

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
4 July 2019, 11.20am
PUBLIC SESSION

Item	Paper Ref	
1 Minutes of the public meeting of the Board held on 16 May 2019 and matters arising	Min/May19/ public	11.20am APPROVE
2 Declaration of Interests		11.30am
3 Chair's Report Acting Chair	A/05/19	11.35am NOTE
STRATEGIC ISSUES		11.45am NOTE
4 Risk Management Strategy Head of Business Support	B/05/19	11.50am APPROVE
5 Corporate Risk Assurance Framework Report Head of Business Support	C/05/19	12.00pm APPROVE
6 Corporate Performance Report, 2019-20 – Quarter 1 Head of Business Support	D/05/19	12.10pm APPROVE
7 Audit and Risk Committee Business Committee Chairman To include: <ul style="list-style-type: none"> • Approved Minutes of Meeting of 2 May 2019 • Verbal update on the meeting of 14 June 2019 	E/05/19	12.20pm NOTE
OPERATIONAL ISSUES		
8 Chief Executive's Report Chief Executive	F/05/19	12.30pm NOTE
9 Any Other Business		1.00pm

Date of next meeting: 19 September 2019, Boardroom, RQIA



RQIA Board Meeting

Date of Meeting	4 July 2019
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min/May19/Private
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To provide Board members with 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 16 May 2019
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the minutes of the Board meeting on 16 May 2019
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Boardroom, RQIA 16 May 2019; 10.45am	
Present Prof. Mary McColgan OBE (MMcC) Lindsey Smith (LS) Gerry McCurdy (GMcC) Denis Power (DP) Robin Mullan (RM) Seamus Magee OBE (SM) Sarah Havlin (SH) Dr Norman Morrow (NM)	Officers of RQIA in attendance Olive Macleod OBE (Chief Executive) (OM) Theresa Nixon (Director of Assurance) (TN) Dr Lourda Geoghegan (Director of Improvement and Medical Director) (LG) Jennifer Lamont (Head of Business Support) (JL) Hayley Barrett (Board and Executive Support Manager) (HB)
Apologies Patricia O'Callaghan (POC)	

1.0 Welcome and Apologies

1.1 MMcC welcomed all members and Officers of the Board to this meeting. Apologies were noted from Patricia O'Callaghan. MMcC thanked LS for acting as Chair at the last meeting.

2.0 Agenda Item 1 – Minutes of the public Board meeting held on 21 March and matters arising

2.1 Board members **APPROVED** the minutes of the Board held on Thursday 21 March 2019.

2.2 Board members noted that actions 197, 198 and 200 are now completed.

2.3 In relation to action 199, LS agreed to attend the Project Board for the Inspection Methodology. DP agreed that if LS is unable to attend a meeting that he would attend as a member of the Board.

2.4 In relation to action 201, LG advised that this action is ongoing and NIAS will attend the Board meeting to share their experience when they achieve compliance.

3.0 Agenda Item 2 –Declaration of Interests

3.1 MMcC 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.

4.0 Agenda Item 3 – Acting Chair’s Report

4.1 MMcC presented the Acting Chair’s Report and advised of a RADaR workshop that she attended.

4.2 MMcC advised that a workshop with the CPEA Review Team has been arranged for 12 June 2019.

4.3 MMcC advised that the Duty of Candour IHRD Workstream has arranged a breakfast session for Friday 17 May at the NICON Conference. MMcC informed Board members that the NICON conference is 16 and 17 May and that SH is attending this afternoon.

4.4 Board members **NOTED** the Acting Chair’s Report.

5.0 Agenda Item 4 – Corporate Risk Assurance Framework Report

5.1 JL advised Board members that this iteration of the Corporate Risk Assurance Framework Report was approved by the Audit Committee on 2 May 2019.

5.2 JL advised that she met with OM, GMcC and DP in relation to the revised Corporate Risk Assurance Framework Report prior to the Audit Committee meeting in May.

5.3 JL advised that it was agreed that the Corporate Risk Assurance Framework Report from March 2019, would be archived and a new risk register would be developed. JL provided assurances to Committee members that all previous risks are included or have been de-escalated to directorate risk registers. DP advised that Directorate Risk Registers will be presented to Audit Committee for information, on a rolling basis.

5.4 JL advised that the risks presented on the current Corporate Risk Assurance Framework Report are high level, strategic risks.

5.5 DP advised that Internal and External Audit provided their views on the approach at the Audit Committee meeting in May. DP advised that External Audit advised that the numbers of risks are manageable for the size of the organisation and that risks have been de-escalated to directorate risk registers and Internal Audit, advised that the current risks support the strategic objectives of the organisation. DP further advised that the current risks support strategic objectives.

5.6 DP thanked the Executive Management Team for their engagement throughout the process.

- 5.7 Board members **APPROVED** the Corporate Risk Assurance Framework Report.
- 6.0 Agenda Item 5 – Corporate Performance Report, Quarter 4**
- 6.1 JL presented the Corporate Performance Report (Quarter 4) to Board members advising that this report provides a cumulative picture for 2018-19.
- 6.2 JL advised that four actions are behind target as at 31 March and will be taken forward during 2019-20. The Quarter 1 report will be presented to the Board on 4 July.
- 6.3 DP asked if obstacles to why actions are not met is included. JL and members agreed that this could be included for 2019-20 and will be presented in July 2019.
- 6.4 **Resolved Action (203)**
Obstacles to why actions are not met to be included in the Corporate Performance Reports for 2019-20.
- 6.5 Board members asked for discussion in relation to RADaR and geo coding analysis. JL advised that Rachel Stewart, Head of Information will attend the Board in September to present the ongoing improvement work in respect of RADaR.
- 6.6 **Resolved Action (204)**
Head of Information to attend Board meeting in September to present RADaR and geo coding analysis.
- 6.7 MMcC asked for an update in relation to action 1.3. JL advised that DoH have requested an update in respect of the actions arising from the report. JL will share RQIA's response to the DoH with Board members.
- 6.8 **Resolved Action (205)**
JL to share RQIA response to DoH with Board members on the progress of actions arising from the COPNI report.
- 6.9 Board members **APPROVED** the Corporate Performance Report, Quarter 4.
- 7.0 Agenda Item 6 – Standing Orders Review**
- 7.1 DP advised Board members Maurice Atkinson, former Director of Corporate Services began the review prior to leaving the organisation in March 2018. DP informed Board members that over the last number of months HB has made significant amendments to the Standing Orders.
- 7.2 DP advised that amendments include merging the Management Statement / Financial Memorandum with the Standing Orders; job title changes and the SOADs Panel information has been significantly reduced to remove the policy and procedure which will remain as separate documents. DP advised that the

fraud and gifts and hospitality policies have been removed, however a summary is included.

- 7.3 DP advised that the Standing Orders Review was endorsed by Audit Committee members.
- 7.4 MMcC asked that the Partnership between Department and ALBs: NI Code of Good Practice is referenced on page 87. NM asked that on page 16 an objective could be considered to reflect that RQIA facilitate evidence of the impact of RQIA activity.
- 7.5 MMcC and Board members thanked HB for the work effort put into this review.
- 7.6 Board members agreed with suggested amendments and **APPROVED** the Standing Orders Review.
- 7.7 **Resolved Action (206)**
Minor amendments to be made to the Standing Orders as suggested by Board members and signed, and published on RQIA website.
- 8.0 **Agenda Item 7 – Audit Committee Business**
- **Approve minutes of meeting on 6 March 2019**
 - **Verbal update on meeting on 2 May 2019**
 - **Audit Committee Annual Report**
 - **Draft Governance Statement**
- 8.1 DP, Audit Committee Chair, informed Board members of the approved minutes of the Audit Committee meeting on 6 March 2019.
- 8.2 Board members **NOTED** the approved minutes of the Audit Committee meeting on 6 March 2019.
- 8.3 DP provided a verbal update of the meeting on 2 May 2019. DP advised Board members that the Internal Audit of Inspection 2018/19 which was presented by Internal Audit received a limited level of assurance. Management have accepted all recommendations and progress will be tracked through Audit Committee.
- 8.4 DP advised that he met with Ciara Flanagan, BSO Finance to review the draft final accounts. DP advised that RQIA has achieved breakeven at the 31 March. DP had asked Ciara if she felt that RQIA were familiar with the finances of the organisation, Ciara confirmed that there is good knowledge within the Executive Team.
- 8.5 Board members **NOTED** the Verbal Update on the meeting on 2 May 2019.
- 8.6 DP presented the Audit Committee Annual Report for 2018-19 for noting. DP thanked Audit Committee members for their support and input throughout the year.

- 8.7 MMcC and Audit Committee members thanked DP for the support, knowledge and hard work throughout the year.
- 8.8 Board members **NOTED** the Audit Committee Annual Report.
- 8.9 The draft Governance Statement was presented to Board members. DP advised that the template for the statement was provided by the Department of Health.
- 8.10 DP advised that the content of the draft Governance Statement was shared with him prior to the submission to the Department of Health. DP advised that the document accurately reflects the priority one finding on inspections.
- 8.11 DP advised that the DoH have provided comments on the draft Governance Statement. Management accepted the comments and have revised the draft Governance Statement.
- 8.12 SM asked if reference to Business Continuity Planning should be reflected in the document. DP advised that the standard template has been used, however he would amend the Audit Committee Annual Report to include Business Continuity Planning.

**8.13 Resolved Action (207)
Audit Committee Annual Report to be amended to include Business Continuity Planning.**

8.14 Board members **APPROVED** the draft Governance Statement.

8.15 Board members **NOTED** the Audit Committee Business.

9.0 Agenda Item 8 – Chief Executive’s Report

- 9.1 OM presented the Chief Executive’s Report to Board members highlighting that RQIA has received media interest in relation to MHLD Hospitals and Regulated Services subject to increased scrutiny and enforcement.
- 9.2 OM advised that a recruitment campaign has commenced to recruit into new posts within the Business Support Unit.
- 9.3 GMcC queried the key posts that are currently outstanding for recruitment. OM advised that the Head of Information, the Business Manager and Business Support Officers are due for advertisement.
- 9.4 OM advised that, in relation to Residential Beds in Nursing Homes, RQIA continues to work with three providers to find a local solution. A response from the three providers is due on 29 May, RQIA will consider the next steps.
- 9.5 OM advised Board members that an Article 4 letter has been issued to the DoH in respect of a children’s home.

- 9.6 Board members noted the enforcement action update since the last meeting.
- 9.7 OM advised that RQIA has accepted the proposal from VOYPIC for the internship. The young person will work with RQIA for up to two years, ascertaining the views of young people during inspections.
- 9.8 OM advised that RQIA has jointly commissioned a survey with IHCP to receive providers' experiences of RQIA. OM advised that to date, responses have highlighted positive feedback from providers of their experiences.
- 9.9 OM advised that within the Improvement Directorate work on reviews, the inspection programmes and the neurology review is ongoing. The Phase 1 report is due to be published at the end of June. The neurology review of deceased patients is ongoing.
- 9.10 MMcC acknowledged the work and support of the Board and the executive colleagues in respect of the high volume of work across the directorates.
- 9.11 Board members **NOTED** the Chief Executive's Report.
- 10.0 Agenda Item 9 – RQIA Whistleblowing Policy and Procedure**
- 10.1 OM presented the proposed amendments to the RQIA Whistleblowing Policy and Procedure, advising that following the voluntary exit of Maurice Atkinson, former Director of Corporate Services that the whistleblowing advocate would become Jennifer Lamont, Head of Business Support.
- 10.2 Board members **APPROVED** the RQIA Whistleblowing Policy and Procedure.
- 11.0 Agenda Item 10 – Any other business**
- 11.1 As there was no other business, MMcC thanked Board members and Officers for their attendance and contribution and brought the meeting to a close.






Date of next meeting:
4 July 2019



Signed

Professor Mary McColgan
Acting Chair




Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
199	21 March 2019	LS to discuss the Board member nomination with MMcC to agree a nominated Board member for the Inspection Methodology Project Board..	Lindsey Smith, Board member	16 May 2019	
201	21 March 2019	LG to invite NI Ambulance Service to a Board meeting / workshop to share their experience with Board members	Director of Improvement and Medical Director	19 September 2019	
203	16 May 2019	Obstacles to why actions are not met to be included in the Corporate Performance Reports for 2019-20.	Head of Business Support	4 July 2019	
204	16 May 2019	Head of Information to attend Board meeting in September to present RADaR and geo coding analysis.	Board and Executive Support Manager	19 September 2019	
205	16 May 2019	JL to share RQIA response to DoH with Board members on the progress of actions arising from the COPNI report.	Head of Business Support	4 July 2019	

206	16 May 2019	Minor amendments to be made to the Standing Orders as suggested by Board members and signed, and published on RQIA website.	Board and Executive Support Manager	4 July 2019	
207	16 May 2019	Audit Committee Annual Report to be amended to include Business Continuity Planning.	Chair of Audit Committee	4 July 2019	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	



RQIA Board Meeting

Date of Meeting	4 July 2019
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	A/05/19
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable.

ACTING CHAIRS REPORT FOR BOARD MEETING ON 6 JULY 2019

Accountability Meeting with Permanent Secretary: Acting Chair and CEO attended the meeting was held on 14 June.

CPEA Workshop: RQIA staff, RQIA Board members Patricia O'Callaghan, Seamus Magee and Acting Chair attended the workshop on 12 June which was organised by CPEA review team.

Meeting with Patient Client Council: CEO and Acting Chair met with newly appointed CEO and Chair of Patient Client Council on 13 June to discuss ways of greater co-operation with RQIA and future development of joint projects.

NICON meeting: Acting Chair and Norman Morrow attended a Programme for Government presentation on 11 June.

RQIA Board workshop was held on 6 June. The Board had presentation on RQIA's Quality Improvement Strategy and live observation of a 'Safety Huddle'.

IHRD Stocktaking event was held in Mossley Mill on 28 May. The meeting focused on key inputs from service users and presentation on 'Duty of Candour and Being Open Group' as well as updates from each of the workstreams.

Judicial Review Presentation: Acting Chair attended a lunchtime seminar in Stormont Hotel on 23 May where Justice McCloskey provided an input on the role of judicial review set against a backdrop of case law.

ALB Board Effectiveness Group: Acting Chair attended the ALB group which met on 21 May.

NICON Conference 'Learning from the Edge' on 17th May: both Dr Morrow and Acting Chair attended the breakfast meeting on 'Being Open' which was organised for NED'S at the NICON conference and Acting Chair participated in subsequent conference presentations on 'Investing in Clinical Leadership, 'Ramping up Digital transformations' 'Delivering Transformation in Practice' and 'Delivering Social Change'. The event was well attended, the topics were relevant and the case study examples reinforced the progress being achieved across the sector.

Other meetings with external stakeholders: Acting Chair meet with Peter McNaney on 23 May and BSO on 5 June.

Mary McColgan

Acting Chair

24th June 2019

RQIA Board Meeting

Date of Meeting	4 July 2019
Title of Paper	Risk Management Strategy
Agenda Item	4
Reference	B/05/19
Author	Board and Executive Support Manager
Presented by	Head of Business Support
Purpose	<p>The purpose of this document is to outline an overall approach to risk management that addresses the risks facing RQIA in pursuing its strategy and which will facilitate the effective recognition and management of such risks.</p> <p>Risk management should be embedded within the daily operation of RQIA from strategy formulation through to business planning and processes. Through understanding risks, decision-makers will be better able to evaluate the impact of a particular decision or action on the achievement of RQIA's objectives.</p>
Executive Summary	The Risk Management Strategy 2019/20 has been amended to reflect the ISO31000:2018 Risk Management Standard. The format of the document has been reviewed, re-written and additional relevant information included.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Risk Management Strategy
Next steps	Circulate to RQIA Staff

Risk Management Strategy 2019-20

Policy Type:	Strategy
Directorate Area:	Business Support Unit
Policy Author / Champion:	Board and Executive Support Manager / Head of Business Support
Equality Screened:	N/A
Date Approved by Audit Committee:	14 June 2019
Date Approved by RQIA Board:	
Date of Issue to RQIA Staff:	
Date of Review:	March 2020

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INTRODUCTION

Managing Public Money Northern Ireland states that ‘embedded in each public sector organisation’s internal systems there should be arrangements for recognising, managing and tracking its opportunities and risks’¹. The Regulation and Quality Improvement Authority (RQIA) and all other Arms Length Bodies (ALBs) are required by Government to have in place a policy and strategy for the management of risk.

RQIA is committed to delivering a robust and effective system of risk management. Risk Management is the responsibility of all staff; but, in particular managers at all levels who are expected to take an active lead to ensure that risk management is a fundamental part of their operational remit. Managing risk is a key element of good governance and is critical to how an organisation is managed at all levels. Managing risk is part of all activities associated with an organisation and includes interaction with stakeholders; consideration of the external and internal environment of the organisation, including behavioural and cultural factors. This Risk Management Strategy has also been developed to reflect the principles set out in the HM Treasury ‘The Orange Book Management of Risk - Principles and Concepts’.

Risk management should be embedded within the daily operation of RQIA from strategy formulation through to business planning and processes. Through understanding risks, decision-makers will be better able to evaluate the impact of a particular decision or action on the achievement of RQIA’s objectives.

Risk Management is about:

- Creating a safe environment for all staff, visitors, stakeholders and service users.
- Maintaining the good reputation of the RQIA by conducting all of our relationships with openness and honesty and delivering effective and efficient services.
- Ensuring compliance with all applicable legislation.
- Providing a comprehensive approach to risk assessment and management within RQIA that assists the RQIA Board in meeting its governance commitments.

POLICY STATEMENT

RQIA is committed to its vision, which is to provide independent assurance about the quality, safety and availability of health and social care services in Northern Ireland. In achieving this vision, RQIA will face risks to its corporate strategy; operational risks; and risk associated with the protection of its people, property and reputation.

RQIA’s risk management policy is to adopt best practice in the identification, evaluation and cost-effective control of risks to ensure that they are either eliminated or reduced to an acceptable level.

In order to minimise risks RQIA is committed to ensuring that appropriate systems, processes and controls are in place and are subject to ongoing review. Therefore the process of risk management is essential in maintaining and improving the service we deliver.

¹ Managing Public Money Northern Ireland (June 2008), Section 4.3 ‘Opportunity and Risk’

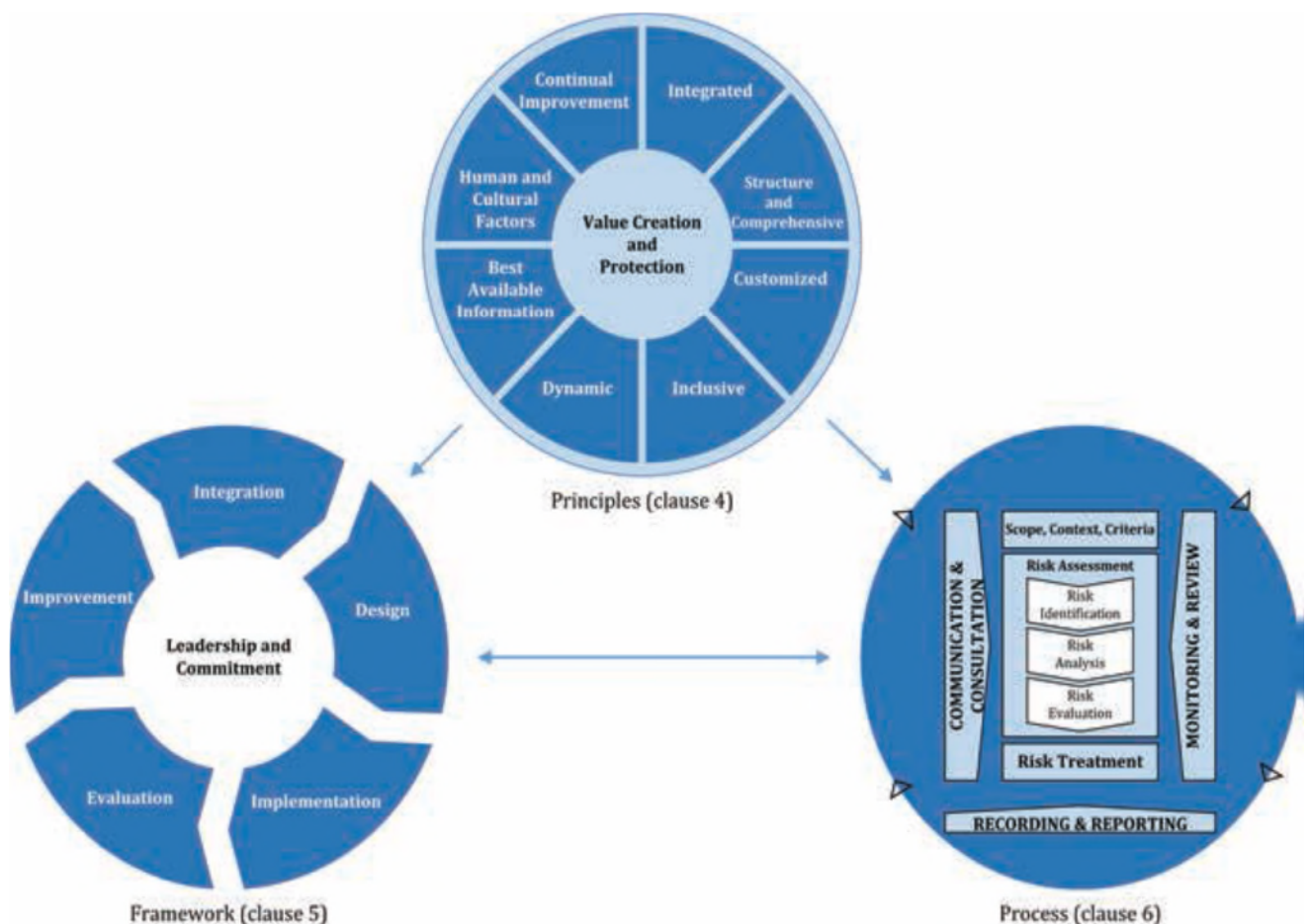
CONTEXT

In September 2018 RQIA endorsed the HSC Regional Model for Risk Management, including a Regional Risk Matrix. The model is based on the principles of the ISO 31000:2018 standard and RQIA are committed to the principles endorsed by ISO 31000:2018 which includes three components for managing risks. These are:

- I. The adoption of core **principles of risk management** with the intention that these will be addressed by;
- II. The development of a **risk management framework** which in turn assists in managing risk through the;
- III. **Risk management processes** as outlined in the ISO 31000 standard.

These are illustrated in Figure 1 below:

Figure 1 – Principles, Framework and Processes for Risk Management²



² Source – BSI ISO 31000:2018 – Risk Management Guidelines

AIM

The aim of RQIA's Risk Management Strategy is to have a comprehensive and cohesive risk management system in place underpinned by clear responsibility and accountability arrangements based on the principles contained in the HSC Regional Model for Risk Management.

OBJECTIVES

The objectives of this strategy document are:

- To define RQIA's approach to risk management including roles and responsibilities;
- To make the effective management of risk an integral part of overall management practice;
- To raise awareness of the need for risk management by all within RQIA;
- To anticipate and respond to changing social, political, environmental, technological and legislative requirements;
- To have a risk management strategy in place to support RQIA's Governance Statement, and corporate governance arrangements; and
- To support the integration of risk management within RQIA's aims and objectives as outlined in RQIA's Corporate Strategy and Business Plan.

WHAT IS RISK MANAGEMENT?

There are many definitions that are used in the area of risk management. Based on the ISO 31000:2018 standard the following definition is used:

Risk is the *"effect of uncertainty on objectives"*.

Risk is often expressed in terms of a combination of the consequences of an event (including changes in circumstances) and the associated likelihood of occurrence.

PRINCIPLES

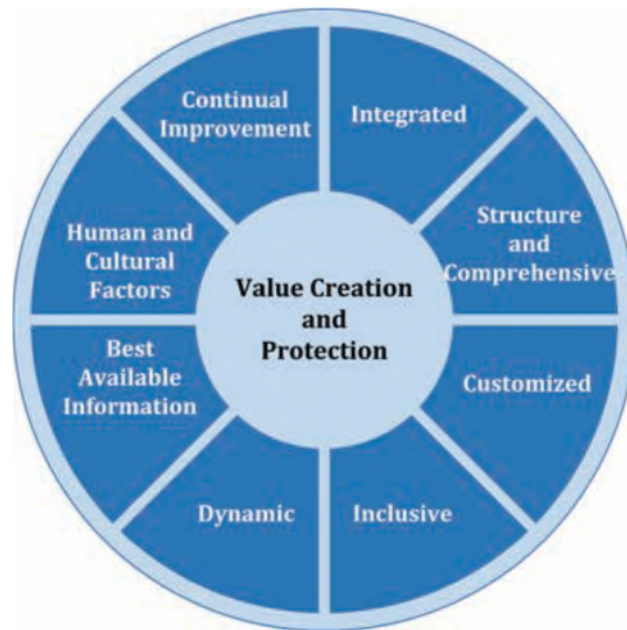
RQIA is committed to implementing the principles of good governance, as the system by which an organisation is directed and controlled, as its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.

RQIA recognises that the principles of good governance must be supported by an effective risk management system that is designed to deliver improvements in services as well as the safety of its staff, assets and service users.

No risk, regardless of its origin, definition or nature stands outside this strategy. Good risk management also allows stakeholders to have an increased confidence in the organisation's corporate governance and ability to deliver.

To be fully effective any risk management process must satisfy a minimum set of principles or characteristics. ISO 31000 includes a section (Clause 4) on these principles and these are shown in in Figure 2 below. The principles are the foundation for managing risk and should be considered when establishing the organisation's risk management framework and processes and will help the organisation manage the effects of uncertainty on its objectives.

Figure 2 - Principles of Risk Management³



The principles are further explained in a short narrative format below:

Integrated

- Risk management should be integrated within all organisational activities.

Structured and comprehensive

- A structured and comprehensive approach to risk management contributes to assurances in the Governance Statement.

Customized

- The risk management framework and process should be customised and proportionate to the organisation's external and internal context related to its objectives.

Inclusive

- Appropriate and timely involvement of stakeholders needs to be considered. This will better inform the organisation's risk management system.

³ Source – BSI ISO 31000:2018 – Risk Management Guidelines

Dynamic

- Risks can emerge, change or disappear as an organisation's external and internal context changes. The risk management system needs to respond in a timely manner to these changes.

Best available information

- Information should be timely, clear and available to relevant stakeholders.

Human and cultural factors

- Human and cultural factors significantly influence all aspects of risk management.

Continual improvement

- Risk management is continually improved through learning and experience and will feed into the organisation's quality improvement framework /systems.

RISK MANAGEMENT FRAMEWORK

Figure 3 below illustrates the elements of the Risk Management Framework that has been adopted in RQIA. .

Figure 3 – Components of a Risk Management Framework⁴



⁴ Source – BSI ISO 31000:2018 – Risk Management Guidelines

Leadership and Commitment

- Management need to ensure that risk management is integrated into all organisational activities and demonstrate leadership and commitment by implementing all components of the framework. This in turn will help align risk management with its objectives, strategy and culture.

Integration

- Integrating risk management relies on an understanding of organisational structures and context. Risk is managed in every part of the organisation's structure. Everyone in an organisation has responsibility for managing risk.

Design

- The organisation should examine and understand its external and internal context when designing its risk management framework.

Implementation

- Successful implementation of the framework requires the awareness and of all staff within the organisation.

Evaluation

- The organisation should periodically measure its risk management framework against its purpose, implementation plans, risk management key performance indicators and expected behaviour. This will ensure it remains fit for purpose.

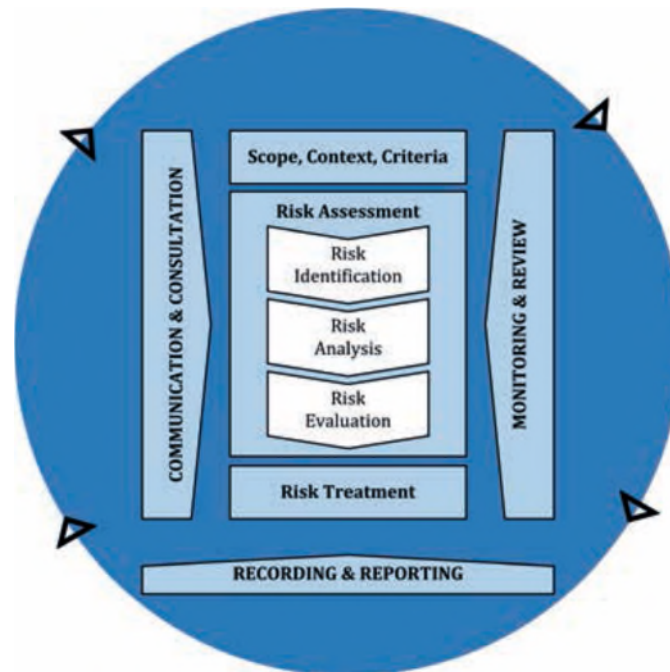
Improvement

- The organisation should continually review, monitor and update its risk management framework to ensure it is fit for purpose.

RISK MANAGEMENT PROCESS

The Risk Management Process is outlined in Figure 4 below with short descriptors of each item.

Figure 4 – Risk Management Process⁵



Communication and consultation

- Communication and consultation with appropriate external and internal stakeholders should take place within and throughout all steps of the risk management process.

Scope, context and criteria

- Scope, context and criteria involve defining the scope of the process, and understanding the external and internal context.

Risk assessment

- **Risk identification**

Risk identification should be a formal, structured process that considers sources of risk, areas of impact, and potential events and their causes and consequences.

- **Risk Analysis**

Risks should be analysed by considering the consequences/severity of the risk and the likelihood/frequency that those consequences may occur. The risk criteria contained within the regionally agreed Risk Rating Matrix and Impact Assessment Table (see Appendix 1) will provide a guide for analysis.

⁵ Source – BSI ISO 31000:2018 – Risk Management Guidelines

- **Risk Evaluation**

Risk evaluation involves making a decision about the level of risk and the priority for attention through the application of the criteria developed when the context was established. This stage of the risk assessment process determines whether the risks are acceptable or unacceptable. Acceptable risks are those as outlined in the organisation's Risk Management Strategy i.e. its risk appetite.

- **Risk Treatment**

The purpose of risk treatment is to select and implement options for addressing risk.

Risk treatment involves an iterative process of:

- formulating and selecting risk treatment options;
- planning and implementing risk treatment;
- assessing the effectiveness of that treatment;
- deciding whether the remaining risk is acceptable; and
- if not acceptable, taking further treatment.

Monitoring and Review

- Monitoring and review should take place in all stages of the process. Monitoring and review includes planning, gathering and analysing information, recording results and providing feedback. The results of monitoring and review should be incorporated throughout the organisation's performance management, measurement and reporting activities.

Recording and Reporting

- The risk management process and its outcomes should be documented and reported through appropriate mechanisms

DUTIES AND RESPONSIBILITIES FOR MANAGING RISK

To effectively manage risk management within RQIA; individuals, directorates, and executive committees are charged with responsibility for risk management relevant to their role and responsibilities.

RQIA BOARD

The Board is responsible for ensuring that RQIA has robust and effective arrangements in place for governance and risk management. The Board is similarly responsible for ensuring that RQIA has effective systems for identifying and managing all risks, financial and organisational. The Board has established a risk management structure to help deliver its responsibility for implementing risk management systems throughout RQIA. The programme for risk identification, assessment, management and quality improvement processes and procedures is approved and monitored by the Audit and Risk Committee on behalf of RQIA.

CHIEF EXECUTIVE (ACCOUNTING OFFICER)

The Chief Executive has overall responsibility for risk management and is responsible for ensuring that RQIA has a systematic programme of risk identification,

assessment, management and quality improvement processes and procedures that are approved and monitored by the Audit and Risk Committee. Operationally, the Chief Executive has delegated responsibility for implementation as outlined below:

EXECUTIVE MANAGEMENT TEAM / DIRECTORATES

The Executive Management Team is responsible for supporting RQIA's risk management strategy and the management of corporate risks. The members of the Executive Management Team are responsible for coordinating the operational elements of risk management within their directorate. They are responsible for:

- Determining RQIA's approach to Risk Management;
- Ensuring risk management is embedded into all processes and pro-actively manage / review the Risk Assurance Framework Report on behalf of the Board and Audit Committee;
- Identifying risks to service delivery through engagement with staff and service users;
- Ensuring that appropriate and effective risk management processes are in place within their designated area and scope of responsibility, and that all staff are made aware of the risks within their work environment and of their personal responsibilities;
- Maintaining risk registers in line with the Risk Management Strategy;
- Monitoring the implementation of risk action plans;
- Reviewing all risks on their risk register on a monthly basis;
- Escalating risks, where appropriate for discussion at the Executive Management Team meeting;
- Ensuring records are kept to demonstrate that risk management is embedded through their directorate, meet internal audit requirements, and are available to support the annual Risk Management Standard assessment;
- Engage with Audit Committee to conduct annual horizon scanning of the risk landscape impacting on RQIA; and
- Providing the Head of Business Support with evidence that these responsibilities have been met.

HEAD OF BUSINESS SUPPORT

The Head of Business Support is responsible for;

- Facilitating regular review of the RQIA Corporate Risk Assurance Framework Report and Risk Management Strategy on behalf of the Board and Audit Committee;
- Maintaining the Corporate Risk Register under the direction of risk owners and updates or amends the risk register as necessary; and
- Supporting all levels of the organisation to ensure that the management of risk is addressed. In fulfilling this role they will advise staff and management as to best ways to manage risk, and support staff with training and development in this area.

STAFF

Everyone has a role to play; all staff are encouraged to use the risk management process to highlight areas they believe need to be addressed. However it is

important to emphasise that each member of staff have a responsibility to safeguard their own health, safety and welfare and that of others that may be affected by service activity. All staff have a responsibility for;

- Identifying risks and reporting the risk to the appropriate line manager or Director;
- Maintaining awareness of RQIA's Risk Management Strategy, knowledge of key risks facing RQIA and attend risk management training; and
- Ensuring duties and responsibilities relating to controls are fully discharged.

INTERNAL AUDIT

Provides independent opinion on the overall adequacy and effectiveness of RQIA's framework of governance, risk management and relevant Controls Assurance Standards (CAS) to the Accounting Officer, Board and Audit Committee.

AUDIT AND RISK COMMITTEE

The Audit and Risk Committee is responsible for reviewing the structures, processes and responsibilities for identifying and managing key risks facing the organisation, and receive periodic reports and assurance on risk which contribute to the assurances required for the Board.

The programme of risk identification, assessment, management and quality improvement processes and procedures is approved and monitored by the Audit and Risk Committee.

Audit and Risk Committee have a responsibility for;

- Reporting to the Board on the effectiveness of the system of internal control and alerts the Board to any emerging issues;
- Recommending the Risk Management Strategy for approval by the Board;
- Overseeing internal audit and external audit findings on risk management processes and risk identification;
- Reviews and recommends the Corporate Risk Assurance Framework Report for approval by the Board; and
- Engages with EMT to conduct annual horizon scanning of risk environment impacting on services of RQIA.

RISK APPETITE FRAMEWORK

Risk appetite can be defined as the "amount and type of risk that an organisation is prepared to seek, accept or tolerate". ISO defines risk appetite as an "organisation's approach to assess and eventually pursue, retain, take or turn away from risk."

Through our programmes of inspections and reviews RQIA is concerned with monitoring and assessing a range of different risks in relation to the safe, effective, compassionate care and well-led delivery of health and social services to service users. We must also manage the risks to RQIA in terms of understanding and controlling the amount of risk the organisation can bear.

As part of managing risk it is important to clearly formalise and articulate RQIA's risk appetite.

The RQIA Board is responsible for setting the risk appetite of the organisation. RQIA generally has a low tolerance for risk. This statement will inform all RQIA plans which must be consistent with it. The adoption of a low tolerance to risk is designed to ensure RQIA maintains its independence and high levels of public confidence in our regulatory and improvement activities. However, we do recognise that there will be occasions when we need to take risks to protect the public. We will take these risks in a deliberate and thoughtful way. RQIA's lowest risk tolerance relates to our statutory obligations and the health and safety of all employees, with a marginally higher risk tolerance towards our strategic, business and individual project objectives.

The range of risks which RQIA faces falls into five major categories:

- Financial
- Information
- Regulatory & Legal
- Operational
- Reputational

These risks can impact RQIA strategically or operationally and they are not distinct. For example, taking risks to maintain our reputation as a regulator may expose us to legal risk.

Risk can never be completely eliminated in an organisation but high performing organisations must ensure that they focus on the right risks and use consideration of risk to drive the decisions they make.

The Board will review this risk appetite statement and agree any changes on an annual basis, unless it requires revision in response to any significant risks materialising in the near term.

RQIA RISK REGISTER

The RQIA Corporate Risk Assurance Framework Report is an integral part of the Assurance Process and is used as a mechanism for the Board, Audit and Risk Committee and EMT to assess the effectiveness of controls and assurances which have been identified to manage risks to the achievement of RQIA objectives.

The Risk Register is operationally managed at two levels:

Corporate Risk Assurance Framework Report quantifies strategic risks and outlines controls, assurances and action plans approved by the RQIA Audit and Risk Committee to ensure the focused and effective management of identified corporate risks. The Corporate Risk Assurance Framework Report is operationally managed by the Executive Management Team who review the risks on a quarterly basis. The

Corporate Risk Assurance Framework Report is presented to Audit Committee and to the RQIA Board quarterly.

Directorate Risk Register quantifies all risks, controls in place and determines the residual risk that remains. It is comprised of all the risk for each service within a Directorate and it is the direct responsibility of the Directors to manage the risks in their respective areas. Directorate risk registers are operationally managed at local level and Deputy / Assistant Directors will report at least quarterly to their Director. Directorate risk registers are reviewed by the Executive Management Team on a quarterly basis.

In accordance with the regional HSC Risk Management Model, all risks are scored using the HSC Regional Risk Matrix which is based on the principles of the ISO 31000:2018 standard. There is an escalation process in place to allow risks, where relevant, to be escalated to / from the Corporate Risk Assurance Framework Report / Directorate Risk Registers.

PROCESS FOR THE ASSESSMENT AND MANAGEMENT OF RISK

FIRST STAGE – IDENTIFYING RISKS

Risk identification should be a formal, structured process that considers sources of risk, areas of impact, and potential events and their causes and consequences. Risks to the achievement of objectives should be identified at Corporate and Directorate level. By identifying key risks, steps can be taken to either prevent the event occurring, or to minimise the impact.

The risks identified will be captured in the standard format risk registers at Corporate and Directorate level.

To make sure that the identification of risks is as comprehensive as possible, partnership risks which may potentially impact RQIA's business, e.g. BSO Support Services should be considered.

The identification of risks is the responsibility of all staff and should be considered when making business decisions or embarking on a new approach. Furthermore, it is important that the external environment and influences are also considered as these could impact the potential risks associated with service delivery. There should also be a continuous assessment of risk; this can be done via regular review of the risk registers to ensure the appropriate associate risks have been identified, but also by including risk as a regular agenda item at team and management meetings to identify new risks which may have arisen. Risks should also be considered in the development and execution of the annual business plan and corporate strategy. Risks may also be identified through:

- Strategies, policies and procedures
- Audit reports
- Complaints and whistleblowing
- Directorate intelligence reports and safety huddle outputs
- Horizon scanning

- Standards and accreditations

The Head of Business Support works closely with the Board, Audit and Risk Committee and the Executive Management Team to capture strategic corporate risks. There is an opportunity for new and emerging risks to be discussed quarterly through the Executive Management Team meetings, the Audit and Risk Committee and the Board.

RQIA categorises risks under three areas namely, Corporate, Directorate and Partnership / Third Party Level. This is not an exhaustive list of all possible risk categories but broadly encompass risks faced by RQIA. It is recognised that risks can fall under more than one category.

SECOND STAGE – EVALUATING RISKS

After identifying the risks, it is necessary to evaluate those risks so that RQIA has a means of deciding on risk impact and prioritising risks. Risk evaluation involves making a decision about the level of risk and the priority for attention through the application of the criteria developed when the context was established. This stage of the risk assessment process determines whether the risks are acceptable or unacceptable. Acceptable risks are those outlined in the risk appetite section.

The risk owner is responsible for evaluating each risk in terms of both:

- Likelihood – the chance of the risk materialising after considering the control measures in place
- Impact – the effect of the risk should it materialise

The impact of some risks, such as financial risks, may be quantifiable, whilst others, such as reputational risks, may be more subjective and difficult to qualify. To overcome this problem, and to ensure that a consistent approach to evaluating risks is applied across the directorates, an impact criteria is outlined below. This then feeds into the overall Risk Scoring Matrix for evaluating the risk.

	Description
Very High (Almost Certain)	Likely to occur
High (Likely)	Will probably occur
Medium (Possible)	May occur occasionally
Low (Unlikely)	Do not expect to happen
Very Low (Rare)	Do not believe will ever happen

When considering a risk it is important that scale-significance-severity is also considered. Actions and attention must be in proportion to the risk. Often cumulative risks can be overlooked and whilst an individual risk can appear relatively minor, if the same risk is repeated across a number of directorates then the cumulative affect can be significant.

For each risk, a risk score should initially be determined before any controls are applied. This is the inherent or gross risk score.

The net risk score can be determined by assessing the likelihood and impact after the controls which are currently in place to address the risk have been applied. The inherent / gross and net risk scores can be used to prioritise all risks across the organisation.

The risk scoring matrix provided below should be used when scoring all new risks. The level of impact and the likelihood of the event occurring should be combined to give an overall risk score:

IMPACT	Risk rating 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				

ESCALATING RISKS

The aim of risk management is not to eliminate risk but rather to manage risk within the agreed risk appetite. If action taken to manage risk does not bring the risk exposure to below the agreed risk appetite, the risk should be escalated to the next tier of management:

Risk Register	Risk Escalated to	Register
Corporate	Audit and Risk Committee / Board	Remains on the Corporate
Directorate	Director / Executive Management Team	Escalate to Corporate (if agreed)

Where a risk owner wishes to escalate a risk due to changes in the risk score or environment the below escalation process should be followed:

Escalating to	Process	Approval by
Corporate	The Risk Owner should engage with the Head of Business Support. The Head of Business Support will include the suggested risk for consideration by the Executive Management Team and then put it forward to the Audit and Risk Committee / Board for approval.	Audit and Risk Committee / Board
Directorate	The risk identifier should contract the relevant Director (risk owner) should review and include the risk on the directorate risk register if appropriate.	Director

THIRD STAGE – RISK APPETITE

When assessing risks and the actions required to manage the risk or mitigate the risk, RQIA takes cognisance of the level of risk appetite relevant to each identified risk and the extent to which RQIA is willing to accept, take on or reduce the risk. The appetite associated with each risk should be considered in line with the Regional Risk Appetite Matrix and included in the Corporate Risk Assurance Framework Report. The agreed risk appetite should support risk owners when making decisions about how to manage the risk or the level of mitigation required.

FOURTH STAGE – MANAGING RISK

There are a number of valid responses to risk management and it must be remembered that effective risk management does not equate with risk avoidance. Therefore when considering how best to manage risk factors such as what mitigation can be employed should be considered, as should the level of appetite the organisation has set.

For each risk, the Risk Owner should select one or a combination of the following responses:

Response	Details
Transfer	The risk is transferred to a third party e.g. insurance or delivery partner through Service Level Agreements
Tolerate	A business decision could be taken to accept the risk i.e. no action is taken to mitigate or reduce the risk. This could be, for example, due to cost factors to mitigate the risk or the risk likelihood being very low. It is important that the risk is monitored to ensure it remains tolerable and no factors result in the risk becoming more significant.
Treat	Take action to reduce the likelihood of the risk occurring or the impact of the risk should it occur (internal controls)
Terminate	It may be necessary to eliminate the risk perhaps by doing this differently. This could be done by altering a process to remove the risk associate with it. Where this can be done without materially affecting the business it should be employed.
Take the opportunity	Take the opportunity the risk presents – there are many positive opportunities to be gained as part of the risk management process

When the decision is taken to treat a risk then it should be captured on an appropriate risk register with an action plan.

The Relationship between the cost of controlling risk and the benefits to be gained, must be considered, as there will always be a limited budget to address the issues. The proposed controls need to be measured in terms of potential economic effect if no action is taken versus the cost of the proposed action(s) and there may be occasions when the cost of reducing a risk may be totally disproportionate to the costs associated with the risk, if it were to occur.

FIFTH STAGE – RISK MONITORING AND REVIEW

The responsibility for ensuring there are adequate and effectiveness controls to manage risk, lies with all staff. Risk management is an integral part of the way we work and assurance regarding the effectiveness of the risk management policy is gained through:

- Annual risk management systems audit by Internal Audit
- Annual assurance standard risk management checklist (may be verified by Internal Audit)

In addition, the Corporate Risk Assurance Framework report and Directorate Risk Registers are subject to regular monitoring. The Corporate Risk Assurance Framework Report is reported to the Executive Management Team meeting and to the Audit and Risk Committee and the Board on a quarterly basis. Directorate Risk Registers are submitted to the Executive Management Team on a quarterly basis and to the Audit and Risk Committee on a bi-annual basis.

RISK TRAINING AND SUPPORT

Knowledge of risk management is essential to the successful embedding and maintenance of effective risk management. Training in this area is essential to ensure staff are briefed in this critical business area. In general, training is required as follows:

- High level awareness of risk management for the Board and senior staff;
- Generic risk assessment training to ensure that staff, where required, are trained in risk identification, assessment and management; this can be delivered either by e-learning or risk awareness sessions
- Management of risk registers for staff involved in risk management
- Raising general awareness across all staff groups will continue to be undertaken through staff meetings and corporate and local induction programmes

In addition to e-learning tools and staff briefings, a summary of RQIA's Risk Management Process (Risk-On-A-Page) Appendix 1 has been presented at the annual Staff training event and available to all staff, particularly new recruits. The Audit and Risk Committee Handbook (NI) 2018 DAO (DOF) 3/18 has been issued to all Audit Committee Members and EMT.

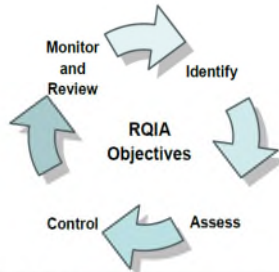
REVIEW

The Risk Management Strategy is subject to annual review and Board approval. The Risk Management Strategy was approved on **date** by RQIA Board.



RISK-ON-A-PAGE

RISK MANAGEMENT CYCLE



- Identify and manage threats that may hinder the delivery of RQIA objectives / actions
- Risk identification is a process of determining what can happen and how it can happen
- Various sources and resources are utilised for the identification of risks both internally and externally
- This process is a continuous cycle

IDENTIFY

- What could go wrong?
- Ensure risks are structured
- What type of risk is it?
- What category is it?
- Use available documents, e.g. RQIA Strategy, Business Plan etc.
- **Strategic** - Political, Economic/financial, Social, Technological, Legislative, Environmental, Competitive, Customer
- **Operational** - Professional, Financial, Legal, Physical, Contractual, Technological, Environmental, Information

ASSESS

- How likely is the risk going to happen?
- What would the impact be?
- Probability x Impact = Risk Rating

IMPACT	Risk Quantification Matrix				
Very High (VH)	High	High	Extreme	Extreme	Extreme
High (H)	High	High	High	High	Extreme
Medium (M)	Medium	Medium	Medium	Medium	High
Low (L)	Low	Low	Low	Medium	Medium
Very Low (VL)	Low	Low	Low	Low	Low
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood				

CONTROL

- What should be done to reduce the risk?
- Who owns the risk?
- What else do you need to do about it?

Response	
Transfer	Some risks can be transferred to an insurer e.g. legal liability, property and vehicles etc. Service delivery risks can be transferred to a partner. Some risks cannot be transferred e.g. reputational risks.
Treat	Some risks will need additional treatment to reduce or mitigate their likelihood or impact. This response is most likely where the likelihood or impact is such that a risk has been identified as a high/red risk.
Terminate	In some instances, a risk could be so serious that there is no other option but to terminate the activity that is generating the risk.
Tolerate	This response will be appropriate where you judge that the control measures in place are sufficient to reduce the likelihood and impact of a risk to a tolerable level and there is no added value in doing more.

MONITOR AND REVIEW

- Are the controls effective?
- Have the actions implemented made a difference?
- Is further action required?
- Has the risk changed?
- Is there something new?
- Few risks remain static
- Existing risks may change
- New issues and risks may emerge
- New objectives or business actions may lead to new risks

RISK DOCUMENTATION

- RQIA Risk Management Strategy (update and approve annually)
- Corporate Risk Assurance Framework Report (update quarterly)
- Directorate Risk Registers and Risk Log (update monthly)
- Risk documentation located at [R:\Shared Area\RQIA Risk Management Folder](#)



RQIA Board Meeting

Date of Meeting	4 July 2019
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	5
Reference	C/05/19
Author	Head of Business Support
Presented by	Head of Business Support
Purpose	The purpose of the corporate Risk Assurance Framework Report, 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	<p>There are currently six risks which sit on the Corporate Risk Assurance Framework Report.</p> <p>The Corporate Risk Assurance Framework Report was last reviewed by the RQIA Board in May 2019.</p> <p>A detailed change log is enclosed in the report.</p>
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Risk Assurance Framework Report.
Next steps	The next updated Corporate Risk Assurance Framework Report will be presented to the Board on 19 September 2019.

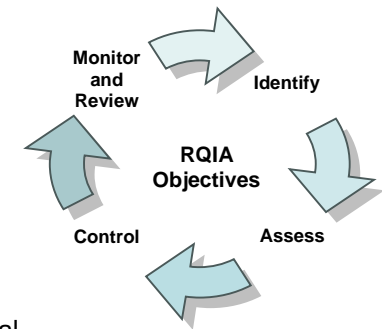
CORPORATE RISK ASSURANCE FRAMEWORK

Version Control:

Date of Review of Risk Register	Risk Coordinator
28/04/2019 Drafted for Audit Committee	Jennifer Lamont
07/05/2019 Amended for RQIA Board	Jennifer Lamont
28/06/2019 Reviewed for Audit and Risk Committee	Jennifer Lamont
14/06/2019 Reviewed for RQIA Board	Jennifer Lamont

INTRODUCTION

RQIA has adopted a four step approach for managing risk which incorporates all the elements of the risk management process to specifically suit RQIA's requirements without being overly complicated. RQIA considers a corporate risk as an issue that materially affects its ability to operate or deliver agreed strategic outcomes. In considering the risks to be added to the Corporate Framework, we ask a fundamental question as to whether the issue can be mitigated or managed at a lower level. If not, it is considered a corporate risk. The four fundamental steps of the risk management cycle which need to be followed when completing the Corporate Risk Assurance Framework report are detailed below.



IDENTIFY

- What could go wrong?
- Ensure risks are structured
- What type of risk is it?
- What category is it?
- Use available documents, e.g. RQIA Strategy, Business Plan etc.
- **Strategic** – Financial, Information, Regulatory & Legal, Operational & Reputational
- **Operational** - Professional, Financial, Legal, Physical, Contractual, Technological, Environmental & Information

ASSESS

- How likely is the risk going to happen?
- What would the impact be?
- Probability x Impact = Risk Rating
- **Low** impact risks sit in the Operational Risk Registers
- **High & Extreme** impact risks sit in the Corporate Risk Assurance Framework Report
- **Medium** impact risks - EMT determines which register to locate the risk

IMPACT	Risk Quantification Matrix				
Very High (VH)	High	High	Extreme	Extreme	Extreme
High (H)	High	High	High	High	Extreme
Medium (M)	Medium	Medium	Medium	Medium	High
Low (L)	Low	Low	Low	Medium	Medium
Very Low (VL)	Low	Low	Low	Low	Low
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood				

CONTROL

- What should be done to reduce the risk?
- Who owns the risk?
- What else do you need to do about it?

Response	
Transfer	Some risks can be transferred to an insurer e.g. legal liability, property and vehicles etc. Service delivery risks can be transferred to a partner. Some risks cannot be transferred e.g. reputational risks.
Treat	Some risks will need additional treatment to reduce or mitigate their likelihood or impact. This response is most likely where the likelihood or impact is such that a risk has been identified as a high/red risk.
Terminate	In some instances, a risk could be so serious that there is no other option but to terminate the activity that is generating the risk.
Tolerate	This response will be appropriate where you judge that the control measures in place are sufficient to reduce the likelihood and impact of a risk to a tolerable level and there is no added value in doing more.

MONITOR AND REVIEW

- Are the controls effective?
- Have the actions implemented made a difference?
- Is further action required?
- Has the risk changed?
- Is there something new?
- Few risks remain static
- Existing risks may change
- New issues and risks may emerge
- New objectives or business actions may lead to new risks

EXECUTIVE SUMMARY

The risk assessment criteria used to assess the corporate risks is located in the Risk Management Strategy 2018/19.


A revised referencing system for all RQIA Risks was introduced in May 2018. The following referencing codes have been introduced:

- Corporate Risk Assurance Framework Report - CR
- Quality Improvement - QI
- Assurance - A
- Business Support - BS

The risk register was revised in April 2019. All risks (except CR6) were added on this date. The previous register has been archived with live risks either incorporated into the new register or included in directorate registers as appropriate. Changes will be recorded in the table below.

RISK LOG					
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	4	2	0	6	
Ref No.	Details of Change(s)			Date Changed	Risk Rating
CR1	Risk Reworded <i>(following Audit Committee)</i> There is a risk that RQIA does not have the capacity (including financial resources, staff numbers, expertise, culture, risk tolerance, performance and capability) to deliver its organisational objectives and help the organisation improve.			07/05/19	L/M/M

RISK SCORING MATRIX

IMPACT	RISK SCORING MATRIX				
Very High (VH)					
High (H)		CR6	CR3		
Medium (M)		CR1, CR2	CR4, CR5		
Low (L)					
Very Low (VL)					
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood 				

Risk Log

Risk Reference	Description	Date Added
CR1	There is a risk that RQIA does not have the capacity (including financial resources, staff numbers, expertise, motivation, performance and capability) to deliver its organisational objectives and help the organisation improve.	April 2019
CR2	There is a risk that RQIA does not demonstrate and evidence its performance and impact – when working individually and in partnership with others - against its agreed objectives in alignment with the Programme for Government.	April 2019
CR3	There is a risk that the public, HSC professionals, providers, DoH and politicians lose confidence in RQIA as the independent NI HSC regulator if we do not take appropriate action when evidence suggests it is necessary and the rational for our actions is not sufficiently clear.	April 2019
CR4	There is a risk that intelligent monitoring of the data and information supplied to RQIA fails to pick up the expected level of provider failure; and that RQIA does not use this monitoring to appropriately influence actions and provide an effective remedial response.	April 2019
CR5	There is a risk that inspection and review activity fails to pick up significant provider risk and failure and that RQIA does not act appropriately on the findings of this activity.	April 2019
CR6	There is risk of a cyber-security incident which may result in RQIA's information, systems, and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3 rd parties potentially causing significant business disruption and reputational damage.	September 2017

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR1	Chief Executive	There is a risk that RQIA does not have the capacity (including financial resources, staff numbers, expertise, culture, risk tolerance, performance and capability) to deliver its organisational objectives and help the organisation improve.	<ul style="list-style-type: none"> • IIP accreditation; • Completion of appraisals and staff development plans; • Revised inspector recruitment procedures; • Active member of the Improvement Institute; • Membership of Q Community and Improvement Network NI; • Commencement of review of inspection methodology (regulated services); • Monthly monitoring meetings with BSO finance link person; • CP training delivered for all senior staff; • Quarterly meetings 	<ul style="list-style-type: none"> • Staff vacancy, performance management and absence rates standing agenda item at weekly EMT; • EMT receive updates on local, regional and national improvement initiatives. • EMT and Board representation on project board of inspection review methodology; • Development of QI strategy; • Quarterly sponsorship meetings with DoH; • Monthly meetings between CEx & Head BSU and 	L	M	M	<ul style="list-style-type: none"> • IIP re-accreditation; • Implementation of QI strategy; • Recruitment of QI officers; • Evaluation of RQIA transformation to date; • Updates on HR, finance and improvement activity to EMT and Board. 	Chief Executive Director of Improvement Director of Assurance Head of Business Support	March 2020	Reviewed Quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			with DoH sponsor branch; • Organisational restructure complete and new staff management arrangements in place.	BSO finance business partner to oversee planned and actual spend; • Monthly meetings Head BSU and BSO HR business partner to oversee emerging HR issues.							

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR2	Chief Executive	There is a risk that RQIA does not demonstrate and evidence its performance and impact – when working individually and in partnership with others - against its agreed objectives in alignment with the Programme for Government.	<ul style="list-style-type: none"> •RQIA Business Plan and accompanying deliverables as described in directorate plans; •Corporate performance reporting; •Review of inspection methodology; •Comms and engagement strategy; •RQIA membership scheme. 	<ul style="list-style-type: none"> • Links with critical friends in CQC & HIS; • MOUs with external stakeholders; 	L	M	M	<ul style="list-style-type: none"> • RQIA reports included in review of inspection methodology; • Revised comms and engagement strategy. 	Chief Executive Director of Improvement Director of Assurance	March 2020	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR3	Chief Executive	There is a risk that the public, HSC professionals, providers, DoH and politicians lose confidence in RQIA as the independent NI HSC regulator if we do not take appropriate action when evidence suggests it is necessary and the rationale for our actions is not sufficiently clear.	<ul style="list-style-type: none"> Comms and engagement strategy; Membership scheme launched; Enforcement Policy & Procedures; Enforcement Decision Making process; Use of social media. 	<ul style="list-style-type: none"> Feedback from stakeholders; Media monitoring. 	M	H	H	<ul style="list-style-type: none"> Review of RQIA website; Review of comms and engagement strategy; Publication of stats and information bulletin for RQIA; Principles of co-production embedded in all our work 	Chief Executive Head of Business Support	March 2020	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR4	Chief Executive	There is a risk that intelligent monitoring of the data and information supplied to RQIA fails to pick up the expected level of provider failure; and that RQIA does not use this monitoring to appropriately influence actions and provide an effective remedial response.	<ul style="list-style-type: none"> • Introduction of “state of the nation” reports; • Revision of concerns model on iConnect; • Implementation of RADAR. 	<ul style="list-style-type: none"> • Introduction of safety huddles; • Assessment and evaluation of RADAR. 	M	M	M	<ul style="list-style-type: none"> • Information team capacity increased with additional staffing; • Enhanced links with external data sources; • Roll out of safety huddle model across RQIA teams; • Extension of RADAR 	Chief Executive Director of Improvement Director of Assurance Head of Business Support		

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR5	Chief Executive	There is a risk that inspection and review activity fails to pick up significant provider risk and failure and that RQIA does not act appropriately on the findings of this activity.	<ul style="list-style-type: none"> Enforcement decision making policy and procedures; Dedicated in-house solicitor for Neurology review work; SCCG; Duty desk; Complaints guidance leaflet introduced. 	<ul style="list-style-type: none"> SCCG TOR and procedures revised and implemented; iConnect concerns module revised to support duty desk. 	M	M	M	<ul style="list-style-type: none"> Review of inspection methodology to include enforcement decision making. 	Chief Executive Director of Improvement Director of Assurance		

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR6	Chief Executive	There is risk of a cybersecurity incident which may result in RQIA's information, systems, and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3 rd parties potentially causing significant business disruption and reputational damage.	<ul style="list-style-type: none"> • Technical infrastructure including security hardware (firewalls), security software, server/client patching, data and system back-ups, 3rd party remote secure access; • Policy and process controls; • User behaviours 	<ul style="list-style-type: none"> • Self-assessment /substantive compliance against the Information Management Assurance Checklist; • SLA with BSO ITS to provide ICT service provision and security. 	L	H	H		Chief Executive Head of Business Support		

Risks Removed from the Corporate Risk Assurance Framework Report

Ref No.	Owner	Description	Current Controls	Assurance	Assessment			Risk Decision	Date Removed From Register	Monitoring Frequency
			•							
			•	•						
			•							
			•	•						
				•						
			•	•						

RQIA Board Meeting

Date of Meeting	4 July 2019
Title of Paper	Corporate Performance Report, Quarter 1
Agenda Item	5
Reference	D/05/19
Author	Board and Executive Support Manager
Presented by	Chief Executive
Purpose	<p>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 aligned to the four strategic themes in the Corporate Strategy 2017-21.</p> <p>The report presents a cumulative picture of corporate performance and summarises key achievements and issues.</p>
Executive Summary	By the end of Quarter 1, 100% of the actions are forecast to be delivered.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 2 will be presented to the Board on 21 November 2019.

RQIA Board Meeting

Date of Meeting	6 July 2019
Title of Paper	Audit and Risk Committee Business
Agenda Item	8
Reference	F/05/19
Author	Hayley Barrett
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	<p>The Audit and Risk Committee has met on one occasion since the last Board meeting.</p> <p>At the meeting on 14 June 2019, the minutes of the meeting of 2 May 2019 were approved and these are attached for noting by the Board.</p> <p>The Committee Chairman will verbally update the Board on the meeting of 14 June 2019.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the update from the Committee Chair.
Next steps	The Audit and Risk Committee is scheduled to meet again on 17 October 2019.

MINUTES

RQIA Audit Committee Meeting 2 May 2019

Boardroom, 9th Floor, Riverside Tower, Belfast, 10:00am

Present

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

In attendance

Olive Macleod (Chief Executive)
Jennifer Lamont (Head of Business Support)
David Charles (Assistant Head of Internal Audit)
Denver Lynn (Northern Ireland Audit Office)
Hayley Barrett (Board & Executive Support
Manager)

Apologies

Catherine McKeown (Head of Internal Audit)
Stephen Knox (Northern Ireland Audit Office)
Rosemary Peters Gallagher (Moore Stephens (NI) LLP)

1.0 Welcome and Apologies

- 1.1 The Chair welcomed all members and officers to the Audit Committee meeting. Apologies were noted from Catherine McKeown, Stephen Knox and Rosemary Peters Gallagher.

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 advised that the Audit Committee self-assessment for 2019/20 was completed prior to the meeting with all Audit Committee members.
- 3.2 The Chair advised that three Board members are due for retirement during 2019/20, however have been advised by the Department of Health verbally that their term will be extended for one year.
- 3.3 The Chair advised Committee members that significant work has been completed on the Standing Orders with the Board and Executive Support Manager. The Standing Order review will be discussed as an agenda item.
- 3.4 The Chair advised Committee members that the bi-lateral meeting will be scheduled prior to the meeting on 14 June 2019.

- 3.5 Committee members **NOTED** Chairman's Business.
- 4.0 **Minutes of previous meeting (AC/Min18/Mar)**
- **Matters Arising**
 - **Notification of AOB**
 - **Action List Review**
- 4.1 Committee members **APPROVED** the minutes of the meeting of 6 March 2019, for onward transmission to the Board on 16 May 2019.
- 4.2 **Resolved Action (389)**
Board & Executive Support Manager to bring the Audit Committee minutes of 6 March 2019 to the May meeting of the Board for noting.
- 4.3 The Chair noted that actions 386, 387 and 388 are complete. The Chief Executive advised that in relation to action 387 that the private provider left the market in March 2019 and the Western HSC Trust (WHST) have taken over the lease of Drumclay Nursing Home. A completed application has not yet been received from the WHST. RQIA continue to liaise with the Chief Executive of the WHST.
- 4.4 In relation to action 383, the Chief Executive advised that the Records Management Policy is currently being re-drafted. The Chair asked that a revised version is brought to Audit Committee in October 2019.
- 4.5 **Resolved Action (390)**
Draft Records Management Policy to be presented to Audit Committee in October 2019.
- 4.6 Action 384 will be rolled forward as the National Fraud Initiative Report has not yet been made available.
- 4.7 Committee members **NOTED** the action list review.
- 5.0 **Chief Executive Update on key risks**
- 5.1 The Chief Executive informed members that since the last Audit Committee she has been in regular contact with Four Seasons Healthcare in relation to their pending sale. The Chief Executive advised that Four Seasons Healthcare will be receiving indicative bids in the first instance.
- 5.2 The Chief Executive advised Committee members that assurances have been received from Four Seasons Healthcare advising that the organisation is well financed until the end of the year.
- 5.3 The Chief Executive remains in contact with DoH, HSCB and trusts in relation to the sale of Four Seasons Healthcare.
- 5.4 The Chief Executive advised Committee members that RQIA have offered to attend a half day workshop with the CPEA Review Team on 12 June 2019. RQIA awaits confirmation of the agenda and issues for discuss from

the Review Team.

- 5.5 The Chief Executive advised of the pre-judicial review challenge of the registration of Meadow View (formerly Ashbrooke) that three months have lapsed and no further information has been received.
- 5.6 The Chief Executive advised of two legal claims relating to a family member of Dunmurry Manor Care Home. The claims include Runwood Homes and the trust. The Chief Executive has informed the DoH and wrote formally to the Permanent Secretary.
- 5.7 The Chief Executive informed Committee members of a claim against RQIA in regard to pain and suffering of a nurse who worked in Dunmurry Manor Care Home for one month. No further correspondence has been received.
- 5.8 Audit Committee members **NOTED** the Chief Executive's Update on Key Risks.

6.0 Corporate Risk Assurance Framework Report

- 6.1 The Head of Business Support advised that she met with the Chief Executive, Gerry McCurdy and Denis Power in relation to the revised Corporate Risk Assurance Framework Report.
- 6.2 The Head of Business Support advised that it was agreed that the Corporate Risk Assurance Framework Report from March 2019, would be archived and a new risk register would be developed. The Head of Business Support provided assurances to Committee members that all previous risks are included or have been de-escalated to directorate risk registers.
- 6.3 The Head of Business Support advised that the risks presented on the current Corporate Risk Assurance Framework Report are high level, strategic risks.
- 6.4 Committee members discussed the current risks on the Corporate Risk Assurance Framework Report advising of minor amendments relating to wording. The Head of Business Support agreed to the suggested amendments.
- 6.5 LS advised that she welcomes the approach, as governance good practice, to revisit and develop a new risk register.
- 6.6 The Chair asked Internal and External Audit for their views on the approach. DL, External Audit advised that the numbers of risks is manageable for the size of the organisation and that risks have been de-escalated to directorate risk registers. DC, Internal Audit, advised that the current risks support the strategic objectives of the organisation.
- 6.7 Committee members **NOTED** the Corporate Risk Assurance Framework

Report, subject to mirror amendments for onward approval to the Board.

6.8 **Resolved Action (391)**

The Corporate Risk Assurance Framework Report to be presented to the May meeting of the Board for approval.

6.9 The Chair asked that going forward, Directorate Risk Registers are presented to Audit Committee for information, on a rolling basis.

6.10 **Resolved Action (392)**

Directorate Risk Registers to be presented to Audit Committee for information on a rolling basis.

7.0 **Update on Audit Action Plan**

7.1 The Head of Business Support presented the Update on Audit Action Plan advising that three actions are behind target. The Head of Business Support advised that a two of these actions will be implemented within Quarter 1.

7.2 The Head of Business Support advised that in relation to action 29, RQIA have had difficulties with BSO Recruitment Shared Services and the advertisement of new posts. The Head of Business Support informed Committee members that new posts within the Business Support Unit will be advertised within Quarter 1.

7.3 The Chair advised that this action has been ongoing for 18-24 months. The Head of Business Support advised that she attends the ALB forum on a quarterly basis where issues in relation to BSO Recruitment Shared Services remains.

7.4 The Chair asked that the contracts register and a register of all Direct Award Contracts (DAC's) are presented to Audit Committee on a six monthly basis.

7.5 **Resolved Action (393)**

RQIA Contracts Register and register of all DAC's to be presented to Audit Committee on a six monthly basis.

7.6 The Head of Business Support advised that the recommendations from the Inspections 2018/19 audit and the post-controls assurance review are included in the report for the first time.

7.7 Committee members **NOTED** the Audit Action Plan.

8.0 **Draft Governance Statement**

8.1 The draft Governance Statement was presented to Committee members. The Chief Executive advised that the template for the statement was provided by the Department of Health.

- 8.2 The Chair of Audit Committee advised that the content of the draft Governance Statement was shared with him prior to the submission to the Department of Health. The Chair advised that the document accurately reflects the priority one finding on inspections.
- 8.3 Committee members **NOTED** the Draft Governance Statement.
- 8.4 **Resolved Action (394)**
The draft Governance Statement to be presented to the Board meeting on 16 May 2019.
- 9.0 **Audit Committee Annual Report**
- 9.1 The Chair of Audit Committee presented the Audit Committee Annual Report to Committee members advising that the report follows a standard format each year.
- 9.2 The Chair of Audit Committee thanked Committee members and the Executive Management Team for their support throughout the year.
- 9.3 Committee members **NOTED** the Audit Committee Annual Report.
- 10.0 **Internal Audit Update**
To include:
- Progress Report
 - Follow Up
 - Shared Services Audits
 - HIA Annual Assurance
 - Internal Audit Charter
 - Internal Audit Annual Plan 2019/20
 - Internal Audit External Quality Assessment
- 10.1 The Assistant Head of Internal Audit, David Charles (DC), presented the Internal Audit Progress Report. The Assistant Head of Internal Audit advised that by the end of March, 88% of Internal Audit Reports were issued. DC advised that two reports included in the report are the Inspection 2018/19 and the post-controls assurance standards review.
- 10.2 DC advised that one priority one recommendation was made in respect of the inspection 2018/19 audit relating to the quality assurance process. DC advised that management have accepted all recommendations. A follow up audit will be completed in September with a further audit in January 2020.
- 10.3 OM informed Committee members that a review of the inspection methodology is currently ongoing. The recommendations of this audit are monitored monthly at the Executive Management Team meeting. OM advised that all teams complete a weekly safety huddle to highlight any concerns.
- 10.4 DC advised of the post controls assurance standards review that no level of

assurance was received as it was a consultancy piece of work to review governance arrangements. DC informed Committee members that four recommendations have been made.

- 10.5 DP asked whether the Head of Business Support was comfortable with the arrangements post controls assurance standards. The Head of Business Support advised that she has been in regular contact with the DoH requesting checklists. The DoH have been unable to share any information. RQIA will discuss this with the DoH at the ground clearing meeting. The Head of Business Support advised that other ALBs are reluctant to work together with no DoH Policy Lead.
- 10.6 Committee members **NOTED** the Internal Audit, Progress Report.
- 10.7 DC presented the Internal Audit, Follow Up report to Committee members. DC advised that at the end of March, six recommendations were fully implemented and nine were partially implemented. DC advised that Internal Audit follow up on priority one and two recommendations only.
- 10.8 Committee members **NOTED** the Internal Audit, Follow Up.
- 10.9 DC presented the Shared Service Audits and noted that Payroll Shared Services has achieved a limited level of assurance. Accounts Payable and Business Services Shared Services have achieved a satisfactory level of assurance.
- 10.10 DC advised that the level of assurance is consistent as previously reported. DC noted improvements in Payroll Shared Services, however there remains a number of significant issues to be resolved.
- 10.11 Committee members **NOTED** the Shared Service Audits.
- 10.12 DC presented the HIA Annual Assurance report to Committee members advising that the Head of Internal Audit has advised that there are satisfactory governance arrangements in place.
- 10.13 Committee members **NOTED** the HIA Annual Assurance.
- 10.14 DC presented the Internal Audit Charter advising that the report follows a standard template to previous years.
- 10.15 Committee members **NOTED** the Internal Audit Charter.
- 10.16 DC presented the Internal Audit Plan 2019/20. DC advised that Internal Audit met with the Chief Executive and Head of Business Support to agree the plan.
- 10.17 Committee members **APPROVED** the Internal Audit Plan 2019/20.
- 10.18 DC advised that the Institute of Internal Audit, London conducted an audit

on BSO Internal Audit in February. DC advised that there are 64 areas of conformance; BSO internal audit fully conformed with 60 areas, 2 partially and 2 areas were not applicable. DC advised that two formal recommendations have been made.

10.19 DL advised that the report highlights that RQIA are in receipt of a high quality audit service from BSO Internal Audit. The Chair of Audit Committee thanked DC for the support received from Internal Audit.

10.20 Committee members **NOTED** the Internal Audit External Quality Assessment.

11.0 External Audit Update

11.1 Denver Lynn (DL), External Audit advised that external audit has not yet received RQIA Final Accounts 2018/19, however plans are in place for completion in line with the schedule.

11.2 Committee members **NOTED** the External Audit Update.

12.0 Update on Controls Assurance Standards

12.1 An update on Controls Assurance Standards was completed in section 10, Internal Audit Update.

12.2 Committee members **NOTED** the Update on Controls Assurance Standards.

13.0 National Fraud Initiative Update

13.1 The Board and Executive Support Manager advised that the National Fraud Initiative report has not yet been made available to RQIA.

13.2 **Resolved Action (395)**
The National Fraud Initiative Report to be shared with Audit Committee when received.

13.3 Committee members **NOTED** the National Fraud Initiative Update.

14.0 Standing Orders Review

14.1 The Chair of Audit Committee advised Committee members that over the last number of months the Board and Executive Support Manager has made significant amendments to the Standing Orders that he had oversight of.

14.2 The Chair advised that amendments include merging the Management Statement / Financial Memorandum with the Standing Orders; job title changes and the SOADs Panel information has been significantly reduced to remove the policy and procedure which will remain as separate documents. The Chair advised that the fraud and gifts and hospitality policies have been removed, however a summary is included.






- 14.3 Committee members suggested amendments relating to the accountability framework roles and responsibilities (page 11 & 12); procedures for meetings (page 60) and staff training (page 116).
- 14.4 Committee members **APPROVED** the Standing Orders Review, subject to suggested amendments, for onward approval by the Board.
- 14.5 **Resolved Action (396)**
Suggested amendments to the Standing Orders to be made prior to approval by the Board on 16 May 2019.
- 15.0 **Standing Reports to Audit Committee**
To include:
- **Whistleblowing Report**
 - **Fraud and Bribery Report**
 - **Direct Award Contracts (DAC's) & External Consultancy**
 - **Update on DoH Circulars**
- 15.1 The Board and Executive Support Manager informed Committee members that no concerns have been raised under the Whistleblowing Policy to date during 2019/20.
- 15.3 Committee members **NOTED** the Whistleblowing Report.
- 15.4 The Board and Executive Support Manager informed Committee members that no acts of Fraud or Bribery have been identified to date during 2019/20.
- 15.5 Committee members **NOTED** the Fraud and Bribery Report.
- 15.6 The Board and Executive Support Manager advised Committee members that to date in 2019/20 that RQIA has not awarded any Direct Award Contracts.
- 15.7 The Board and Executive Support Manager informed Committee members that to date in 2019/20 that RQIA has not engaged External Consultants in this period.
- 15.8 Committee members **NOTED** the Direct Award Contracts (DAC's) and External Consultancy Reports.
- 15.9 The Board and Executive Support Manager asked members to note the Circulars issued by DoH which have no impact on RQIA Audit Committee.
- 15.13 Committee members **NOTED** the Update on DoH 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 and thanked all for their




participation.

Date of Next Meeting: **Friday 14 June 2019, RQIA Boardroom, 10:00am**




ACTION LIST

RQIA Audit Committee Meeting 2 May 2019

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
389	4.2	Board & Executive Support Manager to bring the Audit Committee minutes of 6 March 2019 to the May meeting of the Board for noting.	Board and Executive Support Manager	16 May 2019	
390 (Replaced action 383)	4.5	Draft Records Management Policy to be presented to Audit Committee in October 2019.	Head of Business Support	17 October 2019	
391	6.8	The Corporate Risk Assurance Framework Report to be presented to the May meeting of the Board for approval.	Head of Business Support	16 May 2019	
392	6.10	Directorate Risk Registers to be presented to Audit Committee for information on a rolling basis.	Board and Executive Support Manager	17 October 2019 (and ongoing)	
393	7.5	RQIA Contracts Register and register of all DAC's to be presented to Audit Committee on a six monthly basis.	Board and Executive Support Manager	17 October 2019 (and ongoing)	

394	8.4	The draft Governance Statement to be presented to the Board meeting on 16 May 2019.	Board and Executive Support Manager	16 May 2019	
395 <i>(replaced action 384)</i>	13.2	The National Fraud Initiative Report to be shared with Audit Committee when received.	Board and Executive Support Manager	17 October 2019	
396	14.5	Suggested amendments to the Standing Orders to be made prior to approval by the Board on 16 May 2019.	Board and Executive Support Manager	16 May 2019	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	4 July 2019
Title of Paper	Chief Executive's Update
Agenda Item	8
Reference	F/05/19
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 16 May 2019 and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last Board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the Chief Executive's Update.
Next steps	A further update will be provided at the March meeting.

BUSINESS SUPPORT UNIT

Media Interest

There has been significant print and broadcast media interest in RQIA's enforcement action at a number of services across Northern Ireland. These included: Owen Mor nursing home in Derry; Parkanaur College, a residential care home in Co Tyrone; Ratheane nursing home Coleraine; and Corriewood Private Clinic, a nursing home in Castlewellan. There was also coverage of concerns identified by RQIA during unannounced inspections at Muckamore Abbey Hospital.

Engagement

During May RQIA attended the annual Northern Ireland NHS Confederation Conference. There was significant interest from delegates in the work of RQIA at our information stand which was manned by staff from our Business Support team who provided an overview of our current work activities and priorities for the future.

Political Engagement

Due to local and European elections in May there was no political engagement during this period.

Complaints

We have recently completed a Stage One investigation of a complaint. Learning from this investigation will be shared with relevant staff and monitored through our Serious Concerns and Complaints Group. We will undertake a review of RQIA's complaints policy and procedure to take account of the Department of Health's new guidance; learning from previous complaints; and internal audit recommendations.

Chief Executive Key Meetings

- 30 April – Launch of NI Good Practice Guide 'Making Partnership Work'
- 10 May – WHO – Third Global Patient Safety Challenge 'Medication without Harm' Workshop
- 13 May - Workshop with David Carson and Professor Brian Taylor

- 17 May - RQIA Formulation Workshop with Inspectors
- 23 May – Permanent Secretary Assurance Group - Neurology

- 11 June - Northern Ireland Personal Data Guardian Training
- 12 June - Workshop with CPEA
- 18 June – Independent Neurology Inquiry Panel

Inquiry into Hyponatraemia-Related Deaths (IHRD)

The Working Group for IHRD Workstream 9 continues to meet.

Current Legal Actions

There are no further updates in relation to the pre-judicial review challenge of the registration of Meadow View (formerly Ashbrooke) and in respect of two legal claims relating to a family member of Dunmurry Manor Care Home and a previous staff member.

Workforce

Interviews for the Business Manager, two Business Support Officers, three Personal Assistants, one Information Analyst and one Admin Supervisor went are scheduled throughout June and July.

ASSURANCE DIRECTORATE

Care Homes Team

RADaR (Risk Adjusted Dynamic and Responsive)

A RADAR workshop was held on the 3 May where feedback from the third RADAR survey was presented along with updates in the progress of the dynamic review of data. Feedback from inspectors in relation to the new self-service reports to facilitate the dynamic review of data was positive and all stated that they made analysis of service level data easier.

Next steps include roll out of the tool across other service areas beginning with children's homes and the inclusion of a risk matrix for pharmacy / estates / finance. Self-service reports are now being developed at provider level to facilitate analysis at this level.

Four Seasons Health Care

The Chief Executive remains in regular contact with Four Seasons Health Care, HSCB, DoH and Trusts in relation to the pending sale of the group. A meeting is scheduled for 8 July.

Day Care, Agencies, Estates, Finance & Pharmacy

Domiciliary Care

We have participated in Providing Care - Community Services Workstream meetings on 10 June with HSC Board and Trust colleagues. The proposed new model for the provision of domiciliary care has been outlined during these meetings and RQIA will continue to advise DoH of any potential changes required to the regulations and standards.

In conjunction with NISCC we have participated in Project ECHO and provided support to a group of domiciliary care managers. The project aims to share learning and to showcase good practice and discuss challenges arising within the domiciliary care sector. We took this opportunity to reflect on regulation and responsibilities and to explore the challenges and opportunities arising from a human rights approach.

We have engaged with the HSC Board social care leads in relation to the Shared Lives project which is underway. Shared Lives schemes are regulated by RQIA in accordance with the Adult Placement Agencies Regulations (Northern Ireland), 2007. We will continue to provide advice to Board and Trust colleagues in relation to any regulatory matters arising from the project.

We have worked closely with BHSCT colleagues in relation an application to register a supported living service which will be offered to individuals with a learning disability who are currently experiencing a delay in their discharge from hospital. We continue to liaise with a number of other providers who are extending their provision to support a number of individuals within the resettlement programme.

We have supported a peer network of registered managers who are members of ARC (Association for Real Change) with guidance on human rights.

Multi-Disciplinary Inspections

Board members are aware that multi-disciplinary inspections have been used in hospital settings for some time and this methodology has now been adopted on a targeted basis in care homes and children's homes where input is required from care inspectors and their colleagues in medicines management, estates and finance teams.

Children's Services

Unregistered Facilities Accommodating Young People

The HSC Board Jointly Commissioned Projects 16+ inspections have been completed and an overview report of their compliance against standards will be submitted to the HSCB and DoH.

Monthly Monitoring Reports

A joint RQIA and HSCB workshop is planned for September. We will take this opportunity to clarify our expectations in respect of the monthly monitoring returns that children's homes must provide to us.

Apprenticeship Opportunity

The Board is aware that we had intended to offer an opportunity for an apprenticeship of a care-experienced individual to support our inspection of children's services. However, due to resource constraints within the team, we are unable to provide an appropriate level of support to such a young person at this time. We have therefore deferred the commencement of this project until September 2020.

Enforcement Activity

Name of Service	Type of enforcement	Date of Issue	Compliance required by
Springlawn Nursing Home, Omagh	2x FTC	14 May 2019	13 July 2019
Ratheane Private Nursing Home, Coleraine	2 x FTC	15 May 2019	5 July 2019
Owen Mor Care Centre Nursing Home, Derry	4 x FTC	15 May 2019	26 June 2019
Deanfield (Nursing Home), Derry	1 x FTC	17 May 2019	15 July 2019
Corriewood Private Clinic, Nursing Home, Castlewellan	4 x FTC	4 June 2019	5 August 2019
Blair House Care Home (Nursing Home), Newtownards	1 x FTC	18 June 2019	14 August 2019
Blair Mayne Residential Care Home, Newtownards	1 x FTC	18 June 2019	14 August 2019
Corriewood Private Clinic Ltd- Croob Cottage, Castlewellan (Corriewood Private Clinic Ltd)	3 x FTC	20 June 2019	30 July 2019
Ringdufferin Nursing Home, Killyleagh	4 x FTC	25 June 2019	18 July 2019

IMPROVEMENT DIRECTORATE

Healthcare Inspections

Northern Ireland Ambulance Service (NIAS)

An Improvement Notice remains in place relating to staff training. Compliance is required by 30 June 2019. The team have scheduled further inspections to assess compliance.

Acute Hospitals – Unannounced Inspection Programme (HIP)

An unannounced inspection of the Royal Belfast Hospital for Sick Children in April 2019 identified a number of areas for improvement.

Mental Health and Learning Disability

An inspection of the mental health acute admission wards across the Western Health and Social Care Trust was undertaken in June. This was a multi-disciplinary inspection across the Grangewood and Tyrone and Fermanagh hospital sites of the Trust and included four wards. A number of areas of improvement were identified. Feedback was provided to the executive management team on 7 June. RQIA will arrange to meet with the Trust in the near future seeking assurances with respect to the actions they are taking to address the areas of improvement.

As a result of information received in respect of mental health and learning disability wards across two Trust areas RQIA are reviewing and collating the information with a view to determining next steps.

Partial Implementation of Mental Capacity Act (Northern Ireland) 2016

The Department intends to commence parts of the Mental Capacity Act (Northern Ireland) 2016 from 1 October. It is likely that the commencement of these parts of the Act will have an impact on the work of RQIA and the bodies it registers, inspects and reviews. We have therefore established a cross-Directorate working group (chaired by me) to examine the potential impact and plan for implementation. We have engaged with our Departmental sponsor and the sponsor of the Act who will join our weekly meeting on 5 July to discuss issues that have arisen so far. I will update Board and Audit Committee as further detail is known.

International Atomic Energy Agency

Board members are aware that the International Atomic Energy Agency (IAEA) will be carrying out an Integrated Regulatory Review Service Mission in the UK during October 2019, following the UK's departure from the European Union. In preparation for this a UK wide self-assessment will be completed and coordinated by the Office for Nuclear Regulation (ONR). A teleconference involving the ONR and regulatory bodies was undertaken in June to progress this work. The IAEA will not be visiting Northern Ireland as part of the mission however RQIA will be liaise with them in October and provide supporting evidence in relation to the submitted self-assessment.

Reviews

A progress report on the RQIA Review Programme was provided to the DoH at its recent Accountability Review Meeting.

I. Expert review of clinical case notes of patients of Dr X who have died in the previous 10 years

We continue to progress preparatory work for this sensitive and complex review. An information sub group has been established, the purpose of which will be to develop a methodology to identify deceased patients. We have now written to relevant organisations to outline our legal construct for receiving patient records and to request that they identify an organisational affiliate with whom we can liaise. We have secured experts who have been involved in similar work at a national level and we are currently following up with other potential experts. We anticipate that this review will continue over two years, given the complexity and volume of work to be progressed.

II. Review of governance (corporate and clinical) relating to health services delivered by independent sector hospitals in Northern Ireland

This review is currently in fieldwork including analysis of governance questionnaires from hospitals and hospices, focus groups with frontline staff, meetings with senior management, an online survey for general practitioners in respect of partnership working and an online patient survey. Meetings with the HSC Trusts and HSC Board will follow in August. This work will be complemented by inspections of independent healthcare establishments.

III. Review of Serious Adverse Incidents (SAIs)

This review is currently in fieldwork with a structured assessment of identified SAIs being completed by our expert review team and an analysis of completed questionnaires from each HSC Trust. We are presently finalising the plans for patient/family engagement, with appropriate psychology input. We will also hold a series of meetings with staff and senior managers in each Trust during September 2019.

IV. Review of Vulnerable Prisoners

Preparatory work to support this review has commenced. The review will include all prisons and is aiming to complete by March 2020

Audit, Guidelines and Quality Improvement Projects

2018/2019 Programme

Four draft reports are undergoing external review prior to submission to RQIA. Two draft reports have been received and will undergo internal quality assurance.