The **Regulation** and
Quality Improvement
Authority

RQIA Business Plan 2014-15

Assurance, Challenge and Improvement in Health and Social Care

Foreword

The Regulation and Quality Improvement Authority (RQIA) was established on 1 April 2005 under the provisions of the Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA's mission is to provide independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA, through its programme of activities, seeks to encourage continuous improvement in services, and to safeguard the rights of service users.

In April 2014, RQIA will enter the final year of the current Corporate Strategy 2012-15. Over the course of 2014-15 we will engage in a public consultation on the development of a new corporate strategy for RQIA. The new three-year strategy will set the strategic direction for regulation of health and social care in Northern Ireland until 2018. We are keen to engage with all our stakeholders so that they can help shape the new corporate strategy.

In 2014-15, RQIA will take forward a range of actions aimed at improving internal business systems and processes. RQIA will further develop its Steps to Excellence Programme (STEP) and will undertake an assessment for Investors in People (IiP) accreditation.

RQIA will implement a new ICT system (i-Connect), which will allow staff in the regulation and mental health and learning disability (MHLD) directorates to connect to and manage the information they need within a single, integrated system. RQIA will update its website to make sure that it is accessible and easy to navigate.

During the course of 2014-15 we will see further transformation of the RQIA Board, with 5 newly appointed Board members due take up appointment, and the Chair's position falling vacant in May 2014. RQIA will take appropriate steps to induct new Board members and to ensure appropriate representation of Board members on all Board committees.

A number of strategic priorities will impact on the work of RQIA during 2014-15. RQIA will assist the implementation of the Quality 2020 work streams, including, in particular, the establishment of a stakeholder forum. RQIA will consider the implications of the Francis Report, and any recommendations from the Hyponatraemia Inquiry for the future regulation of health and social care services.

RQIA is responsible for the registration and inspection of more than 1,400 agencies and establishments. These include: nursing homes, residential care homes, children's homes, day care settings, residential family centres, nursing agencies, domiciliary care agencies and independent hospitals (including private dental treatment, hospices and clinics). RQIA will continue to carry out a planned programme of announced and unannounced inspections, in accordance with the requirements of the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005.

RQIA will continue to adopt a risk-based approach to inspection, by stepping up the frequency of inspections to agencies and establishments. This is in accordance with RQIA's risk assessment profiles, and in response to specific concerns. RQIA will contribute to the development/review of Minimum Care Standards through projects being taken forward by the Department's Standards and Guidelines Quality Unit.

In 2014-15, RQIA will take forward the programme of planned reviews set out in the Three Year Review Programme 2012-15.

The planned programme of reviews for 2014-15 includes:

- advocacy services for children and adults
- diabetic retinopathy
- eating disorder services
- learning disability community services: phase ii
- maternity services
- palliative care services
- provision of service for people with an acquired brain injury
- provision of specialist care services for people in their own homes

RQIA can be asked by the minister to carry out additional reviews, in response to emerging issues, for example, the independent inquiry into child sexual exploitation. RQIA will liaise with DHSSPS to ensure that the necessary resources are provided to enable RQIA to undertake urgent investigations and reviews in response to such requests.

During 2014-15, development of the new three year review programme (2015-18) will take place, in consultation with relevant stakeholders.

RQIA's programme of hygiene inspections will provide independent assurance of the performance of HSC trusts in maintaining infection prevention and safe hygiene practices across wards and clinical areas. RQIA has extended its programme of hygiene inspections into a range of additional clinical areas, including intensive care wards, neonatal units and other augmented care settings, using tools which have been endorsed by DHSSPS. This programme of inspection will be maintained throughout 2014-15.

RQIA has been commissioned to review progress made in relation to the healthcare recommendations within the Review of the Northern Ireland Prison Service (Prison Review Team Final Report, October 2011). This work will continue during 2014-15.

RQIA has a specific statutory responsibility for the inspection of services providing exposure to ionising radiation in a clinical setting, including radiology procedures, x-rays and radiotherapy. RQIA will continue to inspect facilities in accordance with the provisions of the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2010.

RQIA will continue to discharge its responsibilities for adults and children with mental ill health and those with a learning disability, as set out in the Mental Health (Northern Ireland) Order 1986 and in the Health and Social Care (Reform) Act (Northern Ireland) 2009. These duties include: preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention; and preventing or redressing loss or damage to a patient's property.

RQIA is one of four designated national preventive mechanisms (NPM) under the United Nations Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). RQIA will continue to exercise its duties as a designated NPM by visiting places of detention, including psychiatric hospitals and prisons, to assess whether those detained are subject to humane treatment.

The MHLD team will implement a new procedure for the monitoring of serious adverse incidents. The team will increase

the number of inspections of learning disability and mental health wards, and produce easy read versions of each inspection report.

RQIA will continue to work collaboratively with other HSC bodies, including DHSSPS, HSC Board, Public Health Agency (PHA), and the Patient and Client Council (PCC). RQIA will work with other regulatory bodies such as the Criminal Justice Inspection Northern Ireland (CJI), and the Education and Training Inspectorate (ETI). In taking forward its planned work programme, RQIA will also work with arms-length bodies such as the Commissioner for Older People and the Northern Ireland Commissioner for Children and Young People.

RQIA's work programme will help to inform the public about the safety and quality of services regulated, reviewed and monitored by RQIA, in the context of the continuing transformation of health and social care in Northern Ireland.

Corporate Strategy 2012-15

The Business Plan 2014-15 has been developed within the context of the RQIA corporate strategy, which sets the strategic direction for RQIA.
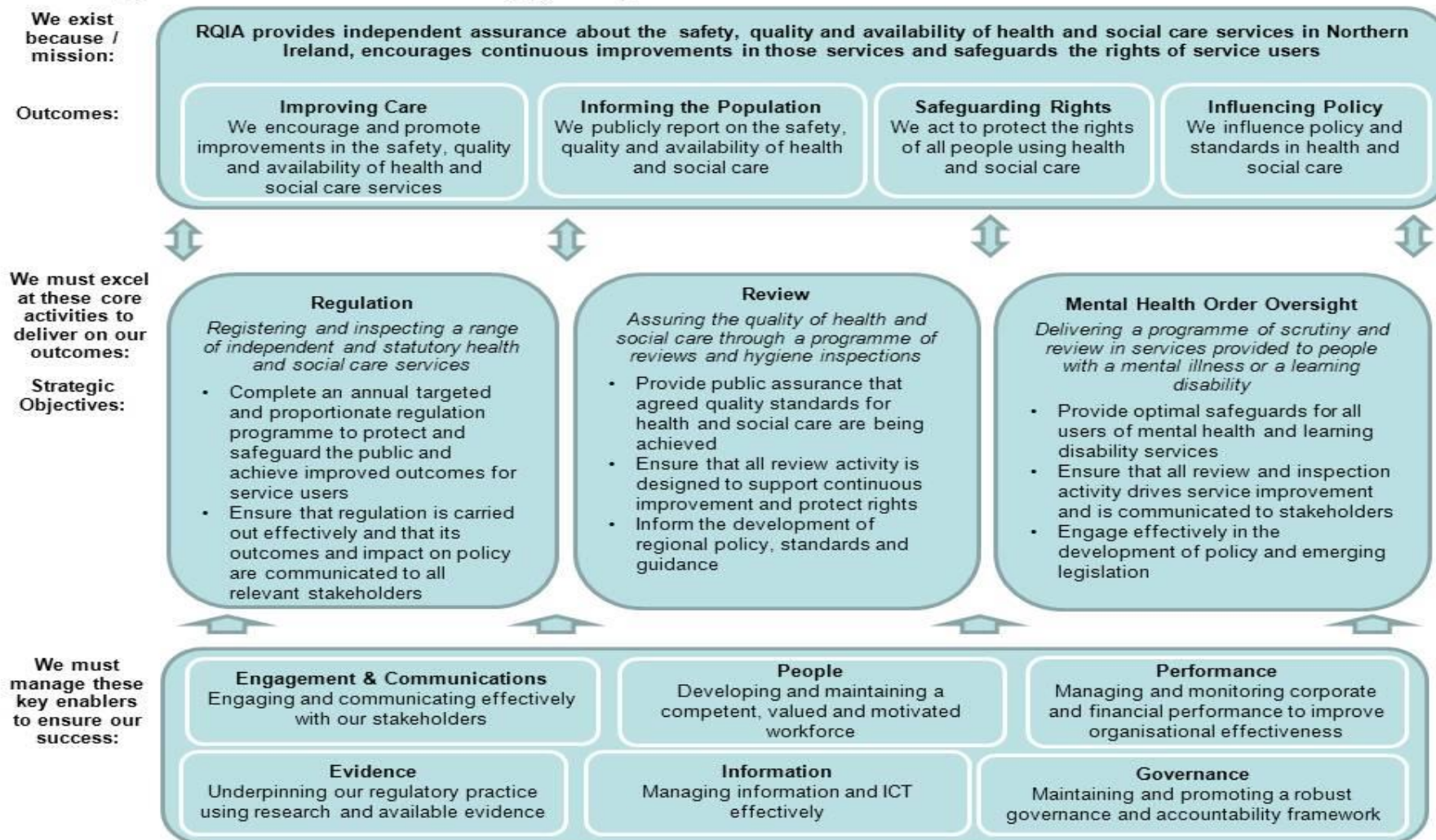
RQIA's strategy map (Figure 1) serves as a roadmap to guide the activities of the organisation for the period 2012-15. It is a visual representation of our strategy.

The strategy map brings together the key elements of the strategy: what we are here to do (our mission); 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. It is a visual representation of the relationship between each of these elements, and provides an integrated and coherent picture of RQIA's mission.

Each element of the map is explained in more detail below:

- We exist because /mission /outcomes: states why RQIA exists, and defines the value and outcomes we are delivering to our stakeholders.

- We must excel at these core activities to deliver on our outcomes/strategic objectives: the vital activities at which RQIA must excel in order to deliver our mission.

- We need to manage these key enablers to ensure our success: the 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.

Figure 1 - RQIA Strategy Map 2012-15

We exist because / mission:

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

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

We must excel at these core activities to deliver on our outcomes:

Strategic Objectives:

Regulation
Registering and inspecting a range of independent and statutory health and social care services

- 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

Review
Assuring the quality of health and social care through a programme of reviews and hygiene inspections

- Provide public assurance that agreed quality standards for health and social care 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

Mental Health Order Oversight
Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability

- 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

We must manage these key enablers to ensure our success:

Engagement & 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

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Financial Context 2014-15

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

Details of RQIA's funding requirements in 2014-15 are set out in the finance section of the Business Plan (see Appendix 1).

RQIA must break-even each year and make significant and recurring efficiency savings of £439K (-6.9%) over the four year comprehensive spending review (CSR) period 2011-15. RQIA has developed an Improvement and Efficiency Plan 2011-15, a framework for the achievement of efficiencies through workforce controls, improvement initiatives and review and control of non-pay spend. RQIA is on target to achieve the required level of efficiency savings by March 2015.

Additional challenges have been created for RQIA by incurred costs of commissioned reviews and facilitation with CJI and ETI of the Independent Inquiry into Child Sexual Exploitation. The cost of additional activity is incurred within the context of resources limited by an RRL in year reduction of 1% (£66k) in 2013/14. This was further compounded by the requirement to share the costs of an unfunded BSTP Programme overspend.

RQIA will seek assurance that all additional and inescapable costs will be met in full in 2014/15, and break-even achieved in the context of the significant financial challenges facing not only RQIA but HSC in general.

Capacity and Capability

RQIA must achieve the statutory minimum number of inspections of all regulated services. In addition, RQIA must increase its regulatory oversight of agencies or establishments that are in breach of regulations and/or the minimum standards. RQIA will not be able to provide an adequate level of assurance to DHSSPS, and to the wider public on the quality and safety of services, unless it has the capacity to undertake unplanned inspections in response to increased concerns. Therefore, in order to more effectively deliver our programme of work in 2014-15, in the context of financial constraints and requirement to fulfil its statutory programme of inspection and reviews, the capacity of the organisation needs to be strengthened, particularly within the operational directorates.

In 2013-14, RQIA had submitted two business cases for additional resources to DHSSPS. The context and rationale for these business cases remain valid.. RQIA will continue to make the case for additional capacity to meet the increasing demand for regulatory oversight of all regulated services.

Business Plan 2014-15

The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal. Measures of success have been identified to monitor progress in achieving our strategic objectives (see Appendix 2).

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

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

The Business Plan 2014-15 was approved by the Board on 16 January 2014 and the financial allocation letter for 2014-15 was received on [insert date].

Further information

For further information on the Business Plan 2014-15 or the Corporate Risk Assurance Framework, please contact:

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1	**Regulation** Registering and inspecting a range of independent and statutory health and social care services			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
1.1	Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users	We will carry out a programme of registration and inspection of services subject to regulation using robust methodologies based on principles of proportionality, accountability, consistency and transparency. Our priorities include: • reviewing and developing a range of registration policies and procedures, ensuring that we meet all relevant legislation • further develop of our inspection methodology to all regulated sector services in order to keep abreast of changing patterns of health and social care delivery • implement new information system 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 undertaken in regulated sector services	Complete a programme of themed and focused inspections of all regulated sector services in line with the statutory minimum frequencies outlined within the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005. Complete additional inspections above those set out in the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, where assessed as necessary to provide assurance on the quality and safety of regulated services. Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). **(DO)**[1]	March 2015 March 2015 March 2015

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[1] Action meets the criteria set out in the DHSSPS Departmental Business Objectives 2014-15

1	**<u>Regulation</u>** Registering and inspecting a range of independent and statutory health and social care services			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Maintain a dynamic and accurate register of services and establishments.	March 2015
			Further promote a rights based approach to regulation, in order to ensure that service users are not inappropriately deprived of liberty or subject to inappropriate restrictive interventions.	March 2015
			Report on enforcement action, failure to comply notices and improvement notices at regular bi-monthly sponsorship meetings with DHSSPS. **(DO)**	March 2015
			Provide a six monthly summary of enforcement actions, including failure to comply notices and improvement notices to DHSSPS. **(DO)**	October 2014 / March 2015

1	**Regulation** Registering and inspecting a range of independent and statutory health and social care services			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
1.2	Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders	We will ensure that the outcomes of inspection activity are published on RQIA's website (excluding children's). The outcomes of regulation activity will be reported to relevant stakeholder on an on-going basis to ensure that any regional learning or is identified in a timely manner. Our priorities include: • regular communication with service providers and commissioners on emerging issues • ensuring that all inspection reports are made available to the public on the RQIA website • proactively communicating with DHSSPS on the insights gained from regulatory activity in order to inform the review, revision and development of policy, standards and guidelines	Pilot the introduction of lay assessors in inspections in order to capture the views of service users. Proactively communicate the specific role we play as regulator of services and establishments.	March 2015 March 2015

2	**Review** Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
2.1	Provided public assurance that agreed quality standards for health and social care are being achieved	We will implement and report on the programme of service reviews and infection prevention/hygiene inspections set out in our agreed 2012-15 review programme. Our priorities include: • 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	Conduct a review programme examining and reporting on the quality and availability of health and social care services, highlighting best practice and making recommendations for improvement where necessary. Provide the DHSSPS with advice, reports or information in relation to the provision of service, or the exercise of its functions, at the department's request. Report on progress of the Three-Year Review Programme, keeping the department informed at bi-monthly liaison meetings about the provision of services, and in particular their availability and quality. **(DO)**	March 2015 March 2015 March 2015

2	**Review** Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Report to the department on the quality of regulated services and any specific concerns arising from thematic and commissioned reviews. Keep the department informed on the overall quality and availability of services by means of regular updates at bi-monthly meetings and provide written reports and correspondence as necessary. **(DO)**	March 2015
			Develop a delivery plan for achieving the 2014-15 programme of scheduled thematic reviews.	April 2014
			Complete the planned reviews as set out in the 2014-15 schedule.	March 2015
			Develop a delivery plan for achieving a programme of infection prevention/hygiene inspections for 2014-15, to include augmented care settings. **(DO)**	April 2014

2	**Review** Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Complete the planned programme of infection prevention/hygiene inspections, to include augmented care settings, for 2014-15.	March 2015
			Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15.	Sept 2014
			Complete a programme of IR(ME)R inspections with input from Public Health England (PHE).	March 2015
			Establish a baseline to demonstrate improvement in compliance with identified IR(ME)R procedure(s)/process(es).	March 2015
			Develop a delivery plan for achieving a programme of healthcare inspections to prisons and to other criminal justice settings, including co-operation with Her Majesty's Inspectorate of Prisons (HMIP), CJI and with ETI.	April 2014

2	**Review** Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Report on the findings of inspections of prison health care, including those carried out in collaboration with other regulators.	March 2015
			Undertake the work required to provide an overview on the progress made in relation to the healthcare recommendations within the report of Review of the Northern Ireland Prison Service (Prison Review Team Final Report; October 2011).	March 2015
2.2	Ensured that all review activity is designed to support continuous improvement and protect rights	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. Our priorities include: • 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	Develop a comprehensive three year programme of review activity (2015-18). Develop a comprehensive three year programme of infection prevention/hygiene activity, to include augmented care settings (2015-18).	March 2015 March 2015

2	**<u>Review</u>** Assuring the quality of health and social care through a programme of reviews and hygiene inspections		
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Develop a framework and timetable for a programme of IR(ME)R inspections (2015-18).	March 2015
			Develop an agreed approach to carrying out a programme of healthcare inspections to prisons and other criminal justice settings (2015-18).	March 2015
			During the development of all planned programmes for 2015-2018, consult with key stakeholders as to effective communication methods.	March 2015
			Assess during the planning and evaluation stages the impact of individual reviews on improving services and protecting rights.	March 2015
			Review progress on recommendations from reviews published in 2012-13 and 2013-14.	March 2015

2	**Review** Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
2.3	Informed the development of regional policy, standards and guidance	We will actively contribute to regional processes for the development of policy, standards and guidance. Our priorities include: • ensuring that each of our reviews considers the implications of our findings for developing regional policy standards and guidance	Ensure effective liaison with regional policy leads during the planning and delivery of reviews. Set each review in the context of relevant regional policy, standards and guidance and, where appropriate, make recommendations regarding the need for service development and systems improvement.	March 2015 March 2015

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:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
3.1	Provided optimal safeguards for all users of mental health and learning disability services	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. Our priorities include: • 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	Undertake a planned programme of announced and unannounced inspections to mental health and learning disability inpatient settings. Undertake a planned programme of patient experience interviews in mental health and learning disability inpatient settings, and of people subject to guardianship, and report the findings. **(DO)** Undertake a review of the implementation of Article 116 of the Mental Health (Northern Ireland) Order 1986. 100% of inspection reports and patient experience inspection reports to be produced in both full and easy read versions. **(DO)**	March 2015 March 2015 March 2015 March 2015

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:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			100% of inspection reports and patient experience inspection reports for adult inpatient facilities will be published on RQIA's website.	March 2015
			Undertake a review of the process for the internal scrutiny of treatment plans and the availability and use of a range of treatments prescribed.	Sept 2014
3.2	Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders	We will provide verbal and written feedback to all relevant stakeholders in the form of inspection reports and quality improvement plans.

Our priorities include:
• disseminating all our inspection reports and quality improvement plans to chief executives and managers of mental health and learning disability services
• scrutinising all detention forms, highlighting errors and any improper detentions and reporting to the Board quarterly on the error rate for each Trust | Monitor the use of ECT and patient experience across the five HSC trusts.

Complete a review of a random sample of treatment plans and report on findings to the five trusts.

Review 100% of SAI investigation reports using an RQIA agreed set of standards.

Review access to psychological therapies across the five HSC trusts. | March 2015

Sept 2014

March 2015

March 2015 |

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:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
		• 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 board (subject to a dedicated resource being made available to do so) • inspecting 25 inpatient facilities where patients are detained • reporting on the full range of activities completed by RQIA as a national preventive mechanism in keeping with the United Kingdom Central Coordinating Body • continued to monitor serious adverse incidents in conjunction with the Health and Social Care Board and Public Health Agency • publishing the findings and recommendations from the reviews and inspection reports of mental health and learning disability facilities	Provide feedback to the HSC trusts in respect of the RQIA's overview of the discharge of statutory functions under the Mental Health (Northern Ireland) Order 1986. Facilitate: • an annual provider information event on the standards MHLD will use to inspect services • an annual medical conference on findings from audit and inspection of MHLD services • a north/south conference on areas of joint interest in MHLD services Complete themed reviews of: • use of restrictive practices • safeguarding • physical health of MHLD patients and produce reports accordingly.	March 2015 March 2015 Dec 2014 March 2015 Dec 2014 March 2015 March 2015

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:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Develop and implement a procedure in relation to involvement of lay reviewers and experts by experience in inspection type activity, including patient experience inspections and report on outcomes in the annual quality report.	March 2015
			Participate in planned review programme (where applicable to MHLD services) to include: • addiction /dual diagnosis • eating disorder services • phase 2 of learning disability community services	April 2014 March 2015 March 2015
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.	Contribute to the DHSSPS working group in drawing up guidance to accompany the new mental capacity legislation as required.	June 2014

4	**Engagement & Communications** Engaging and communicating effectively with our stakeholders			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
4.1	Embedded personal and public involvement (PPI) as a fundamental part of all of RQIA's work	We will ensure that service users, carers and the public are actively involved in the planning and delivery of our work. Our priorities include: • 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	Implement patient and public involvement (PPI) for 2014-15 inclusive of monitoring and evaluation of all PPI activity. **(STEP)**[2] Prepare progress report on 2013-14 PPI Action Plan. **(STEP)**	March 2015 May 2014
4.2	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public	We will ensure that our vision and objectives are clearly, effectively and appropriately communicated to staff and key stakeholders. Our priorities include: • ensuring that RQIA communicates with a range of audiences in a clear, consistent, professional and effective manner	Quality assure all outward facing communications including inspection and review reports, ensuring they are concise and easy to understand. Upgrade/replace RQIA website and intranet.	March 2015 March 2015

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[2] Improvement action incorporated in RQIA's Steps to Excellence Programme (STEP)

4	**Engagement & Communications** Engaging and communicating effectively with our stakeholders			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
		• gaining understanding and recognition for RQIA's role amongst our key stakeholders, so that they associate our services with quality and professionalism	Survey the public/stakeholders perceptions on RQIA's role and responsibilities.	Dec 2014
		• ensuring that all RQIA staff have access to relevant and timely information to allow them to carry out their work effectively	Engage with public/stakeholders through use of a Twitter account, communicating messages about RQIA's activities.	March 2015
		• 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	Deliver key messages effectively to all staff through team meetings, monthly staff meetings and by making appropriate use of the RQIA intranet.	March 2015
			Continue to play an active role in the health care (Five Nations) regulators' forum, the UK Heads of Inspectorate forum, and in the European partnership of Supervisory Organisations (EPSO).	March 2015

4	**Engagement & Communications** Engaging and communicating effectively with our stakeholders			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Publish RQIA's 2013-14 annual quality report, to include: **(DO)** • regulation • review • infection prevention/hygiene inspections • IR(ME)R • mental health and learning disability	March 2015

5	**People** Developing and maintaining a competent, valued and motivated workforce			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
5.1	Continued to ensure that we have a professionally competent workforce delivering on RQIA's strategic objectives	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. Our priorities include: • 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	Implement year two human resources actions from the Human Resources and Organisational Development (HROD) Strategy 2013-15 **(STEP)**. Develop, implement and evaluate the corporate and directorate learning and development plans **(STEP)**. Provide sickness absence reports to EMT and to the Board. Support line managers regarding the management of individual cases, with a view to facilitate a return to work and improve attendance **(DO)**. Develop the HROD Strategy 2015-18.	March 2015 March 2015 March 2015 March 2015
5.2	Designed and implemented a range of organisational development initiatives	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.	Implement the year two organisational development actions from the HROD Strategy 2013-15. **(STEP)** Participate in HSC-wide staff survey.	March 2015 Dec 2014

5	**People** Developing and maintaining a competent, valued and motivated workforce			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
		Our priorities include: • 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	Design and begin to deliver a management and leadership development programme. Achieve at least the core IiP standard. **(STEP)**.	March 2015 Sept 2014

6	**Performance** Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**

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	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.
		
		Our priorities include:
		• 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.:
		  – 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
			Develop the Corporate Strategy 2015-18.
			
			Develop a corporate scorecard based on a best practice framework.
			
			Develop and seek Board approval of RQIA's Business Plan 2015-16. **(DO)**
			
			Submit a sustainability development plan 2014-15 and implement the actions. **(STEP) (DO)**
			
			Implement STEP improvement actions identified in the Improvement and Efficiency Plan 2014-15. **(STEP)**
			
			Update RQIA's Property Asset Management Plan, and forward to DHSSPS. **(DO)**
			
			Updates to current, planned and potential annual disposal plans to be submitted to DHSSPS on a quarterly basis. **(DO)**
				March 2015
				
				September 2014
				
				Jan 2015
				
				April 2014 / March 2015
				
				March 2015
				
				April 2014
				
				March 2015

6	**Performance** Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Provide DHSSPS with accurate and timely information which meets DHSSPS performance management and reporting requirements and deadlines. **(DO)**	March 2015
6.2	Aligned resources to support RQIA's strategic priorities and maintained our financial performance	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. Our priorities include: • 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 Departmental standards and sound financial management principles • revising, updating and documenting all Finance policies and procedures	Secure adequate funding for the Business Plan 2015-16. Manage the balance of CSR efficiencies by: • developing plans to deliver efficiency savings in 2015-16 **(DO)** • implementing the Improvement and Efficiency Plan **(DO)** Produce an annual report (incorporating an approved set of accounts and governance statement approved by NIAO). **(DO)** Implement and monitor a capital investment plan.	March 2015 June 2014 March 2015 July 2014 March 2015

6	**Performance** Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
		• 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	The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained. **(DO)**	March 2015
			The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn. **(DO)**	March 2015
			For capital, external consultancy/revenue business cases, ensure that submission to DHSSPS is in line with agreed timeframes. **(DO)**	March 2015
			Ensure that a suitable skills base is maintained/developed to produce business cases and provide written assurance to RQIA's Board. **(DO)**	March 2015

6	**Performance** Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Ensure Single Tenders Actions (STAs) >£30k are publicly published on a monthly basis in line with CPD requirements. **(DO)**	March 2015
			Provide assurance to the Board that RQIA has adopted and maintained good procurement practice, as specified in DHSSPS's Review of Procurement, or as separately promulgated by DHSSPS. Report to the Board in September 2014 and March 2015 on this matter. **(DO)**	Sept 2014 / March 2015

7	**Evidence** Underpinning our regulatory practice using research and available evidence			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
7.1	Embedded an evidence and research based culture within RQIA	We will design and implement actions to embed evidence based practice across all the functions of RQIA Our priorities include: • 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	Implement the objectives for the year 2014-15 as set out in the evidenced based practice framework and supporting action plan. 2014-15 actions include: • Discussions with HSC Leadership Centre to develop systematic arrangements for submitting evidence to the knowledge exchange site • 2014-15 Schedule of invited speakers to address staff	March 2015

8	**Information** Managing information and ICT effectively			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**

8.1	Ensured that information is managed effectively to support RQIA's strategic and operational objectives	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.
		
		Our priorities include:
		• implementing the new Corporate Information Management System (i-Connect)
		• improving RQIA's performance by:
		  – 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
			Implement year three of the Information Management Action Plan from the Information and ICT Strategy 2012-15.
			
			Implement the new i-Connect system.
			
			Develop an Information and ICT Strategy for 2015-18.
				March 2015
				
				Sept 2014
				
				March 2015

8.2	Complied with best practice and the highest standards of information governance	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.	Implement year three information governance actions from the Information and ICT Strategy 2012-15.	March 2015

8	**Information** Managing information and ICT effectively			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
		Our priorities include: • 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		
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	We will take a holistic approach to the delivery of the best possible ICT environment which is flexible, robust, responsive, accessible, available and secure. Our priorities include: • 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	Implement year three ICT actions from the Information and ICT Strategy 2012-15. Review and test of ICT disaster recovery systems. **(DO)**	March 2015 April 2014

9	**Governance** Maintaining and promoting a robust governance and accountability framework			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
9.1	Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance	We will ensure that we have in place an adequate and effective system of internal control and embedded a robust system of risk management. Our priorities include: • 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 new equality scheme • maintaining procedures for the effective management of complaints and dissemination of lessons learned • annual testing and review of our business continuity plan	Compliance with DHSSPS processes and timescales for the completion of: • mid-year assurance statements and end-year governance statements • Board governance self-assessment tool • NAO audit committee checklist • mid-year and end-year accountability meetings • the controls assurance standards process **(DO)** Review and approve RQIA's Risk Management Strategy. Develop and approve a three year audit action plan 2014-17. Complete an annual test of the business continuity plan and implement amendments. **(DO)**	March 2015 June 2014 June 2014 March 2015

9	**Governance** Maintaining and promoting a robust governance and accountability framework			
	Strategic Objectives By 2015 we will have:	**Key Priorities 2012-15**	**Actions 2014-15**	**Completion Date**
			Prepare and submit the Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order 2006.	Sept 2014
			Carry out an independent evaluation of the Board governance arrangements. **(DO)**	March 2015

Appendix 1 - Finance Section

1. Revenue Resource Limit (RRL)

The Department provided a four year allocation on the 1st of April 2011. On the 2nd July 2012 the Department enhanced this allocation by recurrently funding Dental Regulation. RQIA's allocation in relation to 2014/15 equates to:

	£
Recurrent Allocation Baseline	6,604,955
Additional 2014/15 Inescabables	140,889
Incremental Savings	(42,114)
Clinical Excellence award	38,076
Total Allocation 2014/15	6,741,806 6,741,806

2. Capital Resource Limit (CRL)

The i-Connect project (originally named CIMS) received Department approval in 2012. The project is anticipated to deliver the completed system in Quarter 2 of 2014/15. A CRL allocation of £82K is required in 2014/15 to complete the project.

During 2014/15 we also plan to undertake a number of small capital expenditures, funding permitting. These schemes include the replacement of our phone system (£45K), our uninterruptable power supply (£6K), and our website (£40K) and the implementation of the next phase of our rolling laptop/desktop hardware refresh (£25K). A business case will be developed for each scheme and submitted in quarter one of 2014/15.

3. Estimated Income from Charges

The estimated income from charges in 2014/15 is £896,074.

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

4. Total Permitted Gross Expenditure

The permitted gross revenue expenditure in 2014/15 is therefore estimated as follows:

Total Allocation 2014/15	6,741,806
Estimated Income from Charges	896,074
Total Permitted Gross Revenue Expenditure	7,637,880

Appendix 2 - Measures of Success

Measures of Success describe the qualitative and quantitative data that helps RQIA to gain insights, make better informed decisions and improve performance. The Measures of Success developed by RQIA as an integral part of the Corporate Strategy and performance management process are outlined below:

	Strategic Objectives By 2015 we will have:	Measures of success[3]

1.1	Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users	• Evaluation of the volume of inspection recommendations/requirements:
		  – number of recommendations in the inspection reports that have been made against a specified standard (S)
		  – number of requirements in the inspection reports that have been made against a specified standard (S)
		• Volume of inspection activity (completed versus scheduled)
		  – % of inspections completed in line with the statutory minimum requirements (measured against valid number of establishments) (Q)
		  – number of unplanned inspections undertaken to follow up on concerns (Q)
		  – volume of regulation registrations and de-registrations (Q)
		• Number of service users and staff consulted as part of the inspection process
		  – number of service users and/or representatives interviewed (during inspections) (Q)
		  – number of staff consulted with as part of the inspection process (Q)

1.2	Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders	• Evaluation of the support and guidance provided by Regulation Directorate
		  – % of persons who attended the annual provider information events who are satisfied with the guidance and information provided at these events (A)
		  – number of stakeholder workshops provided (S)
		• Number of liaison meetings held with stakeholders (HSC trusts/Board/PHA etc.) (Q)

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[3] Frequency of reporting is indicated by (Q), (S) or (A). "Q" denotes quarterly reporting; "S" denotes six monthly reporting; and "A" denotes annual reporting.

	Strategic Objectives By 2015 we will have:	Measures of success[3]

		- Assessment of the regulation and inspection documentation that has been produced within agreed timescales
		  – inspection packs issued to providers six weeks prior to inspection (Q)
		  – draft inspection reports issued to providers within 28 days from when the inspection was completed (Q) **(DO)**
		  – inspection reports to be provided to the communications team within three days of being made open (Q)
		- Number of consultations, number of working groups and number of issues raised with DHSSPS that have led to the revision of standards, guidelines and policies (Q)

2.1	Provided public assurance that agreed quality standards for health and social care are being achieved	- Progression on completion of the Three-Year Review Programme 2012-15 (Q) - Progression on completion of the 2014-15 IR(ME)R inspection programme (Q) - Progression on completion of agreed 2014/15 core infection prevention and control and hygiene inspection programme (Q)
2.2	Ensured that all review activity is designed to support continuous improvement and protect rights	- Assessment of compliance with regional targets for the augmented care inspection programme (Q) - Evaluation of the delivery of Prison Review Team recommendation compliance reports (Q)
3.1	Provided optimal safeguards for all users of mental health and learning disability services	- % of recommendations in the inspection reports that have been fully implemented by the HSC trusts at the date of the next inspection activity (Q) - % of patients and/or representatives interviewed (during inspections and patient experience interview inspections) who are satisfied with the quality of their care and treatment as a hospital inpatient (Q) - % compliance by HSC trusts with HSC Board regional procedure for reporting and follow-up of serious adverse incidents using RQIA agreed set of standards (Q) - 100% of prescribed forms screened within the agreed statutory and organisational timeframes (72hrs) and HSC trusts informed of any errors (Q)

	Strategic Objectives By 2015 we will have:	Measures of success[3]
3.2	Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders	• % hospital wards who attended RQIA MHLD annual provider information events and annual medical conference (A) • % attendees at the annual provider information events and annual medical conference who are satisfied with the guidance and information provided at these events (A) • % of ward managers that were satisfied with the inspection experience including the guidance and information provided throughout the inspection process (Q)
3.3	Engaged effectively in the development of policy and emerging legislation	• Number and types of recommendations made following inspections that directly influenced the DHSSPS revision of regional guidance and policy or HSCB commissioning plans (Q)
4.1	Embedded Personal and Public Involvement (PPI) as a fundamental part of all of RQIA's work	• Analysis of user consultation interviews to ascertain the views of both service users and their representatives as part of the domiciliary care agencies inspection to demonstrate assurance in care, improvement in care documentation and identifying areas of concern (Q) • % of actions implemented in the PPI Action Plan that met their intended outcome (S)
4.2	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public	• Assess print and broadcast media coverage of the work of RQIA and to determine the proportion of positive/negative/neutral coverage (Q) • Evaluation of the number and type of external presentations made by RQIA staff (Q)
5.1	Continued to ensure that we have a professionally competent workforce delivering on RQIA's strategic objectives	• A minimum of 90% of all staff with completed appraisals and PDPs by May **(DO)** (Q) • A minimum of 90% of all staff with completed mid-year reviews completed by October (S) • % time lost due to sickness on average not in excess of 4.6% **(DO)** (Q) • % of time lost due to sickness that is work related (Q) • % and attainment of substantive compliance of the HR CAS (A)

	Strategic Objectives By 2015 we will have:	Measures of success[3]
5.2	Designed and implemented a range of organisational development initiatives	• Improvement in biannual regional staff survey and annual pulse survey results (A) • % of learning interventions as identified in the corporate and directorate learning plans that achieved the planned outcomes (A) • 100% of staff compliant with statutory and mandatory training requirements (S) • Improvement in biannual culture survey results (S)
6.2	Aligned resources to support RQIA's strategic priorities and maintained our financial performance	• Breakeven on income and expenditure (+/- 0.25%) **(DO)** (Q) • 95% of invoices paid each month within terms and conditions (30 days) **(DO)** (Q) • 50% of invoices paid each month within terms and conditions (10 days) **(DO)** (Q) • 100% of outstanding debt recovered within the financial year **(Q)** • % and attainment of substantive compliance of the finance CAS (A)
8.1	Ensured that information is managed effectively to support RQIA's strategic and operational objectives	• % and attainment of substantive compliance of the information management CAS (A) **(DO)**
8.2	Complied with best practice and the highest standards of information governance	• 100% of freedom of information (FOI) requests responded to within 20 working days – input/process (Q) • 100% subject access requests completed within 40 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	• % and attainment of substantive compliance of the ICT CAS (A) • Assessment of the effectiveness level of RQIA's ICT service (good to excellent as per staff satisfaction survey) (A)

	Strategic Objectives By 2015 we will have:	Measures of success[3]
9.1	Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance	• Attainment of an unqualified audit opinion from the C&AG (A) • Attainment of a minimum score of 75% to achieve substantive compliance with the 10 controls assurance standards (A) **(DO)** • % of internal/external audit recommendations successfully implemented within agreed timescale (Q)

Appendix 3 – Glossary of Terms and Abbreviations

BCP	Business continuity plan
CAS	Controls assurance standards
CIMS	Corporate Information Management System
DDO	Disability Discrimination Order
DHSSPS	Department of Health, Social Services and Public Safety
EDRMS	Electronic documents records management system
EFQM	European Foundation for Quality Management
EPSO	European Partnership for Supervisory Organizations in Health Services and Social Care
FOI	Freedom of information
HSC	Health and social care
ICT	Information communications technology
IIP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
KPI	Key performance indicators
KPQ	Key performance questions
KSF	Knowledge and skills framework
MHLD	Mental health and learning disability
MHO	Mental Health (Northern Ireland) Order 1986
MOU	Memorandum of understanding
NIAO	Northern Ireland Audit Office
NISSC	Northern Ireland Social Care Council
NPM	National preventive mechanism
OPCAT	Optional Protocol to Convention Against Torture
PDP	Personal development plan
PPI	Personal and public involvement
SAI	Serious adverse incidents
ToR	Terms of reference
VfM	Value for money

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

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

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