single rooms when possible, and to accommodate parents to stay over. However, there is a wide variation between hospitals in the number of single rooms available. Children generally will have access to television. As there are limited other recreational facilities available for children or young people on adult wards, they tend to bring in their own equipment. There are not usually specific arrangements for advocacy for children in adult wards. This role is normally undertaken by nursing staff or the social work team. The review team found examples of good practice to support children. There are not formally agreed arrangements in place in relation to the education of children when they are in hospital, but trusts will seek to make informal arrangements for children when they are in hospital for longer periods. In general, there are not arrangements in place for the collection of specific information about the experiences of children in adult wards.

10.0 Independent Hospitals

10.1 Introduction

RQIA requested and received information from two independent hospitals in relation to this review. RQIA met with staff at both hospitals to discuss the arrangements in place for the care of children and young people. Independent hospitals are required to be registered with RQIA and are subject to its inspection processes.

10.2 Ulster Independent Clinic, Belfast.

The review team was informed that all children under 18 years, admitted to the Ulster Independent Clinic, are provided with single room accommodation with en suite facilities. A parent or guardian can stay throughout the period of admission.

Operating lists can include both children and adults, with children's operations being placed at the beginning of the list. Following surgery, children are admitted to a designated bay, which is screened from other patients.

The Ulster Independent Clinic has established a paediatric committee to consider the arrangements for children admitted to the hospital. The hospital has a specific policy for the needs of adolescents aged 12 to 16, in addition to a policy on the admission of children. There is a paediatric manual available in all areas of the hospital. This sets out procedures in relation to admission, care and discharge of children. It includes guidelines on fluid management for children. The hospital consent policy and procedure contains a specific section for young people aged 16 to 17 years.

The review team was advised that most children admitted are day patients, with those staying overnight most commonly admitted for ENT surgery. Surgeons operating on children have either a specific paediatric role or extensive experience with children in their HSC practice.

The hospital uses a paediatric pain scale and has a policy in place for pain assessment. Staff have access to the British National Formulary for Children in clinical areas. The emergency trolley contains a paediatric drug box and paediatric checklist. The clinic prepares a pharmacy newsletter, which had covered the topic of dose calculations for paediatrics.

All nursing staff are expected to undergo the British Medical Journal (BMJ) Hyponatraemia module and 96 per cent had completed the training during 2009-10. All nursing staff are provided with life support training.

The hospital policy is that all staff employed undergo enhanced AccessNI checks before commencing employment. From May 2011, all staff are expected to undergo mandatory stage one child protection training on an annual basis.

When children are admitted, there are televisions in all bedrooms and the hospital provides a children's activity pack. There are not specific arrangements in place in

relation to education, as children are admitted for short periods and for elective surgical procedures.

The hospital seeks information through a questionnaire from all patients on their experience during admission.

10.3 North West Independent Hospital, Ballykelly

The review team was advised that when children are admitted for elective surgery to the North West Independent Hospital, a specific area is designated for this purpose. This area has keypad access. All children are admitted to single rooms in this area, and most are day cases. If a child requires an overnight stay, a parent or guardian can remain with a temporary bed made available in the room.

Specific operating lists are arranged for children. The recovery facilities after surgery are provided in single rooms.

The hospital has a designated children's lead and a lead children's nurse. When arrangements are being made to admit children for surgery, paediatric trained nurses are available at the time of admission. Surgery on children is carried out by surgeons who have the relevant experience. There are arrangements in place to contact a paediatrician for advice if required.

The hospital uses a fluid management chart for children up to 16 years. Regional guidance for prescription of fluids to children and a trigger list to report incidents related to fluids are displayed in clinical areas. The hospital uses observation charts for children, which were devised in the Belfast Trust.

Nursing staff caring for children receive paediatric immediate life support training on a yearly basis. A programme of training for staff has been devised and provided in relation to awareness of hyponatraemia.

In relation to pharmacy, the hospital uses a medicine prescription and administration record chart developed by the Western Trust. A medicines audit is carried out on a monthly basis and includes patients under 18. The review team was advised that staff undergo annual medicine competency assessments.

All staff are provided with training at basic stage one in child protection. The hospital policy on recruitment is that all staff have enhanced checks through AccessNI.

When children are admitted, their single room accommodation is provided with a television, and a separate room can be used as a toy room.

To determine patient experience, the hospital carries out a survey of patient views, which is used to assess the quality of services provided. Reviewers found that, in general, there was positive feedback from parents about the service and care delivered to children.

10.4 Summary

The information provided by the Ulster Independent Clinic and the North West Independent Hospital indicated that children are provided with single room accommodation when admitted. Children are usually admitted as day patients, or for up to 48 hours after elective surgery. Arrangements have been established to design services to meet the specific needs of children who are treated. Clinical and child protection training are provided relevant to the needs of children.

11.0 Conclusions and Recommendations

The review team concluded that the current provision of hospital services in Northern Ireland is resulting in significant numbers of children being cared for in adult wards. Trusts have in place measures to address the risks associated with this situation and the review team found examples of good practice, which should be shared across organisations. Nevertheless, the review team has concluded that an agreed goal should be set for an upper age limit up to which children should be admitted to paediatric wards, and plans put in place to develop services which can meet this goal.

During the course of this review, RQIA has been advised that almost 4,000 children under the age of 18 were admitted to adult wards in hospitals in Northern Ireland during 2009-10. Children were admitted to a broad range of specialties and, in particular, to adult surgery and adult medical wards. Children under 18 requiring mental health assessment and care are routinely admitted to adult wards, as places of safety, until seen by mental health specialists.

Previous reports in the United Kingdom have highlighted issues relating to the care of children in adult settings. It has been repeatedly emphasised that children should not be treated in hospitals in the same way as adults. Furthermore, as far as possible, children should be cared for in separate paediatric environments rather than in adult wards.

There have been no specific standards issued in Northern Ireland. However, a service framework for children is currently being developed, which provides the opportunity to establish regional standards.

The review team found that there is no standardisation of the upper age limits for usual admission to paediatric services across hospitals. These vary within and between trusts. Limits have been set to reflect local availability of paediatric beds and can vary between 14 and 16 years. All trusts have arrangements to facilitate the admission of children with long-term conditions to paediatric services that have been caring for them previously.

The review team was advised that the lack of standardised age levels for admission across services impacts on both the planning and delivery of services.

The two independent hospitals had actively taken steps to design services to meet the needs of children who were admitted for elective surgery, including access to paediatric trained nurses. All children were provided with single rooms.

- 1. The review team recommends that an agreed age for all hospitals in Northern Ireland is established, up to which children would normally be admitted to paediatric wards. Service planning can then be taken forward for the future provision of services to meet this requirement.**

The review team also found that there are not agreed ages for the development of clinical policies. Regional guidance in relation to fluid management is for children up to their 16th birthday, whereas for the treatment of diabetic ketoacidosis, guidance is up to the 18th birthday. Early warning score charts can relate to different age groups.

Staff in paediatric wards will generally be caring for children in line with paediatric policies. Staff in adult wards looking after children need to be fully aware of the age limits for each policy as it is being applied.

- 2. The review team recommends that all trusts establish a system to monitor the number and age of children admitted to adult wards where this is not already in place.**
- 3. The review team recommends that, when clinically appropriate, the age of application of clinical policies for older children should be set in line with an agreed regional age for the admission of children to paediatric services.**

The review team found that trusts had identified children being cared for in adult wards as an important issue for clinical governance. Leadership was clearly identified at director level within trusts. Risks and operational issues had been recognised and actions were being taken to address these, such as the development of specific policies and setting up specific working groups. In each trust there were examples of good practice in addressing issues related to the care of children in adult wards. One such example was the provision of a resource pack which is available to all adult wards in the South Eastern Trust, which admit children, including guidelines for referral for a paediatric opinion. In general, there were not routine systems in place to monitor the number of children being admitted to adult wards.

- 4. The review team recommends that arrangements should be put in place to facilitate the sharing of learning and good practice between organisations in relation to the care of children in adult wards.**
- 5. The review team recommends that all trusts consider the development of trust specific resource packs on the care of children to distribute to adult wards.**
- 6. The review team recommended that all trusts have agreed criteria for referral for a paediatric opinion for children admitted to adult wards.**

There are some differences in the provision of relevant services including pain management and clinical pharmacy at ward level. There are also differences in the availability of the British National Formulary for Children.

- 7. The review team recommends that all trusts review the arrangements for access to the British National Formulary for Children in adult wards where children are treated.**

The review team found that there are some differences in the early warning score charts, which are used for children being cared for in adult wards. RQIA is aware that there is significant work underway across Northern Ireland to harmonise charts.

8. The review team recommends that current initiatives to harmonise early warning score charts in Northern Ireland should consider the specific needs of children admitted to adult wards.

Arrangements are embedded across Northern Ireland in relation to training on the use of intravenous fluids. Education and training has also been provided in relation to other clinical issues by individual trusts, such as the treatment of diabetic ketoacidosis and the use of paracetamol. However, the review team found that there is not a regionally agreed list of what training should be made available for staff caring for children on adult wards.

9. The review team recommends that an agreed list of topics should be developed for inclusion in induction and update training for staff caring for children in adult wards.

The review team found that each maternity service has considered the needs of young pregnant women under the age of 18 years. Examples of innovative service models were described, including interagency projects with education providers. Referral arrangements are in place with social services and some trusts have staff members specifically dedicated to the needs of this age group. The review team considers that it is important that trusts share the learning from current initiatives and good practice.

10. It is recommended that trusts establish an appropriate mechanism to share the learning from projects and initiatives relating to the provision of maternity services for young women under 18 years.

The review team found that all trusts had considered child protection arrangements in relation to placing children in adult wards and these were embedded at ward level.

Pre-employment checks were being carried out and training programmes on child protection were made available. Trusts experienced challenges in rolling out training programmes to the number of staff who required this, including the release of staff for this training. Referral arrangements to social services are in place.

The Southern Trust is leading on the development of new arrangements to take forward public protection arrangements in acute hospitals.

The review team found that there were procedures to facilitate access to information on SOS-CARE when a child is admitted to an adult ward. These arrangements differ between units. In general, staff in adult wards did not access information directly at ward level.

11. The review team recommends that all trusts review their arrangements for access to SOS CARE information pertaining to children on adult wards, to ensure that this is easily accessible when required.

The review team was provided with information by those organisations under review in relation to the approaches taken to enhance the experience of children and their carers when admitted to hospital.

The review team found that trusts made arrangements to accommodate children admitted to adult wards in single rooms when possible, and to accommodate parents to stay over. However, there is a wide variation in the number of single rooms available. In the independent hospitals reviewed children have access to single rooms.

Children on adult wards generally have access to television, but other recreational facilities are limited on adult wards, so they tend to bring in their own equipment.

The experience of children in adult wards has not, in general, been a specific area of focus for patient experience activity in trusts.

12. The review team recommends that trusts establish arrangements for receiving feedback from children who have been patients on adult wards and from their carers.

Advocacy is an important aspect of care for patients. Generally there are not specific arrangements in place for children in adult wards. Advocacy is usually undertaken by nursing or social work staff, or a patient liaison service may be available.

13. The review team recommends that all trust review their advocacy arrangements to ensure that children admitted to adult wards and their carers can access support appropriate to their needs.

There are not formally agreed arrangements in place in relation to the education of children when they are in hospital. However, trusts seek to make informal arrangements for children when they are in for longer periods.

14. The review team recommends that a formal agreement is put in place between health and education authorities on access to education support for children who require it when admitted to acute hospitals.

12. 0 Recommendations

1. An agreed age should be established for all hospitals in Northern Ireland up to which children would normally be admitted to paediatric wards. Service planning can then be taken forward for the future provision of services to meet this requirement.
2. All trusts should establish a system to monitor the number and age of children admitted to adult wards where this is not already in place.
3. When clinically appropriate, the age of application of clinical policies for older children should be set in line with an agreed regional age for the admission of children to paediatric services.
4. Arrangements should be put in place to facilitate the sharing of learning and good practice between organisations in relation to the care of children in adult wards.
5. All trusts should consider the development of trust specific resource packs on the care of children to distribute to adult wards where children are admitted.
6. All trusts should establish agreed criteria for referral for a paediatric opinion for children admitted to adult wards.
7. All trusts should review the arrangements for access to the British National Formulary for Children in adult wards where children are treated.
8. Current initiatives to harmonise Early Warning Score charts in Northern Ireland should consider the specific needs of children admitted to adult wards.
9. An agreed list of topics should be developed for inclusion in induction and update training for staff caring for children in adult wards.
10. Trusts should establish an appropriate mechanism to share the learning from projects and initiatives relating to the provision of maternity services for young women under 18 years.
11. All trusts should review their arrangements for access to SOSKARE information pertaining to children on adult wards, to ensure that this is easily accessible when required.
12. The review team recommends that trusts establish arrangements for receiving feedback from children who have been patients on adult wards and their carers.
13. All trusts should review their advocacy arrangements to ensure that children admitted to adult wards and their carers can access support appropriate to their needs.

14. A formal agreement should be put in place between health and education authorities on access to education support for children who require it when admitted to acute hospitals.



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WS-077/4 Page 588