AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 10 November 2016, 11.25am

PUBLIC SESSION

1	Welcome and Apologies		11.25am
2	Minutes of the public meeting of the Board held on Thursday 22 September 2016	Min/ Sept16/ public	11.30am **APPROVE**
3	Matters arising from minutes		11.35am
4	Declaration of Interests		11.40am
5	Chairman's Update **Chairman**		11.45am **NOTE**

STRATEGIC ISSUES

6	Draft outline Corporate Strategy 2017-21 **Director of Corporate Services**	B/08/16	12.00pm **APPROVE**
7	Corporate Performance Report (Quarter 2) **Director of Corporate Services**	C/08/16	12.20pm **APPROVE**
8	Corporate Risk Assurance Framework Report **Director of Corporate Services**	D/08/16	12.35pm **APPROVE**
9	Audit Committee Business **Committee Chairman** To include:	E/08/16	12.45pm **NOTE**

- Approved minutes of meeting on 23 June 2015
- Verbal update on meeting on 20 October 2016
- RQIA Mid-Year Assurance Statement
- Audit Committee Terms of Reference

OPERATIONAL ISSUES

10	Chief Executive's Performance Dashboard **Chief Executive**	F/08/16	1.00pm **NOTE**

11	Finance Report **Director of Corporate Services**	G/08/16	1.15pm **NOTE**
12	Update to Standing Orders **Director of Corporate Services**	H/08/16	1.30pm **APPROVE**
13	Any Other Business		1.45pm

Date of next meeting: 19 January 2017, Boardroom, RQIA

RQIA Board Meeting	
Date of Meeting	10 November 2016
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Sept16 / public
Author	Katie Symington
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 22 September 2016.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 22 September 2016.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
22 September 2016, 1.00pm

Present	**Officers of RQIA in attendance**
Dr Alan Lennon OBE (Chair)	Olive MacLeod (Chief Executive)
Patricia O'Callaghan	David Stewart (Director of Reviews and Medical Director)
Stella Cunningham	
Daniel McLarnon	Maurice Atkinson (Director of Corporate Services)
Lindsey Smith	Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Gerry McCurdy	
Sarah Havlin	John Black (Head of Programme)
Dr John Jenkins CBE	Malachy Finnegan (Communications Manager)
Robin Mullan	Katie Symington (Board and Executive Support Manager)
Dr Norman Morrow OBE	
Denis Power	

Apologies
Prof. Mary McColgan OBE
Seamus Magee OBE
Kathy Fodey (Director of Regulation and Nursing)

1.0   Agenda Item 1 - Welcome and Apologies

1.1   The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Professor Mary McColgan, Seamus Magee and Kathy Fodey. The Chairman welcomed John Black to this meeting and noted that this is Dr Stewart's last Board meeting.

1.2   The Chairman noted that following the Board workshop in August, minutes and an action list will be distributed to members.

2.0   Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 7 July 2016 (min/July16/public)

2.1   The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 7 July 2016.

3.0   Agenda Item 3 - Matters arising from minutes

3.1   Board members noted that in relation to action 101, enforcement procedures, these procedures have been redrafted and are currently under review. Following final approval, training will be provided to Board members at a Board workshop.

3.2 **Resolved Action (130)**
The Director of Regulation and Nursing to ensure that the revised procedures incorporate the recommendations of the Internal Review of Enforcement/ Prosecution Action.

3.3 The Chief Executive noted that action 115 will be discussed under agenda item 7, RQIA Inspection Assessment Framework. Board members noted that action 121 has been completed and horizon scanning will be undertaken by all Board members at the Board workshop in February 2017.

3.4 Board members noted that in relation to action 124, the Savings Plan will be discussed under item 12 of the agenda, Finance Report. The Chairman noted recent discussions with the DoH in relation to RQIA's savings plan and the subsequent review of the plan. The plan makes four proposals to achieve the required savings; the review and reduction of non-pay, shared services savings, removal of vacant posts and a further staff review linked to the use of the Voluntary Exit Scheme (VES). The finance report details how this will be taken forward and the timeline involved.

3.5 The Chair of the Audit Committee requested that the Savings Plan is reviewed by the Audit Committee, with further information provided, at the Committee meeting in October.

3.6 **Resolved Action (131)**
The Savings Plan will be reviewed by the Audit Committee at their meeting on 20 October 2016.

3.7 The Chief Executive noted that in relation to action 125, factual accuracy checking, this will be evaluated as part of the review of the inspection framework.

3.8 Board members noted that the completion date for action 127, presentation on the work of GAIN, will be amended to 16 February 2017 and will be delivered at the February Board workshop. Members noted that action 128 has been completed. The Chairman noted that it is not necessary for RQIA to write to the Permanent Secretary, at this time, in relation to the HSCB Review and therefore action 129 is now completed.

4.0 Agenda Item 4 - Declaration of Interests

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

5.0 Agenda Item 5 - Chairman's Report (B/07/16)

5.1 The Chairman informed the Board of his attendance at the Steering Group of Home Life, University of Ulster. The Chairman noted that he will shortly leave this group. A Board member noted the importance of the issue of training for providers, which is provided by this group.

The Chief Executive and the Director of Regulation and Nursing will review RQIA's relationship with this Group. Members noted that other models for training for providers are also in existence.

5.2 The Chairman noted his meeting with the Chair of the Health Committee, Paula Bradley and Eddie Lynch, COPNI.

5.3 The Board **NOTED** the Chairman's Report.

6.0 Agenda Item 6 - Good Practice - Acute Hospital Inspections

6.1 Sheelagh O'Connor, Senior Inspector, Healthcare Team, was welcomed to the meeting to provide a presentation to members on acute hospital inspections. The Chief Executive noted that at future board meetings a presentation will be provided to members to provide further insight into front line inspections.

6.2 Board members offered their thanks to Sheelagh O'Connor and Dr Stewart on the completion of the newly introduced acute hospital inspection programme. Members noted that a review will be undertaken following the completion of the first five hospital inspections. Dialogue is also required with the DoH to agree a proposed way forward for these inspections.

6.3 The Board **NOTED** the presentation on Good Practice – Acute Hospital Inspections.

7.0 Agenda Item 7 - RQIA Inspection Assessment Framework: A Proposed Way Forward (C/07/16)

7.1 The Chairman noted the completion of the proposed way forward paper, following discussions with DoH.

7.2 The Chief Executive presented this paper to Board members and noted that it has been developed by the Executive Management Team, reflecting on learning and using best practice, to move forward with one inspection framework for the whole organisation.

7.3 A Board member requested that the communication with DoH in relation to this issue is included within this document.

7.4 The Chairman noted that RQIA will consult on the new inspection assessment framework. A Steering group will also be set up to take forward the work on the inspection assessment framework.

7.5 Board members **NOTED and endorsed** the RQIA Inspection Assessment Framework: A Proposed Way Forward.

8.0   **Agenda Item 8 – Q1 2016/17 Corporate Performance Report (D/07/16)**

8.1   The Director of Corporate Services presented Q1 of the 2016/17 Corporate Performance Report to Board members. Members noted that aligning RQIA's work to the new Programme for Government will assist in the development of more outcome based measures. The Director of Corporate Services noted that 100% of actions within the report are green (action forecast to be completed by the completion date).

8.2   Board members noted the need for the review of actions within this document. The Chief Executive noted that this document will be reviewed following the introduction of the new 2017-21 Corporate Strategy.

8.3   Board members **APPROVED** the Q1 2016/17 Corporate Performance Report.

9.0   **Agenda Item 9 – Development of RQIA's Corporate Strategy 2017-21 (E/07/16)**

9.1   The Chief Executive presented the timeline for the development of RQIA's Corporate Strategy 2017-21. The first meeting of the Steering Group will take place following this Board meeting. The development of the Corporate Strategy will become a standing item at future Board meetings and will be presented at the February Board workshop.

9.2   **Resolved Action (132)**
         Development of 2017-21 Corporate Strategy to be added to the agenda for November, January and March Board meetings.

9.3   **Resolved Action (133)**
         Finalised draft of the 2017-21 Corporate Strategy to be presented at the February Board workshop.

9.4   Board members **NOTED** the Development of RQIA's Corporate Strategy 2017-21.

10.0   **Agenda Item 10 – Annual Progress Report 2015/16 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 (F/07/16)**

10.1   The Director of Corporate Services presented the Annual Progress Report 2015/16 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The Chief Executive and Chairman are required to sign this document, before return of the final document to the Equality Commission.

10.2   Board members **NOTED** the Annual Progress Report 2015/16.

11.0   **Agenda Item 11 – Chief Executive's Performance Dashboard (G/07/16)**

11.1   The Chief Executive presented the performance dashboard to Board members and noted that it will shortly be reviewed. The Chief Executive noted that the regulation inspection schedule is currently on target for completion and three review reports are currently out for factual accuracy checking. Board members noted that RQIA staff have been asked to submit expressions of interest for VES.

11.2   The Chief Executive noted current Band 3 vacancies, which are being held due to a RQIA workforce review. The Chief Executive also noted her meeting with GAIN to review a better way of using allocated funds.

11.3   The Chief Executive noted the movement of RQIA finance to BSO Shared services and informed Board members of the meeting with the Director of Finance, BSO.

11.4   Board members **NOTED** the Chief Executive's Performance Dashboard.

12.0   **Agenda Item 12 – Finance Report (H/07/16)**

12.1   Board members noted the report and that it will be discussed in greater detail at the next Audit Committee meeting on 20 October 2016.

13.0   **Agenda Item 13 - Proposed inclusion to the RQIA Part II and Second Opinion Appointed Doctors Policies (I/07/16)**

13.1   A Board member queried the length of appointment to the register for Part II Doctors/ SOADs. The Panel Chair noted that all Doctors are appointed for a specific duration of time. The Panel will consider this matter at a future meeting.

13.2   Board members **APPROVED** the Proposed inclusion to the RQIA Part II and Second Opinion Appointed Doctors Policies.

14.0   **Agenda Item 14 – Any Other Business**

14.1   The Chairman shared his good wishes and those of Board members with Dr Stewart, Medical Director, in this his last Board meeting.

14.2   As there was no other business, the Chairman brought the public session of the Board to a close at 4.30pm.

Date of next meeting:
10 November 2016, RQIA Boardroom

Signed   _____

         Dr Alan Lennon
         Chairman

Date   _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement procedures to the Board within Quarter 2.	Director of Regulation and Nursing	22 September 2016
127	9 June 2016	Board members to receive a presentation, at a future Board meeting, on the work of the GAIN team.	Acting Chief Executive	23 March 2017
130	22 September 2016	The Director of Regulation and Nursing to ensure that the revised procedures incorporate the recommendations of the Internal Review of Enforcement/ Prosecution Action.	Director of Regulation and Nursing	10 November 2016
131	22 September 2016	The Savings Plan will be reviewed by the Audit Committee at their meeting on 20 October 2016.	Director of Corporate Services	20 October 2016
132	22 September 2016	Development of 2017-21 Corporate Strategy to be added to the agenda for November, January and March Board meetings.	Chief Executive	10 November 2016
133	22 September 2016	Finalised draft of the 2017-21 Corporate Strategy to be presented at the February Board workshop.	Chief Executive	16 February 2017

RQIA Board Meeting

Date of Meeting	10 November 2016
Title of Paper	Draft Outline Corporate Strategy 2017-21
Agenda Item	6
Reference	B/08/16
Author	Planning and Corporate Governance Manager
Presented by	Chief Executive
Purpose	The purpose of this paper is to provide the Board with an update on the development of the Corporate Strategy 2017-21.
Executive Summary	This paper provides an update on the development of the Corporate Strategy and overview on the four Strategic Themes and associated Priorities.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Draft Outline Corporate Strategy 2017-21
Next steps	The draft Corporate Strategy will be sent for consideration and approval by the Strategic Steering Group.

Draft Outline Corporate Strategy 2017-21

1. Introduction

As per Department of Health (DoH) guidance, all Arms-Length Bodies must produce their Corporate Strategy to align with the new Programme for Government, which is produced on a 5 year cycle. The Programme for Government Framework sets out the ambition the Executive has for our society. There are 14 strategic outcomes which, taken together, the Executive believes best describe the society we wish to have.

The current Corporate Strategy 2015-18 will terminate one year earlier than anticipated and the new strategy will last for 4 years. This will be RQIA's fifth corporate strategy and it will set out our strategic vision and values, and will identify the outcomes which we plan to achieve over the course of this strategy.

2. Development of the Strategy

In a Board workshop held in August 2016, Board members and EMT staff were presented with an overview of the Programme for Government. During the Board workshop, members identified four Programme for Government strategic outcomes which RQIA plays largest contribution to the achievement of their performance.

RQIA staff were also presented with an overview of the Programme for Government in September and identified four identical strategic outcomes which aligns to RQIA's Role and Responsibilities. The four Programme for Government strategic outcomes are:

- We enjoy long, healthy, active lives
- We give our children and young people the best start in life
- We care for others and we help those in need
- We have high quality public services

Four staff pre-consultations were held in September and October with 82 Staff in attendance. The valuable feedback from the staff pre-consultations was collated and used to inform the development of the corporate strategy.

A Corporate Strategy Steering Group has been formed to oversee the development of the corporate strategy and membership of the Group includes the RQIA Chairman, a number of Board Members and EMT. The Corporate Strategy Steering Group met on the 22 September and 28 October and have provided the strategic direction to support the development of four strategic themes and associated priorities which will drive RQIA's improvement activities over the life cycle of the strategy.

3. Strategic Themes and Priorities

Over the next four years our key organisational themes are to work together with health and social care providers and the people of Northern Ireland to:
- Promote improvement in HSC services
- Use Intelligence effectively
- Engage and involve service users and stakeholders
- Achieve operational excellence

To successfully deliver the four strategic themes, priorities have been identified that will support the delivery of safe, effective compassionate care and well-led services that will also contribute to the four outcomes identified in the new Programme for Government 2016-21.

The four strategic themes and associated priorities are detailed below:

Promote improvement in HSC services
We will continue to strengthen our focus on providing assurance and develop the capacity to promote quality improvement in HSC and regulated services in collaboration with our stakeholders.

Priorities
- Scrutinise HSC/ regulated services to safeguard the public, provide assurance and improve safety and standard of services
- Make best use of existing legislation
- Provide guidance, support and share best practice
- Measure and evaluate our impact on service improvement

Use Intelligence effectively
We will deliver an intelligence-led, evidence-based approach to independent scrutiny that will support the system to deliver improved health and well-being outcomes.

Priorities
- Strengthen intelligence gathering and sharing within and between RQIA and other bodies
- Use a range of data to identify trends and target inspections and reviews on areas of greatest risk and impact
- Evaluate our findings in order to make recommendations on service effectiveness and redesign

Engage and involve service users and stakeholders
We will use a range of methods and tools to communicate and engage effectively with service users and key stakeholders, maximising opportunities for co-production/co-design.

Priorities
- Involve people appropriately in everything we do
- Use a range of communication tools effectively to provide information to the public about the quality of HSC and regulated services

- Work with relevant stakeholders to co-design, monitor and deliver our work

Achieve operational excellence
We will continue to develop our staff and use our resources effectively and efficiently to sustain an organisational culture of continuous improvement.

Priorities
- Develop and maintain a competent, engaged, well-led and high performing workforce
- Efficiently and effectively manage our resources to demonstrate value for money
- Strengthen our system of corporate governance and accountability
- Benchmark our activities to improve and achieve excellence

RQIA Board Meeting

Date of Meeting	10 November 2016
Title of Paper	Q2 2016/17 Corporate Performance Report
Agenda Item	7
Reference	C/08/16
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the second quarter of 2016-17, 84% of the actions within the Business Plan were reported as Green or Blue.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report

Corporate Performance Report 2016-17
Quarter 2: July - September 2016

Assurance, Challenge and Improvement in Health and Social Care

<u>Contents Table</u>

Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2015-2018.

RQIA's Strategic Map as detailed in page 33 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

This report will present a **cumulative** picture of corporate performance and summarise key achievements and issues across the financial year to date.

Traffic Light (Red-Amber-Green-Blue) Rating System

The Traffic Light Rating System is an indication of the level of confidence that Actions identified in the Business Plan will be delivered by the completion date.

The Traffic Light rating operates as follows:

● action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.

● action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.

● action forecast to be completed by the completion date.

● action completed.

Exception Reporting

Exception reporting will occur as noted above. It should be succinct and structured in terms of providing a reason for the exception, identifying actions to address the situation and highlighting any emerging organisational risk as a consequence of the exception. In addition, it should make clear if the action has been cancelled or if the timeline has been extended.

Frequency of Reporting

The report will be produced on a Quarterly basis for consideration by the Board.

Summary of Traffic Light Rating System (Period Ending September 2016)

The table below shows a summary of the Traffic Light rating assigned to 24 actions within the Business Plan for the period ending September 2016.

Traffic Light		Period Ending June 2016	Period Ending September 2016	Period Ending December 2016	Period Ending March 2017
Red		1 (4%)	1 (4%)		
Amber		1 (4%)	3 (12%)		
Green		23 (92%)	21 (84%)		
Blue		0	0		

At the end of the 2nd Quarter of 2016/17, 84% of the actions within the Business Plan were reported as Green or blue.

Headline achievements within the Quarter for the period ending September 2016

Strategic Publications (Approved and Published)

- Review of Administration of Electro Convulsive Therapy 2014/15
- Review of the Experience People Subjected of Guardianship under the Mental Health (NI) Order 1986

Business Priorities

- RQIA Annual Business Plan 2016/17 approved
- Governance Statement produced
- RQIA Risk Management Strategy 2016/17 approved
- Annual Report and Accounts produced
- Review of Community Services for Adults with a Learning Disability completed

Reviews Directorate Reports Published (Q2)

- Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland
- Review of the Operation of Health and Social Care Whistleblowing Arrangements
- The Acute Hospital Inspection of Antrim Area Hospital – published August 2016
- The Acute Hospital Inspection of the Royal Victoria Hospital – published September 2016

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

Plan, implement and evaluate a programme of quality improvement initiatives focused on the core functions of registration and inspection

How do we measure this?

- Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report
- Attainment of satisfactory assurance through the internal audit of inspection systems and processes
- Analysis of the outcomes of inspections against the achievement matrix
- Number of inspections above the statutory minimum undertaken to respond to concerns
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Regulation and Nursing Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Attainment of satisfactory assurance through the internal audit of inspection systems and processes	Quarter 4
Analysis of the outcomes of inspections against the achievement matrix	Quarter 4
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report

The public consultation on the revised inspection policy was completed on 29 April 2016. An evaluation of the revised inspection policy pilot commenced in Quarter 1 and will be completed in Quarter 2.

Number of inspections above the statutory minimum undertaken to respond to concerns

Service Type	% of Services who received the following no of inspection in period 1 April 2016-30 Sep 2016					No of Services Inspected
	1	**2**	**3**	**4**	**5+**	
Adult Placement Agency (APA)						0
Boarding School						0
Childrens (CH)	63%	29%	8%			38
Day Care Setting (DCS)	74%	24%		1%		90
DCA-Conventional	92%	8%				64
DCA-Supported Living	95%	5%				88
Independent Clinic (IC)	100%					3
Independent Hospital (IH)	67%	26%	4%	4%		27
Independent Hospital (IH) - Dental Treatment	89%	7%	3%			187
Independent Medical Agency (IMA)	100%					2
Nursing (NH)	40%	44%	11%	4%	0.4%	241
Nursing Agency (NA)	100%					8
Residential (RC)	48%	43%	7%	1%		190
Residential Family Centre (RFC)						0
Young Adult Supported Accommodation	100%					2
Grand Total	**66%**	**27%**	**5%**	**1%**	**0.1%**	**940**

Action 1.2

Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services

How do we measure this?

- Reviews progress on planned activity for the year
- Infection & Hygiene progress on planned inspection activity for the year
- Acute Hospitals progress on planned inspection activity for the year
- Ionising Radiation progress on planned inspection activity for the year
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

Reviews progress on planned activity for the year

Review Programme Milestones (Cumulative)
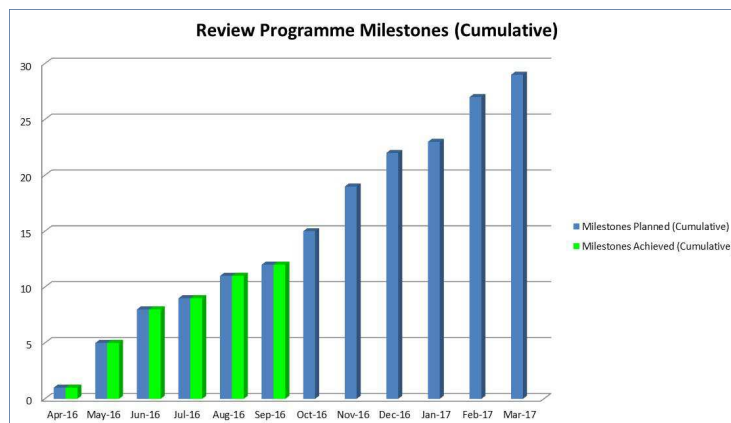
Milestones of the RQIA Review Programme for 2016/2017 include agreement of delivery plan; project briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the Department of Health.

There are a total of 29 milestones. During Q2, all planned milestones had been achieved.

Infection & Hygiene / Acute Hospitals / Ionising Radiation progress on planned inspection activity

Infection and Hygiene - Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection Prevention and Control re-commenced in June 2016. In light of the reduction in staffing of the team and the extra work associated with evaluating the initial phase and starting the second phase of the hospital inspection programme, in the future, it is planned to take a more risk based approach to infection prevention and control inspections.

Healthcare Inspection (cumulative)

Acute Hospitals - Quarter 2 completed 5 out of the 5 new acute hospital inspections. During Quarter 2 a comprehensive evaluation of the new programme was undertaken. Inspections will re-commence in Quarter 3.

Ionising Radiation - During 2016/2017 the IR(ME)R programme will undergo an assessment of its previous activity and processes. Inspections will resume following this review.

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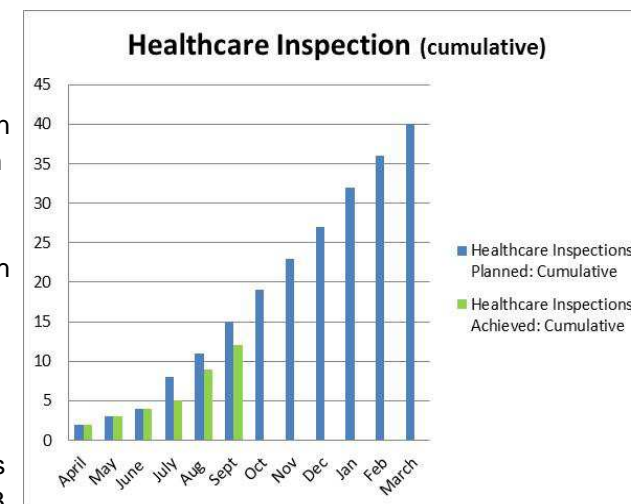
Action 1.2 (Continued)

Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services

How do we measure this?

- GAIN Programme progress on milestones
- MHLD progress on planned inspection activity for the year
- Number of inspections undertaken in regulated services as per the statutory requirement

Owner

Reviews Directorate

**Regulation and Nursing Directorate**

MHLD Directorate

BRAG Rating:

Quarterly Performance

Milestones for the GAIN work plan agreed for 2016/2017: Project Initiation Meeting (PIM), Fieldwork commenced and draft report received. There are a total of 28 milestones. The GAIN programme is on target.

GAIN Programme progress on Milestones

GAIN Programme Milestones (cumulative)
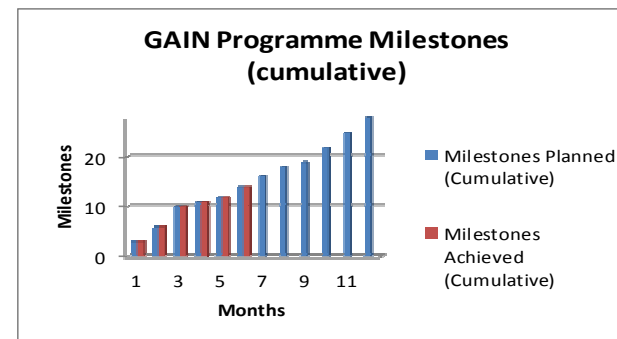
MHLD progress on planned inspection activity for the year

In Quarter 2 the MHLD team completed 16 inspections of Mental Health and Learning Disability inpatient facilities. Nine were scheduled as three day unannounced primary inspections, four as one day announced inspections and three were unscheduled inspections as result of whistleblowing letters or other intelligence received by the directorate.

Number of inspections undertaken in regulated services as per the statutory requirement

In Quarter 2, 1445(49%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services	Services Had Min Stat Req	% Services Had Min Stat Req
Adult Placement Agency (APA)	4		0%
Childrens (CH)	45	14	31%
Day Care Setting (DCS)	175	86	49%
DCA-Conventional	122	61	50%
DCA-Supported Living	177	87	49%
Independent Clinic (IC)	6	3	50%
Independent Hospital (IH)	51	26	51%
Independent Hospital (IH) - Dental Treatment	375	186	50%
Independent Medical Agency (IMA)	5	2	40%
Nursing (NH)	255	144	56%
Nursing Agency (NA)	31	7	23%
Residential (RC)	194	98	51%
Residential Family Centre (RFC)	1		0%
Voluntary Adoption Agency (VAA)	4		0%
Overall Total	**1445**	**714**	**49%**

Action 1.3

Assess the impact of RQIA review activities in driving quality improvement in HSC Services

How do we measure this?

- Take forward the lessons learnt from the agreed approach with DOH to monitoring progress on the implementation of recommendations from RQIA reviews

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Take forward the lessons learnt from the agreed approach with DoH to monitoring progress on the implementation of recommendations from RQIA reviews

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports.

A standardised template was developed by RQIA and has been agreed.

The template includes the facility to report whether an individual recommendation is:
- Complete, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014.

Following analysis of the returns, the DoH is to update RQIA during Quarter 3.

The **Regulation** and **Quality Improvement Authority**

Three Year Review Programme | 2015-18

Assurance, Challenge and Improvement in Health and Social Care

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

Engage with DOH and other stakeholders, as and when required, to review the legislative framework and standards for regulation of health and social care in Northern Ireland

How do we measure this?

- The Draft Mental Capacity legislation developed
- Updated care standards for residential care homes
- The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)

Owner

Chief Executive's Office
Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)	Quarter 4

The Draft Mental Capacity legislation developed

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on the first four chapters of the Code of Practice and Associated Regulations. The DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.
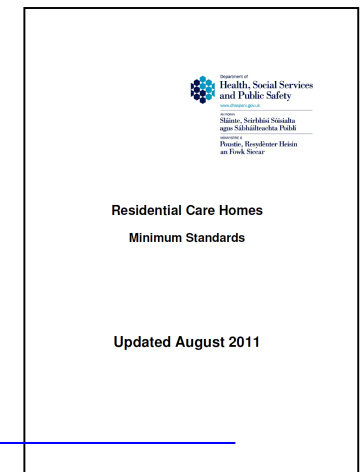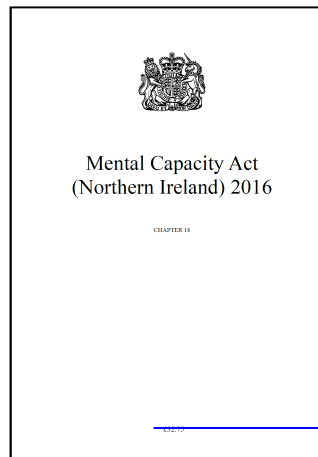
A further two discussion papers were submitted to the MCA Implementation Group:
a) the 'definition of serious intervention and treatment with serious consequences in the Act'; and
b) provision of independent mental capacity advocates has also been reviewed by RQIA and the response.

The DoH plan to roll out a comprehensive training package and awareness raising campaign once the Code of Practice and necessary regulations have been agreed and prior to the Act commencing.

Updated care standards for residential care homes

RQIA is engaged with the Department of Health (DoH) on a review of the care standards for Residential Care Homes. Progress with the engagement with DoH will be reported throughout the year.

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

Department of
Health, Social Services
and Public Safety

Residential Care Homes

Minimum Standards

Updated August 2011

Action 2.2

RQIA/GAIN deliver additional DOH commissioned projects in relation to learning from Serious Adverse Incidents

How do we measure this?

- Project milestones delivered on target

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Project milestones delivered on target

GAIN project focusing on Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self Harm

There are 7 project milestones, to include:

1. Approval of Start Up and Initiation by Project Board
2. Completion of Literature Review
3. Position Papers: Arrangements in NI: Arrangements in Other Countries
4. Design of Methodology
5. Fieldwork: Focus Groups; Questionnaires; Audit
6. Assessment by Project Board
7. Production of Report for DoH

By the end of Quarter 2 2016/17, milestones 1-6 have been completed Quarter 3 will complete the 7th milestone production of the report.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

1. Approval of Start Up and Initiation by Project Board
2. Training Manual on Mortality & Morbidity Process to inform SAI Process
3. Production of Learning Videos: Second Victim and Carer Perspective completed: SAIs in Theatres not yet undertaken
1. Fieldwork: Focus Groups; Questionnaires; Audit
2. Completion of Literature Reviews
3. Assessment by Project Board
4. Production of Report for DoH

By the end of Quarter 2 2016/17, milestones 1-4 are complete. Milestone 5 was not complete because of extension to include NIAS, 5 - 7 plus extended fieldwork will be completed by end of December.

GAIN
GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

Action 2.3

Contribute to the development of the new Mental Capacity legislation and associated codes of practice and devise a plan for its implementation

How do we measure this?

- Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

Owner

MHLD Directorate

BRAG Rating:

Quarterly Performance

Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

The Mental Capacity Act received Royal assent on 10 May 2016. A paper was sent by RQIA to DoH regarding the amendments required to be made to the 2003 Order. The DoH have advised that they will set up a meeting with RQIA to discuss required amendments, in due course.

A substantial number of regulations (88) need to be drafted by DoH before any assessment of the impact of Act can be considered.

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Strategic Theme 3: Use Resources Effectively

Action 3.1

Work closely with BSO to deliver a range of outsourced corporate services functions

How do we measure this?

Progress in outsourcing the following corporate functions:

- Health & Safety
- Premises Management
- Information Governance (including Records Management)
- Finance
- Administration of Income
- ICT
- Organisational Development
- Enhanced Equality/DDO service

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Progress in outsourcing corporate functions

A project has been established within RQIA to manage the transition of a range of corporate functions to an outsourced service model delivered by BSO. The project consists of six work-streams:

- HR/TUPE
- Agreement of SLAs
- Transfer of Services
- Impact on Corporate Services and other Directorates
- Training and Support
- Communication and Engagement

RQIA is working collaboratively with BSO in progressing the transition to shared services. Timescales for the transfer of a range of corporate functions to BSO will vary depending on the service area, complexity and progress in placing affected staff. Progress is as follows in each service area:

Administration of Income – this function has transferred. Work to develop new procedures to support the administration of income will be completed in October 2016.

Enhanced Equality/DDO – this function has transferred to BSO and the new RQIA Equality Forum has met twice 2016/17.

OD – this function has been outsourced to the HSCLC.

ICT – phase 1 of the transfer of ICT functions to BSO was completed in September and phase 2 scheduled for the 3-7 November 2016.

Finance – the finance function will transfer to BSO on 1 November 2016.

Corporate Functions (IG/RM, H&S, Premises Management) – these functions transferred to BSO on 1 September 2016.

Action 3.2

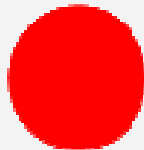**Finalise and implement the workforce plan**

How do we measure this?

- Finalise and commence implementation of the recommendations of the workforce plan 2016/17.
- Updated workforce plan for 2017/18

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Updated workforce plan for 2017/18	Quarter 4

Finalise and commence implementation of the recommendations of the workforce plan 2016/17

The Leadership Centre has been commissioned to undertake a workforce review and to produce a Workforce and Organisational Development Plan . This project will formally commence in November 2016.

Monitor & Evaluate

Analyse Need

Workforce Planning Framework

Identify Workforce Strategies

Gather Data

Analyse Supply Gaps

Action 3.3

Produce an agreed budget and savings plan based on a 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2016-17

How do we measure this?

- Directorate and team budgets established
- Regular monthly monitoring reports provided to all budget owners
- Deliver savings and achieve an end-of-year break-even position on income and expenditure
- Achieve an unqualified audit opinion of final accounts

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Directorate and team budgets established	Quarter 2
Deliver savings and achieve an end-of-year break-even position on income and expenditure	Quarter 4
Achieve an unqualified audit opinion of final accounts	Quarter 4

Regular monthly monitoring reports provided to all budget owners

Each director has received a pay report for their specific teams detailing current month, year to date and year end expenditure projections against budget. Non pay expenditure has been reported at a corporate level summarising the year to date and year end expenditure against budget.

Monthly Forecast of Year End Position

	Sep £'000
Expenditure	
S&W inc VES	6,403
G&S	1,528
Total Expend	7,931
Income	
Other Income	887
VES	184
RRL	6,844
Total Income	7,915
Surplus/(Deficit)	(16)

The current RRL funding excludes £19k Clinical Excellence Award for the period April 16 -Sept 16 inclusive. This outstandinging funding will enable RQIA to break even at the year end. Ring Fenced funding for Voluntary Exit Scheme (VES) has been confirmed, it is assumed that the full amount will be utilised and has been included within the S&W costs.

The monthly forecast for the end of Year position 2016/17 as reported at the end of September shows that RQIA is on-target for break-even.

Action 3.4

Fulfil RQIA's statutory obligation as a designated authority to whom whistle-blowers can make a protected disclosure

How do we measure this?

- The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures
- Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing	Quarter 4

The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures

RQIA is a prescribed body under The Public Interest Disclosure (Northern Ireland) Order 1998. Those wishing to raise concerns about wrongdoing in their workplace can bring these to RQIA, who will work to ensure the protection of vulnerable service users. It is this legislation that provides protection to the person raising the concerns.

The number of people contacting RQIA to whistleblowing is increasing. During Quarter 2, RQIA was contacted on 51 occasions by people making whistleblowing disclosures. Issues raised included: staffing levels, concerns about management and general care concerns.

	Total No of contacts	Anonymous	Named
Regulated Services	45	37	8
MHLD	3	2	1
HSC Trusts	3	2	1

WHISTLEBLOWER

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

Make appropriate use of information and Intelligence from external sources to support inspection and review processes

How do we measure this?

- Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps
- Implementation of the recommendations from the Information Sources Project

Owner

Chief Executive's Office
Corporate Services Directorate
Reviews Directorate

BRAG Rating:

Quarterly Performance

Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps

In Quarter 1, RQIA contacted the Honest Broker Service (HBS) at BSO which is the HSC contact group for accessing the Data Warehouse Project. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data from Data Warehouses (held within the Business Services Organisation) to the DoH and HSC organisations.

It was agreed with the Honest Broker Service to extract regional figures for patients admitted to A&E departments from residential care homes, during the period of one calendar month, which RQIA will evaluate and potentially combine with the data it currently holds on registered residential homes. This is a pilot exercise in order to inform RQIA of the breadth and detail of data held by the Regional Data Warehouse, and how it could be used to enhance and support the inspection and review processes within RQIA. An updated dataset was received on 27th September 2016. This data is currently being analysed by the Information Team and will be evaluated by the Regulation directorate in Quarter 3.

Implementation of the recommendations from the Information Sources Project

Information Sources Project

Following agreement by Project Board, an Information Event to examine potential sources of external information took place. Presentations from NI Neighbourhood Information Service (NINIS), Information Analysis Directorate (IAD) at the DoH, the Data Warehouse at BSO, the Confidential Inquiries and other data sources at the PHA were given and 31 staff from all Directorates across RQIA were invited. The event was successful and a post-event survey was distributed, giving all attendees the opportunity to comment on the event itself and to offer suggestions going forward.

The project completed in Quarter 2, with an End of Project Report being prepared, which included two key recommendations, for consideration by RQIA's Head of Information.

Action 4.2

Commence roll out of iConnect web portal

How do we measure this?

- Progress in implementing the web portal roll out plan
- Number of providers registered with and using the web portal system

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Progress in implementing the web portal roll out plan

Following the conclusion of a pilot, the iConnect web portal went live on 16th August. The rollout of the web portal to services regulated and inspected by the Regulation and MHLD Directorates will be carried out in five tranches, broken down by trust areas and service types. Factoring in the slight delay in launching the portal, the rollout plan has been adjusted with tightened timescales to enable its completion by the original deadline of the end of March 2017. Registered Nursing Homes, as well as a number of larger providers including the Belfast HSC Trust were issued with usernames and passwords for the portal. There have been slight delays in rolling out to Tranches 1 and 2 due to technical issues but this project is still on target.

Number of providers registered with and using the web portal system

By the end of Quarter 2, 363 services have registered using the web portal, (as at the end of Oct,764 registered).

Action 4.3

Initiate a project to develop and implement an integrated MHLD information system to replace the existing legacy systems

How do we measure this?

- Progress in implementing the MHLD information system project plan

Owner

Corporate Services Directorate

MHLD Directorate
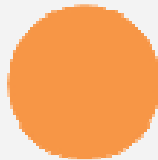
BRAG Rating:

Quarterly Performance

Progress in implementing the MHLD information system project plan

The Strategic Outline Case (SOC) for a MHLD Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. There has been an unavoidable delay in meeting with representatives of the eHealth PMG, but a meeting has now been scheduled for 4 November 2016.

It is planned that the SOC will be re-submitted to the eHealth PMG for approval following clarification and resolution of any issues they may have.
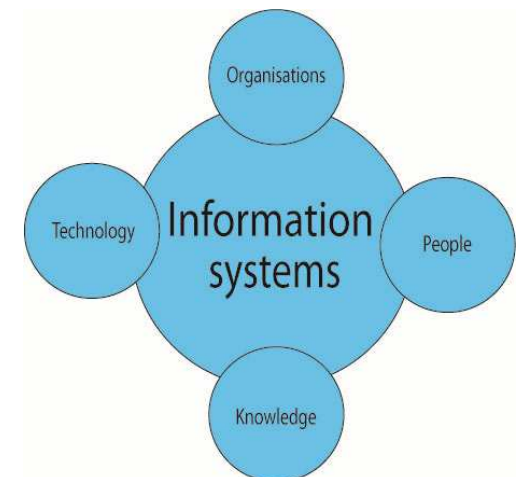
Action 4.4

Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality Management System which will improve organisational performance

How do we measure this?

- An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria
- Action Plan in place to address the gaps identified in the diagnostic exercise

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Action Plan in place to address the gaps identified in the diagnostic exercise	Quarter 4

An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria

A Senior Manager workshop was held on 20 June where ISO 9001:2015 standard was discussed. A project brief to initiate a Project Initiation Document (PID) will be completed in Quarter 3. This will be a corporate wide project managed at a Director level and led by Kathy Fodey.

ISO 9001:2015

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards

How do we measure this?

- Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

The Corporate Response Plan with actions aligned to the 5 PPI Standards was developed through the PPI Forum December 2015 and Senior Managers Workshop June 2016.

Approved Actions in response to PHA Personal and Public Involvement (PPI) Monitoring Feedback Report October 2015 were approved by Executive Management Team on 16 August 2016. Actions have been developed that will meet all relevant recommendations.

Personal and Public Involvement (PPI)

Involving you, improving Care

Action 5.2

Position RQIA as an effective, reputable independent regulator

How do we measure this?

- Progress in implementing the RQIA communications and stakeholder engagement plan
- Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations
- Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI	Quarters 2 - 3
Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations	Quarter 3

Progress in implementing the RQIA communications and stakeholder engagement plan

During Quarter 2, work continued on adding further content to RQIA's new website, which went live during August. During quarters 1 and 2 there were over a quarter of a million page views, by 65,000 visitors to the site. At 30 September RQIA's Twitter account @RQIANews had over 1,100 followers, up from 800 at 31 March 2016. RQIA published two major review reports during quarter 2, each accompanied by a short summary leaflet highlighting our key findings and recommendations. These included RQIA's review of the Operation of Health and Social Care Whistleblowing Arrangements in health and social care, published in September 2016. The report of the acute hospital inspection at the Royal Victoria Hospital, Belfast was also published during the quarter.

In September, RQIA participated in the annual Regulators Parliamentary Reception at Parliament Buildings Stormont, in partnership with Northern Ireland's systems and professional regulators, including NISCC, GFMC and the NI Pharmaceutical Society. Also in September, RQIA provided evidence to the Northern Ireland Assembly Health Committee on the work of RQIA. These events provided a platform to showcase the full range of RQIA's work and achievements.

Action 5.3

Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (ALB)

How do we measure this?

- Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies
- Assessment of the effectiveness of the current working arrangements
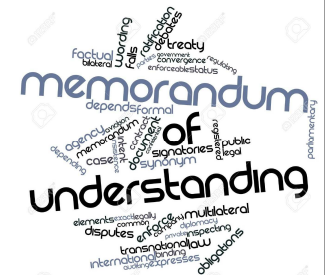
Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	Report Date
Assessment of the effectiveness of the current working arrangements	Quarter 4

Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies

In Quarter 1 Memorandums of Understanding were initiated with the
- General Dental Council
- Nursing and Midwifery Council

In Quarter 1 Memorandums of Understanding were signed off with the:
- HSCB Dental Services

Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

Evaluate and agree the future use of lay assessors and peer reviewers in the delivery of RQIA's inspection and reviews programme

How do we measure this?

- The number of inspections and reviews which have involved lay assessors and peer reviewers
- Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement
- Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement

Owner

Chief Executive's Office
Executive Management Team

BRAG Rating:

All measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement	Quarter 4
Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement	Quarter 4

The number of inspections and reviews which have involved lay assessors and peer reviewers

During Q2, there has been one Healthcare inspection which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to Altnagelvin Area Hospital. An evaluation of peer reviewers and lay assessors experience in the Acute Hospital Inspection programme is being taken forward.

Three reviews were underway during Q2, all of which involved peer reviewers from:
- Salford Royal in Manchester, Renal Services Victoria Hospital Kirkcaldy, ADEPT Clinical Fellows, a NIMDTA Trainee and a Lay Assessor involved in the Review of Renal Services
- Care Inspectorate, Scotland involved in the Review of the Regional Emergency Social Work Service
- Perinatal Mental Health Service and West of Scotland Mother & Baby Unit, HSC Greater Glasgow and Clyde n the Review of Perinatal Mental Health Services in Northern Ireland
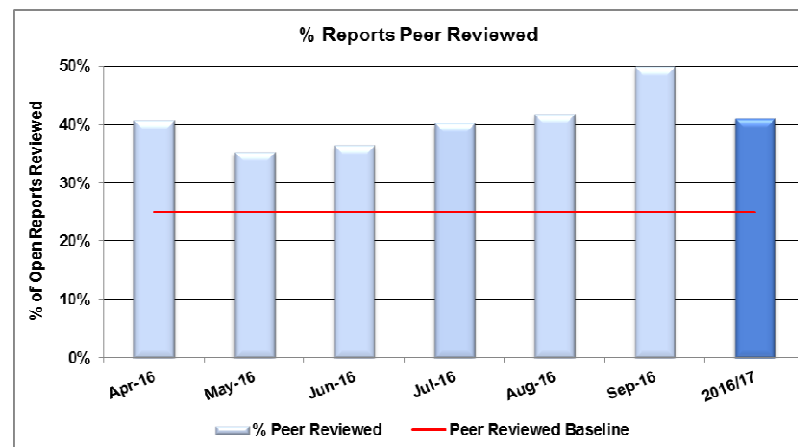
During Quarter 2 50% of open reports were peer reviewed which is above the set target of 25%. The cumulative total for Quarter 2 is 40%.

Action 6.2

Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland

How do we measure this?

- Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate
- Evidence of engagement with the developing Improvement Networks for Northern Ireland

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate	Quarter 4

During Quarter 1 and Quarter 2 of 2016/2017, the Reviews Directorate actively engaged with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland by highlighting areas of good practice in inspection and review reports and during summit events at the end of identified reviews, when key HSC personnel come together to share suggestions for Improvement across the region.

Those reviews and inspections included:

- Review of HSC Trusts' Readiness to Comply with Allied Health Professions Professional Assurance Framework

- Review of Quality Improvement Systems and Processes

  Published during Quarter 1; and

- Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland

- Review of the Operation of Health and Social Care Whistleblowing Arrangements

- The Acute Hospital Inspection of Antrim Area Hospital

- The Acute Hospital Inspection of the Royal Victoria Hospital

  Published during Quarter 2.

Two members of staff within the Reviews Directorate are also members of the Improvement Network for Northern Ireland (INNI) and attend regional events.

Action 6.3

Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I.

How do we measure this?

- RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Owner

Chief Executive's Office

BRAG Rating:

All measures on target for completion

Quarterly Performance

RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Monitoring of RQIA Recommendations from Review Reports

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports. A standardised template was developed by RQIA and has been agreed. The template includes the facility to report whether an individual recommendation is:
· Completed, with date of completion
· On target to be completed, with date of planned completion
· Not on target to be completed, with reason
· Recommendation not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014. The date for completion of this exercise was the end of Quarter 2.

Following analysis of the returns, the DoH is to update RQIA during Quarter 3.

Annual Quality Report

RQIA has strengthened its annually produced quality report to better demonstrate the impact of RQIA's services and functions. The Annual Quality Report 2015-16 was completed and sent to the Departmental approval in Quarter 2.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Develop and produce a Corporate Strategy 2017-21

How do we measure this?

- Production and approval of RQIA's Corporate Strategy 2017-21

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Production and approval of RQIA's Corporate Strategy 2017-21	Quarter 4

Production and approval of RQIA's Corporate Strategy 2017-21

Work is on-going to produce the new Corporate Strategy 2017-21 by the end of Quarter 3. Four staff pre-consultations were held in Quarter 2 with over 80 staff in attendance. The Strategy Steering Group consisting of Board and EMT members also met in Quarter 2 to agree the approach to be taken in developing the corporate strategy.

The Regulation and Quality Improvement Authority

Corporate Strategy | 2015-18

Assurance, Challenge and Improvement in Health and Social Care

DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK
2016–21

Northern Ireland Executive

Action 7.2

Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM)

How do we measure this?

- Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report
- Production of RQIA's Quality Report 2015/16

Owner

Chief Executive's Office

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Production of RQIA's Quality Report 2015/16	Quarter 2

Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report

RQIA's Quality Report 2015-16 was approved by the RQIA Board and DoH in September. The report will be published 10 November marking World Quality Day.

The STEPs to Excellence Programme 2016-17 with new communication structure is to be presented to the Executive Management Team in September. The communication of STEP progress and actions will be managed as follows:

Workstreams:

1. Work closely with BSO to deliver a range of outsourced corporate service functions (3.1) - Director of Corporate Services
2. Finalise and implement the workforce plan (progress towards next IiP assessment in 2017-18) (3.2) Initial diagnostic of RQIA carried out 21 September led by Olive Macleod and chosen IiP directorate Leads - Chief Executive
3. Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality management System which will improve organisational performance (4.4). Amended draft Project Brief produced - Director of Regulation
4. Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards (5.1). PPI monitoring through each directorate by each director as named PPI Directorate Leads - Director of Corporate Services
5. Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland (6.2) - Chief Executive
6. Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I. (6.3) - Director of Reviews
7. Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (5.3) - Chief Executive
8. Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM) Feedback Report (7.2) - Chief Executive

Progress will be shared at bi-monthly STEP Forum with members consisting of named Directorate Improvement Leads.

Action 7.3

Implement a robust Risk Management Strategy

How do we measure this?

- Attainment of substantive compliance with the Risk Management Controls Assurance Standard
- Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

Owner

**Corporate Services Directorate**

BRAG Rating:

Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

Standard	Level of Compliance
Financial Management (Core Standard)	90% – Substantive
Management of Purchasing & Supply	82% – Substantive
Governance	86% – Substantive
Risk Management	88% – Substantive
Health & Safety	86% – Substantive
Security Management	88% – Substantive
Fire Safety	89% – Substantive
Information Management	84% – Substantive
Information Communications Technology	82% – Substantive
Human Resources	92% – Substantive

Achieved substantive compliance (88%) in Risk Management in 2015-16. The table details the compliance scores for the 10 Controls Assurance Standards completed by the RQIA with all functions achieving substantive compliance.

The bar chart below shows the CAS scores achieved from 2013/14 up to 2015/16 with RQIA consistently meeting substantive compliance in all CAS standards that we are assessed against.

CAS Scores from 2013/14 to 2015/16
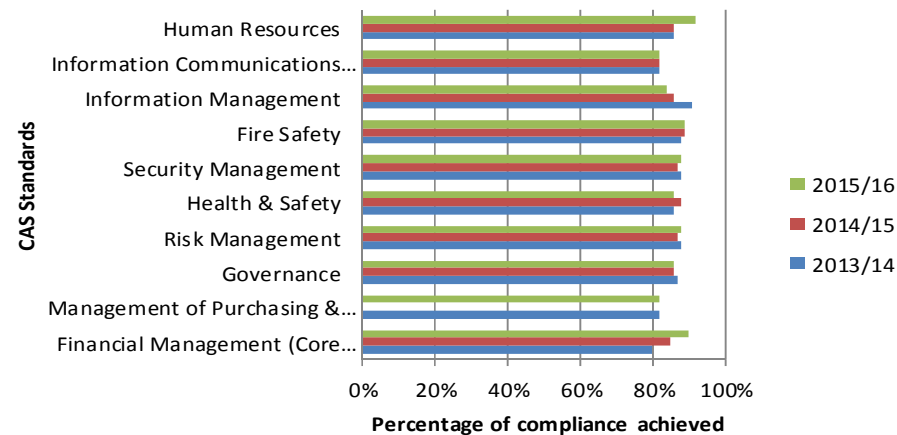
Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

The Risk Management Strategy 2016/17 was approved by the Board on 7 July.

Action 7.4

Agree and deliver a risk based Internal Audit Plan

How do we measure this?

- RQIA's Internal Audit Plan successfully delivered on target
- Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

Owner

Corporate services Directorate

BRAG Rating:

Quarterly Performance

Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at October 2016

(i) Financial Review		(iv) MHO Responsibilities 2015-16	
1. COMPLIANCE WITH PROMPT PAYMENT TARGETS		13. COMPUTER SYSTEMS IN MHLD	
2. ORGANISATION MANAGEMENT (OM) STRUCTURE		14. REVISED CAPACITY LEGISLATION	
3. SALARY OVERPAYMENTS		15. FUNDING FOR PART IV DOCTORS	
4. CHECKING OF IT ASSETS		16. PEER REVIEW PROCESS	
(ii) Board Effectiveness		External Audit – Financial Review	
5. SUCCESSION PLANNING FOR THE BOARD		17. QUALITY OF ANNUAL REPORT AND ACCOUNTS	
6. COMMUNICATION ISSUES		18. COMPLIANCE WITH PROMPT PAYMENT TARGETS	
7. DEVELOPMENT OF INFORMATION PROVIDED TO THE BOARD		19. CONFLICT OF INTEREST DECLARATION	
8. FOLLOW UP OF THE BOARD SELF-ASSESSMENT CHECKLIST			
(iii) Regulation and Nursing			
9. FOLLOW UP OF PREVIOUS REQUIREMENTS AND RECOMMENDATIONS IN QIPS			
10. QUALITY ASSURANCE PROCESS			
11. POLICY, PROCEDURES AND TRAINING			
12. PRE INSPECTION AUDIT TOOL			

By the end of Quarter 2, 63% (12) recommendations were implemented, 32% (6) are on target and 5% (1) is behind schedule.

Guide

Actions behind schedule	Actions on target	Actions implemented

RQIA Internal Audit Plan successfully delivered on target

In Quarter 2, two audits in relation to Whistleblowing and Complaints and GAIN were completed.

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Summary of Actions that require Exception Reports

	Actions	Anticipated year end status	Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
1.2	Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services	🟢	🟠	Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection Prevention and Control re-commenced in June 2016. In light of the reduction in staffing of the team and the extra work associated with evaluating the initial phase and starting the second phase of the hospital inspection programme, in the future, it is planned to take a more risk based approach to infection prevention and control inspections.	7
3.2	Finalise and implement the workforce plan	🟢	🔴	The Leadership Centre has been commissioned to undertake a workforce review and to produce a Workforce and Organisational Development Plan . This project will formally commence in November 2016.	14
4.3	Initiate a project to develop and implement an integrated MHLD information system to replace the existing legacy systems	🟢	🟠	The Strategic Outline Case (SOC) for a MHLD Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. There has been an unavoidable delay in meeting with representatives of the eHealth PMG, but a meeting has now been scheduled for 4 November 2016. It is planned that the SOC will be re-submitted to the eHealth PMG for approval following clarification and resolution of any issues they may have.	19
7.4	Agree and deliver a risk based Internal Audit Plan	🟢	🟠	Internal Audit recommended that RQIA should progress the development of a business case for a new MHLD information system for approval by DoH. This audit recommendation relates to action 4.3 which is detailed above.	30

Progress of outstanding actions from RQIA's Corporate Performance Report 2015/16

	Actions	Progress	Exception Report: Reason / Action / Emerging Risk
3.7	Produce a zero based budget for 2016/17	🔴	The development of a zero-based budget will be taken forward in 2017-18 in conjunction with BSO as part of the outsourcing of the Finance function.
5.2	Develop an effective communications and stakeholder engagement plan	🔵	The new RQIA website was successfully launched in Quarter 2, 2016/17.

RQIA Strategy Map 2015-18

Vision

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

Purpose

RQIA is the independent health and social care regulator in Northern Ireland

We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Stakeholder Outcomes

Our stakeholders require us to make independent and robust assessments to determine:

Is Care Safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?
The right care, at the right time in the right place with the best outcome

Is Care Compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Is the Service Well-led?
Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care

Strategic Themes

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

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

Develop and Execute New Capabilities
Adapting our inspection and review programmes to address emerging needs and priorities

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

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement work-streams

Focus Improvement Activities on Outcomes
Pursuing opportunities to drive quality improvement across health and social care

Develop and Enhance Effective External Relationships
Communicating effectively with all our stakeholders and sharing information with other organisations

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

Values

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

RQIA Board Meeting

Date of Meeting	10 November 2016
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	8
Reference	D/08/16
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	A detailed change log is enclosed at pages 2 of the report. The risks are now grouped into five major categories which RQIA faces: • Financial • Information • Regulatory & Legal • Operational • Reputational
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 19 January 2017.

CORPORATE RISK ASSURANCE FRAMEWORK

RQIA Board Meeting 10 November 2016

CONTENTS   **Page**

EXECUTIVE SUMMARY

Risk Log – November 2016						
LOW RISKS	**MEDIUM RISKS**		**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	6			0	6	
Risk ID	**Description of Change**	**Details**			**Date Changed**	**Risk Rating**
Operational Risks						
Risk 1 There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its legislative functions and providing the required level of assurances.	**Risk Reworded**	**Original Wording** There is a risk that changes to the legislative framework (e.g. SEND Bill) will require RQIA to undertake additional roles and responsibilities without assurance of the available resources to fulfil these obligations, which may result in RQIA being unable to deliver the required assurances that services are being provided in accordance with the relevant regulations and standards.			13/10/2016	**Unchanged M/M**
Risk 5 There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, may impact the delivery of core functions and the ability to take on board new areas of work.	**Risk Reworded**	**Original Wording** There is a risk that RQIA will continue to lose critical capacity through turnover in key posts and austerity measures including the recurring 3% efficiency savings, and Agenda for Change pay restraints combined with increasing challenges which will impact on future workforce demands and internal capacity and capability. This may result in RQIA failing to deliver its core functions thus not being able to provide the required level of assurance.			13/10/2016	**Unchanged M/M**

	Risk Log – November 2016					
LOW RISKS	**MEDIUM RISKS**		**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	6			0	6	
Risk ID		**Description of Change**	**Details**		**Date Changed**	**Risk Rating**
		Action Reworded	**Reworded to** Undertake a workforce review in order to optimise the shape, capacity and capabilities of the workforce required to deliver the corporate strategy in the context of austerity and a fast changing HSC environment. **from** Assess and review the deployment of current staff resources and make recommendations for optimising the shape, capacity and capabilities of the workforce required to deliver the corporate strategy in the context of austerity and a fast changing HSC environment.			
Financial Risks						
Risk 6 There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DOH.		**Action reworded**	**Reworded to** Deliver the 2016-17 Savings Plan meeting the 3% recurring reduction in RQIA's RRL including the use of the Voluntary Exit Scheme (VES). **from** Deliver the 2016-17 Savings Plan meeting the 3% recurring reduction in RQIA's RRL and taking account of the outcome of the assessment and review of the deployment of current staff resources and recommendations for optimising the shape, capacity and capabilities of the workforce required to deliver the corporate strategy in the context of austerity and a fast changing HSC environment.		13/10/2016	**Unchanged L/M**

INTRODUCTION

The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively. This will also remove duplication and streamline the presentation of risks to the Board and Audit Committee in one composite report.

The Regulation and Quality Improvement Authority (RQIA) Corporate Risk Assurance Framework is drawn from the high level risks identified by the Risk Assessment processes within each directorate and at corporate level.

Extreme (red) and High level (orange) risks have been endorsed by each Director and forwarded for consideration of the Executive Management Team (EMT) for inclusion onto the Corporate Risk Assurance Framework. All other levels of risk (moderate and low) are managed within operational directorates at the relevant level.

Each risk identified is underpinned with a full risk assessment and is set in the context of:
1. A link to a corporate objective or value
2. The potential for serious harm to the organisations strategic business
3. The control measures in place to mitigate against the risk and their strength (low, medium, high, extreme)

An action plan to manage the risk has been devised with a nominated lead, review date and monitoring frequency as detailed in the Corporate Risk Assurance Framework.

RISK ASSURANCE

The development of the Framework has been mandated in "*An Assurance Framework: a Practical Guide for Boards of DOH Arm's Length Bodies*" (DOH, Mar 2009) and the report has been structured as follows:

Principal Objectives - these are the corporate objectives that are crucial to the achievement of RQIA's overall goals.

Principal Risks - defined as those risks that threaten the achievement of the Principal Objectives.

Key Controls - to manage the Principal Risks. Key controls have been documented and ideally they should be subject to scrutiny by independent reviewers e.g. internal/external audit.

Independent Assurance - the key components are *assurances on controls*, *gaps in controls* and *gaps in assurances*. The most objective assurances are those derived from independent reviewers such as through internal and external audits. This process will enable RQIA to assess whether the assurances identified provide full assurance, reveal any gaps in control, or any gaps in assurance.

Board Reporting - provides an explicit framework for reporting key information to boards. Includes positive information on controls assurance, identification of inadequate controls or where insufficient assurance exists.

Action Plan - actions the organisation will take to narrow the gaps in controls and increase assurance that the principal risks are being effectively managed.

The overall aim of the Corporate Risk Assurance Framework is to put in place a system to demonstrate to the Board that the effectiveness of the controls identified by the EMT is *assured*.

RISK ANALYSIS AND EVALUATION

This risk assessment has been undertaken using:
- the impact that the risk would have on the business should it occur, and
- the likelihood of the risk materialising.

Each risk has then been placed on a risk map to show their relative positions. Further analysis for each risk is detailed including:
- the business impact,
- the controls currently in place to mitigate the risk, and
- any additional actions considered necessary by management.

The risks in the following risk register have been assessed using a risk rating matrix – what is the likelihood of an adverse event occurring given the current level of controls already in place? This has been done using the following table:

Risk likelihood assessment

	Probability	Description
Very High (Almost Certain)	1 in 10 chance	Likely to occur
High (Likely)	1 in 100 chance	Will probably occur
Medium (Possible)	1 in 1,000 chance	May occur occasionally
Low (Unlikely)	1 in 10,000 chance	Do not expect to happen
Very Low (Rare)	1 in 100,000 chance	Do not believe will ever happen

The risks have then been assessed in relation to the consequence of this event should it occur. This has been done using the following table:
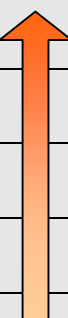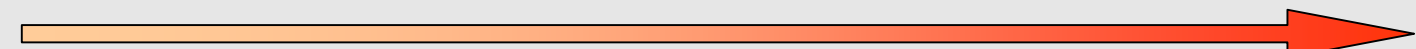
Risk impact assessment

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
Very Low (Insignificant)	Negligible service deficit, Minor non-compliance, No impact on public health or social care, Minimal disruption to routine organisation activity, No long term consequences	Issue of no public or political concern	Legal challenge, Minor out-of-court settlement	Less than £5,000
Low (Minor)	Significant failure to meet internal standards or follow protocol, No impact on public health or social care Impact on organisation readily absorbed, No long term consequences	Local press interest, Local public or political concern	Civil action – no defence Improvement notice	£20,000
Medium (Moderate)	Repeated failures to meet internal standards or follow protocols, Minimal impact on public health and social care, Impact on the organisation absorbed with significant level of intervention, Minimal long term consequences	Limited damage to reputation, Extended local/ regional press interest, Regional public or political concern	Class action, Criminal prosecution, Prohibition notice	£20,000 – £50,000
High (Major)	Failure to meet national/ professional standards, Significant impact on public health and social care, Impact on the organisation absorbed with some formal intervention by other organisations,	Loss of credibility and confidence in the organisation, National press interest, Independent external enquiry, Significant public or political concern	Criminal prosecution – no defence, Executive officer dismissed	£50,000 – £250,000

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
	Significant long term consequences			
Very high (Catastrophic)	Gross failure to meet professional/ national standards, Major impact on public health and social care Impact on the organisation absorbed with significant formal intervention by other organisations, Major long term consequences	Full public enquiry, Public Accounts Committee hearing, Major public or political concern	Criminal prosecution – no defence, Executive officer fined or imprisoned	£250,000

Risk Scoring Matrix

IMPACT	Risk Scoring Matrix				
5 - Very High (VH)	High	High	Extreme	Extreme	Extreme
4 - High (H)	High	High	High	High	Extreme
3 - Medium (M)	Medium	Medium	Medium	Medium	High
2 - Low (L)	Low	Low	Low	Medium	Medium
1 - Very Low (VL)	Low	Low	Low	Low	Low
	A Very Low (VL)	B Low (L)	C Medium (M)	D High (H)	E Very High (VH)
	Likelihood				

Once the level of risk is assessed, an appropriate action level is established:

Action levels

Risk level	Action level
Low	Directorate
Medium	Directorate
High	Executive Team/ Board
Extreme	Executive Team/ Board

Inter-relationship between the Corporate and Directorate Risk Registers

The decision as to whether a risk is placed on the Corporate or one of the Directorate Risk Registers should be based on the "Level of Impact/likelihood" of the risk together with a judgement as how best to manage the risk.

1. If the risk is categorised as "low" or "medium" it should be placed on a Directorate Risk Register.

2. If the risk is categorised as "high" or "extreme" is should be placed on the Corporate Risk Register.

3. In some circumstances if the risk is categorised as "medium" the relevant Director should make a judgement as to whether it should be placed on the Corporate or Directorate Risk Register.

If a Director feels the risk and mitigating actions can be adequately managed within their span of authority and control, the risk should be placed on their Directorate Risk Register.

However, if a Director feels the risk and mitigating actions cannot be adequately managed within their span of authority and control and the risk has a genuine corporate dimension i.e. could damage the Authority's reputation, ability to deliver services or financial standing, they should highlight the risk to the EMT. The EMT will consider the risk for inclusion in the Corporate Risk Assurance Framework and decide whether or not it is appropriate to move the risk from a Directorate Risk Register to the Corporate Risk Assurance Framework.

Decisions made by the Executive Team will be recorded in the minutes of EMT meetings and presented to the Audit Committee.

Risk Appetite

Risk appetite is defined as the 'amount of risk to which the organisation is prepared to accept, tolerate, or be exposed to at any point in time'[1] i.e. limiting exposure to an acceptable level for the expected gains, by identifying the amount of risk that can be tolerated.

The level of risk judged appropriate for RQIA to tolerate, is expressed at a corporate level, and for each of the key risk areas within the organisation. These key risk areas have been defined as: Financial; Information; Regulatory & Legal; Operational; and Reputational.

RQIA operates within a low overall risk range. RQIA's lowest risk appetite relates to our statutory obligations and the health and safety of all employees, with a marginally higher risk appetite towards our strategic, business and individual project objectives.

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[1] HM Treasury Orange book

RISK SCORING MATRIX

IMPACT	Risk Scoring Matrix				
5 - Very High (VH)					
4 - High (H)					
3 - Medium (M)		6	1,2,5	3,4	
2 - Low (L)					
1 - very Low (VL)					
LIKELIHOOD	A - Very low (VL)	B - Low (L)	C - Medium (M)	D - High (H)	E - Very High (VH)

RISK 1   There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its legislative functions and providing the required level of assurances.

RISK 2   There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulatory framework.

RISK 3   There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.

RISK 4   There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.

RISK 5   There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, may impact the delivery of core functions and the ability to take on board new areas of work.

RISK 6   There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DOH.

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Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

ACTION BY DATE CALENDAR

Directorates	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	March-17	April-17	May-17	June-17	July-17	Aug-17	Sept-17	On-going
Chief Executive (CE)													1,2,5,6
Corporate Services (CS)		4											4
Regulation & Nursing (R&N)													2
MHLD & Social Work (MHLD)													3
Reviews (R)													
Executive Management Team (EMT)													

CORPORATE RISK ASSURANCE FRAMEWORK

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Operational Risks												
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
1	There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its legislative functions and providing the required level of assurances.	CE	• RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements. • RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities. • RQIA has submitted costed proposals to increase its capacity to undertake inspections, investigations and reviews in response to increase demand for its services.		M	M	M			RQIA will identify additional tasks arising from changes in the legislative framework and will make sure these are included within the business planning process and in business case preparations as necessary.	CE	Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
2	There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulatory framework.	CE	• Currently participating in a multi-agency group examining the regulatory framework in supported living services. • A paper detailing the gaps in legislative provision for DOH was forwarded to DOH in Sept 2014. • Any services that are identified by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DOH.		M	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework. • Continue to liaise with the Department until the drafted Regulation for the Registration and Inspection of Fostering Agencies comes into force.	CE R&N	Ongoing Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence												
3	There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.	MHLD	• 6 Part IV Medical Practitioners currently on list. • Policy and Procedure updated and implemented • Currently appointed Medical Practitioners invited to apply for reappointment. • Revision of the agreed minimum criteria for application for appointment to the RQIA List of Part IV Medical Practitioners.		H	M	M			• Continue to pursue the revised business case with DOH requesting additional funding to recruit and provide training and associated administration for an increased capacity of Part IV Medical Practitioners, and an increase in the payments to Medical Practitioners to attract applicants. • There is an open advertisement for additional Medical Practitioners publicly.	MHLD MHLD	Ongoing Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
4	There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.	CE	• Oversight of the project by the RQIA Board and EMT • Regular reporting of progress to the Board and EMT • Oversight of the performance of outsourced functions through the annual CAS self-assessments		H	M	M	Absence of agreed SLAs for each service to be outsourced to BSO, including performance management arrangements		• Project management of the service change consisting of 6 work-streams: ➢ HR/TUPE ➢ Agreement of SLAs ➢ Transfer of Services ➢ Impact on Corporate Services and other Directorates ➢ Training and Support ➢ Communication and Engagement • Work collaboratively with BSO during the period of transition • Review the performance of the delivery of the new services • Coordinate appropriate liaison arrangements and contacts within RQIA in relation to the outsourced service	CS CS CS CS	Nov 2016 Ongoing Ongoing Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
5	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, may impact the delivery of core functions and the ability to take on board new areas of work.	CE	• Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078). • Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes. • EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's core business.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. • Regular review by the EMT of key vacancies at senior and mid-level.	M	M	M			• Undertake a workforce review in order to optimise the shape, capacity and capabilities of the workforce required to deliver the corporate strategy in the context of austerity and a fast changing HSC environment. • Provide opportunities for staff through succession planning initiatives to develop their experience, skills and knowledge in order to retain staff with the potential to take on additional responsibilities and fill critical roles in the future.	CE CE	March 2017 Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date

Financial Risks

Strategic Theme :
1 - Deliver Operational Excellence
3 - Use Resources Effectively

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	L	I	RR	Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
6	There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DOH.	CE	• Finance reporting structures are in place. • Developed a 2016-17 Savings Plan to meet the 3% recurring reduction in RQIA's RRL (£207,078).	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.	L	M	M			• Deliver the 2016-17 Savings Plan meeting the 3% recurring reduction in RQIA's RRL including the use of the Voluntary Exit Scheme (VES).	CE	Ongoing

RQIA Board Meeting

Date of Meeting	10 November 2016
Title of Paper	Audit Committee Business
Agenda Item	9
Reference	E/08/16
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting.

At the meeting on 20 October 2016, the minutes of the meeting of 23 June 2016 were approved and these are attached for noting by the Board.

The Committee Chairman will verbally update the Board on the meeting of 20 October 2016.

Also attached are:
- RQIA Mid-Year Assurance Statement
- Audit Committee Terms of Reference |
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 9 March 2017.

MINUTES

RQIA Audit Committee Meeting, 23 June 2016
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.00pm

Present	**In attendance**
Denis Power (Chair)	Dr David Stewart (Director of Reviews and Medical Director)
Patricia O'Callaghan	
Seamus Magee	Maurice Atkinson (Director of Corporate Services)
Robin Mullan	Stuart Crawford (Planning and Corporate Governance Manager)
	Brian Clerkin (ASM)
	John Murray (Business Services Organisation, Internal Audit)
	Collette Patton (Northern Ireland Audit Office)
	Katie Symington (Board & Executive Support Manager)
	Jennifer Lamont, DoH

Apologies
Lindsey Smith
Gerry McCurdy
Lesley Kyle (Acting Head of Finance)
Catherine McKeown (Business Services Organisation, Internal Audit)
Patricia Blair (Northern Ireland Audit Office)

1.0   Welcome and Apologies

1.1   The Chair welcomed all members and officers to the Audit Committee meeting. The Chair welcomed Jennifer Lamont, DoH, who is attending the meeting as an observer. The Chair also welcomed Collette Patton, NIAO to the meeting. Apologies were noted from Lindsey Smith, Gerry McCurdy, Lesley Kyle, Catherine McKeown and Patricia Blair.

2.0   Declaration of Interests

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

3.0   Chairman's Business

3.1   The Chair highlighted two pieces of business to members; the Internal Review completed by Denis Power and Gerry McCurdy, which will be discussed at the Audit Committee meeting in October 2016 and the appointment of RQIA's Interim Chief Executive, Olive MacLeod. Ms MacLeod will take up post on 1 July 2016 and will be invited to attend the next Audit Committee meeting. The Chair noted that Dr David Stewart, Acting Chief Executive, has announced his intention to retire in September

2016. The Chair offered his thanks to Dr Stewart for his contribution to the Audit Committee meetings.

3.2   The Chair informed Committee members that a meeting was held with Internal and External Audit prior to this meeting, where RQIA's 2015/16 Annual Report and Final Accounts were discussed. The Chair offered his thanks to the Acting Head of Finance in the completion of the final accounts. The Chair noted the External Audit findings; one priority two recommendation and two priority three recommendations. These recommendations have been accepted by management.

3.3   Committee members **NOTED** Chairman's Business.

4.0   Minutes of previous meeting (AC/Min16/Apr)
  - **Matters Arising**
  - **Notification of AOB**
  - **Action List Review**

4.1   A Committee member queried item 9 of the minutes of 28 April, draft Savings Plan. The Director of Corporate Services noted that the draft Savings Plan was subject to revision following the Audit Committee meeting and was shared with the Audit Committee Chair before submission to DoH and presentation at the May Board meeting. The draft Savings Plan was submitted to the DoH by the deadline of 6 May 2016, following endorsement by the Audit Committee. The Director of Corporate Services confirmed that final approval of this document rests with the Board and DoH. Agreement that the minutes of the April meeting will be amended.

4.2   The Director of Corporate Services noted that the DoH have responded to the RQIA Savings Plan with two queries. A revised version of Plan has been submitted to DoH to address these queries. The Chair noted the significant issue within the Savings Plan of the need to manage recurrent savings. The Director of Corporate Services confirmed that the proposed delivery of the Savings Plan will be presented at a future meeting of the Board.

4.3   Committee members **APPROVED** the minutes of the meeting of 28 April 2016, subject to amendment, for onward transmission to the Board on 7 July 2016.

4.4   **Resolved Action (325)**
       Board & Executive Support Manager to amend the minutes of the April Audit Committee meeting.

4.5   **Resolved Action (326)**
       Board & Executive Support Manager to bring the amended Audit Committee minutes of 28 April 2016 to the July meeting of the Board for noting.

4.6   The Chair informed members that action 319, Review of Enforcement/ Prosecution, will be presented at the October Audit Committee meeting. Actions 322 and 324 have been completed. An update on Action 323 will be provided within the Chief Executive's Update on key risks.

5.0   Chief Executive Update on key risks

5.1   The Acting Chief Executive provided an update on key risks to the Audit Committee. The Committee noted the appointment of the Interim Chief Executive, Ms MacLeod, who will take up post on 1 July 2016.

5.2   The Acting Chief Executive noted that the Annual Report and Final Accounts are currently being prepared for his sign off, however as the Board meeting is scheduled for 7 July 2016, the issue of the Accounting Officer sign off has been raised with the DoH and RQIA are awaiting their advice.

5.3   The Acting Chief Executive noted paragraph 5.2 of the April minutes, appeals to the Care Tribunal by Dental World. In relation to the five appeals remaining, Dental World was provided with 2-3 weeks to respond to the Care Tribunal or the cases would be considered for closure. A preliminary date for hearing these cases was scheduled for 21 June 2016 but has been postponed to a later date.

5.4   The Acting Chief Executive informed members that the sentencing hearing of the responsible individual for Maine Nursing Home took place on 6 May 2016. Maine Nursing Home has now been sold and will come under new ownership. It is therefore been determined that RQIA will not take further enforcement action at this time.

5.5   The Acting Chief Executive noted that in relation to the prosecution of beauty clinics using class two lasers without registration, the cases have not yet been heard by the courts. RQIA has engaged with the Health and Safety Executive in relation to this matter. The Health and Safety Executive has confirmed that they will not be taking forward any actions. RQIA has also engaged with the Public Health Authority to raise public awareness.

5.6   The Acting Chief Executive thanked Lesley Kyle, Acting Head of Finance, for her work in the completion of Final Accounts.

5.7   Committee members noted that RQIA has received correspondence from Four Seasons confirming that they are not considering any further closures at this time.

5.8   Audit Committee members **NOTED** the Chief Executive's Update on Key Risks.

6.0 **Update on Audit Action Plan (AC/01/16)**

6.1 The Planning and Corporate Governance Manager presented the Update on the Audit Action Plan to committee members. Members noted that the External Audit recommendations were not available to be incorporated into this plan but will be included within the Action Plan to the Audit Committee in October 2016.

6.2 The Planning and Corporate Governance Manager noted that one action on the action plan is behind schedule, training on enforcement policies and procedures. The Director of Regulation and Nursing noted at the January 2016 Board meeting that the enforcement procedures will be amended following the approval of the revised inspection policy. This should be completed by September 2016.

6.3 The Chair highlighted the Funding for Part IV Doctors and noted that this matter has not been finalised, as the Business Case is awaiting approval by the DoH. The Director of Corporate Services noted that the DoH will be writing to RQIA to advise that there is no available funding. The Chair requested that this item is flagged as red.

6.4 **Resolved Action (327)**
Letter from RQIA to DoH regarding funding for Part IV Doctors to be raised at a future Board meeting.

6.5 Committee members **NOTED** the Update on the Audit Action Plan.

7.0 **Internal Audit Update (AC/02/16)**

7.1 The Planning and Corporate Governance Manager informed Committee members that the timetable has been agreed for 2016/17 Internal Audits, with the RQIA Executive Management Team and Internal Audit.

7.2 One Internal Audit has now commenced, with another to start in September 2016. The timetable also details three Internal Audits for the completion of Controls Assurance Standards. Two Internal Audits will be completed before the Mid-Year Assurance Statement.

7.3 Audit Committee **NOTED** the Internal Audit Update.

8.0 **BSO Communication – Internal Audit Findings (AC/03/16)**

8.1 The Acting Chief Executive highlighted to members the letter received by RQIA from the Chief Executive, BSO. This letter has been received by all Arms' Length Bodies, who hold SLA's with the BSO. The letter details actions to be taken by the BSO following two Internal Audits of Recruitment Shared Services, which received an unacceptable level of assurance and Payroll Shared Services which received a limited level of assurance.

8.2   Committee members noted that the Head of Internal Audit has agreed to share the re-audit of Recruitment Shared Services and the re-audit of Payroll Shared Services which are due to be completed at the end of August/ early September.

8.3   Committee members **NOTED** the Internal Audit Findings.

9.0   External Audit Update - Draft Report to those Charged with Governance (AC/04/16)

9.1   Brian Clerkin presented the Report to those Charged with Governance to Committee members. The report stated that the 2015-16 financial statements will be certified with an unqualified audit opinion.

9.2   This report identifies one priority two recommendation, Quality of Annual Report and Accounts and two priority three recommendations, Prompt Payment and Conflict of Interest Declaration. Members noted the error within the document presented, which will be revised and resent to RQIA.

9.3   Members were asked to note Section one of this document, Audit Risks. BSO Internal Audits on Payroll and Recruitment Shared Services are detailed within this section. Brian Clerkin noted the potential impact of the Payroll Shared Services audit to affect breakeven for RQIA.

9.4   Brian Clerkin highlighted to members the Financial Reporting and Accounting Policies, Review of Information in the Annual Report.

9.5   Brian Clerkin noted the priority two recommendation and suggested that RQIA identify an individual member of staff to review Annual Report and Accounts. Members also noted the need for additional notes in relation to performance measures.

9.6   Resolved Action (328)
Acting Chief Executive to discuss review of the Annual Report and Accounts with the Interim Chief Executive.

9.7   Members discussed the future role of the BSO in the completion of the Annual Report and Accounts. The Director of Corporate Services confirmed that the BSO will complete the Accounts element of the Annual Report and Accounts only.

9.8   Members noted the priority three recommendations, Prompt Payment and Conflict of Interests. Management have accepted these recommendations. The Acting Chief Executive noted that discussions have taken place in relation to the staff completion of Conflict of Interests. The Director of Corporate Services confirmed that the Declaration of Interests forms will be signed prospectively from April 2017.

9.9   The Board will sign off the Annual Report and Accounts at the Board meeting on 7 July, following which the document will be submitted to NIAO.

9.10   The Chair highlighted the breakeven risk to RQIA's final accounts as highlighted by Brian Clerkin and noted that this is not detailed within the document. Brian Clerkin confirmed that the risks identified are done so by exception.

9.11   Committee members noted the draft letter to be sent to NIAO, detailing salary overpayments. The Chair noted the need for this issue to be monitored and managed. Members noted the draft letter.

9.12   The Chair offered his thanks to the Finance Team for the completion of the Annual Report and Accounts.

9.13   Committee members **NOTED** the External Audit Update, Draft Report to those Charged with Governance.

10.0   Audit Committee Annual Report 2015/16 (AC/05/16)

10.1   The Chair presented the Audit Committee Annual Report to Committee members and offered his thanks to the Board and Executive Support Manager for compiling this report. The Chair noted that this report provides an opportunity to acknowledge the work of the Audit Committee and is part of the mechanism to provide assurance.

10.2   Committee members **NOTED** the Audit Committee Annual Report 2015/16.

11.0   Annual Report and Accounts (AC/06/16)
- **Review of Annual Accounts**
- **Annual Report and Accounts 2015/16**

11.1   The Director of Corporate Services presented the Annual Report and Accounts to the Audit Committee. Members noted that following this meeting the Annual Report and Accounts will be presented at the July Board meeting for final approval.

11.2   The Director of Corporate Services noted the new format of the report and the unqualified audit opinion without modification. The Director of Corporate Services noted that one priority two recommendation and two priority three recommendations have been identified. The Director of Corporate Services noted the Governance Statement, which has been amended following comments from DoH and External Audit, to include updates on 2015 internal control issues. Detail on Shared Services has also been added to the Governance Statement.

11.3   The Chair highlighted to members the need for RQIA to have a clear SLA with BSO. The Director of Corporate Services noted that discussions in relation to SLA's are ongoing with BSO, function by function. The Director of Corporate Services noted that currently the Corporate Services Team are working through the impact of outsourcing on Corporate Services and the organisation as a whole, associated risks and the process for managing the transfer of Shared Services. An update on Shared Services will be provided at the July Board meeting.

11.4   The Director of Corporate Services noted the Review of Annual Accounts 2015/16, which provides a comparative analysis against 2014/15 Annual Accounts. The Director of Corporate Services offered his thanks to Lesley Kyle in the completion of the Final Accounts, with support from Joe McRandle.

11.5   The Chair acknowledged the work of all those staff members who contributed to the completion of the Annual Report and Accounts.

11.6   Committee members **AGREED** to recommend the submission of the audited Annual Report and Accounts 2015/16 to the Board for approval on 7 July 2016.

12.0   Risk Management Strategy 2016/17 (AC/07/16)

12.1   The Chair acknowledged the work undertaken previously in completing the Risk Management Strategy. The 2015/16 Risk Management Strategy was signed off by the Board in November 2015. The 2016/17 Risk Management Strategy, once agreed by the Audit Committee, will be presented to the Board for approval.

12.2   The Director of Corporate Services noted the clear Risk Management Policy Statement, as detailed within the document.

12.3   It was noted that a revised version of the Risk Management Strategy detailing the Risk Appetite should have been presented at this meeting. Audit Committee members therefore **APPROVED** the updated version of the Risk Management Strategy, to include detail on the Risk Appetite.

13.0   Corporate Risk Assurance Framework Report (AC/08/16)

13.1   The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to members and noted the change log detailed within this document.

13.2   The Planning and Corporate Governance Manager noted that Risk Four, Outsourcing of Corporate Functions, has been reworded, with four actions added. Members noted that one new action has been added to Risk Five. The Planning and Corporate Governance Manager noted that (previously) Risk six has now been re-worded, re-assessed and de-escalated from the Corporate Risk Assurance Framework Report to the Regulation Directorate Risk Register.

13.3   The Planning and Corporate Governance Manager noted one action added to Risk six, to deliver the 2016/17 Savings Plan. The Chair requested that this risk is modified to highlight the need for RQIA to achieve recurring savings.

13.4   Resolved Action (329)
        Risk six to be amended to highlight the need for RQIA to achieve recurring savings.

13.5   The Chair noted that a future meeting will take place to review the strategic nature of corporate risks with the Chief Executive, Director of Corporate Services and Audit Committee Chair, as detailed on the Board action list.

13.6   Resolved Action (330)
Update report following Internal Audit Special Assignment on Cherry Tree House, to be presented at the next Audit Committee meeting.

13.7   Committee members **NOTED** the Corporate Risk Assurance Framework Report.

14.0   Single Tender Actions & External Consultancy (AC/06/16)

14.1   The Director of Corporate Services informed committee members that to date in 2016/17 no external consultants have been engaged and there have been no STA's. Members noted that this report will not be produced by the BSO, following commencement of Shared Services.

14.2   Committee members **NOTED** the Single Tender Actions & External Consultancy.

15.0   Update on DHSSPS Circulars (AC/07/16)

15.1   The Director of Corporate Services asked members to note the Circulars issued by DHSSPS. Members noted that this report will not be produced by the BSO, following commencement of Shared Services.

15.2   Following discussion by the Committee, agreement that the Director of Corporate Services will review the Update on DHSSPS Circulars and include detail on 'action taken' and 'by whom'. This report will continue to be presented to the Audit Committee.

15.3   Resolved Action (331)
Director of Corporate Services to review the Update on DHSSPS Circulars and include detail on 'action taken' and 'by whom'.

15.4   Committee members **NOTED** the update on DHSSPS Circulars.

16.0   Any Other Business

16.1   As there was no further business the Chair of the Audit Committee brought the Audit Committee meeting to a close.

Date of Next Meeting:

Thursday 20 October 2016 at 2.00pm, RQIA Boardroom

ACTION LIST

RQIA Audit Committee Meeting 23 June 2016

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
319	3.4	Update on Internal Review of Enforcement/ Prosecution action to be presented at the next Audit Committee Meeting	Audit Committee Chair	28 April 2016	🔴
323	5.6	RQIA to engage with the Health and Safety Executive in relation to beauty clinics using class two lasers without registration	Acting Chief Executive	23 June 2016	🟢
325	4.4	Board & Executive Support Manager to amend the minutes of the April Audit Committee meeting	Board & Executive Support Manager	7 July 2016	🟢
326	4.5	Board & Executive Support Manager to bring the amended Audit Committee minutes of 28 April 2016 to the July meeting of the Board for noting	Board & Executive Support Manager	7 July 2016	🟢
327	6.4	Letter from RQIA to DoH regarding funding for Part IV Doctors to be raised at a future Board meeting	Audit Committee Chair	7 July 2016	🟢

328	9.6	Acting Chief Executive to discuss the future review of the Annual Report and Accounts with the Interim Chief Executive	Acting Chief Executive	20 October 2016	🔴
329	13.4	Risk six to be amended to highlight the need for RQIA to achieve recurring savings	Planning and Corporate Governance Manager	7 July 2016	🟢
330	13.6	Update report following Internal Audit Special Assignment on Cherry Tree House, to be presented at the next Audit Committee meeting	Interim Chief Executive	20 October 2016	🟡
331	15.3	Director of Corporate Services to review the Update on DHSSPS Circulars and include detail on 'action taken' and 'by whom'	Director of Corporate Services	20 October 2016	🟢

Key

Behind Schedule	🔴
In Progress	🟡
Completed or ahead of Schedule	🟢

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in Regulation and Quality Improvement Authority (RQIA), as at 30 September 2016.

The scope of my responsibilities as Accounting Officer for RQIA, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 7 July 2016.

The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance framework

The governance framework as described in the most recent Governance Statement continues in operation. The Audit Committee and the Appointments and Remuneration Committee have continued to meet and to discharge their assigned roles and responsibilities effectively. Minutes and Reports of Board and Committee meetings are available for Departmental inspection to further attest to this.

2. Assurance Framework

RQIA has a Corporate Risk Assurance Framework, which operates to maintain, and provide assurance of the effectiveness of the controls in place and has been reviewed and approved by the RQIA board. The Corporate Risk Assurance Framework report is reviewed by Executive Management Team, Audit Committee and the Board. The report is a combination of the Corporate Risk Register and the Corporate Assurance Framework and enables RQIA to be satisfied that identified and potential risks relating to the delivery of RQIA's key strategic objectives are monitored and managed effectively. Minutes of board meetings are available to attest to this

3. **Risk Register**

I confirm that the Corporate Risk Assurance Framework report has been regularly reviewed by the board of the organisation and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Corporate Risk Assurance Framework report is presented to the Audit Committee and to the Board - most recently on 7 July 2016.

In addition I confirm that Information Risk continues to be managed and controlled as part of this process.

4. **Performance against Business Plan Objectives/Targets**

I confirm satisfactory progress towards the achievement of the objectives and targets set by out in the organisation's business plan as approved by the Department.

5. **Finance**

I confirm that financial controls are in place to enable me to ensure value for money, propriety and regularity of expenditure under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;

- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;

- preparation of business cases for all expenditure proposals in line with Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;

- accounting accurately for the organisation's financial position and transactions;

- securing goods and services through competitive means unless there are convincing reasons to the contrary; and

- procurement activity is carried out by means of a Service Level agreement with PaLS (a Centre of Procurement Expertise).

6. <u>Controls Assurance</u>

I confirm implementation of action plans arising from the year-end self-assessments of compliance with Controls Assurance Standards.

7. <u>External audit reports</u>

I confirm implementation of the external auditor's accepted recommendations which have an implementation date of 30 September 2016.

8. <u>Internal audit</u>

I confirm implementation of the accepted recommendations made by internal audit in 2015-16 which had an implementation date of 30 September 2016. However there is one priority one recommendation where the date of implementation was not met and relevant actions have been taken to ensure this recommendation is completed within a re-specified timeframe. Progress continues to be monitored by the Audit Committee, most recently on 23 June, through the Audit Action Plan.

9. <u>RQIA and other reports</u>

I confirm that all recommendations from previous external reports have been addressed and reported through the Governance Statement 2015-16.

10. <u>NAO Audit Committee Checklist</u>

I confirm the NAO Audit Committee Checklist will be completed by year end and actions will be agreed to address any issues. I also confirm that any relevant issues will be reported to the Department.

11. <u>Board Governance Self-Assessment Tool</u>

I confirm completion of the Board Governance Self-Assessment Tool. I also confirm that any relevant issues will be reported to the Department.

12. Internal Control Divergences

BSO is responsible for providing RQIA with a range of services through a Service Level Agreement (SLA). The Head of Internal Audit presented her draft Annual Report on the system of internal control for the year ended 31 March 2015 to the BSO Governance and Audit Committee on 14 April 2015. However, significant weaknesses in control were identified in a number of audits including Payroll Shared Services and Recruitment Shared Services.

A further BSO Internal Audit of Shared Services was presented to RQIA's Audit Committee on 28 April 2016. The audit showed that there continues to be significant weaknesses in control in relation to Payroll Shared Services and Recruitment Shared Services. BSO's Senior Management have accepted all of the recommendations in the 2014/15 and 2015/16 internal audit reports and have agreed a range of actions to address these control weaknesses.

An internal audit of RQIA Responsibilities under the Mental Health Order was undertaken in October 2015 and a Priority one weakness was identified in relation to the information systems available to support the full range of work of the Mental Health & Learning Disability Directorate. Internal Audit recommended that RQIA should progress the development of a business case for a new information system for approval by DoH.

The implementation of the first phase of the new iConnect information system in June 2014 delivered the full functionality required by the Regulation Directorate and the functionality required by the MHLD Directorate in relation to Inspections, Patient Experience Reviews and Escalation. However, the full functionality required by the MHLD Directorate in relation to other aspects of their work was not included in this phase of the implementation of the iConnect system because it was felt that MHLD requirements were likely to significantly change following the implementation of the new Mental Capacity legislation. However, a review carried out by RQIA in 2015 indicated that the new Mental Capacity legislation was likely to have a minimal impact on the information requirements of the MHLD Directorate and it was recommended that a new project should be established to take forward this work.

A MHLD Information System project has been established and the Project Board approved a Strategic Outline Case (SOC) for the new system on 24 May 2016. The purpose of the SOC is to gain approval from DoH to proceed to the development of an Outline Business Case (OBC). The SOC was submitted to DoH on 7 June 2016 and it was considered by the eHealth Programme Management Group (PMG) on 31 August 2016. The eHealth PMG has informed RQIA that it was not clear from the SOC whether there were aspects of patient management activity that may overlap with other information systems. There has been a delay in securing a discussion about the scope of the SOC with two staff nominated by the eHealth PMG, but a meeting is due to take place with a representative of the HSCB eHealth Team week commencing 17 October 2016. The SOC will be re-considered by the eHealth PMG thereafter. The project cannot be progressed until the SOC is formally approved by the eHealth PMG.

A Priority one weakness was identified during an audit of Regulated Services. Inspections in the Regulation and Nursing Directorate in January 2016, in 4 of the 6 homes visited, the QIPs from previous inspections had either not been adequately followed up or there was insufficient evidence to support that they had been followed up. A new process of review of previous inspection reports was established through the introduction of a 'pre-inspection template', however one instance of failure to follow up on a previous quality improvement plan (QIP) was noted. In a second instance, within a QIP, recommendations were recorded as being restated whereas they should have been 'carried over' to the next inspection.

RQIA established a Regulation Directorate Improvement Project 2014-15, which has included a progressive review of our inspection methodology and the processes which support registration, inspection and enforcement to include quality assurance processes. All recommendations from the Internal Audit report have been addressed and their progress is reported to RQIA's Audit Committee, most recently on 23 June 2016, through the Audit Action Plan.

The outsourcing of a range of corporate functions to BSO in 2016/17 - Administration of Income, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety

represents a potential risk to the continuity and quality of services delivered to RQIA. Service level agreements have not been produced and agreed in relation to Information Governance, Premises Management and Health and Safety service offerings.

This risk is being mitigated through project management of the service change; working collaboratively with BSO during the period of transition; setting up appropriate liaison arrangements and contacts within RQIA in relation to the outsourced services; and reviewing the performance of the delivery of the new services.

13. Mid-year assurance report from Chief Internal Auditor

I confirm that I have referred to the Mid-Year Assurance report from the Chief Internal Auditor, which details the assurances the organisation has received from Internal Audit in the first six months of the year and reports on the accepted audit recommendations.

Signed

CHIEF EXECUTIVE & ACCOUNTING OFFICER

21 October 2016

Standing Order Five: Board Committees and Panels

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 and Panels

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, a representative(s) of External Audit. A representative from the Department of Health and Social Service and Public Safety (DHSSPS) has a right to attend the meeting as an observer.

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 Chair of the Audit Committee will report formally to the Board 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 or to the Accounting Officer 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 with an Annual Report, timed to support the finalisation of annual accounts and the Governance Statement, 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 Chair 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. In addition, the Accounting Officer will provide a verbal update to the Audit Committee in relation to any emerging issues or risks facing the organisation.

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

Date of Meeting	10 November 2016
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	10
Reference	F/08/16
Authors	Executive Team
Presented by	Chief Executive
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Information System Developments • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area			Commentary
Regulation	*Is the programme of work in Regulation on track?*	*Update*	The programme of statutory inspections of independent healthcare establishments and agencies is impacted by an increase in enforcement and prosecution activity. There is an identified need for 1.0wte additional inspectors. We are currently seeking legal advice on a range of issues relating to regulatory activity including: • Appointment of registered managers • Residential beds in nursing homes • Access NI checks • Prosecution actions under 2003 Order • Registration of Fostering Agencies • Operation of Nursing Agencies
		Significant risks, issues or concerns **for escalation to the Board**	There are no issues of concern for escalation to the Board.
Reviews	*Is the programme of work in Reviews on track?*	*Update*	One review report has been published since the last Board meeting: • Review of Adult Learning Disability Services Two review reports have been submitted to the Minister: • Review of Governance Arrangements relating to Professional Regulation • Review of the Emergency Social Work Service

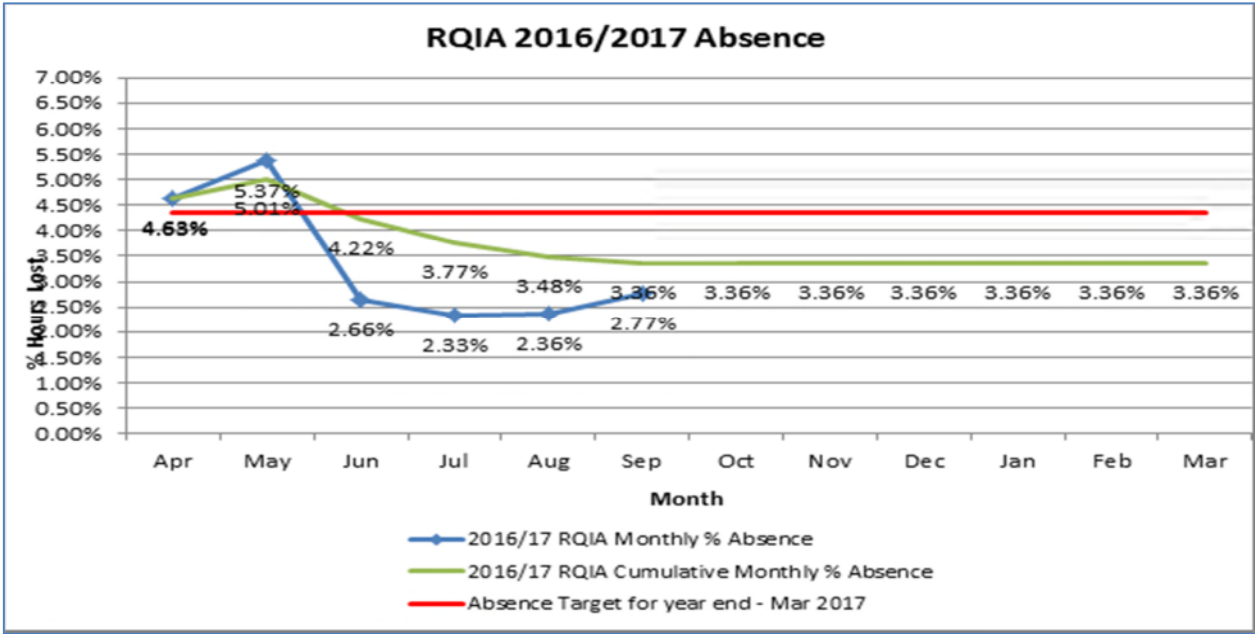| Performance Area			Commentary
			Two review reports are at the factual accuracy stage; • Review of Perinatal Mental Health Services • Review of Maternity Services One review has completed fieldwork • Review of Renal Services One review is beginning fieldwork on 7 November • Review of the Plastic Surgery Service Four further reviews are at the planning stage • Review of paediatric and Neonatal Surgery • Review of Emergency Mental Health Services • Review of Governance Arrangements for Child Protection • Review of Services for People with Eye Disease The report of the third Hospital Inspection (Ulster Hospital) will be published on week beginning 7 November. The Craigavon report has completed factual accuracy. The Altnagelvin report is with the Western Trust for factual accuracy. Two prison reports have been published • Hydebank Wood • Ash House Women's Prison
		Significant risks, issues or concerns **for escalation to the Board**	There are no issues of concern for escalation to the Board.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Performance Area			Commentary
Mental Health & Learning Disability (MHLD)	*Is the programme of work in MHLD on track?*	*Update*	The KPI for MHLD inspections was achieved for 31 October 2016. **Mental Capacity Act 2016 implementation Group** RQIA has responded to the DoH regarding the first four chapters of the code of practice and associated regulations and will respond to draft chapters 6, 7, 8 and 9 by 30 November. **Review of Services for Adults with a Learning Disability in the Community** The Director of MHLD presented the findings from the Review of Services for Adults with a Learning Disability in the Community to the All Party Groups (APG) on 18 October 2016. A number of MLAs and voluntary organisations were present; MLAs advised that they will be seeking an updated report on the implementation of the recommendations from the DoH.
		Significant risks, issues or concerns **for escalation to the Board**	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	*Update*	See Agenda Item 11 – Finance Report - for a detailed update on RQIA's financial position and the planned use of VES.

Traffic Light (Red-Amber-Green) Rating System

🔴 - Target not achieved

🟠 - Target unlikely to be achieved by the completion date

🟢 - On target or achieved

Performance Area		Commentary
	***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Update on Information System Developments	**iConnect Web Portal** Following the conclusion of a pilot, the iConnect web portal went live on 16th August. The rollout of the web portal to services regulated and inspected by the Regulation and MHLD Directorates will be carried out in five tranches, broken down by trust areas and service types. Factoring in the slight delay in launching the portal, the rollout plan has been adjusted with tightened timescales to enable its completion by the original deadline of the end of March 2017. Registered Nursing Homes, as well as a number of larger providers including the Belfast HSC Trust were issued with usernames and passwords for the portal. There have been slight delays in rolling out to Tranches 1 and 2 due to technical issues but this project is still on target. By the end of Quarter 2, 363 services have registered using the web portal (as at the end of October 764 services have registered). **MHLD Information System Project** The Strategic Outline Case (SOC) for a MHLD Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. There has been an unavoidable delay in meeting with representatives of the eHealth PMG, but a meeting took place on 4 November 2016. As an outcome of this meeting the SOC will be re-submitted to the eHealth PMG on 8 November 2016. Final approval of the SOC rests with DoH.	
BSO Shared Services	A project has been established within RQIA to manage the transition of a range of corporate functions to an outsourced service model delivered by BSO. The project consists of six workstreams: • HR/TUPE • Agreement of SLAs	

Traffic Light (Red-Amber-Green) Rating System

🔴   -   Target not achieved
🟠   -   Target unlikely to be achieved by the completion date
🟢   -   On target or achieved

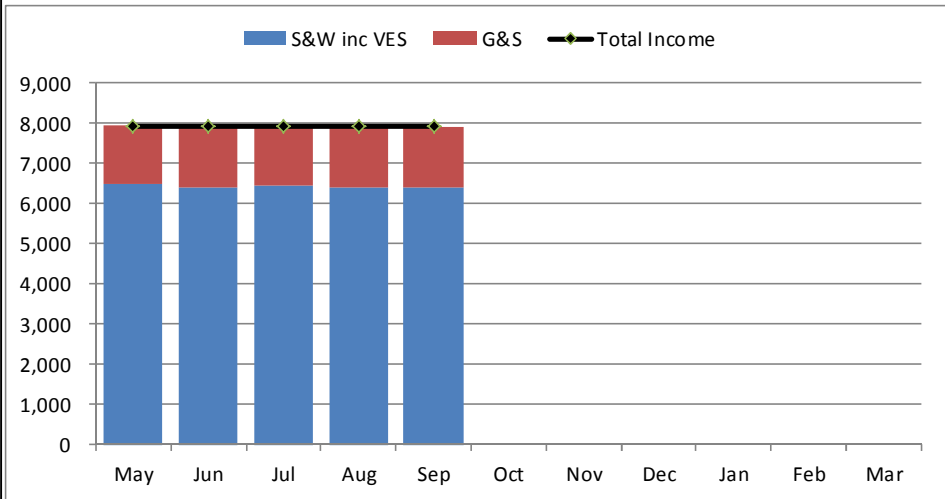| Performance Area	Commentary
	• Transfer of Services • Impact on Corporate Services and other Directorates • Training and Support • Communication and Engagement RQIA is working collaboratively with BSO in progressing the transition to shared services. Timescales for the transfer of a range of corporate functions to BSO vary depending on the service area, complexity and progress in placing affected staff. Progress is as follows in each service area: i. **Administration of Income** – this function has transferred. Work to develop new procedures to support the administration of income will be completed in October. ii. **Enhanced Equality/DDO** – this function has transferred to BSO and two meetings of the new RQIA Equality Forum have taken place in 2016-17. iii. **Organisational Development** – this function has been outsourced to the HSCLC. iv. **ICT** – Phase 1 of the transfer of ICT functions to BSO was completed in September and Phase 2 is scheduled for 3-7 November 2016. v. **Finance** – the Finance function will transfer to BSO on 1 November 2016. vi. **Corporate Functions (IG/RM, H&S, Premises Management)** – these functions transferred to BSO on 1 September 2016. TUPE financial liabilities exist in relation to one post transferring to BSO and one affected member of staff has accepted a VES package to leave RQIA.

Traffic Light (Red-Amber-Green) Rating System

-    -   Target not achieved
-    -   Target unlikely to be achieved by the completion date
-    -   On target or achieved

RQIA's Performance Dashboard - Monthly KPIs

2016-17

Board Meeting – November 2016

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Number of complaints about RQIA received and resolved

Reporting Frequency: Monthly	Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

EFQM Excellence Model[1]

Customer Results

Number of complaints received and Resolved													
	March	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Number received	2	1	0	0	1	3	4						
Resolved at stage 1	0	1	1	0	1	2	3						
Resolved at stage 2	0	0	0	0	0	0	0						
Ongoing	2	2	1	1	1	1	1						
With Ombudsman	0	0	0	0	0	0	0						

Summary

Four new complaints received in September. Three were resolved through Early Resolution and one remains ongoing.

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[1] EFQM Excellence Model (Results) is detailed at the end of the performance dashboard

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Public and professional engagement activities	
Reporting Frequency: Monthly	**Owner:** Chief Executive

How do we measure this:	
Number of public and professional engagement activities attended or delivered

EFQM Excellence Model

Society Results | |

Number of Engagement Activities Attended or Delivered

Number of Engagement Activities

2015/16 Year

No of events

RAG Rating:

Summary
During September, RQIA continued to engage with key stakeholders, including HSC organisations, the NI Public Service Ombudsman, the Prisoner Ombudsman, and COPNI. RQIA representatives also presented an overview of the key issues arising from its review of community services for people adults with a learning disability at the Association for Real Change conference in September, and on our work in the area of identifying and challenging financial abuse at an Elder Abuse conference.

Exception Report:

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services

How do we measure this: Number of vacancies as per Directorate **EFQM Excellence Model** People Results	**Summary** August vacant posts: **Corp Services -** B3 Admin Officer – 1.0 WTE, B2 Receptionist - 1.5 WTE, B4 0.4 of a (job share) PA post **Reviews** - B3 Project Admin 1.0 WTE, B7 Inspector (temporary vacant post while acting up) 1.0 WTE **Regulation** - B7 Inspector 1.0 WTE , B3 Admin Officer 5.0 WTE **MH&LD** - B3 Admin Officer – 1.0 WTE **CE's Office** – No Vacancies

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Sickness Absence

Reporting Frequency: Monthly	Owner: Director of Corporate Services

How do we measure this:	
Sickness absence figures, achieved versus 4.36% target **EFQM Excellence Model** People Results	
RAG Rating:	

Summary
In September RQIA's absenteeism was 2.77%. The cumulative total is currently 3.36% which is below the Department's set target of 4.36%.

Exception Report:

Key Performance Indicator: Financial Position Forecast	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services

How do we measure this:	Progress reported up to end of September 2016

How do we measure this:

Forecast expenditure versus total authorised spend

EFQM Excellence Model

Business Results

RAG Rating:

Progress reported up to end of September 2016

Monthly Forecast of Year End Position

Legend: S&W inc VES | G&S | Total Income

	Sep £'000
Expenditure	
S&W inc VES	6,403
G&S	1,528
Total Expend	7,931
Income	
Other Income	887
VES	184
RRL	6,844
Total Income	7,915
Surplus/(Deficit)	(16)

The current RRL funding excludes £19k Clinical Excellence Award for the period April 16 -Sept 16 inclusive. This outstandinging funding will enable RQIA to break even at the year end. Ring Fenced funding for Voluntary Exit Scheme (VES) has been confirmed, it is assumed that the full amount will be utilised and has been included within the S&W costs.

Note: October's figures are not available until the end of November.

Exception Report:	

	Key Performance Indicator: Percentage of recommendations and requirements stated once and on further occasions following the inspections of regulated service providers

Reporting Frequency: Monthly	Owner: Director of Regulation and Nursing

How do we measure this: Total number of recommendations and requirements stated for the 1st, 2nd, 3rd time and on further occasions **EFQM Excellence Model** Customer Results	 Recommendations By No of Times Stated (%) - 2016/17
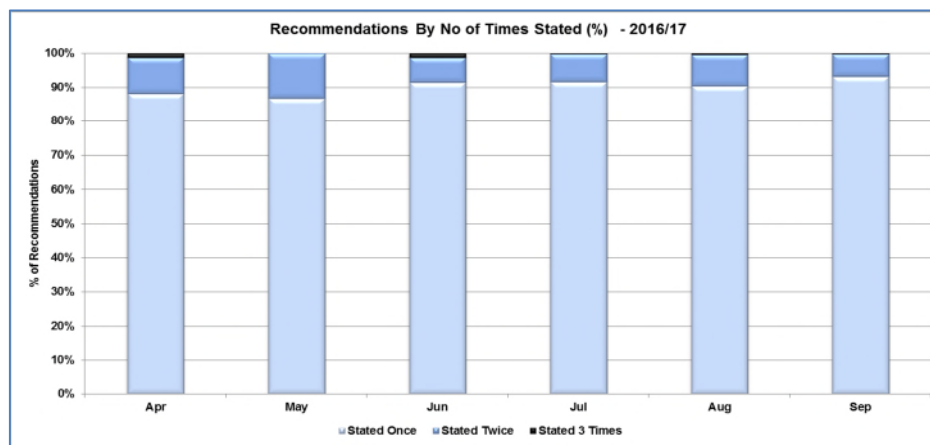
Summary

A breakdown of the recommendations stated are:

Month	Stated Once		Stated Twice		Stated 3 Times	
	Number	%	Number	%	Number	%
Apr	290	88%	35	11%	4	1%
May	216	87%	33	13%		0%
Jun	444	91%	36	7%	6	1%
Jul	533	92%	48	8%	1	0.2%
Aug	620	90%	63	9%	3	0.4%
Sep	412	93%	29	7%	1	0.2%
Total	**2515**	**91%**	**244**	**9%**	**15**	**1%**

The cumulative total for recommendations at the end of September 2016 is stated once 2515 (91%), twice 244 (9%) and three times 15 (1%)

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Requirements By No of Times Stated (%) - 2016/17
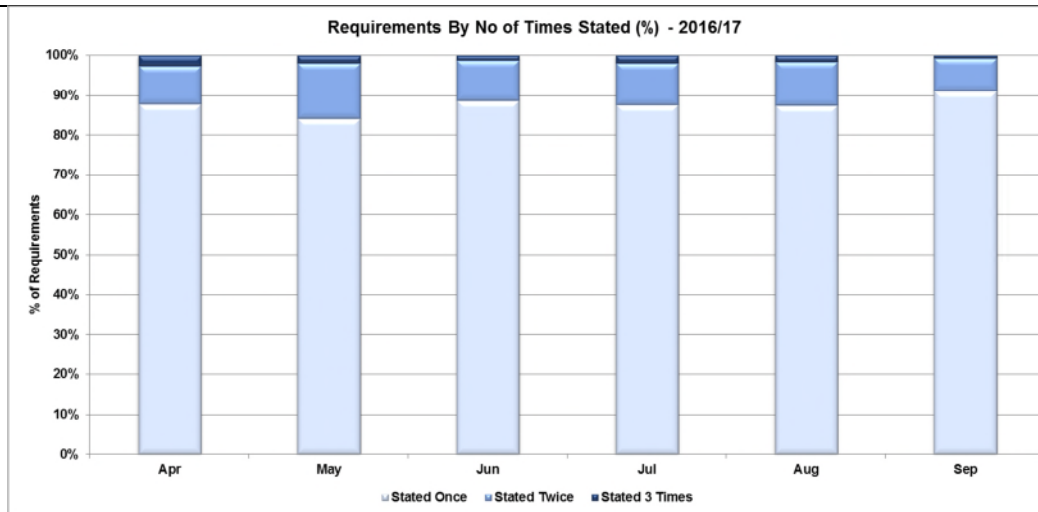
Summary

A breakdown of the requirements stated are:

	Stated Once		Stated Twice		Stated 3 Times	
Month	Number	%	Number	%	Number	%
Apr	101	88%	11	10%	3	3%
May	90	84%	15	14%	2	2%
Jun	149	89%	17	10%	2	1%
Jul	177	88%	21	10%	4	2%
Aug	266	88%	33	11%	5	2%
Sep	132	91%	12	8%	1	1%
Total	**915**	**88%**	**109**	**10%**	**17**	**2%**

The cumulative total for requirements at the end of September 2016 is stated once 915 (88%), twice 109 (10%) and three times 17 (2%)

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of Regulation and Nursing

How do we measure this: Number of inspections planned versus completed **EFQM Excellence Model** Business Results **RAG Rating:**	

Inspections Scheduled and Completed (Accumulative) 2016/17

Legend: Primary Inspections Completed — Secondary Inspections Completed — All Other Inspections Completed — Scheduled

Summary

In September 269 inspections were scheduled and 233 inspections were completed and updated on iConnect.

There is a delay between the time of the inspection and when it is updated on iConnect which means a slight variance between the two figures is anticipated. This KPI is on target.

Exception Report:

Key Performance Indicator: Healthcare inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of Reviews and Medical Director

How do we measure this: Number of inspections planned and delivered (Infection prevention and hygiene, IR(ME)R acute hospitals and prisons) **EFQM Excellence Model** Business Results **RAG Rating:**	
Healthcare Inspection (cumulative)

■ Healthcare Inspections Planned: Cumulative
■ Healthcare Inspections Achieved: Cumulative |
| | **Summary**
By the end of March 2017, 40 inspections are planned. By the end of September 2016, 12 out of the 15 planned inspections were completed. |

Exception Report: Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection Prevention and Control re-commenced in June 2016. In light of the reduction in staffing of the team and the extra work associated with evaluating the initial phase and starting the second phase of the hospital inspection programme, in the future, it is planned to take a more risk based approach to infection prevention and control inspections.

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Review Programme progress on milestones	
Reporting Frequency: Monthly	**Owner:** Director of Reviews and Medical Director
How do we measure this: Number of milestones planned and met, monthly & YTD **EFQM Excellence Model** Business Results	

RAG Rating:

Summary
Milestones of the RQIA Review Programme include: Delivery Plan agreed for 2016/2017; Project Briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the DoH. There are a total of 29 milestones. The Review Programme is on track.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: GAIN Programme progress on milestones	
Reporting Frequency: Monthly	**Owner:** Director of Reviews and Medical Director
How do we measure this: Number of milestones planned and met, monthly & YTD **EFQM Excellence Model** Business Results	
RAG Rating:	
	Summary A GAIN delivery plan has been agreed for 2016/2017 with milestones set for key deliverables. To-date we have completed the invitations to the Health and Social Care Community to undertake GAIN regional projects. Project initiation meetings for all current projects have been completed. Fieldwork for all projects has been started. There are a total of 28 milestones. This KPI is currently on target.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Number of MHLD recommendations stated once and stated on further occasions

Reporting Frequency: Monthly	Owner: Director of MHLD

How do we measure this:	

How do we measure this:

Total number of recommendations stated for the 1st, 2nd, 3rd time and on further occasions

EFQM Excellence Model

Customer Results

Number of MHLD Recommendations Stated Once and Stated on Further Occasions
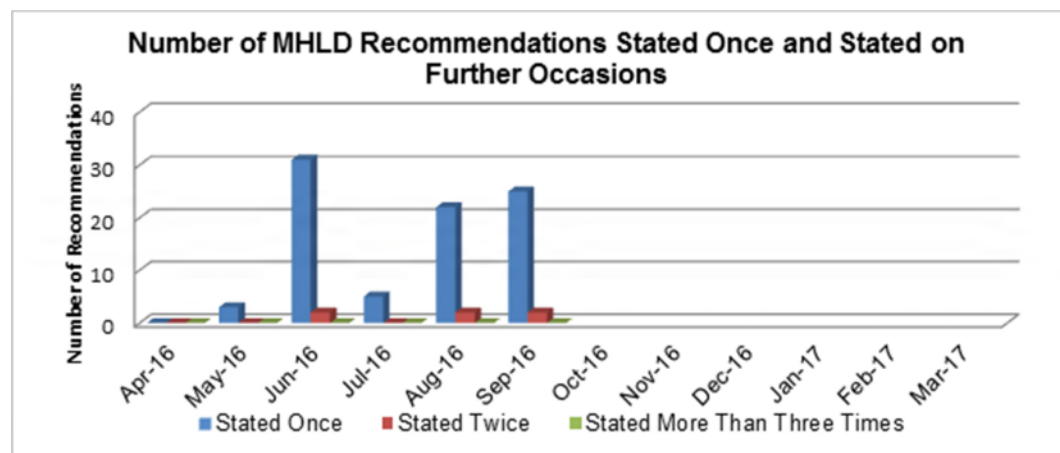
	Stated once	Stated twice	Stated Three Times or More
Month	Number	Number	Number
April	0	0	0
May	3 (100%)	0	0
June	31 (94%)	2 (6%)	0
July	9 (100%)	0	0
August	22 (92%)	2 (8%)	0
September	25 (93%)	2 (7%)	0
October			
November			
December			
January			
February			
March			
Total	90 (93%)	7 (7%)	0

Note: The figures for October will not be available until mid-November

Traffic Light (Red-Amber-Green) Rating System
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: MHLD inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	Owner: Director of MHLD

How do we measure this: Number of inspections planned versus completed **EFQM Excellence Model** Business Results	
RAG Rating: 	 **Summary** In September 2016 four inspections were undertaken. Two were scheduled as three day unannounced primary inspections, one as an unannounced one day follow up inspection, and one unscheduled inspection as a result of whistleblowing. This KPI remains on target to be achieved by 31 March 2017
Exception Report:	

EFQM Excellence Model (Results)

RQIA's staff take responsibility and lead on improvement initiatives identified in our latest European Foundation for Quality Management (EFQM) assessment and RQIA was delighted to have been awarded the prestigious 4 star award recognised for excellence in December 2015.

There are four results areas, shown on the right-hand side of the model displayed below. These are the results an organisation achieves, in line with their strategic goals and these have been mapped against the monthly KPI's detailed throughout this dashboard.

©EFQM 2012
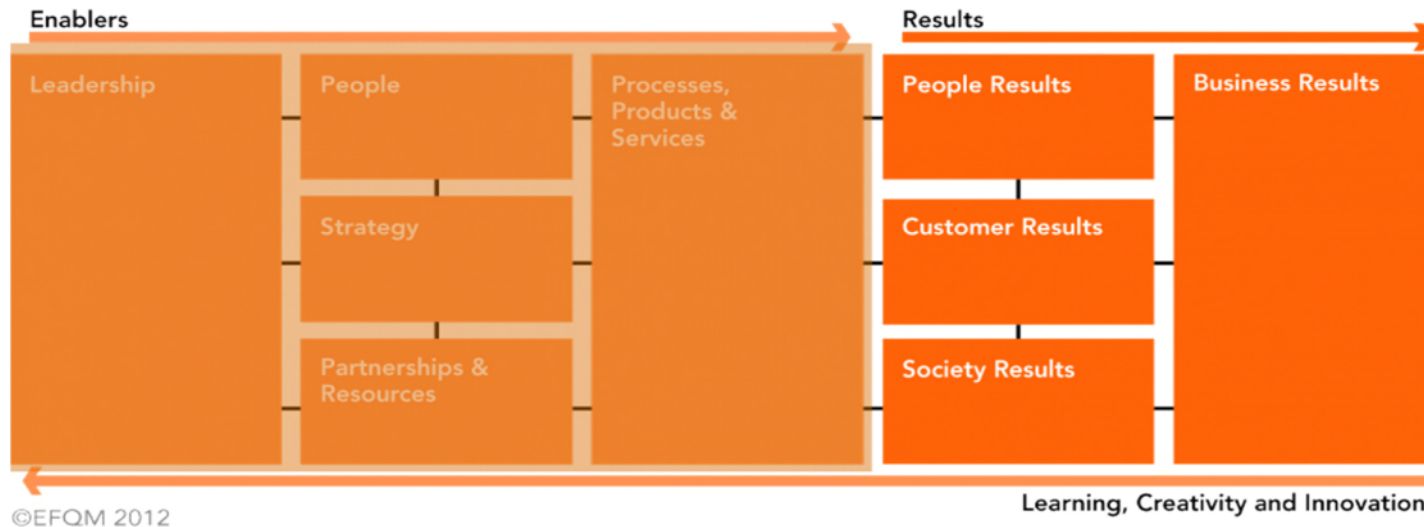
- **Customer Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of their customers.
- **People Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of their people.
- **Society Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of relevant stakeholders within society.
- **Business Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of their business stakeholders.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

	RQIA Board Meeting
Date of Meeting	10 November 2016
Title of Paper	Summary Finance Report
Agenda Item	11
Reference	G/08/16
Author	Lesley Kyle
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 30 Sept 2016. A short briefing note has been added to the report summarising at a high-level the Finance Report presented to the Audit Committee on 20 October 2016 (see Appendix 1, Page 6).
Executive Summary	Projected break-even at end of year.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	The forecast income and expenditure will be monitored to ensure a breakeven position is achieved at the year end. Implementation of the Voluntary Exit Scheme in RQIA.

FINANCE REPORT

Total Income Budget 2016/17 – RRL Funding and Fee Income

RQIA's Income Budget 2016/17 is summarised below:

	£
2015/16 RRL C'Fwd	**6,902,617**
Saving Requirement - 3% (Recurring)	(207,078)
Employer Superannuation Costs (Recurring)	148,202
Recurring RRL Funding	**6,843,741**
HSC Voluntary Exit Scheme (Non Recurring)	183,992
Clinical Excellance Award (Non Recurring)	38,076
Non Rexcurring RRL Funding	**222,068**
Total Revenue Resource Limit 2016/17	**7,065,809**
Annual & Registration Fee Income	**909,000**
Total Funding 2016/17	**7,974,809**

RQIA has received non-recurring VES funding of £183,992. This money is ring-fenced and if the full amount is not utilised in this financial year any underspend will be returned to the Department

At the end of quarter one RQIA had accepted one VES application (AfC 6, 1 WTE). This individual will be employed to 31 March . The actual VES funding requirement will be confirmed in future months but it is reasonable to assume full utilisation at this stage

RQIA has not yet received the Clinical Excellence Award (CEA) allocation. The actual amount required in 2016/17 is £19k for the period April 16 – Sept 16 inclusive.

Financial Position Year to Date and Year End Estimate

The table below summarises the financial position at Sept 16 and the year-end financial position

	Budget 2016/17	Cum Exp April - Sept 16	Year end Est 2016/17	Variance - Bud against year end est
	£	£	£	£
Revenue Resource Limit	6,843,741	3,335,450	6,843,741	0
Clinical Excellence Award	38,076		19,038	(19,038)
HSC Voluntary Exit Scheme	183,992		183,992	0
Annual & Reg Fees	909,000	439,965	886,741	(22,259)
Total Income	**7,974,809**	**3,775,415**	**7,933,512**	**(41,297)**
Pay	6,388,108	3,138,319	6,218,684	169,424
HSC Voluntary Exit Scheme	183,992		183,992	0
Non Pay	1,563,462	567,423	1,528,828	34,634
Funding gap to be met through slippage	(160,753)			(160,753)
Total Expenditure	**7,974,809**	**3,705,742**	**7,931,504**	**43,305**
Surplus/(Deficit)	**0**	**69,673**	**2,008**	**2,008**

Cumulative Financial position at September 2016

RQIA's pay and non-pay expenditure for the 6 month period to Sept 16 was £3.706k. The total income for the same period was £3.775k creating a year to date underspend of £70k. Previously year to date income was reported as follows:-

- RRL funding profiled evenly over the 12 month period
- Annual Fee income profiled evenly over the 12 month period
- Registration Fee income actual per the general ledger

At the last Audit Committee there was a discussion about how best to present the year to date income. The income figures above have been calculated as follows:-

- RRL income actual per the general ledger at Sept 16
- Annual Fee income profiled evenly over the 12 month period
- Registration Fee income actual per the general ledger at Sept 16

It should be noted that non-pay expenditure in the first 6 mths is not representative of the anticipated full year costs. Expenditure in relation to GAIN and ICT are more likely to be incurred in the latter part of the year.

Forecast Financial Position at March 17

It is anticipated that the income received by the year-end will be £41k less than budget. This is a result of RQIA requiring 6 mths clinical excellence award instead of a full year and a reduction in the anticipated annual and registration fee income. Registration fee income is unpredictable and the actual income received monthly is reviewed with the year-end estimate adjusted accordingly.

The forecast position is based on a number of operational assumptions in relation to pay and non-pay. At the beginning of the financial year RQIA had an initial funding gap £296,000. A further review of the pay and non-pay budgets reduced the funding gap to £160,753 and it was anticipated that this could be met through pay slippage in 2016/17

We are estimating a year end pay cost of £6.218k, creating slippage of £169k against the salary budget. This has been calculated assuming the following will be implemented between now and the financial year end:-

- Post RV001 Review Director commences February 17 (£22k)
- Review Directorate – AFC 7 Fixed Term Contract Est 5 mths (£22K)
- Review Directorate – Use Bank Staff Prison Inspections (£12k)
- Regulation Directorate – Use of Bank Staff (£24k)
- Regulation Directorate - RG056 Inspector commences Dec 16 (£14k)

We are estimating £1.528k non-pay expenditure at the year-end which will create a deficit of £35k against the non-pay budget. In forecasting the non-pay expenditure the following costs have been included:-

- IRMER £28.8k
- Review Back Fill Costs £20k
- GAIN Projects £156k (allocated)
- GAIN Projects £36k (unallocated)
- ICT Expenditure £123k (budget) plus an additional £13k contingency

If the assumptions above are implemented RQIA will breakeven at the year end. Any future slippage in any of these areas will result in a year-end underspend and needs to be identified as early as possible to take corrective action. RQIA operates with a breakeven tolerance of plus or minus £20K and the forecast income and expenditure will be monitored monthly to ensure a breakeven position is achieved at the year end.

RQIA received notification from the Workforce Policy Directorate on 10 October 2016, indicating that HSC staff will receive a 1% consolidated pay uplift from 1 April 2016. This will reflect an additional cost pressure. BSO Payroll SSC is likely to process this pay increase in November and the impact of this will be calculated and included within future financial forecasts.

Capital Resource Limit (CRL)

RQIA's CRL is £10,440.

This amount relates to the iConnect Project Manager (£5,400), and Security Testing (£5,040).

It is anticipated there will be a capital overspend of £252. Any future capital commitments in 2016/17 will be subject to a business case and departmental approval.

Prompt Payment Compliance

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

The position as at 30 Sept was as follows:

Target	Cum number Invoices Paid	Cumulative Position as at 30 Sept 2016	Comments
95% of invoices paid within 30 days of receipt of goods/service or receipt of invoice	692	95.1%	Target achieved
70% of invoices paid within 10 days of receipt of goods/service or receipt of invoice	573	83.8%	Target achieved

Outstanding Annual Fees (Debtors)

The production of Annual Fee invoices has been outsourced to BSO Shared Services and the fees for 2016/17 were issued in July 16. First reminders were issued in August and it is anticipated that full recovery will be made in advance of financial year-end.

There are Annual Fees relating to 2015/16 that have not been recovered. The total outstanding debtors 2015/16 are £2,000 of which approx. £1,700 relate to dental practices. RQIA will continue to pursue these debts and will

be advising the Regulation team of those establishments who have failed to pay. Where unsuccessful RQIA may seek legal advice and if necessary seek permission from the Audit Committee to write the debt off.

Recommendation

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

Maurice Atkinson
Director of Corporate Services

Appendix 1 – Briefing Note on the Finance Paper Presented to the Audit Committee on 20 October 2016

At the last Audit Committee on Thursday 20th October 2016 it was agreed that a short, high-level summary should be prepared for the next Board meeting in relation to the following areas covered in the Finance Paper presented to the Audit Committee i.e.:

- Current financial position and year end forecast
- HSC Voluntary Exit Scheme
- Delivery of recurring savings in future years

Current Financial Position and Year End Forecast

From September 2016 onwards the year-to-date income will be reported as follows:-

- RRL cumulative actual for the reporting period
- Annual Fee income profiled evenly over the 12 month period
- Registration Fee income cumulative actual for the reporting period

The current Finance Report for September 2016 has been produced reflecting this new methodology. The forecast financial year-end position will be reviewed and monitored monthly. EMT will be provided with actual year-to-date figures and agree future assumptions in pay and non-pay.

HSC Voluntary Exit Scheme (VES)

VES has been offered to all staff with formal applications to be submitted by Friday 25th November 2016. The actual VES funding requirement will be confirmed after this date but it is reasonable to assume full utilisation at this stage.

Delivery of recurring savings in future years

A workforce review has recently been commissioned which will inform the staffing structure moving forward and guide the introduction of zero-based budgeting in 2017/18.

RQIA Board Meeting

Date of Meeting	10 November 2016
Title of Paper	Update to Standing Orders
Agenda Item	12
Reference	H/08/16
Author	Katie Symington
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present the proposed changes to Standing Orders to Board members.
Executive Summary	This paper summarises the proposed changes to Standing Orders for Board approval.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the proposed amendments to Standing Orders.
Next steps	All agreed changes will be made to Standing Orders and a revised copy will be placed on the RQIA website.

Proposed Amendments to RQIA Standing Orders

STANDING ORDER	EXISTING	PROPOSED AMENDMENT
Glossary of Terms	**"Department"** means the Department of Health, Social Services and Public Safety	**"Department"** means the Department of Health, ~~Social Services and Public Safety~~
Glossary of Terms	**"DHSSPS"** is the Department of Health, Social Services and Public Safety.	**"DoH"** is the Department of Health
Schedule of Powers Reserved to the Board Corporate Plan	Approve objectives, key performance indicators and strategy for the period 2012/15.	Approve objectives, key performance indicators and strategy for the period ~~2012/15~~ of the Corporate Plan.
3.4.1.3 **Urgent cancellation of the registration of Establishments or Agencies**	**Constraints** 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: • A copy of the most recent inspection report. • The proposed application. • Any legal opinion obtained. 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. 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,	**Constraints** The application to a Lay Magistrate shall be presented to the panel by the ~~Chief Executive or (in his/her absence) the~~ Director of Regulation and Nursing and shall include: • A copy of the most recent inspection report. • The proposed application. • Any legal opinion obtained. 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. 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

	it shall make a report to the next Board meeting on the circumstances, its deliberations and the outcome. The panel shall be serviced by the Secretary to the Board who shall: • 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.	make a report to the next Board meeting on the circumstances, its deliberations and the outcome. ~~The panel shall be serviced by the Secretary to the Board who shall:~~ ~~• 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.~~ The Complaints and Representations Manager will provide administrative support to the Panel.	
3.4.1.3 **Urgent cancellation of the registration of Establishments or Agencies**	**Delegated To** A panel of two Board Members, the Chief Executive and a Director. The panel is empowered to act providing at least one Board Member and the Chief Executive or one Director is available.	**Delegated To** A panel of two Board Members and~~,~~ the Chief Executive.~~ and a Director~~ ~~The panel is empowered to act providing at least one Board Member and the Chief Executive or one Director is available.~~ The Director of Regulation and Nursing (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.	
3.4.2.3 **Special measures**	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.	A panel of two Board members and~~,~~ 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.~~	

		The relevant Director (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.
Standing Order 3 **Signature of Documents** **3.5.2.4**	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.	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~~ authorisation to some other person for the purpose of such proceedings.
3.5.2.6.5 **Quotations and Tendering of Non-pay Expenditure**	Delegated RQIA for the Purchase of Goods and Services	Delegated ~~RQIA~~ limits for the Purchase of Goods and Services
3.5.2.6.5 **Quotations and Tendering of Non-pay Expenditure**	Delegated RQIA for each IT project is set out in Table 2.	Delegated ~~RQIA~~ arrangements for each IT project is set out in Table 2 below.
5.8 Standing Order Five **Board Panels**	Following legal advice from the Business Services Organisation, in June 2013, the function of appointing, suspending or removing Part II or Part IV Medical Practitioners under the Mental Health (Northern Ireland) Order 1986 was reviewed by the Board. This resulted in the establishment of a separate Panel for the Appointment of Part II and Part IV Medical Practitioners.	Following legal advice from the Business Services Organisation, in June 2013, the function of appointing, suspending or removing Part II or Part IV Medical Practitioners under the Mental Health (Northern Ireland) Order 1986 was reviewed by the Board. This resulted in the establishment of a separate Panel for the Appointment of Part II and Second Opinion Appointed Doctors (SOADs) ~~Part IV Medical Practitioners~~.

	Panels will be constituted as required in line with the Policy and procedure for the appointment, suspension or removal of Part II or Part IV Medical Practitioners.	Panels will be constituted as required in line with the Policy and procedure for the appointment, suspension or removal of Part II or Second Opinion Appointed Doctors (SOADs) Part IV Medical Practitioners.
Standing Order Six **Code of Conduct** **6.1**	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.	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 The Code of Conduct and Code of Accountability for Board Members of Health and Social Care bodies (April 2011, issued July 2012). 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.	This Code should apply to all RQIA Board 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.
Standing Order Seven **10.2** **Choice, requisitioning,**	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	Therefore RQIA requires that the Regional Supplies Service (RSS) Procurement and Logistics Service as the Centre of Procurement Expertise (COPE) is consulted in the first instance to ensure that

| ordering, receipt and payment for goods and services | professional way. Where this advice is not acceptable to the requisitioner, the Director of Corporate Services (and/or the Chief Executive) shall be consulted. | 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. |