

AGENDA

RQIA Authority Meeting
Virtual Meeting via Zoom
Thursday 4 November 2021, 11.30am

PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		11.30am
2 Minutes of the meeting of the Authority held on 9 September 2021 and matters arising	Min/Sep21/ public	11.35am APPROVE
3 Declaration of Interests		11.40am
4 Standing Orders Interim Chair	A/11/21	11.45am APPROVE
5 Members Activity Report Interim Chair	D/11/21	11.55am NOTE

STRATEGIC ISSUES

6 Annual Quality Report Chief Executive	G/11/21	12.05pm APPROVE
7 Business, Appointments and Remuneration Committee		12.15pm NOTE
<ul style="list-style-type: none"> Verbal Update: Meeting of 21 October 2021 Minutes of Meeting: 21 October 2021 Performance Activity Report (Q1 & 2) Management Plan 2021/2022 Capacity and Organisational Development 	H/11/21 I/11/21 J/11/21	NOTE NOTE NOTE
Committee Chairman		
8 Audit and Risk Assurance Committee		12.35pm NOTE
<ul style="list-style-type: none"> Verbal Update: Meeting of 21 October 2021 Minutes of Meeting: 21 October 2021 Mid-Year Assurance Statement Finance Performance Report (Months 5 	K/11/21 L/11/21 M/11/21	NOTE APPROVE NOTE

and 6)	N/11/21	NOTE
<ul style="list-style-type: none"> Principal Risk Document (PRD) 		
Committee Chairman		

OPERATIONAL ISSUES

9	Chief Executive's Update		12.55
	<ul style="list-style-type: none"> Muckamore Abbey Hospital Public Inquiry 		NOTE
	Interim Director of Improvement		
	<ul style="list-style-type: none"> Deceased Patients Review Progress Report 	O/11/21	NOTE
	Interim Director of Improvement		
	<ul style="list-style-type: none"> Verbal Update: Report to the Health Committee 		APPROVE
	Chief Executive		
10	Any Other Business		1.20pm

Date of Next Meeting: Board Workshop: Thursday 2 December 2021, 9.30am

Minutes of Authority Meeting

Date of Meeting	4 November 2021
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min/Sept21/private
Author	Hayley Barrett, Business Manager
Presented by	Christine Collins MBE, Interim Chair
Purpose	To provide a record of the meeting of the Authority held on 9 September 2021.
Executive Summary	The minutes contain an overview of the key discussion points and decisions of the Authority meeting on 9 September 2021.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Authority is asked to APPROVE the minutes of the meeting held on 9 September 2021.
Next steps	The minutes will be formally signed off by the Interim Chair.

PUBLIC SESSION MINUTES

RQIA Authority Meeting Via Zoom Thursday 9 September 2021, 12.02pm	
Present Christine Collins MBE (Interim Chair) (CC) Neil Bodger (NB) Bronagh Scott (BS) Jacqui McGarvey (JMcG) Suzanne Rice (SR) Alan Hunter (AH) Apologies: Prof. Stuart Elborn (SE)	RQIA Staff in attendance Briege Donaghy (Chief Executive) (BD) Emer Hopkins (Acting Director of Improvement) (EH) Karen Harvey (Professional Advisor Social Work / Project Lead for Assurance) (KH) Jacqui Murphy (Acting Head of Business Support Unit) (JM) Malachy Finnegan (Communications Manager) (MF) Lynn Long, Acting Deputy Director of Improvement (LL) Julie-Ann Walkden, Deputy Director of Assurance (JAW) Audrey Murphy, (Assistant Director) (AM) Lesley Mitchell (HSCLC Associate) (LM) Sarah Adebambo (BSO Senior Client Accountant) (SA) Hayley Barrett (Business Manager) (HB)

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 12.02pm
- 1.2 CC welcomed all Authority Members and RQIA staff to this meeting. CC welcomed Audrey Murphy, Assistant Director and Sarah Adebambo, BSO Senior Client Accountant, to the meeting.

2.0 Agenda Item 2 – Minutes of the meeting of the Authority held on 12 August 2021 and matters arising

- 2.1 The Authority **APPROVED** the Minutes of the meeting held on 12 August 2021.

- 2.2 The Authority noted that action 235 and 237 are now complete. Action 236 remains ongoing.

3.0 Agenda Item 3 - Declaration of Interests

- 3.1 CC asked Authority Members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders.
- 3.2 CC declared an interest due to her position as Chair of the Patient Client Council (PCC), however, DoH has confirmed that the position is time bound and that it is actively seeking to recruit a Chair. CC would recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective role as Chair of the PCC.
- 3.3 BS advised that she is an Associate with the HSC Leadership Centre and is currently seconded to DoH, via HSC Leadership Centre, to advise on COVID surge planning. If any areas arise that cause a conflict she will excuse herself.
- 3.4 JMcG advised that she is a member of the NI Social Care Council (NISCC) Board and an Associate with the HSC Leadership Centre, currently involved in the Adolescent Forensic Service.

4.0 Agenda Item 4 – Members’ Activity Report

- 4.1 JMcG advised that she met with BD on 16 August as an introductory meeting.
- 4.2 AH asked that Members attendance at Authority Meetings and Authority Workshops, participation in Decision Making Panels and SOAD/Part II Panels, and involvement in ad hoc Working Groups is documented within the Members Activity Report.
- 4.3 **Resolved Action (238)**
Members’ Activity Report to be updated to show attendance at Authority Meetings and Authority Workshops, participation in Decision Making Panels and SOAD/Part II Panels, and involvement in ad hoc Working Groups
- 4.4 The Authority **NOTED** the Members’ Activity Report.

5.0 Agenda Item 5 – Winter and Services Pressures Resilience Plan 2021/2022

- 5.1 BD noted that as approved at the last Authority Meeting she had begun to engage with stakeholders.
- 5.2 BD said that she met with Sponsor Branch and the Trade Union Chair and feedback has been positive. The Plan has been shared with staff and discussed at the staff meeting.

- 5.3 BD said that there will be a lot of work in order to deliver these significant initiatives. She is planning to develop a reporting tool to update the Authority.
- 5.4 BS congratulated BD on the development of this plan. BS noted that RQIA has come a long way to building credibility and transparency and is showing leadership through its commitment and support despite being under pressure. BS queried why there is no explicit identified planning for COVID; and if COVID related activity is being integrated into current expenditure.
- 5.5 BD advised that due to the current scale of RQIA slippage, no separate COVID bids or October Monitoring bids have been made. Actions associated with COVID have been built into the Winter Resilience Plan. BD noted the increased commitment for RQIA to spend the in-year slippage to achieve breakeven.
- 5.6 CC noted that this was a useful plan and acknowledged the commitment from staff.
- 5.7 BD advised that progress reports will be provided in due course. NB thanked BD and saying that he found the report was very useful.
- 5.8 The Authority **APPROVED** the Winter and Services Pressures Resilience Plan 2021/2022.

6.0 Agenda Item 6 – Investors in People (IiP) Re-Accreditation

- 6.1 JM informed the Authority that RQIA received IiP accreditation in 2017 and was reassessed in 2020. JM advised that the assessment in 2020 was a strategic review to enable RQIA to maintain its accreditation for an extension of one year. JM noted that the points in the assessment had increased to 60.
- 6.2 JM outlined that during this assessment there will be a context discussion with the Executive Management Team, a survey issued to all staff and 1-1 engagement with staff. JM noted that work has commenced to build on staff recognition and reward. JM advised that the HSC Leadership Centre and BSO are assisting RQIA with the re-accreditation.
- 6.3 CC noted the importance of staff feeling recognised and valued; and said that the RQIA's staff were its greatest resource and asset..
- 6.4 JMcG suggested seeking advice from other organisations with IiP Accreditation. JMcG also said she would be interested in attending staff meetings, as would all Authority Members. JM advised that there are staff meetings arranged and invitations can be shared with Authority Members for attendance as and when available.
- 6.5 **Resolved Action (239)**
Communications Manager to share invites to staff meetings with Authority Members.

6.6 The Authority **APPROVED** the arrangements for moving forward with Investors in People (IiP) Re-Accreditation.

7.0 Agenda Item 7 – Finance Performance Report (Month 4)

7.1 *[In the interest of time, this agenda item was taken at the beginning of the meeting. LM joined the meeting at 12.05pm.]*

7.2 LM presented the Finance Performance Report (Month 4) advising that critical decisions are required to be made following Month 5 in relation to the mid-year position.

7.3 LM advised that a breakeven position has been reported for Month 4, however the Authority should note that the latest best estimate for year end is indicating a growing surplus. LM noted that the Executive Management Team is making decisions in relation to a spending plan for the current surplus within the Winter and Services Pressures Resilience Plan.

7.4 LM informed Members of three assumptions:

1. There will be no slippage on the Deceased Patients Review and the £227K will be spent in full
2. All costs are contained
3. There will be limited further slippage

7.5 LM noted that there has been an over-recovery of £37K income and that there are growing underspends within pay, £22K and non-pay, £61K. LM advised that £63K in respect of the compensation payment has already been recognised and will be removed going forward as an easement is to be made to DoH in respect of this.

7.6 LM outlined the key messages for the Authority that:

- RQIA continues to project a year-end breakeven position of a surplus amounting to £4K;
- The financial position at 31 July is reporting a surplus of £285K;
- A mid-year review will be carried out on Month 5 financial position; and
- The compensation element of the dilapidations settlement has been factored into the financial analysis.

7.7 BD thanked LM for her support and expertise and noted that the report demonstrates a surplus of £280K. BD outlined that elements of the Winter and Services Pressures Resilience Plan have been recognised within the forecast as non-recurrent.

7.8 CC queried why RQIA is not recognising any COVID costs to date. BD advised that this has been taken into consideration and, to date, additional funding is not required. BD advised that any expenditure relating to COVID is integrated into our work. CC asked that COVID related expenditure be identified and captured so that the impact of the Pandemic can be shown notwithstanding the fact that RQIA's individual circumstances mean that additional bids do not need to be made.

- 7.9 JMcG queried if staff were absent with COVID or long-COVID would this become an issue. BD confirmed and advised that she is seeking additional staff to join the bank list to support where practicable as part of contingency planning and winter resilience.
- 7.10 NB queried if non-pay budgets were devolved. LM advised that it is difficult to devolve budgets in year and can be a consideration for 2022/2023.
- 7.11 CC thanked LM for the comprehensive report; and for her help and guidance over the past months.
- 7.12 The Authority **NOTED** the Finance Performance Report (Month 4).
- 7.13 At this point, LM left the meeting (12.30pm)

8.0 Agenda Item 8 – Part II / Second Opinion Appointed Doctors (SOADs) Panel Update

- 8.1 EH presented the Part II / Second Opinion Appointed Doctors (SOADs) Panel Update advising that between April and August 2021, there have been 27 Part II Doctors appointed / reappointed and 11 removed. EH advised that one SOAD had been appointed in the same timeframe.
- 8.2 CC thanked EH for the paper and outlined that the function of Appointed Doctors is an element of RQIA's statutory functions under the Mental Health Order. These are very significant powers involving deprivation of liberty, and decisions on treatment when an individual lacks capacity. CC noted that the timing of the process is dependent upon revalidation by the GMC.
- 8.3 LL told the Authority that RQIA is currently operating with three SOADs, with one currently going through their induction process. LL advised that there are a number of plans being discussed with the DoH in order for it to be more manageable.
- 8.4 The Authority **NOTED** the Part II / Second Opinion Appointed Doctors (SOADs) Panel Update, and asked to be kept updated..

9.0 Agenda Item 9 – Audit and Risk Assurance Committee Update

- **Verbal Update: Meeting of 26 August 2021**
 - **Minutes of Meeting: 26 August 2021**
 - **Risk Management Strategy 2021/2022**
 - **Principal Risk Document (PRD)**
- 9.1 NB, Chair of the Audit and Risk Assurance Committee, presented the minutes of the Audit and Risk Assurance Committee of 26 August 2021, for information. NB advised that a breakdown of SLA costs had been provided to the Committee and he was completing an analysis to review value for money.

- 9.2 NB advised that the Risk Management Strategy 2021/2022 was presented to the Committee for approval. NB noted that the Strategy will be required to be reviewed again following the review of Standing Orders.
- 9.3 NB advised that the Principal Risk Document (PRD) was presented and that it was an improving work in progress, with Members' suggestions being applied. NB advised of a meeting with BD and JM to review the PRD in more detail. NB also advised that he was considering the levels of risk register required for the organisation and it was likely that three levels would be agreed later, to include a Strategic Risk Register, a Corporate Risk Register and Directorate Risk Registers. NB would be working with BD and JM to agree formats.
- 9.4 NB informed Members that an update was provided by Internal Audit on progress to date. A nil return was presented in relation to whistleblowing, fraud and bribery. NB noted that an update in relation to Direct Award Contracts (DAC) was provided and more detail has been requested in respect of a DAC with the Care Quality Commission.
- 9.5 The Authority **NOTED** the Audit and Risk Assurance Committee Update and **APPROVED** the Risk Management Strategy and Principal Risk Document.
- 9.6 NB advised that he met with BD, KH and Senior Managers within the Care Homes Team to discuss new financial models in Great Britain and Northern Ireland. NB advised that this will be discussed at the next meeting of the Audit and Risk Assurance Committee and he will consider adding this to the Risk Register.
- 9.7 At this point, JMcG and SR left the meeting (1.16pm).

10.0 Agenda Item 10 – Five Year Equality Review Report

- 10.1 MF presented the Five Year Equality Review Report advising that this is a reflective review and must be completed every five years. MF advised that BSO Equality Unit complete this on our behalf as part of the Service Level Agreement.
- 10.2 MF noted equality training, attendance at the HSC Tapestry Forum, Human Rights Training, Reviews and other activities that form part of the equality agenda.
- 10.3 MF noted a commitment from the Executive Management Team to have more of a focus on equality across the organisation. MF added that equality impact assessment refresher training will be provided during 2021-2022. MF informed Members that the RQIA Equality Forum will also be re-established.
- 10.4 CC noted the substantial work that has gone into the development of the Review Report and noted the importance of re-establishing the Equality Forum.
- 10.5 BS thanked all for the work completed on this report and noted that unless there is a clear focus on the equality agenda, things can slip. AH commented

that this is a comprehensive and honest report and noted the work to be completed internally. AH asked that an update on the Equality Forum is provided as a standing item at the Business, Appointments and Remuneration Committee meetings.

10.6 Resolved Action (240)

An update on the Equality Forum to be added as a standing item on the agenda of the Business, Appointments and Remuneration Committee.

10.7 The Authority **APPROVED** the Five Year Equality Review Report.

11.0 Agenda Item 11 – Chief Executive’s Update

• Mental Capacity Act: Update

11.1 BD advised the Authority that a business case has been submitted to the Department of Health in relation to the Mental Capacity Act. BD advised that it is reflected on the Principal Risk Document and that the Audit and Risk Assurance Committee are fully sighted on same.

11.2 BD noted that there are concerns across the system about capacity to address the issues that come with implementation of the Mental Capacity Act.

11.3 The Authority **NOTED** the Chief Executive’s Update.

12.0 Agenda Item 12 – Any Other Business

12.1 BD advised that she is mindful of the pressures in the health and social care system and that there is ongoing engagement with providers and the Department of Health to ensure a proportionate approach to regulation. BD noted that she has formally written to the Department of Health asking that they consider and advise RQIA in relation to their previous direction in relation in potential variation to some of its functions. A response is awaited.

12.2 AH queried if RQIA could introduce a self-assessment in its inspection programme. BD confirmed that this is already an element of the inspection programme and that a blended approach to inspection which includes remote and onsite, if required, is in place.

12.3 At this point, SA left the meeting (1.47pm).

12.4 NB said that, in future, intelligence received in relation to trends in care homes should better inform the inspection programmes. This was an essential element in RQIA’s development of a modern, intelligence led approach. **This was agreed by the Authority**

12.5 As there was no other business, the Interim Chair brought the meeting to a close at 1.52pm.





**Date of next meeting:
Thursday 14 October 2021 (Workshop)**

Signed




Christine Collins MBE
Interim Chair

Date

Authority Action List

Action number	Authority meeting	Agreed action	Responsible Person	Date due for completion	Status
236	12 August 2021	Seminar on Registration Activity to be arranged for Authority Members.	Deputy Director of Assurance	7 October 2021	
238	9 September 2021	Members' Activity Report to be updated to show attendance at Authority Meetings and Authority Workshops, participation in Decision Making Panels and SOAD/Part II Panels, and involvement in ad hoc Working Groups	Business Manager	4 November 2021	
239	9 September 2021	Communications Manager to share invites to staff meetings with Authority Members.	Communications Manager	4 November 2021	
240	9 September 2021	An update on the Equality Forum to be added as a standing item on the agenda of the Business, Appointments and Remuneration Committee.	Business Manager	4 November 2021	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Authority Meeting

Date of Meeting	4 November 2021
Title of Paper	Review of Standing Orders
Agenda Item	4
Reference	A/11/21
Author	Christine Collins, MBE, Interim Chair Neil Bodger, Alan Hunter
Presented by	Christine Collins, MBE, Interim Chair
Purpose	To propose amendments to the Standing Orders
Executive Summary	The proposed amendments to the Standing Orders should replace the version of the Standing Orders approved by the Authority Board in August 2020.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Authority is asked to APPROVE the Review of Standing Orders
Next steps	Update RQIA Website and submit to the Department of Health

Regulation and Quality Improvement Authority

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STANDING ORDERS STANDING FINANCIAL INSTRUCTIONS AND CODE OF CONDUCT AND PRACTICE

OCTOBER 2021

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Foreword

These Standing Orders, Standing Financial Instructions and Code of Conduct and Practice have been developed to give a clear and comprehensive set of operational rules to govern the work of the RQIA.

They are based on the legislation establishing the RQIA, and giving it powers and duties; and upon a variety of Financial and other Codes and Instructions.

As the RQIA (like the rest of the HSC in Northern Ireland) is undergoing transformation, they will be kept under close review, and further amended in light of experience and to take account of change.

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Glossary of Terms

Save as permitted by law, at any meeting the Chairperson of the Authority shall be the final authority on the interpretation of Standing Orders. The Chairperson may consult the Chief Executive and take legal advice as appropriate.

Any expression to which a meaning is given in the 'interpretation' at Article 2 of the Order shall have the same meaning in these Standing Orders and in addition:

"Accounting Officer" is the member of staff of the Authority designated by the Permanent Secretary of the Department as the Authority's Accounting Officer: this is normally the Authority's Chief Executive. A Deputy Accounting Officer shall also be designated.

"Assembly" is the Northern Ireland Assembly and refers to Parliament if the Assembly is not in operation.

"Authority" means the Chairperson and Members appointed by the Minister for the DoH.

"Authority Secretary and Head of Corporate Secretariat" means a person appointed by the Authority to have responsibility for the administration of Authority Meetings.

"BSO" is the Business Services Organisation

"Budget" means a resource, expressed in financial terms, approved by the Authority for the purpose of carrying out, for a specific period, any or all the functions of the Authority.

"Chairperson" is the person appointed by the Minister to lead the Authority and to ensure that it successfully discharges its responsibilities. The expression the "Chairperson of the Authority" shall be deemed to include the Member of the Authority deputising / acting for the Chairperson if he / she is absent from a meeting or is otherwise unavailable.

"Chief Executive" means the Chief Executive officer appointed by and responsible to the Authority for the general exercise of its functions, in accordance with regulation 7(3) of Schedule 1 to the 2003 Order and these Standing Orders

"Committee" shall mean a Committee established by the Authority.

"Committee members" shall be persons formally appointed by the Authority to sit on or to chair specific Committees, whether Members of the Authority or not.

"Deputy / Acting Chairperson" means an Authority Member who may be appointed by the Authority to take on the Chairperson duties if the Chairperson is absent for any reason.

"DoH" is the Department of Health.

“Emergency” An emergency is any situation where a decision or action is required to protect the public, ensure RQIA’s proper operation, protect its finances or safeguard its reputation which, for genuine reasons of urgency, cannot be postponed until the next ordinary meeting of the Authority.

“Executive Management Team”/ “EMT” means the Chief Executive and Senior Executives.

“Framework Document” means the Framework Document produced by the DoH in accordance with section 5 of the 2009 Act, to which the RQIA must have regard in carrying out its functions.

“MSFM” means the Management Statement and Financial Memorandum agreed between the RQIA and DoH in 2018, or any successor document.

“Member” shall mean persons appointed to the Authority by the Minister but does not include the Chairperson.

“Minister” is the Minister responsible for the Department of Health.

“Nominated officer” means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

“Officer” normally means an employee of the Authority. In certain circumstances, “officer” may include a person who is employed by another HSC organisation or by a third party contracted to RQIA, who carries out functions on its behalf.

“The 2009 Act” means the Health and Social Care (Reform) Act (Northern Ireland) 2009

“The 2003 Order” means the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

“Petition” is a request by an individual or body for a matter to be included on the Agenda of an Authority meeting.

“PfG” means the Programme for Government established by the Executive and approved by the Assembly The Executive’s Outcomes Based Programme for Government focuses on achieving outcomes of societal wellbeing and delivering real and positive change in people’s lives.

“Member of the Public” means any person who is not a Authority Member or a member the Authority’s staff servicing an Authority meeting and shall include any person with the status of observer.

‘Routine Expenditure’ is expenditure on goods and services for which a budget is provided and which is usually initiated by requisition and repeated periodically. Examples would include office supplies and consumables together with the maintenance of equipment and other establishment costs.

"RQIA" is the Regulation and Quality Improvement Authority.

"Senior Executive" means a member of the Authority's staff and Executive Management Team who reports to the Chief Executive and who is responsible for discrete areas of the work of RQIA in accordance with these Standing Orders.

"Senior Management Team (SMT)" means the Chief Executive, Senior Executives and Senior Managers (Officers) as nominated by the Chief Executive and set out in the Chief Executive's Scheme of Delegation,

"SFIs" shall mean the Standing Financial Instructions

"SO's" shall mean these Standing Orders.

"Sponsor Branch" means the unit within the Department of Health which is designated by the Department to act as the primary point of contact for RQIA: currently this is Quality, Safety and Improvement Directorate, DoH

"Value for money" is defined as the most advantageous combination of cost, quality and sustainability to meet customer requirements.

"Virement" is the transfer of funds between budgets.

Introduction

Management Arrangements

1.1 Statutory Framework: Roles and Responsibilities

1.2 Accountability Framework

1.3 Governance Framework

1.4 Financial Performance Framework

1.5 Delegation of Powers

1.1. Statutory Framework: Roles and Responsibilities

The RQIA was established under Article 3 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, ("the 2003 Order") as a body corporate, consisting of a Chair and up to 12 members appointed by the Department. Accountable to the Department, RQIA is an independent health and social care regulatory body, whose functions include:

- i. Keeping the Department informed about the provision, availability and quality of health and social care services;
- ii. Promoting improvement in the quality of health and social care services by, for example, disseminating advice on good practice and standards;
- iii. Reviewing and reporting on clinical and social care governance in the HSC - the RQIA also undertakes a programme of planned thematic and governance reviews across a range of subject areas, reporting to the Department, and making recommendations to take account of good practice and service improvements. Such reviews may be instigated by RQIA or commissioned by the Department;
- iv. Regulating (registering and inspecting) a wide range of health and social care services. Inspections are based on minimum care standards set by the Department which ensure that both the public and service providers know what quality of services is expected. Establishments and agencies regulated by the RQIA include nursing and residential care homes; children's homes; independent hospitals; clinics; nursing agencies; day care settings for adults; residential family centres; adult placement agencies and voluntary adoption agencies.
- v. In accordance with the Mental Health (Northern Ireland) Order 1986; RQIA has a statutory function to assess the health and social care services provided to people with mental ill health or a learning disability. RQIA's responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or

damage to a patient's property. RQIA fulfils its statutory functions by scrutinising all prescribed detention forms; undertaking an unannounced annual inspection to each inpatient mental health facility; speaking to patients and their families; appointing Part II medical practitioners and Second Opinion Appointed Doctors (SOADs); and providing consent to organisations who have applied to RQIA to hold patient's monies for an amount over £20,000.

- vi. Fulfilling statutory functions as set out in the Mental Capacity Act (Northern Ireland) 2016. Specifically, these include oversight of extensions to authorisations of deprivation of liberty, certain referrals to the Review Tribunal and consenting to arrangements for Trusts and registered providers to hold money or valuables in excess of £20,000 on behalf of a person who lacks capacity.

The RQIA is also the enforcement authority under the Ionising Radiation and Medical Exposure (Amendment) Regulations (N.I.) 2010 [IRMER].

RQIA is one of the four designated National Preventive Mechanisms under the United Nations Optional Protocol for the Convention against Torture [OPCAT] with a responsibility to visit individuals in places of detention and to prevent inhumane or degrading treatment.

The Department can ask the RQIA to provide advice, reports or information on such matters relating to the provision of services or the exercise of its functions as may be specified in the Department's request.

The RQIA may advise the Department about any changes which it considers should be made in the standards set by the Department.

As set out in the Framework Document published by DoH in accordance with section 5 of the 2009 Act (September 2011), the RQIA's relationship with the Department and other HSC bodies is driven by its independent role in keeping the Department informed about the availability and quality of services, drawing on its regulatory functions and its wider statutory responsibility to encourage improvement in the quality of services. HSC bodies look to RQIA for independent validation of their internal arrangements for clinical and social care governance, through its rolling programme of special and thematic reviews within HSC. The RQIA must also work closely with HSC Trusts in the discharge of its functions relating to the regulation of independent sector providers, particularly in terms of safeguarding the interest of vulnerable people

1.2 Accountability Framework

The Management Statement and Financial Memorandum (MS / FM) based on the statutory framework and drawn up by the DoH in consultation with RQIA (October

2018) sets out a framework covering the operations, financing, accountability and control for RQIA. The main provisions are summarised below:

The Minister is accountable to the Assembly or Parliament for the activities and performance of RQIA and his/her responsibilities include:

- Approving RQIA's strategic objectives,
- Reporting on its performance to the Assembly,
- Securing and approving funds for it,
- Approving the appointment by the Authority of its Chief Executive,
- Making appointments to the Authority; and
- Appraising the performance of the Chair

The Permanent Secretary DoH, as the Departmental Accounting Officer, is:

- Accountable to the Assembly/ Parliament for the propriety and regularity in expenditure of the funds provided to RQIA and
- Responsible for designating the Chief Executive as RQIA's Accounting Officer. (If he/she believes that the incumbent is no longer suitable for this role, the designation may be withdrawn, after due process.)

The Directorate of Quality, Safety and Improvement ("Sponsor Branch"), which is part of the Chief Medical Officer's command, is the primary point of contact within the DoH for governance and certain policy matters. The key targets, standards and actions to be delivered by the Authority are set out in its Corporate Strategy and Annual Management Plans, and are negotiated with the assistance of Sponsor Branch and agreed between the Authority and DoH;

The Chairperson is:

- Accountable to the Minister for the performance of the RQIA and the exercise of its functions.
- S/he ensures that the Authority's policies and actions support the wider strategic policies of the Minister and
- Its affairs are conducted with probity.

In addition, the Chair shares the corporate responsibilities of the Authority with the other Members and has a particular leadership responsibility on the following matters:

- Formulation of Authority's Corporate Strategy.
- Ensuring that the Authority, in reaching decisions, takes proper account of guidance provided by the Minister and complies with directions issued by the DoH and any requirements communicated to RQIA by the DoH;
- Promoting the efficient, economic and effective use of staff and other resources.

- Ensuring the Chief Executive and Senior Executive Team deliver high standards of regularity and propriety.
- Keeping the Minister informed of the availability and quality of health and care services, and of the Authority's activities and findings, and notifying him/her promptly of issues of concern.
- Representing the views and findings of the Authority to the general public;.
- Ensuring the Authority meets at regular intervals throughout the year; that the dates of public meetings are advertised on the RQIA website; and that the minutes of meetings accurately record the decisions taken and,
- Ensuring a Code of Practice for Authority Members enshrining the Nolan 'seven principles of public life' is in place.
- Completes annual appraisals for all Authority Members, and provides these to the Minister.
- Completes annual appraisals for the Chief Executive, and submits these to the Business, Appointments and Remuneration Committee for consideration.

The Authority has corporate responsibility for ensuring that the aims and objectives set by DoH and approved by the Minister are fulfilled and promoting the efficient, economic and effective use of staff and other resources. The Authority is committed to uphold the duty set out in the Code of Conduct on Openness to be positive in providing access to information; and in favour of openness and transparency in all its proceedings.

Specific responsibilities include:

- Appointing a Chief Executive to RQIA.
- Seeking Ministerial approval to that appointment; and seeking DoH Accounting Officer designation of him/her as Accounting Officer for RQIA.
- Setting performance objectives, and remuneration terms for the Chief Executive and other members of the EMT, linked to those objectives, which give due weight to the proper management and use of public funds.
- Establishing the overall strategic direction of the RQIA, within the policy and resources framework determined by the Minister, working closely with the Chief Executive and Senior Executive Team and in consultation with DoH.
- Overseeing, and constructively supporting and challenging the Senior Executive Team in their planning, target setting, and delivery and reporting of performance.
- Overseeing the staffing of the RQIA, including the structures, capacity and resources available.
- Ensuring that it is kept informed of any issues which are likely to impact on the strategic direction of RQIA or on the attainability of its targets, and determine the steps needed to deal with such changes.

- Ensuring that it is informed in a timely manner about any concerns about the activities of RQIA; reports these to the DoH, and ensures that appropriate action has been taken on such concerns.
- Ensuring that any statutory or administrative requirements for the use of public funds are complied with and that it operates within the limits of its statutory authority and any delegated authority agreed with the DoH and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, it takes into account all relevant guidance issued by Department of Finance and the DoH.
- Receiving and reviewing regular financial information concerning the financial management of RQIA and taking any remedial action which may be necessary.
- Maintaining high standards of corporate governance at all times, including the establishment of an Audit and Risk Committee, to oversee the key financial and other risks facing RQIA.
- Pursuing the aims of the Codes of Conduct for board members of public bodies (FD (DFP) 04/14) “to ensure that people may easily obtain an understanding of all services that are provided by the HSC and, particularly, changes to those services that may affect them or their families”¹

Authority Members shall

- Comply with RQIA Standing Orders which seek to ensure the maintenance of public service values and high standards of personal conduct of Authority members.
- Comply with the rules and guidance relating to the use of public funds and to conflicts of interest.
- Subscribe to the Code of Conduct and Code of Accountability (2012) for Board Members of Health and Social Care Bodies.²
- Have access to any document or information in the possession of RQIA for the purposes of his or her duty as a member. A Member of the Authority shall not knowingly apply to have access to, or request a copy of, any document relating to a matter in which s/he has any potential conflict of interest.
- Not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations.
- Declare publicly and to the Authority any private interests that may be perceived to conflict with their public duties.

¹ <https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/fddfp0414.pdf>

² <https://www.health-ni.gov.uk/sites/default/files/publications/health/ccabm.pdf>

- Comply with the Authority's rules on the acceptance of gifts and hospitality, and of business appointments.
- Act in good faith and in the best interests of the RQIA.

The Chief Executive is responsible to the Authority for the day-to-day operations and management of RQIA, as set out in these Standing Orders. As Chief Executive, they must inform the Authority on a regular and timely basis:

- Of RQIA's performance towards achievement of its aims and objectives; and in particular of its financial performance and operational outcomes.
- Of risks identified, including risks around human resources capacity and capability, and external risks, in order to inform decisions on financial and operational planning and to assist in achieving objectives and targets.

The Chief Executive is responsible to the Authority for:

- Ensuring that the Authority is notified in a timely way, and immediately in cases which may give rise to concern, of issues arising from regulation, inspection, audit or review activity; or which may impact on the Authority's credibility and reputation.
- ensuring that effective processes are in place to engage and involve service users and their families, and other stakeholders, in RQIA's delivery of its programme of work.
- ensuring that proper records are kept relating to the Accounts and that the Accounts are properly prepared and presented in accordance with any directions issued by the Minister, DoH, or Department of Finance;
- signing a Statement of Accounting Officer's responsibilities, for inclusion in the Authority's Annual Report and Accounts;
- signing the Governance Statement regarding RQIA's system of internal control, for inclusion in the Annual report and Accounts, that details significant internal control divergences;
- signing a mid-year assurance statement on the condition of RQIA's system of internal control.
- ensuring that RQIA makes effective/optimum use of modern technology in delivering its duties in an efficient, effective and economic manner.
- ensuring that an effective system of programme and project management and contract management is maintained;
- ensuring compliance with the Northern Ireland Public Procurement Policy;
- ensuring that all public funds made available to RQIA (including any income or other receipts) are used for the purpose intended by the Assembly, and that such monies, together with the RQIA's assets, equipment and staff are used economically, efficiently and effectively;
- ensuring that adequate internal management and financial controls are maintained by RQIA, including effective measures against fraud and theft;

- maintaining a comprehensive system of internal delegated authorities that are notified to all staff, together with a system for regularly reviewing compliance with these delegations;
- ensuring that effective personnel management policies are maintained;
- ensuring that effective procedures for handling complaints about RQIA are established and made widely known within RQIA;
- acting in accordance with the terms of the MS /FM agreed between the RQIA and the DoH in 2018 or any successor document and with the instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by DoH and Department of Finance.
- ensuring that an Equality Scheme is in place and reviewed and that new policies are equality impact assessed as required by the Equality Commission and The Executive Office;
- ensuring that the requirements of the General Data Protection Regulation 2018 (GDPR) and the Freedom of Information Act 2000 are complied with;
- ensuring that a business continuity plan is developed and maintained;
- ensuring that effective procedures for handling adverse incidents are established, made widely known within RQIA, and are complied with;
- ensuring that the requirements of relevant statutes, court rulings, and DoH directions are fully complied with;
- ensuring that reports on proportionate assurance and compliance with quality standards are made as required to the DoH;
- ensuring that an acceptance and provision of Gifts and Hospitality Policy is in place that set out the principles and requirements under which gifts and hospitality can be received and in turn when such offers can be made;

The Chief Executive, as RQIA's Accounting Officer:

- is personally responsible for safeguarding the public funds for which he/she has charge and for ensuring propriety and regularity in the handling of those public funds. (The Chief Executive is accountable to the DoH Accounting Officer in respect of the responsibilities for propriety and regularity).
- advises the Authority on the discharge of its responsibilities as set out in the MS / FM and any successor document and in any other relevant instructions and guidance that may be issued from time to time by DoF or DoH;
- ensures that financial considerations are taken fully into account by the Authority at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately.
- takes action in line with Section 3.8 of Managing Public Money NI if the Authority, or its Chairperson, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

- Gives evidence, normally with the Accounting Officer of DoH, if summoned before the Public Accounts Committee on the use and stewardship of public funds by RQIA.

1.3 Governance Framework

Currently, the MS/FM [which is in the process of being replaced by a new style of Partnership Agreement] sets out the requirements for planning, budgeting, reporting of performance to the Department and control framework as follows;

- The setting by the Authority of a three to five year corporate strategy and annual management plan, with effective reporting of its financial and non-financial performance against those plans to DoH;
- Budgeting procedures as set out in the Financial Memorandum;
- The publication of an Annual Report and audited Annual Accounts;
- The arrangements for internal audit and the setting up of an independent Audit and Risk Committee as a Committee of the Authority;
- External audit arrangements with the Northern Ireland Audit Office (NIAO) made by the Comptroller and Auditor General;
- Value for money (VfM) examinations;
- The arrangements for terms of employment and remuneration of Senior Executives and the setting up of an Appointment and Remunerations Committee as a Committee of the Authority; and
- The management of staff with provision for whistle-blowing procedures and a Code of Conduct for staff.

1.3.1 The Corporate Strategy

The Authority submits its Corporate Strategy to the Department covering a three to five year period. The Authority will consult with the Department and agree the issues to be addressed in the Corporate Strategy and the timetable for its preparation, submission and approval.

The Corporate Strategy must be based on RQIA's statutory functions and duties, and the priorities set from time to time by the Minister in respect of those functions and duties. The plan should demonstrate how the RQIA's activities fulfil its statutory duties and functions and contribute to the achievement of DoH's strategic aims and PfG objectives and targets.

The Corporate Strategy should set out the following;

- RQIA's key objectives and key performance targets and its strategy for achieving those objectives;
- A review of RQIA's performance in the preceding financial year (together with comparable outturns for the previous years) and an estimate of performance in the current year;
- Alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- A forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by DoH;
- Other matters as agreed between DoH and RQIA.

1.3.2 The Management Plan

Each year of the Corporate Strategy provides the basis of the Management Plan for the relevant forthcoming financial year. The Management Plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can be readily identified.

The Management Plan should include reference to SMART objectives that;

- Deliver the RQIA's statutory functions and duties;
- Support the delivery of PfG commitments;
- Support the delivery of DoH policy and strategy
- Address known areas of underperformance, the findings of inquiries, reviews etc. and respond to particular events, serious adverse incidents and near misses;
- Include references to staff – training, development, learning etc.

1.3.3 Reporting performance to the Authority

The Chief Executive shall operate management information and accounting systems which enable the Authority to review in a timely and effective manner RQIA's financial and non-financial performance against the budgets and targets set out in its Corporate and Management Plans; and shall report on progress towards these targets to the Authority.

The Chief Executive shall inform the Authority in a timely manner (and immediately in the case of issues which may give rise to concern) of changes in external conditions, which make the achievement of objectives more or less difficult, or which may require a change to the budget or objectives as set out in the Corporate or Management plans.

The Chief Executive will report to the Authority on performance in helping to deliver DoH policies, including the achievement of key objectives, on a quarterly basis. These quarterly Reports ("Performance Activity Reports") shall be submitted through the Business Appointments and Remuneration Committee to the full Authority Meeting immediately following the quarter end.

The Minister shall meet the Authority formally each year to discuss RQIA's performance, its current and future activities and any policy developments relevant to those activities.

Senior Departmental officials will hold biannual Ground Clearing meetings with the Authority, to discuss overall performance, its current and future activities, policy developments, safety and quality issues, financial performance and corporate control / risk management performance and any other issues as prescribed by the Department.

RQIA's performance against key targets shall be reported in the Authority's Annual Report and Accounts.

1.4 Financial Performance Framework

The MSFM sets out certain aspects of the financial framework within which RQIA is required to operate.

It includes the requirements to:

- Break even on its Income and Expenditure Account year on year and to maintain its Net Current Assets;
- To promote financial stability within HSC;
- Stay within its cash limit for the year;
- Operate within the Resource Limits, both Capital and Revenue set by the Department;
- Remain within its delegated expenditure authorisations; and
- Comply with the Prompt Payment Code.

1.5. Delegation of Powers

Schedule 1 (7) of the 2003 Order provides that the Chief Executive is responsible to the Authority for the general exercise of its functions; Schedule 1(9) provides that the Authority may arrange for the discharge of any of its functions by a committee, subcommittee, member or member of staff of the Authority, or any other person. The Authority retains responsibility and is accountable for any such functions. Under these Standing Orders the Authority has retained some specified functions; and arranged for the discharge of others in a specified manner.

Standing Order 1 A: Authority Meetings

1.1 Procedures for Meetings

1.1.1 Meetings of the Authority in Public

The Authority shall hold meetings in public; although certain matters may be dealt with in a confidential section of the meeting. At least four such meeting shall be held every year. Arrangements for admission of the public and press shall be in accordance with the Code of Practice on Openness.

1.1.2 Conduct of Meetings

The meetings and proceedings of the Authority shall be conducted in accordance with these Standing Orders.

The proceedings of the Authority shall not be invalidated by any vacancy in its Membership

A quorum is one third of the Authority Members for the time being appointed being present, either in person or by electronic means

1.1.3 Calling of Meetings

For all ordinary scheduled meetings of the Authority an agenda shall be sent to Members 6 clear working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but shall certainly be despatched no later than 3 clear working days save in an emergency. Failure to receive such a notice by any Member shall not invalidate the proceedings of any meeting so indicated in the notice.

A schedule of future Authority meetings shall be provided and advertised on the Authority's website and kept updated.

Before each meeting of the Authority a notice of the time and place of the meeting, and the public part of the agenda, shall be provided and advertised on the RQIA website at least 5 clear working days before the meeting.

On request from the press or a member of the public, a copy of the agenda as published on the website shall be supplied.

Particular attention will be given to the requirements of its Equality Scheme when considering all matters concerning Authority meetings.

The Chairperson may call a meeting of the Authority at any time.

If requested in writing by at least one third of the number of Members for the time being appointed which comprise the Authority, the Chairperson shall call a meeting of the Authority.

If the Chairperson refuses to call a meeting or fails to do so within seven days after such a request, such one third or more Members may forthwith call a meeting.

In the case of a meeting called by Members in default of the Chair, the notice shall be signed by those Members and no other business other than that specified in the notice shall be transacted at the meeting. Failure to serve such a notice on more than three members of the Authority shall invalidate the meeting. A notice shall be presumed to have been served one day after posting.

Before each meeting of the Authority, a notice of the meeting, specifying the business proposed to be transacted at it, and any motions relating to it, signed by the Chairperson or by an officer of the Authority authorised by the Chairperson to sign on his / her behalf shall be sent to each member and to everyone on the Authority meeting distribution list in accordance with the provisions for calling a meeting.

1.1.4 Emergency Meetings

In an emergency:

- Immediate steps must be taken to inform all Authority Members by telephone, e-mail or other means, of the situation;
- The Chairperson and two other Members of the Authority may exercise all the powers of the Authority;
- In the absence of the Chairperson, the powers of the Authority may be exercised by any four Members of the Authority;

If it is decided that it is not necessary to convene an extraordinary meeting of the Authority to consider the matter, the exercise of such powers shall be reported to the next ordinary meeting of the Authority for ratification, together with an explanation of the need for the urgent action or decision

1.1.5 Setting the Agenda

The business at each routine scheduled Authority meeting shall include:

- Welcome and Apologies
- Declaration of Interests
- Minutes of the previous meeting

- Matters arising out of minutes
- Chairperson's Report
- Chief Executive's Report
- Reports and minutes of Committee meetings
- ARAC including Financial Report
- BARC including Performance Activity Report
- Matters for consideration and decision
- Notices of Motion
- Items for information
- Any other business

1.1.6 Petitions

If RQIA receives a petition the Chairperson shall include the petition as an item for the agenda of the next meeting, providing it is appropriate for consideration by the Authority. The Chairperson shall advise the next meeting of any petitions that are not granted and the grounds for refusal.

1.1.7 Notices of Motion

With reference to matters included in the notice of meetings, a Member of the Authority may amend or propose a motion, in writing, at least 3 clear days before the meeting to the Chairperson. All notices so received, shall be considered at the meeting. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business on the agenda.

1.1.8 Deputations and Speaking Rights

Deputations from any meeting, association, public body or an individual may be permitted to address a public meeting of the Authority provided notice of the intended deputation and a summary of the subject matter is given to the Authority at least two clear days prior to the meeting and provided that the Chairperson agrees. The specified notice may be waived at the discretion of the Chairperson.

In normal circumstances this facility shall be confined to a short statement or presentation from the members of the deputation; a copy of any such submission should be made available to the Authority prior to the meeting. The Chairperson shall determine the actual allotted time and if the deputation has sufficiently covered the issue.

1.1.9 Admission of the Public and Media

Arrangements to encourage and facilitate attendance of the public at Authority meetings, and reasonable facilities for representatives of the press and broadcasting media to report Authority meetings, shall be made available. These include the provision of opportunities to attend using virtual methods such as video conferencing.

The Chairperson shall give such directions as he / she thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press and broadcasting media so as to ensure that the Authority's business shall be conducted without interruption and disruption. Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public shall be required to withdraw upon the Authority resolving as follows:

"That in the interests of public order the meeting adjourns for (the period to be specified) to enable the Authority to complete business without the presence of the public."

Nothing in these Standing Orders shall require the Authority to allow members of the public or representatives of the press and broadcasting media to record proceedings in any manner whatsoever, other than in writing, or to make an oral report of proceedings as they take place from within the meeting, without prior agreement of the Chairperson.

1.1.10 Chairperson of Meeting

At any meeting of the Authority, the Chairperson, if present, shall preside. If the Chairperson is unable to attend the meeting, a Member previously nominated by the Chairperson shall do so or, if no such nomination has been made, the Members present shall choose one among their number to act as Acting Chairperson or Deputy Chairperson.

If the Chairperson is absent temporarily on the grounds of a declared conflict of interest, the same arrangements shall apply.

1.1.11 Quorum and Attendance of Employees and Others

No Authority meeting may commence or continue unless one third or more of the total number of its Members for the time being is present.

If the Chairperson or a Member has been disqualified from participating in discussion of any matter and/or from voting on any resolution by reason of having declared a conflict of interest, the Chairperson or Member shall no longer count towards the quorum. If, as a consequence, a quorum no longer exists, the meeting must proceed to the next item of business. The Minutes should record what

happened and the item that could not be discussed will be placed on the agenda for the next meeting of the Authority.

The Chief Executive and Senior Executives shall attend Authority meetings by invitation of the Chairperson and participate in the business as required by the Chairperson. The Authority Secretary and Head of Corporate Secretariat and other staff of RQIA as decided by the Chairperson shall attend meetings in order to provide administrative services. No-one other than Authority Members shall participate in decision making or have voting rights at an Authority Meeting.

1.1.12 Record of Attendance

A record of the names of the Chairperson and Members present at the meeting shall be noted in the minutes and, if necessary, the point at which they join, leave or resume their place at the meeting shall also be noted. A record of members of staff in attendance shall also be kept.

1.1.13 Confidential Section of Meetings

Without prejudice to the Authority's commitment to follow the Code on Openness, the Authority may exclude the public or representatives of the press or broadcasting media from a meeting (whether during the whole or part of the proceedings at the meeting) on one or more of the following grounds:

- by reason of the confidential nature of the business to be transacted at the meeting;
- when publicity would be prejudicial to the public interest;
- for such other special reasons as may be specified being reasons arising from the exceptional nature of the business to be transacted or of the proceedings at the meeting.

1.1.14 Motions

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

When a motion is under discussion or immediately prior to discussion it shall be open to a Member to move:

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business (*)

- The appointment of an ad hoc Committee to deal with a specific item of business
- That the motion be now put (*)
- A motion resolving to exclude the public (including the press).

In the case of sub-paragraphs denoted by (*) above: to ensure objectivity, only a member who has not previously taken part in the debate may put motions.

No amendment to the motion shall be admitted if, in the opinion of the Chairperson, the amendment negates the substance of the motion.

When an adjourned item of business is re-commenced or a meeting is reconvened, any provisions for deputations or speaking rights, not previously undertaken, or other arrangements shall be treated as though no interruption had occurred.

Withdrawal of Motion or Amendments

The proposer may withdraw a motion or amendment once moved and seconded with the concurrence of the seconder and the consent of the Chairperson.

Motion to Rescind a Resolution

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding 6 calendar months, shall bear the signature of the Member who gives it and also the signatures of 2 other Members.

When any such motion has been disposed of by the Authority, it shall not be appropriate for any Member other than the Chairperson to propose a motion to the same effect within 6 months, however the Chairperson may do so if s/he considers it appropriate.

Chairperson's Ruling

Contributions of Members made at meetings of the Authority must be material and relevant to the matter under discussion. The decision of the Chairperson of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

1.1.15 Voting

Every item or question at a meeting shall be determined by the Chairperson seeking the general assent of voting Members or the expression of a wish to proceed to a vote. A vote shall be determined by the majority of the votes of the Chairperson of the meeting and other Members present and voting on the question.

In the case of the number of votes for and against a motion being equal, the Chairperson of the meeting shall have a second or casting vote. No-one other than duly appointed Members may vote. In no circumstances may an absent Member vote by proxy. Absence is defined as being absent at the time of the vote.

All questions put to the vote shall, at the discretion of the Chairperson of the meeting, be determined by oral expression or by a show of hands. A paper or electronic ballot may also be used if a majority of the Members present so request.

If at least one third of the Members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Member present voted or abstained.

If a Member so requests, his / her vote shall be recorded by name upon any vote (other than by paper ballot).

1.1.16 Suspension of Standing Orders

Except where this would contravene any statutory provision or any direction made by the Department, one or more of the Standing Orders may be suspended at any meeting, provided that two-thirds or more of the Authority are present and that a majority of those present vote in favour of suspension.

A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairperson and other Members.

Audit and Risk Assurance Committee shall review every decision to suspend Standing Orders.

1.1.17 Minutes

Draft minutes of the proceedings of each Authority meeting shall be drawn up and submitted for agreement at the next Authority meeting. No discussion shall take place upon the minutes except as to their accuracy and as the Chairperson may consider appropriate. Any amendment to the minutes shall be agreed and the amended version brought back to the next meeting to be finally agreed and recorded. Agreed Minutes are to be signed as an accurate record by the Chairperson of the meeting.

Agreed minutes providing a record of a public Authority meeting shall be made available to the public or media upon request, as required by the Code of Practice on Openness in the HSC. RQIA is fully committed to compliance with the requirements of the Freedom of Information Act 2000 (FOI) and the Environmental

Information Regulations 2004 (EIR) in accordance with Department of Finance Access to Information Policy implemented on 1st September 2016.

1.1.18 Committee Minutes

The minutes of Committee meetings shall be brought to the Authority once they have been approved by the Committee. Copies of minutes will be presented to the Authority for approval except where considerations of confidentiality preclude that from being done.

At the Authority meeting following a meeting of a Committee the Committee Chairperson will give a verbal update of the meeting.

1.1.19 Variation and Amendment of Standing Orders

These Standing Orders may be amended by:

- the proposed amendment is set out in a paper sent out with the Agenda for the meeting; and
- no fewer than half of the Authority members present vote in favour of amendment;
- at least two-thirds of the Authority members are present; and
- the variation proposed does not contravene a statutory provision or direction made by the Department.

1.1.20 Potential Conflict of Interests

The primary responsibility of public bodies is to serve the public interest. Authority Members and staff of RQIA must discharge their duties in a manner that is seen to be honest, fair and unbiased. RQIA must ensure that conflicts of interest are identified and managed in a way that safeguards the integrity of Authority Members and staff and maximises public confidence in RQIA's ability to conduct its functions properly.

RQIA is therefore committed to the Conflicts of Interest: A Good Practice Guide (NIAO) as issued in March 2015.³

Subject to the following provisions of this Standing Order, if the Chairperson or an Authority Member has any potential conflict of interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Authority at which the contract or other matter is the subject of consideration, s/he

³ https://www.niauditoffice.gov.uk/sites/niao/files/media-files/conflicts_of_interest_good_practice_guide.pdf

shall, at the meeting, and as soon as practicable after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision, and s/he shall withdraw from the meeting while the consideration or discussion of the contract or other matter and the vote is being taken.

In exceptional circumstances the individual who has declared a potential conflict of interest may be asked by the Chairperson to remain for the discussion if their expertise is specifically required to inform the other members in their discussions. This expert advice shall be restricted to the giving of factual and objective information before withdrawing while the decision and vote is taken.

The Department may, subject to such conditions as the Department may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to be in the interests of the HSC that the disability shall be removed.

The Authority may exclude the Chairperson or an Authority Member from a meeting of the Authority while any contract, proposed contract or other matter in which s/he has a pecuniary interest, is under consideration.

Any remuneration, compensation or allowances payable by RQIA to the Chairperson or an Authority member shall not be treated as a pecuniary interest for the purpose of this Standing Order.

For the purpose of this Standing Order the Chairperson or an Authority member shall be treated, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

- they, or a nominee of theirs, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in any other matter under consideration; or
- they are a business partner of, or is in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in any other matter under consideration; and in the case of persons living together the interest of one partner shall, if known to the other.

The Chairperson or an Authority Member shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

- of his/her membership of a company or other body, if he/ she has no beneficial interest in any securities of that company or other body;

- of an interest of his as a person providing Family Health Services which cannot reasonably be regarded as an interest more substantial than that of others providing such of those services as he / she provides; or
- of an interest in any company, body or person with which he / she is connected as mentioned in Standing Orders above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

Where the Chairperson or an Authority Member has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he / she has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class, this Standing Order shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his/her duty to disclose his/her interest.

This Standing Order applies to a Committee or sub-committee as it applies to the Authority and applies to a member of any such Committee or Sub-Committee (whether or not s/he is also a Member of the Authority) as it applies to a Member of the Authority.

Standing Order 1B Authority Committees

1.2 Appointment of Committees

Subject to such directions as may be given by the Department, the Authority may and, if directed by the Department, shall appoint Committees of the Authority. These Standing Orders shall apply as appropriate to any committee established by the Authority.

The terms of reference for Authority Committees are contained in Annex 1 to 5 of these Standing Orders.

A Committee appointed under this Standing Order may, subject to such directions as may be given by the Department or the Authority, appoint sub-Committees.

Committees and sub-committees appointed under this Standing Order may consist of such persons (whether or not Members of the Authority) as the Authority or the Committee making the appointment may determine.

Each Committee shall have such terms of reference and powers, membership and be subject to such conditions as to reporting back to the Authority, as the Authority shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders. The Authority shall approve the appointments to each of the Committees which it has formally constituted.

Where Committees are authorised to establish sub-Committees they may not delegate executive powers to the sub-Committee unless expressly authorised by the Authority.

The Chairperson may also at any time establish short life working groups. These working groups should not have any delegated authority, which would require them to be formally constituted in Standing Orders.

1.3 Committees

In order to fulfil its duties and promote good governance the Authority has established the following committees:

- Audit and Risk Assurance Committee ("ARAC")
- Business, Appointments and Remuneration Committee ("BARC")
- Enforcement Committee
- Authorisations Committee

Appointments to Committees will be made taking due consideration of the balance of roles of Authority Members, the duties involved, the skills / experience required; and the diversity balance of the Committee.

1.4 The Process for the Appointment of a Committee Chairperson

The Chairperson will nominate one Authority member to act as Chairperson of the committee and seek approval from the Authority for this appointment.

This will be conducted and ratified at a public Authority meeting and will be formally recorded in the minutes.

1.5 The Process for the Appointment of Committee Members

The Chairperson will, in consultation with the Chairperson of the respective committee, nominate Authority members and other persons for appointment and seek approval from the Authority for these appointments.

This will be conducted and ratified at a public Authority meeting and will be formally recorded in the minutes.

1.6 The Process for the Appointment of Sub-Committee Chairperson

The Chairperson of the parent Committee, in consultation with the Authority Chairperson, will appoint a Chairperson of the sub-committee and will seek approval from the parent Committee for this appointment. This will be conducted at a meeting of the Committee and will be formally recorded in the minutes.

The appointment of the sub-committee Chairperson will be forwarded to the Authority Chair for ratification at a public Authority meeting.

1.7 The Process for the Appointment of Sub-Committee Members

The Chairperson of the parent Committee, in consultation with the Authority Chairperson, will nominate Authority Members or other individuals with relevant skills and experience for appointment and will seek approval from the parent Committee for this appointment. This will be conducted at a meeting of the Committee and will be formally recorded in the minutes.

The appointment of the Sub-Committee members will be forwarded to the Chair of the Authority for ratification at a public Authority meeting.

The Chairperson of the Authority will review the appointment of committee and Sub-Committee members when he/she is conducting the annual appraisal of Authority Members.

The Chairperson is responsible for ensuring equity of workload among the Authority Members.

1.8 Period of Appointment

The Authority will review the membership of Committees and Sub-Committees every two years.

The Chairperson should ensure that the periods of membership of Committees and Sub-Committees are consistent with the periods of appointment of Authority Members.

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Standing Order Two: Functions Reserved by the Authority

- 2.1 Strategic Direction**
- 2.2 Monitoring Performance**
- 2.3 Financial Stewardship**
- 2.4 Corporate Governance and Personal Conduct**
- 2.5 Appointment of Senior Executives**
- 2.6 Effective Communication**
- 2.7 Statutory Functions**

Standing Order Two: Functions Reserved by the Authority

The key corporate responsibilities of the Chairperson and Members of the Authority include:

- establishing the overall strategic direction of the RQIA within the policy and resources framework agreed by the Minister
- setting RQIA's key objectives and key performance targets
- ensuring the delivery of planned outcomes by monitoring progress against objectives, monitoring risks and ensuring corrective action is taken as necessary.
- achieving effective financial stewardship through ensuring value for money, sound financial controls and financial planning and strategy.
- putting in place systems for appointing the Chief Executive and other Senior Executives and setting objectives for the Chief Executive and Senior Executives; overseeing their appraisal and to agree their remuneration, in accordance with DoH policy on Senior Executives pay
- ensuring that there is effective communication within RQIA; and to ensure there is good communication between RQIA and interested parties, both directly and through the media, including by expressing the views of the Authority.

- Ensuring that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation.
- being responsible for, and accountable for, and ensuring the discharge of the statutory functions of the RQIA.

The 'Schedule of Functions Reserved to the Authority' (below) enables it to fulfil its key areas of corporate responsibility set out in the Introduction.

The matters specified shall not be interpreted so as to exclude bringing any other issues relating to the conduct of the Authority's functions to the Authority for consideration.

The Chairperson shall determine, in consultation with the Chief Executive, whether specific issues falling outside those set out in the following Schedule of Functions Reserved to the Authority shall be brought to it for consideration.

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Schedule of Functions Reserved to the Authority and its Committees

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Corporate Strategy	Set strategy, including objectives, key performance indicators and outcomes for the period of the Corporate Strategy.	Based on fulfilment of statutory functions and duties, and priorities and outcomes set by Department in line with the Programme for Government (PfG).	Chair and other Authority Members, supported by Chief Executive, with expert facilitation as required.
Strategic Direction	Review performance for previous 2-5 years	Taking account of risks and anticipated strategic environment	
Management Plan	Consider, revise as required, and approve Management Plan, including objectives and targets, ensuring alignment with Corporate Strategy	Key targets and milestones for year ahead, linked to budget and capacity and with associated risk register.	Full Authority, on advice from Chair and BARC, supported by Chief Executive. Resources allocated to specific objectives and highlighted in budget. Within 3 months of receipt of financial allocations in respect of that financial year
Strategic Direction			
Human Resources	Oversee appointment and use of staff (e.g. delegations; use of agency staff)	Monitoring human resources, including <ul style="list-style-type: none"> skills and management capacity; available and required and oversee arrangements for delegation and discharge of functions 	BARC, supported by Chief Executive and Head of Business Support
Strategic Direction			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Monitoring and oversight of performance	<p>Consider staffing resources and capacity, and ability to fulfil RQIA functions</p> <p>Consider and approve tri annual return to Equality Commission.</p>	Monitor organisational structure and staffing levels, sick absence and vacancy rates, and skills required	Prepared by Head of Business Support Unit and submitted to BARC by Chief Executive
Appointment of Senior Executives	Ensure that adequate and effective arrangements are made for the appointment of Senior Executives.	<ol style="list-style-type: none"> 1. Panel composition, conduct of interviews and selection in accordance with HSC selection and recruitment policies and RQIA requirements 2. Ensure that at least one Authority Member sits on each Appointment Panel; and that it is clear that the Authority is the decision maker and employer 	<ol style="list-style-type: none"> 1. Chief Executive supported by Head of Business Services and BSO HR to prepare proposals for consideration by BARC 2. Results of selection process to be considered by BARC, and Chief Executive to present to Authority for approval.
<i>Terms and Conditions</i>	Consider, revise as appropriate and agree recommendations of BARC	"In accordance with such terms and conditions of service as may be determined by the Department."	<ol style="list-style-type: none"> 1. Chief Executive supported by Head of Business Services and BSO HR to prepare proposals for consideration by BARC. 2. Chair of BARC to present recommendations to Authority
Appointment of Senior Executives			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Remuneration	Consider and agree recommendations of BARC for the total remuneration package of Senior Executives	Appraisals to be conducted and remuneration to be considered annually in line with current approved terms including Salary review and Performance Related Pay arrangements and termination payments if applicable.	<ol style="list-style-type: none"> 1. Chair to conduct appraisal of Chief Executive; and make proposals to BARC. 2. Chief Executive to conduct appraisals of senior executive team members and to make proposals to BARC. 3. BARC Chair to make recommendations to Authority for consideration and agreement.
Appointment of Senior Executives			
Annual Report with Annual Accounts	Consider and approve the Annual Report and Accounts prepared by the Chief Executive	Operating and financial review of the performance of RQIA in the preceding financial year, in accordance with matters required by statute and guidance from NIAO, covering objectives set in the Management Plan, and any action commissioned in year by the Department	<p>Drafted by Head of Business Support Unit and submitted to ARC by Chief Executive.</p> <p>Provided to Auditor in accordance with timetable for annual accounts.</p> <p>Approved by Authority, signed by Chair and by Accounting Officer (Chief Executive) and submitted to Department to meet deadlines for laying before Assembly.</p>
Monitoring and oversight of performance			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Annual Accounts (and Summary in the Annual Report).	Consider and approve financial review of the performance of RQIA in the preceding financial year, in accordance with matters required by statute and guidance from NIAO, covering objectives set in the Management Plan and any activity commissioned in year by the Department of Health	Recommended for approval by Audit and Risk Assurance Committee (together with reconciliation to Financial Plan approved by Authority for financial year reported in Accounts). Considering assurances on Internal Control.	
Financial Stewardship			
Complaints Monitoring	Monitor complaints handling and ensure appropriate action is taken. Consider and approve Annual Complaints Report.	Annual Complaints Report to Department.	Complaints received notified to the Authority monthly. Quarterly return on progress of complaints cases prepared by Head of Business Support Unit, submitted to BARC. Annual Complaints Report considered and approved by Authority for submission to Department
Monitoring and oversight of performance			
Freedom of Information Requests	Monitor Freedom of Information Requests, ensuring any strategic issues or themes are identified and appropriate action is taken		Freedom of information requests to be notified to the Authority weekly; quarterly return to be submitted to BARC. Replies to be approved by Chair
Monitoring and oversight of performance			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Operational Performance	Oversight of operational activity, and monitoring of progress against Management Plan, including risk management; direction of remedial action to be taken as required	Scrutiny of Performance Activity Reports	Quarterly Performance Activity Reports prepared by Head of Business Support Unit; submitted to BARC; and presented to Authority by BARC Chair and Chief Executive
Monitoring and oversight of performance			
Business, Appointments and Remuneration Committee: Chair's report and Minutes	Consider reports from the Chair of Business, Appointments and Remuneration Committee.	Minutes submitted to Authority for approval after endorsement by Committee.	<p>Chair of BARC reports orally to Authority following each Business Appointments and Remuneration Committee meeting.</p> <p>Minutes of BARC meetings prepared by Head of the Business Support Unit and submitted to Authority Meeting after endorsement (via e mail) by the Committee.</p>
Monitoring and oversight of performance			
Financial Plan – Revenue	Consider and agree annual recurrent and non-recurrent budgeted expenditure.	<p>In accordance with forecast income and grant-in-aid agreed with Department aligned to the Management Plan, objectives and key performance indicators.</p> <p>Within one month of receipt of financial allocations</p>	Prepared by Head of the Business Support Unit and considered by ARC. Presented to Authority by ARC Chair and Chief Executive.
Financial Stewardship			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Financial Plan – Capital	Consider and agree capital expenditure proposals.	Within capital funds approved by Department.	Prepared by Head of the Business Support Unit and considered by ARC. Presented to Authority by ARC Chair and Chief Executive. Major proposals must have business case considered by ARAC and Authority prior to submission to Department
Financial Stewardship		Based on economic appraisals/business cases. As soon as possible after allocation is notified.	
Additions/Revision to Financial Plans In-Year	Consider and agree material revenue additions/revisions or capital proposals arising in year.	Within available revenue or capital resources as agreed with Department.	Prepared by Head of the Business Support Unit and considered by ARC. Presented to Authority by ARC Chair and Chief Executive. Major proposals (Definition?) must have business case considered by ARC and Authority prior to submission to Department
Financial Stewardship		Includes transfers in revenue budgets. Based on economic appraisals/business cases.	
Revenue and Capital Expenditure	Review Financial Report.	Monthly.	Prepared by Head of the Business Support Unit; and presented to the Authority by the Chief Executive
Financial Stewardship			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Audit and Risk Assurance Committee: Chair's report and Minutes	Consider reports from the Chair of ARAC.	Minutes submitted to the Authority for approval after endorsement by Committee.	Chair of ARAC reports orally to Authority following each Audit and Risk Assurance Committee meeting. Minutes of ARAC meetings prepared by Head of the Business Support Unit and submitted to Authority Meeting after endorsement (via e mail) by the Committee.
Financial Stewardship			
External Audit Report to Those Charged with Governance	Consider recommendations in the Report to Those Charged with Governance Consider and agree Action Plan and response to External Auditor.	Recommendations of, and terms of the response to the Report to Those Charged with Governance considered by Audit and Risk Assurance Committee.	Action Plan and response to External Auditor prepared by Head of the Business Support Unit and presented to ARC for consideration. Presented to Authority by Chair of ARAC and Accounting Officer (Chief Executive) by end October each year.
Financial Stewardship			
Fraud Prevention and Detection	Consider and agree Fraud Prevention Policy and Plan; reviewed tri annually		Fraud Prevention Policy and Plan prepared by Head of the Business Support Unit and presented to ARAC for consideration. Presented to Authority by Chair of ARAC and Accounting Officer (Chief Executive) .
Financial Stewardship			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Value for Money (VfM)	<ol style="list-style-type: none"> 1. Identify areas for VfM investigation. 2. Consider VfM reports and recommendations; and agree Action Plans 	<p>The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the RQIA has used its resources in discharging its functions.</p>	<ol style="list-style-type: none"> 1. Potential areas for VfM investigation identified by ARAC/BARC. Proposals prepared by Head of the Business Support Unit and considered by ARAC. Presented to Authority by ARAC Chair and Chief Executive. 2. Action Plan and response to VfM Report prepared by Head of the Business Support Unit and presented to ARAC for consideration. Presented to Authority by Chair of ARAC and Accounting Officer (Chief Executive)
Financial Stewardship			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Annual Governance Statement	Consider level of assurance provided by Accounting Officer (Chief Executive) on adequacy and effectiveness of system of internal control.		Prepared by Head of Business Support with input from Internal Audit. Considered and presented to ARAC by Accounting Officer (Chief Executive); signed by Accounting Officer (Chief Executive) and submitted along with Annual Report and Accounts to Authority for consideration and approval.
Corporate Governance and Personal Conduct			
Risk Management Strategy	Consider and agree Risk Management Strategy	Recommended for approval by Audit and Risk Committee to meet Department of Health reporting timetable.	Prepared by Head of Business Support Unit on behalf of Senior Management Team and Chief Executive; presented to ARAC by Chief Executive; and presented to Authority by Chief Executive and Chair ARAC
Corporate Governance and Personal Conduct			
Schedule of Matters Reserved to the Authority and its Committees	Prepare and agree a Schedule of Matters reserved to the Authority and its Committees	All statutory powers, duties and functions of the RQIA vest in the Authority, by virtue of Article 3 of, and Schedule 1 to, the 2003 Order. The Authority can arrange for the discharge of any of its functions by Authority Committees or sub-Committees, the Chief Executive, or other persons. However, the Authority remains responsible and accountable for the conduct of those functions.	Chair, working with Chairs of ARAC and BARC, supported by Head of Business Support Unit, in consultation with Chief Executive/Accounting Officer. Presented to the Authority by Chair
Corporate Governance and Personal Conduct			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Scheme of Delegation	Prepare and agree a Scheme of Delegation to the Chief Executive	All statutory powers, duties and functions of the RQIA vest in the Authority, by virtue of Article 3 of, and Schedule 1 to, the 2003 Order. The Authority can arrange for the discharge of any of its functions by Authority Committees or sub-Committees, the Chief Executive, or other persons. However, the Authority remains responsible and accountable for the conduct of those functions.	Chair and Chief Executive, working with Chairs of ARAC and BARC, supported by Head of Business Support Unit. Presented to the Authority by the Chief Executive.
Corporate Governance and Personal Conduct			
Scheme of Delegation of New Statutory Functions	Prepare and agree a Scheme of Delegation in respect of those functions	All statutory powers, duties and functions of the RQIA vest in the Authority, by virtue of Article 3 of, and Schedule 1 to, the 2003 Order. The Authority can arrange for the discharge of any of its functions by Authority Committees or sub-Committees, the Chief Executive, or other persons. However, the Authority remains responsible and accountable for the conduct of those functions.	Chair and Chief Executive, working with Chairs of ARAC and BARC, supported by Head of Business Support Unit, and relevant Heads of Unit; and in consultation with interested parties (including the DoH) as appropriate. Presented to the Authority by the Chair/ Chief Executive
Corporate Governance and Personal Conduct			
Standing Financial Instructions	Consider and agree new or revised versions.		Prepared by Head of the Business Support Unit; and presented to ARAC by Chief Executive. Presented to Authority by Chair of ARAC and Chief Executive
Corporate Governance and Personal Conduct			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Custody of Seal			The Common Seal of RQIA shall be kept by the Chief Executive in a secure place.
Statutory Functions			
Sealing Documents			The Seal of RQIA shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Authority, or of a Committee. Before any building, engineering, property or capital document is sealed it must be approved and signed by the Head of the Business Support Unit and authorised and countersigned by the Chief Executive.
Statutory Functions			
Register of Sealing			An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Authority at least quarterly. (The report shall contain details of the authorising resolution, the seal number, the description of the document and date of sealing).
Statutory Functions			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Signature of Documents			Where the signature of any document is a necessary step in legal proceedings involving RQIA, it shall be signed by the Chair, unless any enactment otherwise requires or authorises, or the Authority shall have given by resolution, specific authorisation to a person identified for the purpose of such proceedings. The Chief Executive or a nominated officer may be authorised, by resolution of the Authority, to sign on behalf of the Authority any agreement or other document not required to be executed as a deed, the subject matter of which has been approved by the Authority or any Committee.
Statutory Functions			
Declaration of Chair and other Members' Interests; Declaration of interests of Chief Executive, Senior Executives	Chair and other Members' Interests and those of the Chief Executive and other Senior Executive staff to be declared and recorded in Minutes		Chair and other Members and the Chief Executive and other senior executive staff to declare interests within 4 weeks of a change or addition. Head of Business Support Unit to enter these in a Register available for scrutiny by members of the public at RQIA offices; at Authority meetings; and published on RQIA's website
Corporate Governance and Personal Conduct			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Code of Conduct	Consider and agree the Code of Conduct, and associated measures to promulgate public service/HSC Values which must underpin their behaviour.	The Authority is committed to embedding high standards of conduct throughout the RQIA	Authority, working with Chief Executive and senior staff, supported by Head of the Business Support Unit, to produce an annual action plan linked to the Authority's Workforce Strategy.
Corporate Governance and Personal Conduct			
Whistle-blowing Policy	Ensure arrangements are in place to guarantee that any concerns expressed by Authority Members, staff and the public are fully investigated; acted upon as appropriate, and that the public, Members and staff are treated with respect.		Authority, working with Chief Executive and senior staff, supported by Head of the Business Support Unit, to produce an annual action plan linked to the Workforce strategy and the Complaints Policy.
Corporate Governance and Personal Conduct			
Authority Meetings	To uphold values of openness and honesty, compassion, excellence and working together	<ol style="list-style-type: none"> At least [4] Authority meetings will be open to the public each year. Items concerning personal or other sensitive issues will be considered in private. Minutes will be published on the RQIA website as soon as possible after they have been agreed by the Authority and signed by the Chair. A statement giving the gist of each Authority Meeting will be published on the RQIA website as soon as possible after each meeting 	Authority Chair, working with Members, supported by the Chief Executive and Head of Business Support Unit
Effective Communication			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Authority Reports	To uphold values of openness and honesty, compassion, excellence and working together	<p>Drafts of all Authority Reports will be provided to the Authority for consideration, in parallel with any factual accuracy checking process.</p> <p>Final draft Reports will be submitted to the Authority for approval.</p> <p>Reports will be published on the RQIA website as soon as possible after they have been approved by the Authority; and a statement giving a summary of key findings will be issued as part of a wider communications plan.</p>	<p>Draft Report, and final Report presented by Chief Executive/relevant Senior Executive to the Authority for consideration and approval.</p> <p>Chief Executive to ensure publication.</p>
Effective Communication			
Communications and Engagement Strategy	To uphold values of openness and honesty, compassion, excellence and working together by considering and agreeing an effective and wide reaching communications and engagement strategy and ensuring its implementation	<p>The Chair and Members have specific responsibility for upholding HSC Values and for representing the RQIA to the public.</p> <p>A Communications and Engagement Strategy is an essential tool to enable the Authority to meet its commitments</p>	<p>Chair and Authority Members, supported by Chief Executive and Head of Business Support Unit, with expert facilitation as required.</p> <p>Assembly Questions and Statements, Media inquiries and FoI requests to be reported weekly to Chair, other Members and Chief Executive.</p> <p>Unusual or unexpected events and media stories likely to provoke comment, to be reported to Chair, Members and Chief Executive immediately.</p>

Effective Communication			Engagement activities to form part of Performance Activity Report; and Members notified in advance of, and represented at planned activities, whether hosted by RQIA or others.
ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Statutory functions of RQIA	Responsible and accountable for all actions and decisions arising out of statutory functions as defined by the 2003 Order and Regulations made under it; and the 2009 Act	Although the Authority may delegate functions and powers through the Scheme of Delegation detailed in these Standing Orders, accountability for the conduct of those functions and exercise of the powers remains with the Authority. Delegations may be reviewed, revised, or reversed at any time.	The Chief Executive is responsible to the Authority for the exercise of any day-to-day functions and powers delegated to him/her. S/he will report to the Chair and Members as detailed in the Scheme of Delegation; and will ensure arrangements are in place to enable him/her to report immediately to the Chair any serious matters and matters likely to give rise to public comment.
Statutory Functions			
	Refusal or Cancellation of Registration of persons in respect of establishments or agencies (including the urgent procedure);		Immediate notification to Chair; followed by consideration by relevant Committee of Members, supported by Chief Executive and Senior Executives as appropriate.
Statutory Functions	Recommendations to the Department for Special Measures in respect of a statutory body or service provider;		To be considered by full Authority as soon as possible (including by calling an extraordinary meeting if required) To be considered in confidential section of meeting until matter is finalised.

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Returns on Registration of persons in respect of Establishments and Agencies	Monitoring of statistical returns on registrations granted, refused or cancelled; consideration of trends and impacts; and approval of any necessary action	Schedule of activity of RQIA in relation to the provisions of the 2003 Order, Articles 12 – 20 inclusive. Quarterly at next Authority meeting.	Presented to Authority by Chief Executive / Head of the Business Support Unit
Statutory Functions			
Urgent Procedures for Cancellation of Registration or varying, removing or imposing conditions on registration.	Consider and decide upon cases involving emergency measures.	Urgent procedures to cancel registration, or varying, removing or imposing conditions on registration. under Article 21 of the Order.	<p>Immediate notification to Chair; followed by consideration by relevant members of Enforcement Committee, Chief Executive and Senior Executives as appropriate.</p> <p>To be considered by full Authority as soon as possible (including by calling an extraordinary meeting if required)</p> <p>To be considered in confidential section of meeting until matter is finalised.</p>
Statutory Functions			
Appeals to the Care Tribunal	Consider and approve approach to Appeal to Care Tribunal	Appeals to the Care Tribunal	Immediate notification to Chair of possible Appeal to Care Tribunal; followed by consideration by full Authority.
Statutory Functions			

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Returns on Reviews, Inspections and Investigations.	Monitoring of statistical returns on these functions; consideration of trends and impacts; and approval of any necessary action	Schedule of activity of RQIA in relation to the provisions of the 2003 Order, Article 35 (1). Quarterly at next Authority meeting.	Presented to Authority by Chief Executive / Senior Executives
Statutory Functions			
Reports on Special Measures and Improvement Notices	Consider and decide upon any such cases.	Consideration of recommendations to the Department concerning special measures to be taken by a body or service provider in relation to Article 35 paras (3) – (6) inclusive of the Order. Consideration of Improvement Notices issued under Article 39 of the Order.	Immediate notification to Chair; followed by consideration by Committee of Members supported by Chief Executive and Senior Executives as appropriate. To be considered by full Authority as soon as possible (including by calling an extraordinary meeting if required). To be considered in confidential section of meetings until matter is resolved.
Statutory Functions			
Refuse or cancel the registration of Establishments and Agencies	Consider and if necessary, take the decision to refuse or cancel registration	The 2003 Order, Articles 14 and 15. Report to the next Authority meeting on any refusals or cancellations of registration.	To be considered by the Enforcement Committee (see ToR's at Annex 3) (formerly Decision Making Panels) The relevant Director (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration. Support to the Enforcement Committee to be provided by Head of
Statutory Functions			

			Business Support Unit
ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS
Urgent cancellation of the registration of Establishments or Agencies	Operation of the urgent procedure for cancellation of the registration of a person in respect of an establishment or agency, varying or removing a condition of registration or imposing an additional condition.	<p>The Committee shall determine whether it is satisfied that there is a serious risk to a person's life, health or well-being.</p> <p>If it is satisfied that such a risk exists, the Committee shall authorise an application to be made to a Lay Magistrate on behalf of the Authority. In any event, it shall make a report to the next Authority meeting on the circumstances, its deliberations and the outcome.</p>	<p>Operation of the Urgent Procedure to be considered by the Enforcement Committee (See Tor's at Annex X3)</p> <p>The application to a Lay Magistrate shall be presented to the Committee by the Director of Assurance and shall include:</p> <ul style="list-style-type: none"> • A copy of the most recent inspection report. • The proposed application. • Legal Advice, and any legal Opinion obtained.
Statutory Functions			
Article 35(3) to (6) Report to the Department on unacceptably poor quality or significant failings in services statutory bodies.	Take a view that the health and personal social services under consideration are of an unacceptably poor standard or that there are significant failings in the running of the services.	HSC (Quality, Improvement and Regulation) Order 2003, Article 35, paras (3) – (6) inclusive set out the circumstances in which a report must be made.	To be considered by the Enforcement Committee (Tor's at Annex 3)
Statutory Functions			

Standing Order Three: Functions Delegated by the Authority to the Chief Executive

3.1 Arrangements for Discharge of Authority functions by the Chief Executive

3.2.1 Registration of Establishments and Agencies

3.2.2 Inspection of Establishments and Agencies

3.3 Delegation by the Chief Executive

3.3.1 Chief Executive's Scheme of Delegation

Administrative Scheme of Delegation

Financial Scheme of Delegation

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3.1 Arrangements for the discharge of Authority functions by the Chief Executive

In accordance with Schedule 1, paragraph 7 of the 2003 Order, the Chief Executive is a member of the Authority's staff, and responsible to it for the general exercise of its functions.

The Authority has delegated to the Chief Executive the general exercise of its functions as described in the Scheme of Delegation, set out below. The Authority retains responsibility and accountability for these functions; and the Chief Executive is directly responsible to the Authority for the exercise of them.

The Chief Executive shall develop a Scheme of Delegation for functions which have been delegated to him/her, enabling the exercise of functions by designated members of staff. S/he is accountable for the conduct of those functions and is responsible to the Authority in respect of them. This Scheme and any subsequent amendments to it shall be considered by the Authority, revised as necessary and approved by it.

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ITEM	AUTHORITY FUNCTIONS DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
3.2.1 Registration of Establishments and Agencies			
Registration of Establishments and Agencies (Part III, 2003 Order)	The functions of registration, variation of conditions of registration, imposition of additional conditions, issue of registration certificates, and levying fees in accordance with the fees for the time being prescribed by DoH.	The 2003 Order, Article 14 and Regulations.	Chief Executive, supported by the Director of Adult Care Services. Make a quarterly statistical return to the Authority on registrations etc. Provide regular analysis of trends and reports on registration and related activity, including on level of fees charged and financial implications- eg full cost recovery
ITEM	AUTHORITY FUNCTION DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
3.2.2 Inspection of Establishments and Agencies			
Inspection, review and	Carry out the functions set out in HSC (Quality, Improvement and	Except for Article 35 paras (3) – (6) inclusive for which	The Chief Executive will arrange for the

ITEM	AUTHORITY FUNCTIONS DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
investigation in respect of statutory bodies and providers.	Regulation) Order 2003, Article 35.	provision is made in SO 2.	<p>conduct of these functions, through the:</p> <ul style="list-style-type: none"> • Director of Mental Health, Learning Disability, Children's Services, and Prison Healthcare • Director of Adult Care Services • Director of Hospital Services, Independent Health Care, Review, and Audit Programmes <p>and for Reports to be produced and presented to the Authority for consideration</p>

3.3 Delegation by the Chief Executive

3.3.1 The Chief Executive shall prepare an Administrative Scheme of Delegation

3.3.2 The Chief Executive shall prepare a Financial Scheme of Delegation

ITEM	AUTHORITY FUNCTION DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
3.3.1 Chief Executive's Administrative Scheme of Delegation			
Corporate Operational Matters	Matters which impact on the corporate operational performance of RQIA.	Comprehensive information required to enable monitoring of progress and mitigation of risks	Chief Executive requires timely information from <ul style="list-style-type: none">• Director of Mental Health, Learning Disability, Children's Services, and Prison Healthcare• Director of Adult Care Services• Director of Hospital Services,

ITEM	AUTHORITY FUNCTION DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
			<p>Independent Health Care, Review, and Audit Programmes and</p> <ul style="list-style-type: none"> • Head of the Business Support Unit (and other additional Business Support leads as may be progressed during restructuring), and the Head of Office of the Chief Executive and Chair, to enable prompt action and reports to the Authority.
Management Plan – Preparation for submission to the Authority	The accessible statement of RQIA's purpose, values and	To be prepared annually in line with the Corporate	Chief Executive will lead in presentation of the

ITEM	AUTHORITY FUNCTION DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
	goals; identifying key actions and targets for the year, linked to the Corporate Plan and PfG	Plan and PfG; and to form the basis of reporting to the Authority and to DoH.	Plan to the Authority in accordance with agreed timetables. Plan is to be agreed with DoH
Lead and manage individual Directorates/Departments	The operational management of individual Directorates/departments including leadership and development of staff and teams.	Intelligent and proactive and leadership, responsive to needs presented by environment, and aware of wider environment and values, aims and objectives of the Authority	Individual and collective responsibility of Executive Team Members, reporting to Chief Executive Business cases for investments and associated recruitment put to BARC for approval
Appointment of Staff (below Senior Executive)	Chief Executive and Senior Executives to assess need for the appointment of staff below the Senior Executive level, taking account of Management and Corporate Plan, skills required, and funding		Chief Executive and Executive Team to consider and approve, taking account of business needs and availability of funding. Responsible Senior

ITEM	AUTHORITY FUNCTION DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
	considerations		<p>Executive to manage the selection and recruitment process consistent with Authority HR policies</p> <p>Appointments made by Chief Executive on behalf of the Authority</p>
Financial Performance of Directorates or Departments	Management of performance to achieve agreed targets within budget.		<p>Individual budgets to be set by EMT; agreed with Chief Executive and approved annually by Authority.</p> <p>Monthly notification of spend to Budget Holders by Head of the Business Support Unit (or other appropriate lead for Financial Services)</p> <p>Executive Team reporting to Chief Executive; Chief</p>

ITEM	AUTHORITY FUNCTION DELEGATED	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
			Executive to report to BARC quarterly
Development of RQIA policies and procedures including the Partnership Agreement.	Executive Team to oversee development of RQIA policies and procedures, taking legal and other specialist advice as required .	Authority approval of policies is required	Executive Team, reporting to Chief Executive. Chief Executive to present Corporate Policies to Authority for consideration and approval. BARC to have over sight of Policy Library and renewal/ review dates and process

ITEM	AUTHORITY RESPONSIBILITY	CONTEXT	INDICATIVE PROCESS/CONDITIONS OF DELEGATION
3.3.2. Delegation of Budgets			
Budgets for Pay and Non-Pay Expenditure	Commitment of expenditure within categories and amounts set out in budgets.	<p>Within Limits laid down for categories of expenditure.</p> <p>Payroll budgets including costed staffing levels which become funded establishment when approved.</p>	The Chief Executive may delegate expenditure to Senior Executives; such delegations to be set out in a Scheme to be approved by the Authority on the advice of BARC.

3.3.2 Delegation of Authority's power to authorise and approve Non-Pay Expenditure

The Authority's powers to initiate expenditure and to approve the payment of invoices is delegated to the Chief Executive in accordance with limits described by HSC Financial Delegated Limits.⁴ The Chief Executive may delegate such powers to Senior Executives, and to designated post holders, in accordance with his/her Scheme of Delegation.

The Chief Executive will ensure that a record is maintained of all delegations, including the limits of the authorisations delegated, designated post holders, their names and specimen signatures. This will be presented to the Authority annually for approval and will be copied to BSO Procurement and Logistics Service and the Payments Section at BSO Finance. A copy shall be retained in each Directorate or Department for reference. The list shall be amended as necessary, and a revised version will be distributed.

Expenditure in each specified category is only permitted within the budget provided for it.

The designated officers shall observe the limits delegated to them on the list.

They must also note their responsibilities in authorising expenditure to be incurred by RQIA.

Any proposed expenditure which exceeds an officer's designated limit must be referred to the Senior Executive responsible for that area or to the Chief Executive for consideration and authorisation.

The Standing Financial Instructions in Annex 5, which have effect as if part of these Standing Orders, provide the detailed framework for the management of the Authority's funds.

⁴ <https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodof0821v2.pdf>

Annex 1:

Terms of Reference Business, Appointments and Remuneration Committee

1.0 Remit and Constitution

1.1 Introduction

The Business Appointments and Remuneration Committee is established as a committee of the Regulation and Quality Improvement Authority pursuant to Schedule 1 paragraph 7 of The Health and Social Care (Reform) Act (Northern Ireland) 2009.

1.2 Background

The Committee is established so as to report to stated Authority meetings on the setting and measurement of objectives for the Authority, and terms and conditions of employment for the staff of the Authority.

1.3 Role

The remit of the Business Appointments and Remuneration Committee is to consider, make recommendations and provide assurances to the Authority on:

- The staffing of the Authority
- All aspects of remuneration and terms and conditions of employment for the Chief Executive and other Executive Directors, and all staff.
- Arrangements for the appointment and terms and conditions of appointment of the Chief Executive and all staff
- The setting, content and measurement of the Authority's Corporate Strategic Objectives and the Authority's annual Management Plan objectives
- The setting, content and measurement of individual targets set for the CEO; and by the CEO for Directors, to ensure that they are appropriate and consistent with the Authority's Corporate Strategic Objectives and the Authority's annual Management plan
- To monitor the performance of the Chief Executive and Directors in working towards the Authority's Corporate Strategic Objectives and the Authority's annual Management Plan objectives; and to scrutinise the performance of the organisation generally

Recommendations of the Committee to the Authority are made taking account of advice from the CEO as appropriate.

1.4 Terms of Reference

The functions of the Committee include:

- To provide assurance to the Authority on the objectives of the Authority
- To provide assurance to the Authority on human resources matters
- To provide assurance to the Authority on the progress of the RQIA towards the Authority's Corporate Strategic Objectives and the Authority's annual Management Plan objectives; and to consider the effectiveness of performance and performance management systems, including by:
 - Oversight of the proper functioning of performance and appraisal systems
 - Agreeing and monitoring a remuneration strategy that reflects national agreements and Departmental policy; and
 - monitoring the application of the remuneration strategy to ensure adherence to all equality legislation
- to advise the Authority on the appropriate remuneration and terms of service for Senior Executives and staff generally, to ensure that they are fairly rewarded for their individual contribution to the organisation, ensuring that any directions issued by the Department of Health (DoH) on pay are scrupulously observed. This includes having proper regard to the RQIA's circumstances and performance.
- To review these Terms of Reference regularly and make recommendations to the Authority as it considers appropriate.

1.5 Relationship with and Reporting to the Authority

All staff, with the exception of Senior Executives, are on nationally agreed terms and conditions of service. The work of the Committee in relation to terms and conditions must take place within this context.

In accordance with the Code of Accountability (2011), the Committee shall report, in writing, to the Authority the basis for its decisions. Minutes of the Authority meeting shall record such decisions.

1.6 Composition of the Business, Remuneration and Appointments Committee

The Committee shall comprise three Authority Members, of the one of whom shall be the Chairperson of the Committee. None of the Members shall be a member of the Audit and Risk Committee. The quorum shall be two.

The Chief Executive and other Senior Executives shall not be present for discussions about their own or their peers remuneration and terms of service. However, they may be invited to attend meetings of the Committee to discuss the terms of service of other staff.

The Chief Executive shall provide information, advice and support to the Committee as appropriate.

1.7 Establishment of the Business, Remuneration and Appointments Committee

The Committee shall be constituted as a Committee of the Authority with the power to make recommendations to the Authority and, in accordance with the Code of Accountability (April 2011) will make recommendations to the Authority on all aspects of approving and providing assurance on the setting of objectives, measuring performance of the Authority against objectives, including but not limited to remuneration and terms and conditions of employment for the Chief Executive, other Senior Executives and other RQIA staff.

These Terms of Reference are to be approved by the Authority and recorded in the Authority minutes.

Committee meetings shall be conducted formally and minutes may be agreed by correspondence and submitted to the confidential section of the next Authority meeting.

1.8 Conduct of business

1.9 Attendance

Normally, only the Chairperson of the Committee, members of the Committee and the Chief Executive, shall attend meetings. Other Authority Members and officers (including Officers of BSO) may be invited to attend, as required, by the Chair of the Committee. The Authority Committee Secretary shall be in attendance to record the business of the meetings.

The Chief Executive is responsible for implementing decisions of the Authority made on the recommendation of the Committee.

Any member of staff of RQIA may be required to attend a meeting of the Committee, as necessary.

The Chairperson may request fuller explanatory information on papers circulated, if there are any doubts or uncertainties. The issues discussed shall be summarised in the Minutes.

1.10 Frequency of Meetings

The Committee shall meet at least four times a year to consider, set, reaffirm, revise or reset and agree performance targets and outcomes; and to monitor progress against these. Meetings will be sequenced to ensure that Committee considerations can inform the subsequent Authority Meeting and provide assurance on on the

progress of the RQIA towards the Authority's Corporate Strategic Objectives and the Authority's annual Management Plan objectives. Additional meetings may be held as required at the discretion of the Committee Chairperson, taking in to account any requests for such from a Committee member, the Chief Executive, or Chairperson or Member of the Authority.

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Annex 2:

Terms of Reference Audit and Risk Assurance Committee

2.1 Introduction

2.1.1 Membership

2.1.2 Quorum

2.1.3 Secretariat

2.1.4 Meetings

2.1.5 Reporting

2.1.6 Rights

2.1.7 Access

2.2 Responsibilities

2.2.1 Financial Reporting

2.2.2 Internal Controls and Risk Management Systems

2.2.3 Internal / External Audit

2.2.4 Other

2.3 Information Requirements

2.1 Introduction

The Authority has established an Audit and Risk Assurance Committee (ARAC) as a committee of the Authority to support it in its oversight and responsibility for risk control and governance. On behalf of the Authority, and the RQIA's Chief Executive as Accounting Officer, the ARAC considers and reviews the comprehensiveness, reliability and integrity of audit and governance systems and ensures that RQIA meets required standards of financial and statutory probity.

The ARAC has delegated responsibility for ensuring that there is a framework for accountability and oversight; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring that RQIA is complying with all aspects of the law, relevant regulations, good practice and governance.

A refreshed version of the Audit and Risk Assurance Committee Handbook (NI) 2018 as issued by the Department of Finance on 30 March 2018 sets out a clear set of principles that should be followed by RQIA's Audit and Risk Assurance Committee.⁵

2.1.1 Membership

The ARAC Chairperson and Members will be appointed to ARAC as set out in Standing Order 1.

In the event that the ARAC Chairperson is not available, s/he will nominate a Committee member to chair the meeting on their behalf.

2.1.2 Quorum

The quorum necessary for the transaction of business shall be any 2 of the 3 members of ARAC. A duly convened meeting of ARAC at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

2.1.3 Secretariat

ARAC will be provided with a secretariat function by the Head of the Business Support Unit.

2.1.4 Meetings

ARAC will meet at least four times a year (at appropriate times in the reporting and audit cycle). The Chairperson of ARAC may convene additional meetings, as deemed necessary.

⁵ <https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodof0318att.pdf>

The Authority or the Chief Executive as RQIA Accounting Officer may also ask ARAC to convene further meetings to discuss particular issues on which they may require ARAC's advice.

ARAC meetings will normally be attended by the Chief Executive (as RQIA Accounting Officer), the Head of the Business Support Unit, the Head of Corporate Secretariat, the Head of Internal Audit and/or a representative, the Head of External Audit and/or representative(s) of External Audit. A representative from the Department of Health (DOH) has a right to attend the meeting as an observer.

ARAC may ask any other Director / official to attend to assist it with its consideration of any particular matter.

ARAC may ask any or all of those who are normally in attendance to withdraw to facilitate open and frank consideration of any particular matter.

2.1.5 Reporting

The Chairperson of ARAC will report formally to the Authority after each meeting.

The Secretary will minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

At the beginning of each meeting, the ARAC Chairperson will establish and note any conflicts of interest.

ARAC will make whatever recommendations to the Authority or to the Chief Executive as RQIA Accounting Officer it deems appropriate in relation to any matter within its remit where action or improvement is needed.

ARAC will provide the Authority with an Annual Report, timed to support the finalisation of annual accounts and the Governance Statement, summarising its conclusions from the work and activities that it has undertaken during the year.

2.1.6 Rights

ARAC may co-opt additional members for a defined period to provide specialist skills, knowledge and experience.

ARAC may commission specialist ad-hoc advice subject to budgets agreed by the Authority.

2.1.7 Access

The ARAC Chairperson will arrange to meet with the Head of Internal Audit and a representative of External Audit as appropriate.

The Head of Internal Audit and a representative(s) of External Audit will have ready and confidential access to the Chairperson of ARAC.

2.2 Responsibilities

ARAC will provide the Authority and the Chief Executive as RQIA Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority in relation to:

2.2.1 Financial Reporting

The integrity and regularity of the financial statements of RQIA, with particular focus on the preparation of annual accounts and the Annual Report of RQIA. This will include the process for review of the accounts prior to submission for audit; the extent of adjustments arising from audit findings, interim management statements and any other formal announcement relating to its financial performance; and the review of significant financial reporting issues and judgements which they may contain.

Reviewing and challenging where necessary:

- the consistency of, and any changes to, accounting policies.
- methods used to account for significant or unusual transactions.
- whether RQIA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of External Audit.
- the clarity of disclosure in RQIA's financial reports and the context in which statements are made.
- all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (insofar as it relates to the audit and risk management).

2.2.2 Internal Controls and Risk Management Systems

The strategic processes for risk management, the effectiveness of internal controls, Governance Statement and the Mid-year Assurance Statement.

Anti-fraud policies, whistleblowing processes and arrangements for special investigations.

2.2.3 Internal / External Audit

The planned activity and recommendations of both internal and external auditors.

The adequacy of management response to issues identified by internal audit activity, and those included in external audit's management letter.

(As appropriate) proposals for appointments of Internal or External Audit services and for the commissioning of non-audit services from those who provide audit services.

2.2.4 Other

The consideration of write off of losses and authorisation of special payments before submission to the Authority for approval.

A periodic review of its own performance and effectiveness and an annual review of its terms of reference.

Appropriate and timely training for all Committee members on appointment and thereafter.

2.3 Information Requirements

For each meeting ARAC will be provided with:

- a report summarising any significant changes and updates to RQIA's Risk Assurance Framework
- a verbal update in relation to any emerging issues or risks facing the organisation
- responsibilities in the management of fraud risk, of suspected or actual fraud
- a report summarising all whistleblowing activity

A progress report from the Head of Internal Audit summarising:

- Work performed (and a comparison with work planned)
- Key issues emerging from Internal Audit work
- Management response to audit recommendations
- Changes to the Internal Audit Plan
- Any resourcing issues affecting the delivery of Internal Audit objectives
- The extent of implementation of agreed recommendations

A progress report from External Audit summarising:

- Work performed

- Key issues emerging
- Management response to audit findings

As and when appropriate ARAC will be provided with:

- Internal Audit Strategy
- Head of Internal Audit's Annual Opinion and Report
- Draft statement on the adequacy of internal controls and compliance with the applicable Controls Assurance Standards (CAS)
- Draft annual accounts and audit certificate
- External Audit Management Letter
- Risk Management Strategy and updates to Corporate Risk Assurance Framework
- Report on any changes to accounting policies
- Report on any proposals to tender for audit functions
- Report on co-operation between Internal and External Audit
- Mid-year Assurance Report from Head of Internal Audit
- Draft reports from Head of Internal Audit re commissioned reviews or special investigations

Annex 3:

Committee: Terms of Reference Enforcement Committee

3.1 Introduction

3.1.1 Membership

3.1.2 Quorum

3.1.3 Secretariat

3.1.4 Meetings

3.1.5 Reporting

3.2 Responsibilities

3.3 Information Requirements

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3.1 Introduction

The Authority has established an Enforcement Committee of the Authority to support it in its oversight and responsibility for the implementation of the Authority's Enforcement Policy and Procedures.⁶⁷

3.1.1 Membership

The Enforcement Committee is comprised of all Authority Members, the Chief Executive and Directors.

3.1.2 Quorum

The quorum for the Enforcement Committee is two Authority members and the Chief Executive or a Director. In some instances and due to the nature of the proposed enforcement action, the Committee may be convened at very short notice.

3.1.3 Secretariat

The Committee will be provided with a secretariat function by the Office of Chief Executive and Chair.

3.1.4 Meetings

Meetings will be convened by the Office of Chief Executive and Chair who will call a meeting of the Committee when:

- RQIA receives written representations in relation to a Notice of Proposal
- RQIA serves a Notice of Proposal to cancel or refuse registration
- RQIA proposes to make application to a Lay Magistrate (formerly Justice of the Peace) for an Order (ref: The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Article 21 and Standing Order 3)

Prior to the commencement of the Committee meeting, a Chairperson will be nominated and agreed by members. The Committee will follow RQIA's Decision Making Panel Procedures in Respect of Notice/s of Proposal⁸ and RQIA Decision Making Panel Procedures in Respect of Urgent Procedures⁹

⁶ <https://www.rqia.org.uk/RQIA/files/87/87d1ee32-eb91-4336-9dd4-cbab81a43cb1.pdf>

⁷ <https://www.rqia.org.uk/RQIA/files/36/366c1fd9-70b3-4274-bfc6-56bc25dc9589.pdf>

⁸ <https://www.rqia.org.uk/RQIA/files/df/df98ecbe-26a1-4f58-8ba1-7a11b4086a51.pdf>

⁹ <https://www.rqia.org.uk/RQIA/files/34/340f78a7-2a7a-4b15-b6d7-a611e78a4db2.pdf>

3.1.5 Reporting

The Committee Member who chairs the Committee Meeting will, with the support of the secretariat, report to the Authority any decisions arising from that meeting.

The Committee will make whatever recommendations to the Authority or to the Chief Executive as RQIA Accounting Officer it deems appropriate in relation to any matter within its remit where action or improvement is needed.

3.2 Responsibilities

The Enforcement Committee will provide the Authority and the Chief Executive as RQIA's Accounting Officer with assurances relating to the effective implementation of the Authority's Enforcement Policy and Procedures.

3.3 Information Requirements

For each Committee meeting, the Office of the Chief Executive and Chair will ensure that reports, verbal updates, applications (Urgent Procedures) and any written representations are available to relevant Committee members.

Annex 4:

Committee: Terms of Reference Authorisations Committee

4.1 Introduction

4.1.1 Membership

4.1.2 Quorum

4.1.3 Secretariat

4.1.4 Meetings

4.1.5 Reporting

4.2 Responsibilities

4.3 Information Requirements

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4.1 Introduction

The Authority has established an Authorisations Committee of the Authority in its discharge of functions under the Mental Health (Northern Ireland) Order 1986 **1.1**

4.1.1 Membership

The Authorisations Committee is comprised of all Authority Members, the Authority Chair, the Chief Executive and Directors.

4.1.2 Quorum

The Quorum for the Authorisations Committee is two Authority Members and the Chief Executive or a Director.

4.1.3 Secretariat

The Committee will be provided with a secretariat function by the Office of Chief Executive and Chair.

4.1.4 Meetings

Meetings will be convened by the Director of Mental Health, Learning Disability, Children's Services, and Prison Healthcare and will consider:

- Applications for appointment or renewal of appointment to provide a second opinion using agreed prescribed forms in relation to Part IV of the Mental Health (Northern Ireland) Order, 1986.
- Applications for appointment or renewal of appointment in relation to Part II of the Mental Health (Northern Ireland) Order, 1986.

4.1.5 Reporting

The Committee Member who chairs the Committee meeting will, with the support of the secretariat, report to the Authority decisions arising from that meeting.

The Committee will make whatever recommendations to the Authority or to the Chief Executive it deems appropriate in relation to any matter within its remit where action or improvement is needed.

The Authorisations Committee will provide the Authority and the Chief Executive with assurances relating to the effective implementation of the Authority's responsibilities under the Mental Health (Northern Ireland) Order 1986.

4.2 Responsibilities

The Authorisation Committee will provide the Authority and the Chief Executive as RQIA's Accounting Officer with assurances relating to the effective implementation of the Authority's Authorisation Policy and Procedures.

4.3 Information Requirements

For each Committee meeting, the Office of the Chief Executive and Chair will ensure that reports, applications, and any other relevant information is available to relevant Committee members.

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Annex 5:

Standing Financial Instructions

- 5.1 Foreword**
- 5.2 Introduction**
- 5.3 Control Framework**
- 5.4 Revenue Resource Limit and Expenditure Limit Control**
- 5.5 Promoting Financial Stability**
- 5.6 Funding, Business Planning, Budgets, Budgetary Control and Monitoring**
- 5.7 Annual Report and Accounts**
- 5.8 Bank Accounts**
- 5.9 Income Systems, Fees and Charges Debt Recovery and Security of Cash, Cheques and other Negotiable Instruments**
- 5.10 Recruitment, Terms of Service, Remuneration, Appointments and Payroll Processing**
- 5.11 Non-Pay Expenditure for RQIA Administration including Procurement Procedures**
- 5.12 Capital Expenditure, Fixed Asset Registers and Security of Assets**
- 5.13 Stores and Receipt of Goods**
- 5.14 Disposals and Condemnations, Losses and Special Payments**
- 5.15 Gifts and Hospitality**
- 5.16 Information Technology**
- 5.17 Payments to Independent Contractors**
- 5.18 Retention of Documents**
- 5.19 Risk Management**

5.1 Foreword

The Codes of Conduct and Accountability require RQIA to adopt Standing Financial Instructions (SFIs) setting out the responsibilities of individuals.

SFIs form part of the Standing Orders of RQIA, which are laid down by the Codes. In addition, there are financial procedures and Systems Manuals as well as other instructions and guidelines, which are promulgated from time to time by the Chief Executive. Collectively, these must cover all aspects of financial management and control. They are the 'business rules' that Members, Executives, Management and employees (including employees of Third Parties contracted to RQIA) must follow when acting on behalf of RQIA.

SFIs adopted by RQIA are mandatory on all Members, Executives, Management and employees of the RQIA.

Failure to comply with SFIs is a disciplinary matter which could result in dismissal.

5.2 Introduction

5.2.1 General

The RQIA shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).

These SFIs detail the financial responsibilities, policies and procedures to be adopted by the RQIA. They are designed to ensure the RQIA's financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, regularity, economy, efficiency and effectiveness. They should be used in conjunction with the Standing Orders, Schedule of Decisions Reserved to the Authority and the Scheme of Delegation.

These SFI's identify the financial responsibilities which apply to everyone working for the RQIA. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with detailed departmental and financial procedure notes.. All financial procedures must be approved by the Chief Executive.

Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Chief Executive must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the RQIA's Standing Orders.

The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a

disciplinary matter and could result in dismissal.

Overriding Standing Financial Instructions – If these Standing Financial Instructions are not complied with in any significant or material respect, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit and Risk Assurance Committee for referring action or ratification. All members of the RQIA and staff have a duty to disclose any significant or material non-compliance with these Standing Financial Instructions to the Chief Executive as soon as possible.

5.2.2 Responsibility

The Authority

The Authority exercises financial supervision and control by:

- formulating the financial strategy;
- requiring the submission and approval of budgets within the funding approved by the Department / total income;
- defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- defining specific responsibilities placed on Senior Executives and other employees as indicated in the Schemes of Delegation.

The Authority may delegate responsibility for the performance of its functions, in accordance with the Schemes of Delegation set out in Standing Orders 2 and 3. (The Authority shall keep the extent of delegation under review.)

Chief Executive

Notwithstanding the SFIs, the Chief Executive as the RQIA's Accounting Officer is responsible and accountable to the Authority for the general exercise of its functions and ensuring that RQIA meets its obligation to perform its functions within available financial resources. The Chief Executive has been delegated responsibility for the general exercise of its functions and is responsible to the Authority for ensuring that its financial obligations and targets are met.

The RQIA's Accounting Officer is designated by the Permanent Secretary of the DoH as the Department's Accounting Officer who is ultimately responsible to the Minister, the Northern Ireland Assembly and Parliament for funds controlled by the DoH.

The Chief Executive shall, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.

It is a duty of the Chief Executive to ensure that existing Executives,

Management and employees and all new appointees are notified of and understand their responsibilities within these instructions.

The Chief Executive is responsible for:

- implementing RQIA's financial policies and for co-ordinating any corrective action necessary to further these policies;
- maintaining an effective system of internal control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- ensuring that sufficient records are maintained to show and explain RQIA's transactions, in order to disclose, with reasonable accuracy, the financial position of RQIA at any time; and, without prejudice to any other functions of the RQIA, and employees of RQIA, shall include:
 - the provision of financial advice to the Authority, EMT and employees;
 - the design, implementation and supervision of systems of financial control; and
 - the preparation and maintenance of such accounts, certificates, estimates, records and reports as RQIA may require for the purpose of carrying out its statutory duties.

Authority Members and employees

All Members and employees, severally and collectively, are responsible for:

- the security of the property of RQIA;
- avoiding loss;
- exercising economy and efficiency in the use of resources; and conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Schemes of Delegation.

Any contractor or employee of a contractor who is empowered by RQIA to commit RQIA to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

For any and all Members and employees who carry out a financial function, the form in which financial records are kept and the manner in which Members and employees discharge their duties must be to the satisfaction of the Chief Executive.

5.3 Control Framework

5.3.1 Independent Audit and Risk Assurance Committee (ARAC)

In accordance with Standing Order 5, the Authority shall establish an ARAC.

The ARAC Terms of Reference are outlined in SO5, Appendix 2.
The ARAC shall provide an independent and objective view of internal control by:

- overseeing Internal and External Audit services;
- reviewing financial systems;
- ensuring compliance with Standing Orders and Standing Financial Instructions; and reviewing schedules of losses and compensations and making recommendations to the Authority.

Where the ARAC believes there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of ARAC shall raise the matter at a full meeting of the Authority. Exceptionally, the matter may need to be referred to the Department.

It is the responsibility of the Chief Executive to ensure that an adequate internal audit service is provided by BSO Internal Audit.

The ARAC shall carry out the functions as set out above along with other functions in relation to Risk Management and Controls Assurance as set out in the Standing Orders.

5.3.2 The Chief Executive

The Chief Executive is responsible for:

- ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control with the support of the independent internal audit function;
- ensuring that the internal audit is adequate and meets the standards set out in the Internal Audit Plan;
- deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities; and
- ensuring that an annual audit report is prepared for the consideration of the ARAC on behalf of the Authority. The report must include:
 - a clear statement on the effectiveness of Internal Control
 - progress against plan approved by the ARAC
 - major internal financial control weaknesses discovered;
 - progress on the implementation of internal audit recommendations;
 - strategic audit plan covering the coming three years; and
 - (vi) a detailed plan for the coming year.

The Chief Executive and/or designated auditors are entitled without necessarily giving prior notice to require and receive:

- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
 - access at all reasonable times to any land, premises or employee of RQIA;
 - the production of any cash, stores or other property of RQIA under an employee's control; and
- d) explanations concerning any matter under investigation

5.3.3 Internal Audit

Internal Audit shall review, appraise and report upon:

- the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures; the adequacy and application of financial and other related management controls;
- the suitability of financial and other related management data; and
- the extent to which RQIA's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - fraud and other offences;
 - waste, extravagance, inefficient administration; and
 - poor value for money or other causes.

Whenever any matter arises which involves, or is thought to involve irregularities concerning cash, stores or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Executive must be notified immediately.

The Head of Internal Audit Services, shall normally attend the ARAC meetings and have a right of direct access to all ARAC Committee Members, the Chairperson and Chief Executive of RQIA.

The Chief Internal Auditor shall be accountable to the Chief Executive. The reporting system for internal audit shall be agreed between the Chief Executive, the Audit and Risk Assurance Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the Government Internal Audit Standards. The reporting system shall be reviewed at least every three years.

5.3.4 External Audit

The External Auditor is appointed by the NI Audit Office and will audit the RQIA's accounts. The Comptroller and Auditor General (C&AG) will have access to the RQIA's books and records by virtue of the Audit (Northern Ireland) Order 1987 for the purpose of carrying out examinations into the economy, efficiency and effectiveness with which the RQIA has used its

resources in discharging its functions.

5.4 Revenue Resource Limit and Expenditure Control

The Management Statement and Financial Memorandum requires that RQIA does not exceed its annual Revenue Resource Limit, with a further requirement to declare all in-year easements to the Department. The Chief Executive is accountable for RQIA's activities and is responsible to the RQIA for ensuring that it stays within its resource limit and any in-year or cumulative deficits are eliminated.

The Head of Business Support Unit shall:

- provide monthly returns in the form required by the Department;
- ensure money drawn from the Department of Health is required for approved expenditure only, and is drawn down only at the time of need;
- be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable RQIA to fulfil its statutory responsibility not to exceed its Annual Revenue and Capital Resource Limits; and
- be responsible for financial risk register (as part of the Corporate Risk Register) and ensure that the Chief Executive and Executive Team are advised of potential financial problems to ensure timely action is taken so that Departmental Expenditure limits are not breached.

The Executive Team shall ensure that adequate information is provided in a timely manner to the Head of Financial Services to enable reliable financial projections to be made, and necessary advice provided to the Chief Executive on any financial risk to the break-even position.

5.5 Promoting Financial Stability

RQIA has an obligation, with all other HSC Organisations, to contain expenditure within the resources available. Deficits should not be allowed to develop, and where they do threaten to arise, RQIA must ensure that appropriate contingency arrangements are put in place.

The principles set out in Circular HSS(F) 29/2000, "Promoting Financial Stability within HPSS Organisations" must be adhered to. In particular, no service developments should be initiated without the prior securing of recurrent funding.

5.6 Funding, Business Planning, Budgets, Budgetary Control and Monitoring

5.6.1 Funding

The Head of Business Support Unit shall:

- periodically review the bases and assumptions for utilising available funds and ensure that these are reasonable and realistic and secure RQIA's entitlement to funds;
- at the start of each financial year submit to RQIA for approval a Financial Plan showing the total planned funds available and their proposed distribution including any sums to be held in reserve;
- regularly update RQIA on significant changes to the initial funding and the uses of such funds;
- be involved in challenging those assumptions made regarding the financial implications of all policy changes and assisting in their evaluation; and
- advise the Chief Executive on the need for a contingency reserve in the light of known Budget uncertainties.

5.6.2 Preparation and Approval of Business Plans and Budgets

The Chief Executive shall compile and submit to the RQIA a Financial Plan which takes into account financial targets and forecast limits of available resources. The annual plan shall contain:

- a statement of the significant objectives / assumptions on which the plan is based, including a proposed deployment of resources across care programmes for the following period; and
- details of major changes in workload or delivery of services or resources required to achieve the plan.

Prior to the start of the financial year the Head of Financial Services together with the Chief Executive, prepare and submit budgets for consideration by the Executive Team and approval by the RQIA. Such budgets shall:

- be in accordance with the aims and objectives set out in the Financial Plan;
- accord with workload and manpower plans;
be produced following discussions with any Third Party service providers;
- be prepared within the limits of available funds; and
- identify potential risks.

The Head of Financial services shall monitor financial performance against budgets, periodically review them, and report to the Executive Team and the RQIA. The Head of Financial Services shall advise the Chief Executive on the need to apply any contingency reserve.

All budget holders shall ensure that the necessary Business Case preparation and

approvals have been obtained from the RQIA **before** committing to recurrent revenue expenditure. Failure to obtain the required Departmental approvals will mean that the expenditure has been incurred without the required authority and is a serious matter (DAO (DFP) 06/12 refers).

RQIA budget holders should provide information and estimates as required by the Head of Financial Services to enable budgets to be compiled.

The Head of Financial Services has a responsibility to ensure that adequate training is delivered on an ongoing basis to budget holders to help them manage their budgets successfully.

5.6.3 Budgetary Delegation

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- the amount of the budget;
- the purpose(s) of each budget heading;
- individual and group responsibility;
- RQIA to exercise virement, only within total revenue or total Capital (NB no virement between revenue and capital);
- achievement of planned level of service; and the provision of regular reports.

The Chief Executive and delegated budget holders must not exceed budgetary total or virement set by RQIA.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement. Where DOH resources allocated for a particular purpose are not required in full, for that purpose, they must be returned to the Department for potential redistribution.

Non-recurrent administrative budgets shall not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

All Budget Holders are required to regularly review all projected expenditure and identify to the Head of Financial Services, on a timely basis, where inescapable expenditure has the potential to breach their delegated budget.

5.6.4 Budgetary Control and Reporting

The Head of Financial Services shall devise and maintain systems of budgetary control. These shall include:

- monthly financial reports to the RQIA in a form approved by the RQIA containing:

- income and expenditure to date showing trends and forecast year-end position;
- movements in working capital;
- material capital project spend and projected outturn against plan;
- explanations of any material variances from the plan; and
- details of any corrective action where necessary and the Chief Executive's and/or Head of Financial Services view of whether such actions are sufficient to correct the situation.
- the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;
- investigation and reporting of variances from financial, workload and manpower budgets;
- monitoring of management action to correct variations; and
- arrangements for the authorisation of in-year budget transfers.

Each Budget Holder is responsible for ensuring that:

- any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Chief Executive or Head of Financial Services;
- the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- all estimated budgets are reviewed regularly especially where there is a projected impact of their delegated budget;
- No permanent employees are appointed without the approval of the Chief Executive, or their delegated representative, other than those provided for within the available resources and manpower establishment as approved by the RQIA and that sufficient funds are available within RQIA's budget to meet the full cost of employment; and
- they have access to adequate management information and financial advice to ensure that they manage staffing and other budgets effectively within delegated limits.

The Chief Executive is responsible for identifying and implementing cost improvements and maintenance of a balanced budget.

5.6.5 Capital Expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure. The particular matters relating to capital are contained in SFI.11 together with the provisions of the Capital Investment Manual for NI.

5.6.6 Economic Appraisal for Capital and Current Projects

Where RQIA proposes to incur/commit expenditure it is essential that a robust

evaluation and decision-making process is undertaken. The prescribed method is a proportionate economic appraisal. The detail of such appraisals is included in:

- DoH Capital Investment Manual;
- The NI Practical Guide to the Green Book;
- HM Treasury

For Business Cases and economic appraisals prepared and submitted after a project has commenced or is completed, the Department cannot guarantee that approval will be granted either by them or at DOF level.

One essential element of the economic appraisal process is the requirement for a robust post-project evaluation and dissemination of lessons learned.

5.6.7 Capital Monitoring Returns

The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the appropriate directorate within the Department of Health. These monitoring returns must include estimated monthly movement on the cost of Capital and Provisions, (including provisions for employers and public liability and early retirement liabilities).

5.7 Annual Report and Accounts

The Chief Executive, on behalf of RQIA, shall:

- arrange for the preparation of annual accounts and financial reports in accordance with the most recent Government Financial Reporting Manual (FReM) provided by the Department annually, RQIA's accounting policies, and generally accepted accounting principles;
- certify and submit audited Annual Accounts to the Department in accordance with current prescribed guidelines and timetable; and
- submit the prescribed financial returns to the Department for each financial year in accordance with the prescribed timetable.

RQIA's Annual Accounts must be audited by the NI Comptroller and Auditor General and adopted by the RQIA at a public meeting.

RQIA shall publish an Annual Report and Accounts, in accordance with guidelines on local accountability, and present it at a public meeting. The document shall comply with the DoH Manual for Accounts.

5.8 Bank Accounts

5.8.1 General

The Head of Financial Services is responsible for managing the banking arrangements and for advising RQIA on the provision of banking services and operation of accounts. The advice shall take into account guidance direction issued from time to time by the Department.

The RQIA shall be notified of the banking arrangements put in place by the Chief Executive, on the advice of the Head of Financial Services.

5.8.2 Bank Accounts

The Head of Financial Services is responsible for:

- bank accounts;
- establishing separate bank accounts as appropriate for the RQIA's non-exchequer funds;
- ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and
- reporting to the Chief Executive all arrangements made with the bankers for accounts to be overdrawn.

5.8.3 Procedures

The Head of Financial Services shall prepare detailed instructions on the operation of bank accounts, which must include;

- the conditions under which each bank account is to be operated;
- the limit to be applied to any overdraft; and
- those authorised to sign cheques or other orders drawn on the accounts.

5.8.4 Tendering and Review

The Head of Financial Services shall review the banking arrangements of the RQIA at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the banking business in co-operation with other HSC organisations.

5.9 Income Systems, Fees And Charges, Debt Recovery and Security of Cash, Cheques and Other Negotiable Instruments

5.9.1 Income Systems

The Head of the Business Support Unit is responsible for the provision of Income Systems.

The Head of Financial Services is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due, including 'HSC' transactions.

The Head of Financial Services is also responsible for the prompt banking of all monies received.

5.9.2 Fees and Charges

The Chief Executive is responsible for regularly reviewing the level of all fees and charges and recommending any changes to the RQIA for approval, other than those determined by the Department or by Statute.

Independent advice on matters of valuation shall be taken as necessary.

All employees must inform the Head of Financial Services promptly of all money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

5.9.3 Debt Recovery

The Head of Financial Services is responsible for ensuring appropriate recovery action on all outstanding debts.

Income due but not received shall be dealt with in accordance with guidance on losses detailed in Circular HSC(F) 50/2012.

The Head of Financial Services is responsible for ensuring that overpayments shall be detected (or preferably prevented) and recovery initiated.

5.9.4 Security of Cash, Cheques and other Negotiable Instruments

The Head of Financial Services is responsible for the systems for:

- approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- ordering and securely controlling any such stationery;
- the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and of coin operated machines; and
- prescribing systems and procedures for handling cash and negotiable securities on behalf of RQIA.

Public Funds shall not, under any circumstances, be used for the encashment of private cheques.

All cheques, postal orders, cash etc. shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Head of Financial Services.

The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that RQIA is not to be held liable for any loss and written indemnities must be obtained from the organisation or individuals absolving RQIA from responsibility for any loss.

5.10 Recruitment, Terms of Service, Remuneration, Appointments and Payroll Processing

5.10.1 Remuneration of Chair and Members

RQIA shall remunerate the Chairperson and Members in accordance with the Payment of the Remuneration to Chairs and Non-Executive Members

Determinations made by the Department of Health with the approval of the Department of Finance.

5.10.2 Funded Establishment

The manpower plans incorporated within the annual budget shall form the funded establishment.

The funded establishment of any department may not be varied without the approval of the Chief Executive.

5.10.3 Staff Appointments

No directorate head or employee may engage, re-engage, or regrade employees, either on a permanent or temporary basis, or hire agency staff, or agree to changes in any aspect of remuneration:

- unless authorised to do so by the Chief Executive; and
- it is within the limit of their approved budget and funded establishment as confirmed by the Head of Financial Services

5.10.4 Processing of Payroll

The Head of Financial Services is responsible for managing any Service Level Agreement for the provision of Payroll Shared Services from BSO, or other provider, subject to the approval of RQIA.

The Head of Shared Services, BSO, or other provider, is responsible for designing, maintaining and ensuring compliance with systems for the proper processing of payroll subject to the approval of the Head of Financial Services and the RQIA.

The Head of Shared Services, BSO, or other provider, is responsible, subject to the approval of the Head of Financial Services and the RQIA, for:

- specifying timetables for submission of properly authorised time records and other notifications;
- the final determination of pay;
- making payment on agreed dates; and
- agreeing methods of payments.

The Head of Shared Services, BSO, or other provider, shall, subject to the agreement of the Head of Financial Services and the RQIA, issue instructions regarding:

- a) verification and documentation of data;
 - the timetable for receipt and preparation of payroll data and the payment of employees;
 - maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
 - security and confidentiality of payroll information;
 - checks to be applied to completed payroll before and after

- payment;
- authority to release payroll data under the provisions of the Data Protection Act;
- methods of payment available to various categories of employee;
- procedures for payment by cheque, bank credit, or cash to employees;
- procedures for the recall of cheques and bank credits;
- pay advances and their recovery;
- maintenance of regular and independent reconciliation of pay control accounts;
- separation of duties of preparing records and handling cash; and
- a system to ensure the recovery from leavers of sums of money and property due by them to RQIA

Appropriately nominated managers have delegated responsibility for:

- submitting time records and other notifications in accordance with agreed timetables;
- authorising completing records and travel claims of employees and agency staff and any other notifications in accordance with and in the form prescribed by the Head of Shared Services, BSO, or other provider, subject to the approval of the Head of Financial Services and the RQIA,; and
- submitting relevant notification forms in the prescribed format immediately upon knowing the effective date of an employee's resignation, termination or retirement or any other change to their conditions of service. Where any employee fails to report for duty in circumstances that suggest they have left without notice, the Head of Financial Services must be informed immediately

Regardless of the arrangement for providing the payroll service, the Head of Financial Services shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

5.10.5 Contract of Employment

The Chief Executive shall make appropriate arrangements for:

- ensuring that all employees are issued with a Contract of Employment in a form approved by RQIA and which complies with employment legislation; and
- detailing variations to, or termination of, contracts of employment.

5.10.6 Staff Training

Training is available for all staff and aims to encourage and support the personal and professional development of staff. All staff are required to complete mandatory training annually. Training and personal development aims to create a learning

culture and develop a competency-based approach. Individuals are encouraged to address their own training needs and the opportunity for this is within their annual performance appraisal meeting. The Chief Executive is responsible for the development and implementation of employee training plans.

5.1 Non-pay Expenditure for RQIA Administration Including Procurement Procedures

5.11.1 Delegation by RQIA

Within the administrative ceiling set by the Department, the RQIA shall approve the level of non-pay expenditure on an annual basis and the Chief Executive shall determine the level of delegation to budget managers.

The Chief Executive shall set out:

- the list of managers who are authorised to place requisitions for the supply of goods and services; and
- the maximum level of each requisition and the system for authorisation above that level.

The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services to ensure proper stewardship of public funds and assets.

The Chief Executive is responsible for ensuring that goods and services are correctly specified and that the Centre of Procurement Expertise (CoPE) provides value for money. In support of this a Service Level Agreement should be put in place with the COPE, requiring it to provide assurance that the systems and processes used in procurement ensure appropriate probity and propriety.

5.11.2 Choice, requisitioning, ordering, receipt and payment for goods and services

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money, subject to the approval of the Chief Executive and or Head of Financial Services, (VFM) for RQIA. The concept of VFM remains central to the procurement policy.

Twelve guiding principles have been adopted as the basis of procurement policy, which are:

- Transparency;
- Integrity;
- Fair Dealing;
- Consistency;
- Purchasing by competition;
- Responsiveness;
- Informed decision making;

- Legality;
- Effectiveness;
- Efficiency;
- Integration; and
- Accountability

Therefore RQIA requires that the Procurement and Logistics Service as the Centre of Procurement Expertise (COPE) is consulted in the first instance to ensure that procurement is carried out in a professional way. Where this advice is not acceptable to the requisitioner, the Head of Financial Services (and/or the Chief Executive) shall be consulted.

The Head Financial Services is responsible for managing payment and where a Service Level Agreement for the provision of Payments Shared Services from BSO is considered, it shall be subject to the approval of the RQIA.

The Head of Business Services is responsible for implementing, maintaining and ensuring compliance with systems for the proper processing of non-pay expenditure.

The Head of Business Services shall be responsible for the prompt payment of accounts and claims in accordance with applicable terms and appropriate Government Accounting guidance. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with Department guidance.

The Head of Business Services shall:

- advise the Chief Executive and Executive Team regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds shall be incorporated in standing orders and regularly reviewed;
- prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;
- be responsible for the prompt payment of all properly authorised accounts and claims;
- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - a list of directors/employees (including specimens of their signatures) authorised to certify invoices;
 - certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are

correct;

- in the case of contracts based on the measurement of time, materials or expenses, the time charges are in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisation have been obtained;

The Head of Business Services shall ensure that:

- the account is arithmetically correct;
- the account is in order for payment;
- a timetable and system for submission of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment;
- and be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

Prepayments or payments on account are only permitted where exceptional circumstances apply. In such instances:

- prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash-flow must be discounted to NPV) and the intention is not to circumvent cash limits;
- the appropriate manager must provide, in the form of a written report to the Head of Financial Services, a case setting out all relevant circumstances of the purchase. The report must set out the effects on RQIA if the supplier is at some time during the source of the prepayment agreement unable to meet his commitments;
- the Head of Financial Services will need to be satisfied with the proposed arrangements before contractual arrangements proceed; and
- the budget holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the Chief Executive / Head of Financial Services if problems are encountered

Official orders must:

- be consecutively numbered;
- be in a form approved by the Head of Financial Services;
- state the terms and conditions of trade; and
- only be issued to, and used by, those duly authorised by the Chief Executive.

Managers must ensure that they comply fully with the guidance and limits specified by the Head of Business Services and that:

- all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Head of the

- Business Support Unit in advance of any commitment being made;
- contracts above specified thresholds are advertised and awarded in accordance with Procurement Guidance Notes as issued to DoH Arms' Length Bodies under HSC(F) circulars, Public Contract Regulations 2015 (other than specialist services sought from or provided by DoH) and for disposals, except where any of these goods and services are provided under existing contracts let by other Public Bodies which can properly be used by and are available to RQIA;
 - where consultancy advice is being obtained, the procurement of such skills must be in accordance with the current guidance issued by the Department, and must be within delegated limits outlined in the Financial Memorandum;
 - no order shall be issued for any item or items to any firm which has made an offer of reward or benefit to Members or employees, other than:
 - isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; or
 - conventional hospitality, such as lunches in the course of working visits;
 - no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Executive or the Head of Business Services on behalf of the Chief Executive;
 - all goods, service, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
 - verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. An official order clearly marked 'Confirmation Order' must confirm these;
 - orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
 - goods are not taken on trial or loan in circumstances that could commit RQIA to a future uncompetitive purchase;
 - changes to the list of managers/employees authorised to certify invoices are notified in a timely manner to the Head of Business purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Head of Financial Services;
 - petty cash records are maintained in a form as determined by the Head of Financial Services.

The Chief Executive **must** ensure that RQIA's Standing Orders are compatible with the requirements issued by the Department in respect of building and engineering contracts (the Estates procurement Manual and Capital Investment Manual and published Procurement Guidance Notes), and land and property transaction (Land Transaction Handbook). The technical audit of these contracts shall be the responsibility of the Head of Financial Services. The Head of Financial Services shall ensure that the

arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

5.12 Capital Expenditure, Fixed Asset Registers and Security of Assets

5.12.1 RQIA's Capital Expenditure

The Chief Executive, subject to approval from the RQIA and through the Head of Financial Services:

- shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the commissioning plans;
- is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- shall ensure that the capital investment is not undertaken without the resources to finance all revenue consequences, including capital charges; and
- is required to seek Departmental approval of all capital projects.

For every capital expenditure proposal approved by the RQIA, the Chief Executive, through the Head of Business Services shall ensure:

- that a **business case** is produced in accordance with Departmental Instruction as outlined in the Capital Accounting Manual and the Green Book: Appraisal and Evaluation in Central Government. The business case should include:
 - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - appropriate project management and control arrangements; and
- that the Head of Business Services is satisfied with the reliability of the estimated costs and resource consequences detailed in the business case;
- that Departmental approval is obtained for projects costing more than RQIA's delegated limit for capital schemes;
- schemes requiring Departmental approval are re-submitted to the Department for re-consideration if any of the conditions specified in the Capital Accounting Manual and the Green Book: Appraisal and Evaluation in Central Government apply.

For capital schemes where the contracts stipulate stage payments, the Chief Executive shall, subject to the approval of the RQIA, issue procedures for their

management, incorporating the recommendations of 'Estate code'.

The Head of Business Services shall issue procedures for the regular reporting to the Chief Executive and the RQIA, of expenditure and commitment against authorised capital expenditure.

The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall, subject to approval of RQIA and then through the Head of Business Services issue to the manager responsible for any scheme:

- RQIA approval to commit expenditure;
- RQIA approval to proceed to tender; and
- approval to accept a successful tender.

The Chief Executive shall issue a scheme of delegation for capital investment management in accordance with 'Estate code' guidance and RQIA's Standing Orders.

The Head of Business Services shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

5.12.2 Asset Registers

The Chief Executive is responsible for the maintenance of register of assets, taking account of the advice of the Head of Business Services concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted at least once a year.

RQIA shall maintain an asset register recording fixed assets. The minimum data set to be held within this register shall be as specified in the Capital Accounting Manual, issued by the Department.

Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

- properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- lease agreements in respect of asset held under a finance lease and capitalised.

Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

The Head of Business Services shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset

registers.

The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual, issued by the Department.

The value of each asset, where appropriate, shall be depreciated using methods and rates as specified in the Capital Accounting Manual, issued by the Department.

The Head of Business Services shall calculate and pay capital charges as specified in the Capital Accounting Manual, issued by the Department.

5.12.3 Security of Assets

The overall control of fixed assets is the responsibility of the Chief Executive.

The Head of Business Services must approve asset control procedures including fixed assets, cash, cheques and negotiable instruments, and also including donated assets). This procedure shall make provision for:

- recording managerial responsibility for each asset;
- identification of additions and disposals;
- identification of all repairs and maintenance expenses;
- physical security of assets;
- periodic verification of the existence of, condition of, and title to, assets recorded;
- identification and reporting of all costs associated with the retention of an asset; and
- reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Head of Business Services .

Whilst each employee has responsibility for the security of property of RQIA, it is the responsibility of members and senior employees in all disciplines to apply such appropriate routine security practices in relation to HSC property as may be determined by RQIA. Members or employees using portable RQIA assets are responsible for the safe custody of those assets and the secure storage of those assets when unattended. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to RQIA's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by employees in accordance with the procedure for reporting losses.

Where practicable, assets shall be marked as RQIA property.

5.13. Stores and Receipt of Goods

RQIA's need to hold stores is minimal and mainly office supplies. Stores, defined in terms of controlled stores and departmental stores (for immediate use) shall be:

- kept to a minimum;
- subjected to annual stocktake; and
- valued at the lower of cost and net realisable value.

Subject to the responsibility of the Head of Business Services for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by her / him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Head of Business Services. The control of fuel oil shall be the responsibility of a designated estates manager.

The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks shall be marked as health service property.

The Head of Business Services shall set out procedures and systems to regulate the stores including records for receipts of goods, issues, and returns to stores, and losses.

Stocktaking arrangements shall be agreed with the Head of Business Services and there shall be a physical check covering all items in store at least once a year.

Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Head of Business Services .

The designated Manager shall be responsible for a system approved by the Head of Business Services for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer shall report to the Head of Financial Services any evidence of significant overstocking and of any negligence or malpractice (see also 13, Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

For goods supplied via the BSO Procurement and Logistics Services, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Head of Business Services who shall satisfy themselves that the goods have been received before accepting the recharge.

5.14 Disposals and Condemnations, Losses and Special Payments

5.14.1 Disposals and Condemnations

The Head of Business Services must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

When it is decided to dispose of a RQIA asset, the directorate head or authorised deputy shall determine and advise the Head of Business Services of the estimated market value of the item, taking account of professional advice where appropriate.

All unserviceable articles shall be:

- condemned or otherwise disposed of by an employee authorised for that purpose by the Head of Financial Services; and recorded by the Condemning Officer in a form approved by Head of Business Services which shall indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by Head of Business Services. The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Head of Financial Services who shall take the appropriate actions.

5.14.2 Losses and special payments

The Head of Business Services must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments, in line with Departmental guidance (Circular HSC(F) 50/2012).

Any employee discovering or suspecting a loss of any kind must immediately inform their head of department, who must immediately inform the Chief Executive and the Head of Business Services. Where a criminal offence is suspected, the Head of Financial Services must immediately inform the police if theft or arson is involved, but if the case involves suspicion of fraud, then the particular circumstances of the case shall determine the stage at which the police are notified.

The Head of Business Services must notify the Department of all frauds.

For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, Head of Business Services must immediately notify:

- Chief Executive
- The Chair of the ARAC;
- The Chair of RQIA and
- BSO's Counter Fraud and Probity Services.

The write off of losses and special payments shall be in accordance with the guidelines issued under Circular HSS(F) 50/2012 which draws on the manual 'Managing Public Money' issued by the Department of Finance and Personnel.

Within limits delegated to it by the Department, as defined by RQIA's Financial Memorandum, the ARAC on behalf of RQIA shall approve the write off of losses. Losses and special payments in excess of the delegated RQIA must be referred to the Department's Finance Policy and Accountability unit.

The Head of Business Services shall be authorised to take any necessary steps to safeguard RQIA's interests in bankruptcies and company liquidations.

For any loss, the Head of Business Services shall consider whether an insurance claim can be made against any applicable insurers.

The Head of Business Services shall maintain a Losses and Special Payments Register in which write-off action is recorded.

The ARAC's approval shall be sought on the write off action prior to their disclosure in the Notes to the Annual accounts.

No special payments exceeding delegated limits shall be made without the prior approval of the Department.

5.15 Gifts and Hospitality

RQIA have a responsibility, in the interest of public confidence, to exhibit high standards of propriety and carry out their role with dedication and commitment to the RQIA's core values of independence, inclusiveness, integrity, accountability, professionalism and effectiveness.

The Gifts and Hospitality Policy and Procedure (August 2018) sets out:-

- RQIA's compliance with the Prevention of Corruption Acts of 1906 and 1916 and UK Bribery Act 2010
- what can be accepted without disclosure
- what cannot be accepted or given
- what should be recorded
- how staff seek further guidance

5.16 Information Technology

5.16.1 Responsibilities and duties of the Chief Executive

The Chief Executive, who is responsible for the accuracy and security of the computerised financial data of the RQIA, shall:

- devise and implement any necessary procedures to ensure adequate (reasonable) protection of the RQIA's data, programs and computer hardware for which a directorate head is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

- ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Executive may consider necessary are being carried out.

The Chief Executive shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

The Chief Executive shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about RQIA that it makes publicly available.

5.16.2 Responsibilities and duties of Directorate heads and Officers in relation to computer systems of a general application

In the case of computer systems which are proposed General Applications (i.e. normally those applications which HSS bodies wish to sponsor jointly) all responsible directorate heads and employees will send to the Chief Executive:

- (a) details of the outline design of the system;
- (b) in the case of packages acquired either from a commercial organisation from the HPSS, or from another public sector organisation, the operational requirement.

5.16.3 Contracts for Computer Services with other health bodies or outside agencies

The Chief Executive shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Chief Executive shall regularly require

assurances that adequate controls are in operation.

5.16.4 Risk Assessment

The Chief Executive shall ensure that risks to the RQIA arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

5.16.5 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems, the Chief Executive shall need to be satisfied that:

systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

- systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- staff have access to such data;
- such computer audit reviews as are considered necessary are being carried out.

5.17 Payments to Independent Contractors

5.17.1 The Chief Executive shall approve additions to, and deletions from, approved lists of contractors consistent with HSC policy, taking into account the care needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, with any time limits laid down in the contractor's HSC terms and conditions of service.

5.17.2 The Chief Executive shall:

- ensure that lists of all contractors, for which RQIA is responsible, are maintained in an up to date condition; and
- ensure that systems are in place to deal with applications, resignations, inspection of premises etc, within the appropriate contractor's terms and conditions of service.

5.17.3 The Head of Business Services shall:

- ensure that only contractors included in RQIA's approved lists receive payments;
- maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
- ensure that regular independent verification of claims is undertaken, to confirm that:
 - rules have been correctly and consistently applied;
 - overpayments are detected (or preferably prevented) and recovery initiate; and
 - fraud is detected (or preferably prevented).
- ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- ensure that a prompt response is made to any query regarding claims from contractors submitted directly.

5.18 Retention of Documents

All HSC records are public records under the terms of Public Records Act (Northern Ireland) 1923. The Chief Executive and senior managers of RQIA are personally accountable for records management within RQIA. They have a duty to make arrangements for the safe keeping and correct disposal (under the Disposal of Documents Order (Northern Ireland) 1925) of those records under the overall supervision of the Deputy Keeper of Public Records whose responsibility includes permanent preservation.

The Public Records Act (Northern Ireland) 1923 made the Public Record Office of Northern Ireland (PRONI) responsible for the records of any Court, Government Department, or Office in Northern Ireland over which the Parliament of Northern Ireland has the power to legislate. It is therefore a statutory requirement for RQIA to implement records management as set out in the Act and in the Disposal of Documents (Northern Ireland) Order (1925). This Legislation means the PRONI has an overarching responsibility within the public sector in Northern Ireland to ensure that records are managed in accordance with agreed policies and procedures. In particular:

PRONI must be involved in:

- quality assurance of all Disposal Schedules;
- the updating of Disposal Schedules;
- the sampling of particular instance papers (case files);
- ensuring the proper use of microfilm and other non-paper based storage media.

- Officers in PRONI, RQIA, and the Permanent Secretary of the sponsor Department for PRONI (Department of Culture, Arts and Leisure), will be signatories to the Disposal Schedule;
- RQIA's Records Management Officer will monitor the implementation of an agreed Disposal Schedule and will advise PRONI if regular reviews are not being carried out
- RQIA is responsible for assessing the administrative need for the retention of records, the assessment of records for historical/research purposes is the responsibility of PRONI;
- PRONI will be responsible for the storage of records identified for permanent preservation and which are no-longer required by the HSC for administrative purposes

The Department's Guidelines for managing records, Good Management, Good Records, and the regular updates give an overview of the key issues and solutions, and best practice for HSC organisations to follow when preparing a records management strategy. It represents the joint DoH and PRONI view of how records should be administered and set the standards required of the HSC.

The Disposal Schedule in Good Management, Good Records has been approved by PRONI. It sets out minimum retention periods for HSC records of all types, except for GP medical records, and indicates which records are most likely to be appropriate for permanent preservation. It consolidates the guidance contained in Departmental circulars such as Retention of Personal Health Records (for Possible use in Litigation) – HSSE (sc) 3/96 and Preservation and Destruction of Financial and Associated Records – HSS (F) 14/2003. It also explains the reasoning behind the determination of minimum retention periods, including legal requirements where relevant.

The Schedule does not replace the requirements for RQIA to develop and agree its own disposal schedule with PRONI; however, it should form the basis for such a schedule.

The following group of people must officially sign all disposal schedules and in this order:

- Head of Records Management PRONI;
- Chief Executive PRONI;
- Permanent Secretary DCAL;
- Chief Executive of RQIA;
- Lead Senior Manager for Records Management;
- Records Management Officer.

5.19 Risk Management

The Chief Executive shall ensure that RQIA has a systematic programme of risk identification, assessment and management, which shall be approved and monitored by the ARAC on behalf of RQIA. The ARAC together with the Executive Management Team complete an annual horizon scanning

exercise to facilitate the completion and review of the Corporate Risk Register.

The risk management programme shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the identification and control of risk;
- c) regular updated training on risk for staff
- d) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control;
- e) contingency plans to mitigate the impact of adverse events;
- f) audit arrangements including internal audit, clinical and social care audit, health and safety review;
- g) arrangements to review the risk management programme on an annual basis, as stipulated by the Departmental Controls Assurance programme.
- h) reviewed by the Chief Executive, the Head of Financial Services, Executive Management Team, the ARAC and the RQIA at least once quarterly.

RQIA's Risk Management process is in accordance with the ISO3001:2018 Risk Management Standard.

Annex 6:

Codes of Conduct and Accountability: Code of Practice

6.1 Introduction

6.2 Public Service Values

6.3 General Principles

6.4 Public Service Values in Management

6.5 Public Business and Private Gain

6.6 Anti-Fraud Policy

6.7 Hospitality

6.8 Gifts

6.9 Sponsorship

6.10 Register of Hospitality, Gifts and other Sponsorship

6.11 Declaration of Interests

6.12 Substance Abuse

6.13 Misuse of Internet Facilities

6.14 Staff Policies and Procedures

6.15 Whistleblowing

6.16 Powers and Duties

6.1 Introduction

The Department's Management Statement agreed with RQIA states that the Chairperson shall ensure that a Code of Practice for Authority Members is in place, based on The Code of Conduct and Code of Accountability for Board Members of Health and Social Care bodies (April 2011, issued July 2012). The Code shall commit the Chairperson and other Members to the Nolan 'seven principles of public life' and shall include a requirement for a comprehensive and publicly available register of Authority Members' interests.

This Code applies to all Authority Members and it re-affirms long-standing good practice for ensuring that high standards of corporate and personal conduct, based on public service values, are at the heart of the HSC.

Since RQIA is publicly funded, it must be accountable to the Northern Ireland Assembly and ultimately to Parliament and the Public Accounts Committee, for the exercise of its functions and for the effective and economical use of taxpayers' money.

6.2 Public Service Values

There are three crucial public service values, which must underpin the work of the Health & Personal Social Services:

- Accountability
- Probity or integrity
- Openness

Upholding these values is the responsibility of the Chairperson, Members and all staff.

In addition to the above principles, the First Report of the Committee on Standards in Public Life (Nolan) identified seven key principles, which should be incorporated into all public bodies' Codes of Conduct. These are:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

The Authority is committed to these principles and all individuals are expected to adhere to them in the course of their work with RQIA.

6.3 General Principles

Those who work in the public sector have a duty to:

- Conduct business with probity
- Deal with patients, clients, staff, residents and suppliers impartially and with respect
- Achieve value for money from public funds
- Demonstrate high ethical standards of personal conduct.

RQIA must set a rigorous and visible example and shall be responsible for corporate standards of conduct and ensure acceptance and application of the Code of Practice.

The Chairperson, Authority Members and all RQIA employees/officers are required to accept the provisions of the Code of Practice on appointment and to follow the principles set out herein. The Code of Practice shall inform and govern their decisions and personal conduct.

6.4 Public Service Values in Management

Public sector bodies, such as the RQIA, must be impartial, honest and open in the conduct of their business, and that their employees shall remain beyond suspicion. It is also an offence under the Prevention of Corruption Acts 1906 and 1916 for an employee to accept any inducement or reward for doing, or refraining from doing anything, in his or her official capacity, or corruptly showing favour or disfavour, in the handling of contracts.

Governing bodies of HSC organisation, or any individual within the organisation for which that body is responsible, must not ignore public service values in achieving results. The Chairperson, Authority Members and all staff have a duty to ensure that public funds are always safeguarded and that RQIA conducts its business as efficiently and effectively as possible, to achieve the best possible outcomes for the public.

Proper stewardship of public monies requires value for money to be high on the agenda of the Authority at all times. Employment, procurement and accounting practices within RQIA must reflect the highest professional standards; as must the practice of health and social care professionals.

Individuals are expected to:

- Ensure that the interests of patients and clients remain paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use public funds entrusted to them to the best advantage of the service as a whole, always ensuring value for money in the procurement of goods and services.

Public statements and reports issued by RQIA, or individuals within RQIA, should be clear, comprehensive and balanced, and shall fully represent the facts. They shall also appropriately represent the corporate decisions of the Authority. If (exceptionally) a statement is issued in a personal capacity, that must be made clear.

Annual and all other key reports shall be issued in good time and in accessible formats upon request to all individuals and groups in the community who have a legitimate interest in health and social services issues to allow time for full consideration and comment.

6.5 Public Business and Private Gain

The Code of Practice defines the principle that the Chairperson, Members and all staff shall act impartially and shall not be influenced by social or business relationships. No one shall use their public position to further their private interests.

It is the responsibility of all Authority Members and staff to ensure that they do not:

- Use their official position for personal gain or to benefit their family or friends or to benefit individual contractors;
- Seek to advantage or further private business or other interests in the course of their official duties.

Where there is a potential for private, voluntary or charitable interests to be material and relevant to RQIA or HSC business, the relevant interest shall be declared and recorded in the Authority minutes and entered into a register, which is available to the public. This is set out in more detail in paragraph 6.11 below.

When a conflict of interest is established or perceived, the Chairperson, Member or member of staff shall withdraw and play no part in the relevant discussion or decision.

6.6 Anti-Fraud Policy

RQIA is absolutely committed to maintaining an honest and open culture. It is committed to the elimination of any fraud within RQIA and to the rigorous investigation of any such cases.

Managing the Risk of Fraud (NI): A Guide for Managers (DOF December 2011), a Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA, December 2014 and Managing the Risk of Bribery and Corruption, NIAO, November 2017 are critical practice guides in use by RQIA in the management and prevention of Fraud.

The Authority encourages anyone with reasonable suspicions of fraud to report them. RQIA will rigorously enforce the “whistleblowing” policy (see paragraph 6.15), in that no employee will suffer in any way as a result of reporting reasonably held suspicions. For these purposes “reasonably held suspicions” shall mean any suspicions other than those which are groundless and /or raised maliciously or vexatiously.

RQIA has an Anti-Fraud Policy and a Fraud Response Plan, to give officers specific direction in dealing with cases of suspected fraud, theft or corruption. Advice may also be obtained from the Head of the Business Support Unit or from the Chief Executive.

ARAC is provided with a quarterly report on Fraud incidents.

6.7 Hospitality

Providing Hospitality

The use of public funds for hospitality and entertainment shall be carefully considered within the guidelines issued by the Department.

Normally, hospitality for visitors to RQIA is to be provided at its own offices through the purchase of sandwiches or light meals from a local provider.

Exceptionally the use of hotels or restaurants may be appropriate for entertaining guests or visitors and for conferences or seminars. The Chairperson or Chief Executive or a Director may approve this together with any special functions on RQIA’s premises, providing funds are available in their hospitality budgets.

On behalf of the Board ARC shall monitor the hospitality expenses claimed by the Chairperson and Chief Executive. The Chief Executive shall monitor all other hospitality expenses.

Receiving Hospitality

Modest hospitality may be accepted providing it is normal, reasonable and similar to that which would be offered by RQIA in similar circumstances e.g. light lunches in the course of working visits.

Authority members and staff shall decline all other offers of hospitality or entertainment. If a situation arises in which, whatever the scale of the hospitality, it could be perceived as likely to compromise their integrity, Authority members and

staff should politely decline the hospitality offered. If in doubt, advice shall be sought from their immediate superior officer, the Head of the Business Support Unit or the Chair.

It is recognised that the scale of hospitality given by some organisations may be greater than that of RQIA and to refuse might give offence. In these circumstances acceptance may be difficult to avoid. Should circumstances arise that cause concern, these should be reported to the Head of the Business Support Unit as soon as possible and a record made of the basis on which hospitality was accepted or not accepted.

NB See also paragraph 6.12 on Alcohol Policy.

6.8 Gifts

Token gifts (generally at Christmas) of very low intrinsic value such as diaries or calendars may be accepted from persons outside RQIA with whom staff have regular contact.

Any other gifts to Authority members or staff or their families shall be politely refused.

If in doubt, Authority members and staff shall decline the gift or consult their immediate superior officer before accepting it.

At present a limit of £20 is used as a guide for identifying gifts of low intrinsic value but the nature or number of gifts may mean that items whose value is less than this may be considered inappropriate. (The number of gifts accepted shall be limited within any financial period.)

6.9 Sponsorship

Commercial sponsorship is not generally acceptable, as acceptance may be perceived as compromising the work of RQIA.

Authority Members must be satisfied that their acceptance of any commercial sponsorship could not compromise or be perceived to compromise the integrity of RQIA.

Acceptance by Authority members and staff of commercial sponsorship for attendance at relevant conferences and courses might be acceptable providing the employee seeks permission in advance and RQIA can be absolutely satisfied that future views, actions or decisions of RQIA shall not be compromised or perceived to be compromised.

- Acceptance of commercial sponsorship of conferences, courses or other events run by RQIA may only be accepted if it can be demonstrated that:

- promotional material of the sponsor does not unduly dominate the venue;
- no particular product is being promoted or receiving an implicit endorsement by association with RQIA;
- other competing commercial bodies have been given an equal opportunity to sponsor and be associated with a particular event or other such events over a period of time.

Decisions regarding sponsorship are to be referred to RQIA's Executive Team in the case of events organised by RQIA. Decisions, together with all relevant information, shall be recorded in the minutes for future scrutiny. A suitable contract shall be drawn up with the prospective sponsor setting out RQIA's requirements in line with this Standing Order.

6.10 Register of Hospitality, Gifts and other Sponsorship

All instances when hospitality, gifts (except those of up to £20) and sponsorship are accepted shall be notified to the Chief Executive's office, with a record of the basis of the decision to accept. A register shall be maintained and shall be made available for public inspection on request.

6.11 Declaration of Interests

The Code of Conduct requires the Chairperson and Authority Members to declare interests which are relevant and material to RQIA. The Chairperson, Members, Chief Executive, Executive Team or staff within RQIA who have delegated responsibility to commit or influence commitment of Public Funds or for actions and decisions of RQIA shall declare any such interests. New Authority members or staff shall do so on appointment.

Interests that shall be regarded as 'relevant and material' are:

- Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the HSC.
- A position of trust in a charity or voluntary organisation involving the field of health and social care.
- Any connection with a voluntary or other organisation contracting for HSC services.
- Any other commercial interest in a matter presented to the RQIA for decision.

- Any other non-pecuniary interest, work, activity or membership of an organisation which could be affected by the actions and decisions of RQIA.

When Authority members' interests are declared, they shall be recorded in the minutes. Any changes in interests shall be declared at the next meeting following the change occurring. Authority members' directorships of companies likely or possibly seeking to do business with the HSC shall be published in RQIA's Annual Report. The information shall be kept up to date for inclusion in subsequent Annual Reports.

During the course of an Authority meeting, if a conflict of interest is established, the member concerned shall, as soon as practicable after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision. The member shall withdraw from the meeting and play no part in the relevant discussion or decision.

(NB there may be exceptional circumstances, and Standing Order 1 shall be applied)

Register of Interests

The Chief Executive shall ensure that a Register of Interests is established to record formally declarations of interests of Authority members and RQIA staff and of their spouses/partners. In particular the Register shall include details of all directorships and other relevant and material interests, which have been declared by Authority members, members of the Executive Team and budget-holders.

These details shall be kept up to date routinely and by means of a formal annual review of the Register to ensure that any changes to interests declared during the preceding twelve months have been incorporated.

The Register shall be available to the public and the Chief Executive shall take reasonable steps to bring the existence of the Register to the attention of the public and to publicise arrangements for viewing it.

If Authority members, members of the Executive Team,, budget-holders or any other staff are in doubt about the relevance of an interest, this shall be discussed with the Chairperson, Chief Executive or superior officer as appropriate.

The general principle to be adopted is that if there is uncertainty regarding the need to disclose a possibly material matter then, in the interests of openness, disclosure shall be made.

6.12 Substance Abuse

The Authority discourages any form of substance abuse. Under the terms of individual contracts of employment, disciplinary action may be instituted if an employee is unable

to perform the duties of his / her post as a result of any form of substance abuse or if the resulting actions of an employee brings RQIA into disrepute.

RQIA has specific policies regarding the abuse by staff of alcohol, drugs and tobacco, which are detailed below. Any other substance abuse shall also be covered by this policy.

Alcohol Policy

Authority Members and staff are not permitted to consume alcohol while on duty, except at evening business functions. Authority members and staff are expected to ensure that, if they consume alcohol at any time, it shall not affect the performance of their duties.

RQIA permits alcohol to be provided and paid for out of public funds on rare occasions:

- Moderate quantities of alcohol with meals provided as part of approved hospitality for visitors or guests;
- Similarly for approved special functions on its premises. (See SO6.7 above).

Otherwise, alcohol may not be consumed in its offices or any other location or venue identified with RQIA unless specific permission has been given by the Chief Executive or a Director for staff to bring their own refreshments for a function (for example, at Christmas).

Drugs Policy

RQIA expects Authority members and staff to observe the law.

Any use of recreational drugs which affects the performance of an employee's duty or brings RQIA into disrepute shall be considered unacceptable behaviour and will be subject to disciplinary action.

If medical opinion advises that the taking of prescription drugs may affect an individual's performance of their duties, they shall inform their line manager so that a reasonable adjustment can be made to deal with the situation.

Smoking Policy

Smoking is not permitted within RQIA accommodation, offices or buildings or other premises, or parts of premises, being used exclusively by RQIA.

6.13 Misuse of Internet Facilities

Staff, in the conduct of their work for RQIA, have access to the Internet for research and other work related activities. RQIA's IT security policy states that intentional

misuse of the Internet by staff that can be deemed to be of an illegal, offensive or unethical nature is unacceptable and therefore may result in RQIA taking disciplinary action, e.g. in the case of:

- Violation of copyright, license agreements or other contracts for example copying and using software for business purposes from a site where there is a clear limitation for personal use only;
- Downloading any information which could be considered illegal or offensive e.g. pornographic or racist material (in this context the term 'pornographic' is used to include material which is considered distasteful but not illegal to possess);
- Successful or unsuccessful attempts to gain unauthorised access to information resources – commonly known as hacking;
- Using or knowingly allowing someone else to use any computer, computer network, computer system, program or software to devise or execute any artifice or scheme to defraud or to obtain money, property, services or other things of value by false pretences or promises or representations;
- Without authorisation destroying, altering, dismantling, disfiguring, preventing rightful access to or otherwise interfering with the availability and/or integrity of computer-based information and/or information resources;
- Without authorisation invading the privacy of individuals or entities that are creators, authors, users or subjects of the information resources; for example reading the e-mail of another without permission;
- Using the internet for political lobbying;
- Transmitting or causing to be transmitted, communications that may be construed as harassment or disparagement of others; or
- Violating any UK laws pertaining to the unauthorised use of computing resources or networks.
- Staff may, subject to the conditions noted above, make use of internet access for personal use providing it does not interfere with their work. Internet use may be monitored.

6.14 Staff Policies and Procedures

RQIA has a range of policies and procedures on issues affecting staff and how they work within RQIA. These are detailed in the Staff Handbook, which is accessed through RQIA's shared drive on its intranet or from the Business Support Unit.

The content of these policies shall be consulted upon with recognised staff side organisations and cover issues such as: - health and safety, equal opportunities, IT security, absence due to sickness, special leave and work/life balance arrangements, training and development opportunities, travel arrangements and whistleblowing (See paragraph 6.15 below).

6.15 Whistleblowing

RQIA is committed to dealing responsibly with any genuine concern that an Authority member or any member of staff may have about malpractice within the organisation. Therefore in the interest of developing an open and honest culture so that staff can raise genuine concerns without fear of recrimination or victimisation. RQIA's Whistleblowing Policy is strongly influenced by 'Whistleblowing in the Public Sector' - A Good Practice Guide for workers and employers (NIAO 2014). RQIA's Whistleblowing Policy is included in the Staff Handbook and made known to staff on appointment. The policy is reviewed annually by the Authority.

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as fraud. The RQIA Whistleblowing policy and procedure (January 2018) is aimed at those issues and concerns which are not resolved, require help to get resolved or are about serious underlying concerns.

ARAC are provided with a quarterly update on Whistleblowing reports.

6.16 Powers and Duties

The powers and duties of individuals within RQIA are generally set out in the relevant Job Description and Contract of Employment. All individuals are expected to behave at all times in accordance with the spirit of the Standing Orders. In particular, all individuals shall observe the provisions of this Code of Practice as it applies to them.

The Chairperson and Authority members shall pay particular regard to the Standing Orders which set out the main functions of the Authority and those which the Authority has chosen to delegate to the Chief Executive.

The Chief Executive, Directors, Senior Professional Advisors, managers and other staff, shall pay particular regard to the Scheme of Matters reserved and to the Scheme of Delegation, either by the Authority or by the Chief Executive, covering their areas of work. These lay out where the Authority and Chief Executive have retained powers, and where (and subject to what conditions) they have delegated

them either to an individual in a personal capacity or as a member of a group or team.

Staff are accountable through their line management structure as well as through any participation in a multidisciplinary group of functional/professional role. This accountability is through their line manager, to the Chief Executive, and ultimately to their employer, the Authority.

All staff are encouraged to keep up to date with all staff policies, (and any additions or amendments to them), and are to ensure that they adhere to them.

DRAFT

RQIA Authority Meeting

Date of Meeting	4 November
Title of Paper	Members Activity Report
Agenda Item	6
Reference	D/11/21
Author	Authority Members
Presented by	Christine Collins MBE
Purpose	To inform the Authority of external engagements and key meetings since 9 September 2021
Executive Summary	External engagements and key meetings since 9 September 2021.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Authority is asked to NOTE this report.
Next steps	Not applicable.

MEMBERS ACTIVITY REPORT

Meetings attended by Authority Members

Cyber Security Training	Date
Jacqui McGarvey	10 September 2021

Audit and Risk Assurance Committee	Date
Neil Bodger Bronagh Scott Prof. Stuart Elborn	21 October 2021

Part II / SOADs Panel	Date
Alan Hunter	8 October 2021

Authority Meetings	Date
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice Alan Hunter	6 May 2021
Christine Collins MBE Neil Bodger Bronagh Scott Suzanne Rice Alan Hunter Prof. Stuart Elborn	30 June 2021
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice Alan Hunter Prof. Stuart Elborn	8 July 2021
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Alan Hunter	23 July 2021

Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice	12 August 2021
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice Alan Hunter	9 September 2021

Authority Workshop	Date
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice Alan Hunter Prof. Stuart Elborn	3 June 2021

RQIA Board Meeting

Date of Meeting	4 November 2021
Title of Paper	RQIA Annual Quality Report 2020-2021
Agenda Item	6
Reference	G/11/21
Author	Communications Manager
Presented by	Chief Executive
Purpose	To present the RQIA Annual Quality Report which covers the period 1 April 2020 to 31 March 2021.
Executive Summary	<p>This is RQIA's eighth Annual Quality Report, which provides an overview of how we align our quality improvement activities to the Department of Health Quality 2020's five strategic goals:</p> <ul style="list-style-type: none"> • Transforming the Culture • Strengthening the Workforce • Measuring the Improvement • Raising the Standards • Integrating the Care <p>This annual quality report highlights examples of practice that we have contributed to and which are significant in assuring and improving the quality of health and social care for all those in receipt of these services, as well as what we have learned from the Covid-19 Pandemic and how we will move forward.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Annual Quality Report 2020/2021.
Next steps	The Annual Quality Report for 2020/2021 will be submitted to the DoH and published on the RQIA website.

Annual Quality Report 2020-21

Assurance, Challenge and Improvement in Health and Social Care

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Foreword

This is the Regulation and Quality Improvement Authority's (RQIA's) eighth Annual Quality Report, covering the period April 2020 to March 2021.

The report provides an overview of how RQIA aligns its quality improvement activities to the Department of Health's ten year strategy designed to protect and improve quality in health and social care in Northern Ireland; Quality 2020^[1]. It also provides the opportunity to report on how the functions and processes of regulation are operating, evidence of our findings and actions taken to secure quality improvement.

Quality and quality improvement is central to all RQIA plans and the work that we do. As Northern Ireland's regulatory and improvement body for health and social care services, covering both statutory and independent providers, RQIA has an important role in **providing assurance**, to the public and to the Department of Health, that care provided is safe, effective, compassionate and well-led. RQIA's work programmes aim to assure that as a result of the inspections we carry out, the reviews we undertake, the improvement requirements that we set out with providers of services, that people in Northern Ireland experience a better quality of health and social care.

The work of regulation aims to secure quality health and social care service provision and evidence of continuous improvement, continuing to raise standards. We embed those aims into our plans and work programmes, underpinned by effective governance and corporate performance management arrangements.

RQIA **measures improvement** in quality across health and social care through inspection of services and facilities, and review programmes against key themes and issues of concern. These programmes assess the arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care in line with relevant legislation, standards and guidance, as well as the quality of leadership and management in those services which are subject to regulation and review.

A vital part of inspection and review is **listening to the experience of service users**, and their families and carers. Lived experience is one of the most important aspects of seeking evidence of quality. As well as listening and talking with service users and others, we receive information and **intelligence reported to us**.

During 2020-21, RQIA's Service Support /Guidance Team received and responded to a range of complaints and whistleblowing events. These enabled us to capture concerns about health and social care services. From individual experiences of care and through reports and intelligence shared with us, all of this adds to the intelligence used when deciding what regulatory action is required in a range of circumstances.

^[1] Quality 2020: A 10- Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland. Department of Health, Social Services and Public Safety (November 2011). Cited: April 2021. Available from: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/q2020-strategy.pdf>

The role of RQIA is an independent regulator of health and social care services. **Independence** is important to ensure consistent application of the legislation arrangements under regulation. We challenge poor practice and safeguard the rights of service users. We inform the public of our findings through the publication of our reports and we seek to assure public confidence in health and social care through independent, proportionate and responsible regulation.

While the function of regulation and its application must be independent, RQIA will continue to strengthen our work by **building partnerships and collaboration** with our communities, with other statutory organisations, with professional regulators and with the wider social endeavours across the region. Partnership creates opportunity for learning, sharing experience and skills, and for securing improvement.

The 2020-21 year has presented many challenges across our whole communities. The health of our population is affected and many have suffered the direct impact on their own health and for loved ones. Health and social care services have experienced the impact of, and continue to respond to, the tremendous challenges of the Covid-19 pandemic.

Throughout this pandemic we will continue to safely carry out the work of regulation, supporting health and social care providers and staff to maintain standards, quality and safety for both service users and for people working within these vital services.



Brieg Donaghy
Chief Executive

Introduction

This is RQIA's eighth Annual Quality Report, which provides an overview of how RQIA's quality improvement activities are aligned with ***Quality 2020: A 10- Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland***. It describes RQIA's progress in the areas of quality and continuous improvement from 1 April 2020 to 31 March 2021 to support the delivery of Quality 2020's strategic goals.

The report highlights examples of practice RQIA has contributed to and which are significant in assuring and improving the quality of health and social care for all those in receipt of these services; as well as what RQIA has learnt from the Coronavirus Pandemic; and how RQIA will move forward. This report is focused on the five strategic goals of Quality 2020:

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating the Care

As Northern Ireland's inspection and improvement body for health and social care, RQIA has a clear vision for how its activities ensure care is safe, effective, compassionate and well-led. Its work programmes help to support and regulate providers to ensure that people in Northern Ireland can experience a better quality of health and social care services.

RQIA registers and inspects a wide range of independent and statutory health and social care services. Through its Review Programme it assures the quality of services provided by the HSC Board, HSC Trusts and Agencies. It also undertakes a range of responsibilities for upholding quality of care for people with mental ill health and those with a learning disability.

RQIA is committed to working closely with providers of health and social care services so that they can deliver improved care. RQIA is also dedicated to hearing and acting on the experiences of patients, clients, families and carers. It is only by working in partnership with users and providers of care that RQIA can effectively encourage and influence improvement.

Through its work, RQIA provides assurance about the quality of care, challenges poor practice, promotes improvement, safeguards the rights of service users and informs the public through the publication of its reports.

RQIA has adopted the regional HSC Core Values. These are: working together; excellence; compassion; and openness and honesty; they underpin all RQIA's work.

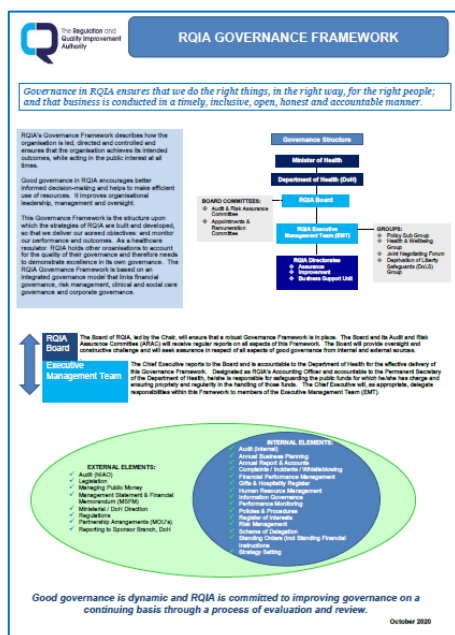
RQIA is committed to contributing to the delivery of the Department of Health's Quality 2020 Strategy through its programmes of work, which aim to support and encourage continuous improvement in the quality of Northern Ireland's health and social care services.

Strategic Goal 1: Transforming the Culture

We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

Governance and Assurance

RQIA's Authority and its Sub-Committees are responsible for the oversight of corporate performance and governance arrangements within the organisation. Through regular meetings, Authority Members assess corporate performance reports, which detail the organisation's progress against strategic and operational aims and objectives and its commitment to quality improvement.



As part of the Transition Plan 2020-21, the RQIA Governance Framework was refreshed.

This resulted in an easy-read document, which sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business.

It also highlighted the internal and external elements of governance, outlining a timetable for key governance documentation to be presented to the RQIA Board, its Committees and the Executive Management Team.

As part of RQIA's Performance Management Framework, regular performance management meetings for the two Directorates and Business Support Unit took place. These provided the opportunity for detailed reporting against key performance indicators and progress in meeting set objectives for each Directorate. RQIA's Directorate Teams reported on their performance to the Authority Board, showing steady progress on the delivery of the actions identified within the Transition Plan.

Through its Audit and Risk Assurance Committee (ARAC), RQIA also developed a new approach to ensuring the effective identification and management of risks, in our Risk Management Strategy. These were monitored and managed by the Authority through review of the Principal Risk Document.

RQIA's programme of internal audit provides the Authority Members and the Department of Health with assurance on governance arrangements. During the year, the following areas were audited:

- Financial Review – Limited - Financial governance and oversight and budgetary control Satisfactory - Payroll and Non-Pay Expenditure (October 2020). There was a substantive follow-up in March 2021, which provided Satisfactory assurance;
- Intelligence Monitoring – Limited level of assurance received;
- Recruitment and Absence Management – Limited level of assurance received.

RQIA's response to address the recommendations arising from each audit are shared with Authority members through RQIA's Audit and Risk Assurance Committee. The Committee monitors progress through its meetings and provides assurance to the Authority.

Driving Quality Improvements for Service Users: Listening to the Voice of the Public

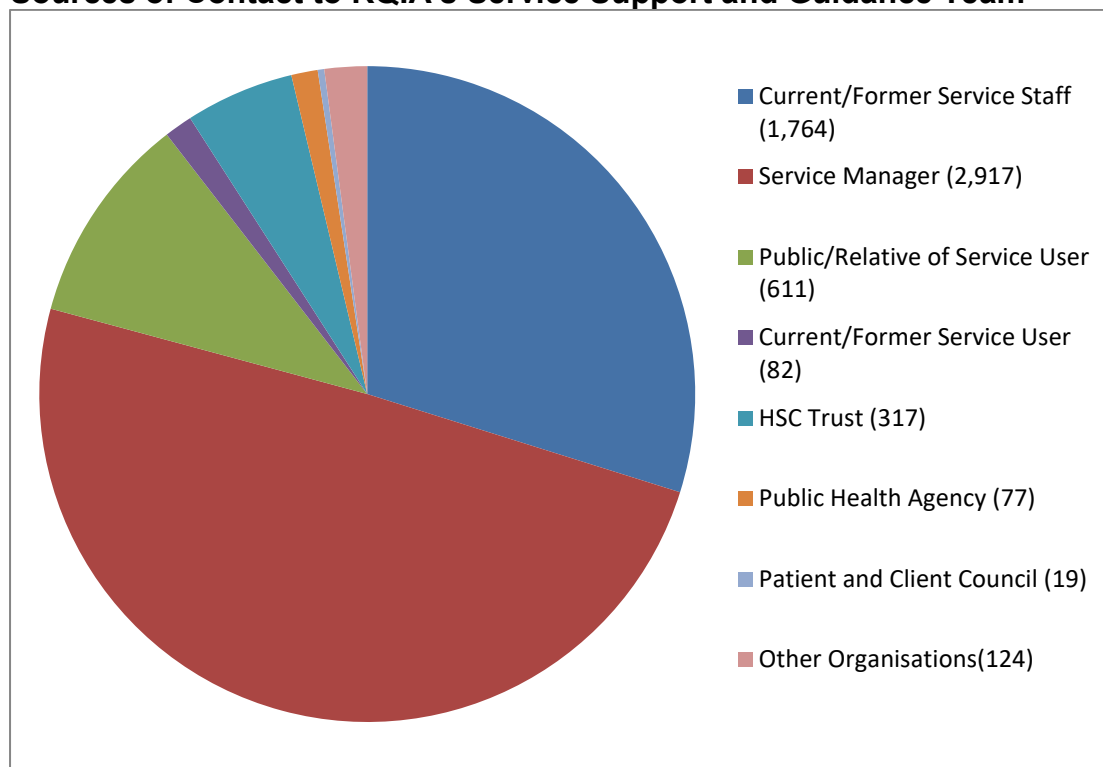
The majority of RQIA inspections are unannounced and therefore families will not be aware when inspections are taking place. Due to restrictions in visiting, the Covid-19 pandemic impacted on RQIA's opportunities to meet face-to-face with the family members of those in health and social care services. However, RQIA continued to encourage the public to contact its Guidance Team by telephone or email, where they had queries or concerns relating to their loved one's care.

In November 2020, the Patient and Client Council, in partnership with RQIA, the HSC Board and Public Health Agency, established a platform to strengthen engagement and build relationships with relatives of people living in care homes. On a weekly basis, relatives and their representative organisations had an opportunity to discuss concerns in relation to care and visiting and care partner arrangements. These video meetings were also attended by representatives from the Commissioner for Older People Northern Ireland, Age NI and the Alzheimer's Society, and Care Home Advice Support Northern Ireland.

RQIA's Guidance Team

RQIA Guidance Team inspectors are on duty each day responding to calls from service providers and the public, and during 2020-21 we received over 5,900 calls (see figure below). While the majority of these calls were from staff and management seeking advice and guidance, RQIA also received almost 700 calls from service users and members of the public and concerned relatives wishing to discuss queries or concerns about care services. In each case the Guidance Team inspector listens to the caller, ascertains the issue, and provides appropriate advice. Details of the call are recorded on the i-Connect information system. Where specific concerns are raised the information provided is assessed and a decision reached on how best to respond. This may include following up the issues raised with management of the service; conducting an unannounced inspection to investigate the concerns; and where necessary, taking enforcement action.

Sources of Contact to RQIA's Service Support and Guidance Team



Complaints about Health and Social Care Services

RQIA takes every concern brought to its attention about a health and social care service seriously. The information is carefully considered and assessed to determine if there are any issues that require the immediate action by RQIA. Where necessary RQIA will undertake an inspection or follow the issues up with partner organisations, including the relevant Health and Social Care Trusts.



RQIA's "How Can I Raise a Concern ..?" leaflets provide advice and guidance to support the public in raising a complaint about a service. While RQIA does not have legal powers to investigate complaints about services, RQIA provides contact details for organisations that can help in taking a complaint forward- including the Patient and Client Council and the Health and Social Care Trusts. Where a complainant is dissatisfied with the service's response to their complaint, they may raise this matter with the Northern Ireland Public Service Ombudsman.

RQIA Complaints guidance leaflets

Every health and social care service is required to have its own complaints policy and procedures in place. RQIA checks that these are in place during its inspections of these services.

Whistleblowing

Under the public interest disclosure legislation anyone wishing to raise concerns about wrongdoing in their workplace can bring these to the attention of RQIA. In 2020-21 RQIA was contacted by telephone, email and in writing by 219 staff, from a range of statutory and independent health and social care settings, who wished to raise concerns about the services being provided in their workplace. This information provides RQIA with an invaluable insight into services, and included concerns around the quality of care, staffing issues, management and general care concerns. While many staff provided their name and contact details, allowing further information to be sought on their concerns, others wished to remain anonymous. In each case RQIA carefully considered the information to determine what action was required. Where necessary, we conducted unannounced inspections to follow up on concerns, and to drive improvements in quality for those using these services.

Commitment to Excellence

RQIA is strongly committed to ensuring that all its work is of the highest quality. It operates within a shared culture of excellence. RQIA has adopted the regional health and social care values, which underpin its work. These values are:

- Working together
- Excellence
- Compassion
- Openness and Honesty

RQIA endeavours to live these values in all that it does and how it behaves with service users, providers, carers and the general public. These values also underpin staff behaviours and our personnel management.

RQIA is an 'Investors in People' accredited organisation and supports its staff through regular supervision meetings and its staff appraisal programme, where performance is discussed; difficulties identified and achievement is celebrated.

Listening to Staff

The Chief Executive and Executive Management Team lead regular staff meetings, where the latest news is shared. These provide senior management with an opportunity to listen to staff and encourage them to be involved in decision-making, problem solving and innovation. The meetings also provide a platform for staff to share examples of best practice with colleagues across RQIA. Staff contribute to the agenda to ensure the meetings are relevant to employees at all levels.

Complaints About RQIA

As a learning organisation, RQIA welcomes contact from people with concerns about its own actions or how it conducts its work.

During the year, RQIA implemented recommendations from an internal audit of its complaints processes. In August 2020, the Authority approved the implementation of a new, more streamlined and user-friendly complaints policy and procedure for RQIA, taking on board feedback from internal audit and learning from previous complaints. Key staff also undertook training in relation to both whistleblowing and complaints investigations.

Whilst a number of health and social care organisations paused their complaints activity during the pandemic, RQIA continued to accept and manage complaints about the organisation throughout the year. This required a change in approach to some aspects of complaints management, such as complaint meetings taking place via video-conferencing rather than in face-to-face meetings.

RQIA received ten complaints or expressions of dissatisfaction in relation to the work of RQIA during 2020-21. The majority of these related to inspection processes and oversight of health and social care services. Each complaint was managed in line with RQIA's complaints policy and procedure, which reflects the approach laid out in the regional HSC Complaints.

Each complaint was reviewed to determine any learning for the organisation. This learning was then applied to help improve a service we deliver, or where something has gone wrong, to help ensure it does not occur again. Where there are themes or trends in complaints, these are analysed to help ensure any broader learning for RQIA can also be applied.

Where a complainant remains dissatisfied with RQIA's response to their complaints, they are advised of their right to bring their complaint to the Northern Ireland Public Services Ombudsman (NIPSO).

Engaging with the Public

Due to restrictions in visiting, the Covid-19 pandemic impacted on RQIA's opportunities to meet face-to-face with the family members of those in health and social care services. However, RQIA continued to encourage the public to contact its Guidance Team by telephone or email, where they had queries or concerns relating to their loved one's care.

In November 2020, the Patient and Client Council, in partnership with RQIA, the HSC Board and Public Health Agency, established a platform to strengthen engagement and build relationships with relatives of people living in care homes. On a weekly basis, relatives and their representative organisations had an opportunity to discuss concerns in relation to care and visiting and care partner arrangements. These video meetings were also attended by representatives from the Commissioner for Older People Northern Ireland, Age NI and the Alzheimer's Society, and Care Home Advice Support Northern Ireland.

RQIA is committed to increasing effective engagement with the public and stakeholders to achieve improvements in the safety and quality of services.

During the pandemic due to restrictions on footfall in health and social care settings, it was challenging for RQIA to involve lay assessors in its inspection and review activities. However, as part of RQIA's Transition Plan an increased focus has been placed on the involvement of service users, carers and other stakeholders in RQIA's work. This included plans to evaluate new models to support the full integration of lay assessors within RQIA's assurance and inspection activities. This work has involved coproduction with the Patient and Client Council, relatives of service users and other individuals and organisations.

Digital Communication

Throughout the year RQIA continued to add new and updated content to its website www.rqia.org.uk to support service providers and the public alike. During 2020-21, RQIA received around 170,000 visitors, resulting in over 750,000 webpage views, a 25% increase on the previous year.

To date, over 14,000 inspection reports for both regulated and HSC trust services have been published and are available directly through the search function on the RQIA homepage. Our inspection pages continue to be the most visited part of the website, with over a quarter million page views during the year. In response to feedback from those visiting the website, each month we publish a list of recent inspection reports made available online over the previous month.

From April 2020, RQIA provided a range of useful resources for service providers and the public relating to Covid-19, which were updated regularly as the pandemic progressed. These pages were accessed almost 90,000 times during the year, a three-fold increase on visits to our Guidance pages during 2019-20. RQIA's website hosted daily updates on the latest PPE supply information from the Department of Finance to allow care homes and domiciliary care agencies to source this essential equipment for their services. This password protected information was accessed by providers almost 2,000 times during the first wave of the pandemic.

At the start of the pandemic RQIA commenced an initiative, using a smart phone app to collect data and to receive requests for assistance from independent sector providers. The value of this data to help support the regional health and social care response to the pandemic was recognised. In June this reporting arrangement was enhanced and on behalf of the Department of Health, PHA, HSC Board and trusts, RQIA collated daily status reports from information submitted by care homes via its Provider Web Portal. This included information on the number of cases, and issues arising which required support or intervention from the Public Health Agency, local HSC trusts or RQIA.

Through its social media channel, RQIA also directs visitors to its website via [@RQIANews](https://twitter.com/RQIANews), the RQIA's Twitter account, where new web-based content can be highlighted immediately to over 5,000 followers.

Political Engagement

RQIA continued its engagement with representatives from the main political parties, through meetings with representatives, including their health and social care spokespersons, to discuss the role of RQIA and specific areas of interest. Where RQIA undertook significant actions, for example, to cancel the registration of a service the Chief Executive liaised directly with local political representatives to ensure they were fully briefed on the rationale for the action and on the carefully considered steps being taken to ensure the ongoing safety and wellbeing of residents.

In May 2020, RQIA's Acting Chief Executive appeared before the Northern Ireland Assembly's Committee for Health to provide an overview of its role and actions to support care homes and domiciliary care services during the first weeks of the Covid-19 pandemic. In October 2020, RQIA's Interim Chief Executive and Acting Director of Improvement provided evidence to the Committee as part of its inquiry into the impact of Covid-19. On care homes

In its report the Committee for Health recognised the strength of the evidence expressing appreciation for the support and advice provided by RQIA, particularly during the first difficult months of the pandemic, through the first point of contact Service Support Team and on-site support teams assisting care homes to improve infection prevention and control. This service was welcomed by care home staff and other stakeholders such as Positive Futures, Independent Health and Care Partnership (IHCP) and the Royal College of Nursing, who reported that it provided invaluable support to its members. The Committee also welcomed RQIA's move towards a risk-based assurance framework, taking on board lessons learned from the early days of the Covid-19 pandemic.

Assurance Framework

During the year, RQIA worked with the Queen's University of Belfast (QUB) to start the development of a new Assurance Framework. This framework aims to consolidate and set out the current best practice being undertaken by RQIA and to build a strengthened approach. The QUB report enabled the development of a refined approach to assurance in order to ensure the methodologies and the approach to regulation and improvement are dynamic and based upon best practice. The report underlined the importance of safety, service user engagement and empowerment, and the meaningful evaluation of the lived experience

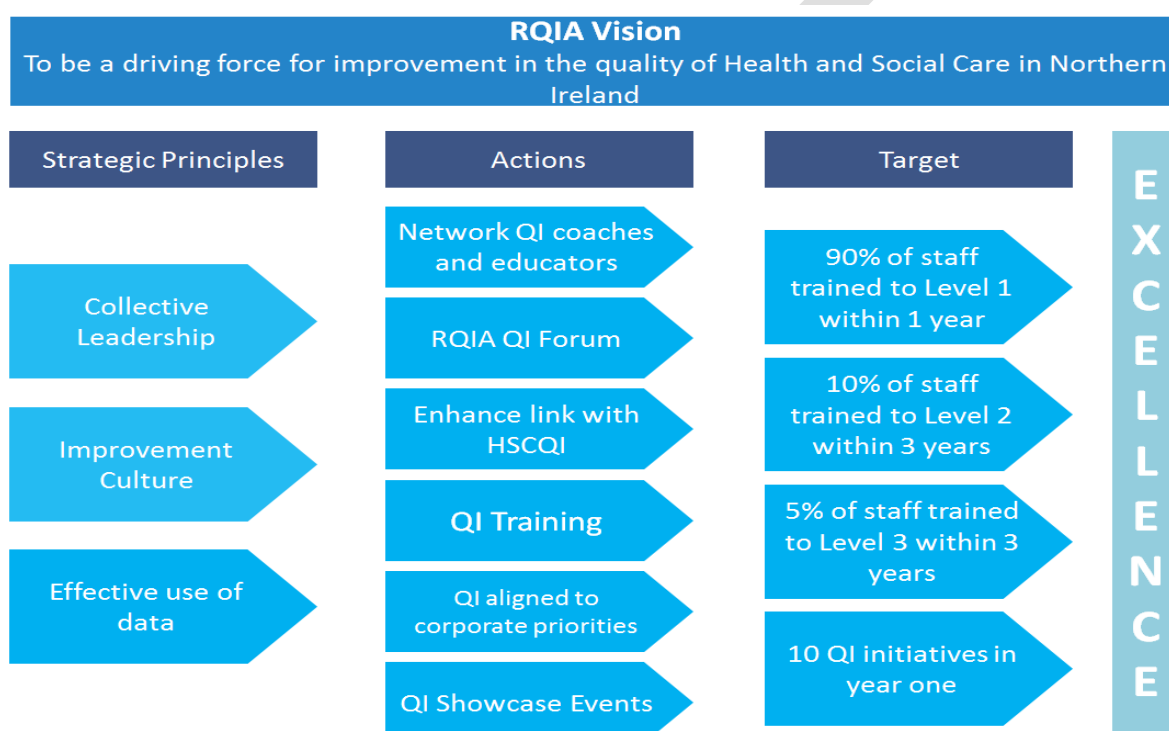
Quality Improvement (QI) Strategy

RQIA undertook a baseline capability assessment in early 2019 found that whilst there was strong leadership and staff commitment to improvement along with good service user ethos and a culture that supported openness to learning and improvement, there were significant barriers to QI within the RQIA, namely the lack of QI training and opportunity to use QI skills.

RQIA subsequently developed a strategy to improve QI capacity and capability, which was presented to and approved by the RQIA Board in June 2019. Implementation began in 2019-20, however, due to RQIA's pandemic response this was delayed. RQIA has now identified a number of training providers and staff who are eager to complete level 2 QI training.

RQIA is in a unique position as a regulator to undertake a whole system approach to implementing improvement within HSC. RQIA, through its inspection and review programme, is best placed to identify areas of need where regional work may have maximal impact, whilst utilising resources effectively achieving a value for money approach.

Covid-19



The Covid-19 pandemic, despite creating many challenges for HSC, has also provided an opportunity for innovation to rapidly flourish. Many of these innovations could provide long-term benefits to the health service, if given the right attention in terms of ensuring sustainability, standardisation and scale across the region.

During the pandemic response RQIA did not run its annual QI funding programme but in future years, the RQIA working with HSCQI, and other networks, intends to invite applications for funding for the scaling up and embedding positive impact changes developed during Covid-19.

Strategic Goal 2: Strengthening the Workforce

We will provide the right education, training and support to deliver a high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.

External Accreditation

RQIA holds Investors in People (IiP) accreditation - the standard for people management. The IiP performance model provides a pathway to future progress and a journey of continuous improvement, which aligns with RQIA's approach to quality improvement. In November 2020, RQIA underwent a Strategic Review by the IiP Assessor and gained an increased award, providing an extension of one year, prior to a full re-assessment which will take place in November 2021.

RQIA Staff

The RQIA's staff are its most valuable asset and responsible for the achievement of our corporate objectives and the effective delivery of the work programme. RQIA has a staffing complement of 120 people (114.33 whole time equivalent), excluding Authority members, bank and agency staff. The staff composition, by headcount, is 75% female and 25% male. During 2020-21, there was an average staff absence rate of 6.94%, against a (regional key performance indicator) target set for RQIA by DoH of 8.44%.

During 2020-21, there was a staff turnover of 12.6%, with 15 members of staff leaving RQIA through taking up new opportunities or retirement. RQIA advertised for a range of administration and inspector positions, which attracted a very high level of interest, and 14 new staff joined teams inspecting care homes, independent health care, hospitals and mental health and learning disability wards and the Business Support Unit.

As a result of the pandemic and in line with government guidance, from late March 2020 RQIA staff worked from home where this was practicable.

Staff Policies

RQIA has a duty of care to every member of staff, supported with a comprehensive range of human resources policies and procedures. In addition, RQIA ensures compliance with relevant employment legislation in this area, including: Section 75 of the Northern Ireland Act, the Disability Discrimination Act 1995 and The Disability Discrimination (Northern Ireland) Order 2006. RQIA has a range of human resources policies in place, which promote equality of opportunity across all Section 75 groupings.

Throughout the year, organisational learning development activities continued to ensure staff were equipped to deliver against the objectives within RQIA's Business Plan. This included a range of mandatory and job-specific training for staff across RQIA. RQIA has ensured that all staff have equal access to development opportunities in line with RQIA's Equality of Opportunity policy and the Agenda for Change terms and conditions.

Through the Joint Negotiating Forum, RQIA takes a partnership approach to working with staff in conjunction with trade union representatives. The Forum continued to meet during the year, acting as a reference group for good practice and a focus for consultation and negotiation on policies and issues affecting staff within the organisation.

RQIA is an equal opportunity employer and its policies and procedures are developed in line with equality legislation to ensure equal treatment for all. RQIA is committed to working with the Equality Commission in all aspects of equality and diversity in employment and occupation.

Staff Training

RQIA is committed to the development of its staff, and ensures that staff have access to training opportunities to enable them to contribute fully to achieving its objectives. In addition to job-specific training, during the year, staff undertook mandatory training on:

- risk management;
- information governance;
- personal and public involvement;
- fraud awareness;
- fire safety;
- display screen equipment and
- cyber security.

As a result of technical issues across health and social care, staff were unable to access the e-learning platform, which hosts the training courses, from December 2020 onwards. This issue has been escalated through the regional e-Learning team to ensure alternative arrangements can be put in place for 2021-22.

Sickness Absence

RQIA manages all sickness absence in line with its attendance management policy and associated procedures. During the year there was a sickness absence rate of 6.94%, which was within the regional key performance indicator target set by DoH of 8.44%. This compares to an absence rate of 8.88% in 2019-20.

Social, Community and Environmental Matters

While the majority of staff worked from home during the year, RQIA continued to focus on energy reduction, recycling office waste, promotion of healthy lifestyles and use of public transport where this was possible and safe.

In partnership with the Business Services Organisation, RQIA held two health and wellbeing awareness days. In January 2021, representatives from the Royal National Institute for Deaf people and a HSC colleague with hearing loss provided an overview of issues relating to deafness and hearing loss. In March 2021, RQIA was joined by an expert by experience and a peer educator from the Belfast Trust Recovery College to discuss living with bi-polar disorder, and the mental health challenges associated with this condition.

Throughout the year RQIA also shared practical resources on mental health and wellbeing, aimed at supporting staff while working from home. .

Strategic Goal 3: Measuring the Improvement

We will improve outcome measurements and report on progress for safety, effectiveness and the patient/client experience. We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

Regulation of Services

Registration and Inspection of Health and Social Care Services

RQIA is responsible for the inspection of health and social care services under a range of powers. RQIA registers and inspects care homes; children's homes; domiciliary care and nursing agencies; residential family centres; adult day care services; private dental clinics; hospices; and independent hospitals and clinics. These are known as regulated services. At 31 March 2021 there were 1,530 services registered with RQIA, an increase of nine from 31 March 2020 (see table below).

Registered Services as at 31 March 2021

Service Type	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Adult Placement Agencies	1	1	0	1	1	4
Children's Homes	11	9	12	8	9	49
Day Care Settings	31	26	27	30	53	167
Domiciliary Care Agencies (Conventional)	29	19	30	19	16	113
Domiciliary Care Agencies (Supported Living Services)	37	46	40	29	37	189
Dental Practices	93	85	65	73	57	373
Independent Clinics	5	0	1	1	0	7
Independent Hospitals	28	14	9	11	11	73
Independent Medical Agencies						7
Nursing Homes	47	67	54	47	33	248
Nursing Agencies						64
Residential Care Homes	44	65	56	30	38	233
Residential Family Centres	1	0	0	0	0	1
Voluntary Adoption Agencies	2	0	0	0	0	2
Total	329	332	294	249	255	1530*

* total includes 7 Independent Medical Agencies and 64 Nursing Agencies that are not registered to a particular trust area.

Under separate responsibilities RQIA also inspects a range of other services, which are not required to register with RQIA. These include:

- HSC hospitals
- Mental health and learning disability wards
- Custody suites and prisons
- Young adult supported housing services
- School boarding departments
- Radiation services under Ionising Radiation(Medical Exposure) Regulations (IR(ME)R)

In each case RQIA assesses the arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care in line with relevant legislation, standards and guidance. RQIA also examines the quality of leadership and management in these services.

How We Inspect

RQIA has a team of experienced nurses, social workers, pharmacists, estates and finance officers, who assess various aspects of service provision in line with relevant legislation and standards. During inspections we may examine a range of issues, including:

- care
- medicines management
- estates issues
- arrangements for safeguarding service users' finances

Before every inspection, RQIA's inspectors review information and intelligence relating to the service, which is held on its i-Connect information management system.

This includes details of the service's regulatory and inspection history - such as serious concerns or enforcement action; intelligence about the service including complaints or compliments from service users, their families or advocates; whistleblowing from staff members; and statutory notifications relating to specific categories of incidents which may have occurred at the service. During 2020-21 RQIA's inspection programme and approach to inspection was significantly impacted by the Covid-19 pandemic.

To support the regional response to the pandemic, in late March 2020, the Department of Health issued a direction to RQIA to reduce the frequency of its statutory inspection activity. This approach was consistent with that of health and social care regulators across the UK and Ireland and aimed to minimise the risk of spreading infection to some of the most vulnerable people in society. However, during this period RQIA continued to regulate and respond to risks and concerns, conducting inspections and taking enforcement action where necessary. The Department of Health's direction was rescinded on 22 June 2020 as the impact of first wave of the pandemic receded.

In response to the pandemic, RQIA changed its approach to inspection. In addition to conventional 'on the ground' physical inspections, where inspectors used appropriate personal protective equipment (PPE), remote inspections were introduced, where inspectors requested specific information from providers, which was reviewed in advance of the remote inspection, which took place using video call technology. These calls provided further evidence to allow assessment of the quality of the service. RQIA also designed and conducted 'blended' inspections, combining elements of both physical and remote inspection. These modern approaches proved both efficient and effective, despite the challenging circumstances of the pandemic.

In July 2020, RQIA, recognising the resource and practical constraints, and on the basis of a risk assessment, revised its original target for inspections, moving to conduct a minimum of one inspection at:

- 80% of all nursing homes, residential care homes, children's homes, residential family centres, independent acute hospitals and the children's hospice;
- 50% of day care settings, domiciliary care agencies and nursing agencies.

At 31 March 2021, RQIA had achieved the following results:

- Nursing and residential care homes: 633 inspections, exceeding the revised target (481); delivering 66% of the original target for inspections.
- Day care settings and nursing agencies: 238 inspections, which was below the revised target (267), delivering 45% of the original target for inspections.
- Children's homes and residential family centres: 72 inspections, which was above the revised target (50), delivering 73% of the original target for inspections.
- Independent clinics, (non-acute) independent hospitals, private dental practices and independent medical agencies: 419 inspections, which exceeded the revised target (368), delivering 91% of the original target for inspections.

• As cosmetic laser services were closed under the pandemic lockdown restrictions, RQIA did not undertake the inspections scheduled for this category of service

While there is currently no legislative requirement to inspect HSC hospitals (both acute and mental health and learning disability services), radiation (IR(ME)R) services or prisons, RQIA completed the following inspections:

- HSC hospitals: 16
- mental health and learning disability facilities: 7
- radiation services: 5
- custody suites and prisons: 1

During the year, RQIA conducted a total of 1,549 inspections, compared with 2,313 the previous year. The impact of Covid-19 on the inspection programme was particularly notable during April to July 2020, when 159 inspections took place, based on a rigorous assessment of need and risk. During the same period in 2019-20 RQIA undertook 680 inspections.

While RQIA continued to conduct unannounced inspections at services, just over 50% of inspections over the year (784) were announced in order to ensure the safety of those living and working in the services, as well as the safety of the inspection teams. RQIA also completed 159 inspections out of hours and at weekends, compared with 283 the previous year.

How RQIA Uses Information and Intelligence

When conducting an inspection, RQIA examines compliance with regulations and care standards, and assesses:

- is care safe, effective and compassionate, and
- is the service well managed.

Performance is assessed against standards, guidelines and regulations. The Covid-19 pandemic had a significant impact on those who are dependent on health and social care services, particularly the elderly and most vulnerable in our community. This year, RQIA placed a particular focus on how each service was managing its response to Covid-19 in line with the latest guidance and direction from the Department of Health, Public Health Agency and HSC Board.

During assessment of the service RQIA inspectors observe practice and review records of care. To ensure a fully rounded view of the service, inspectors talk to management, staff and health care staff such as GPs, tissue viability nurses, social workers and care managers to hear their views and experience of working at the service.

The most important people in any service are those in receipt of care, and inspectors also talk to service users. Due to visiting restrictions throughout the year inspectors were unable to engage with carers, friends and relatives. However, through RQIA's and Guidance Team, calls were received from the public on their experience or concerns on the services being provided during this time.

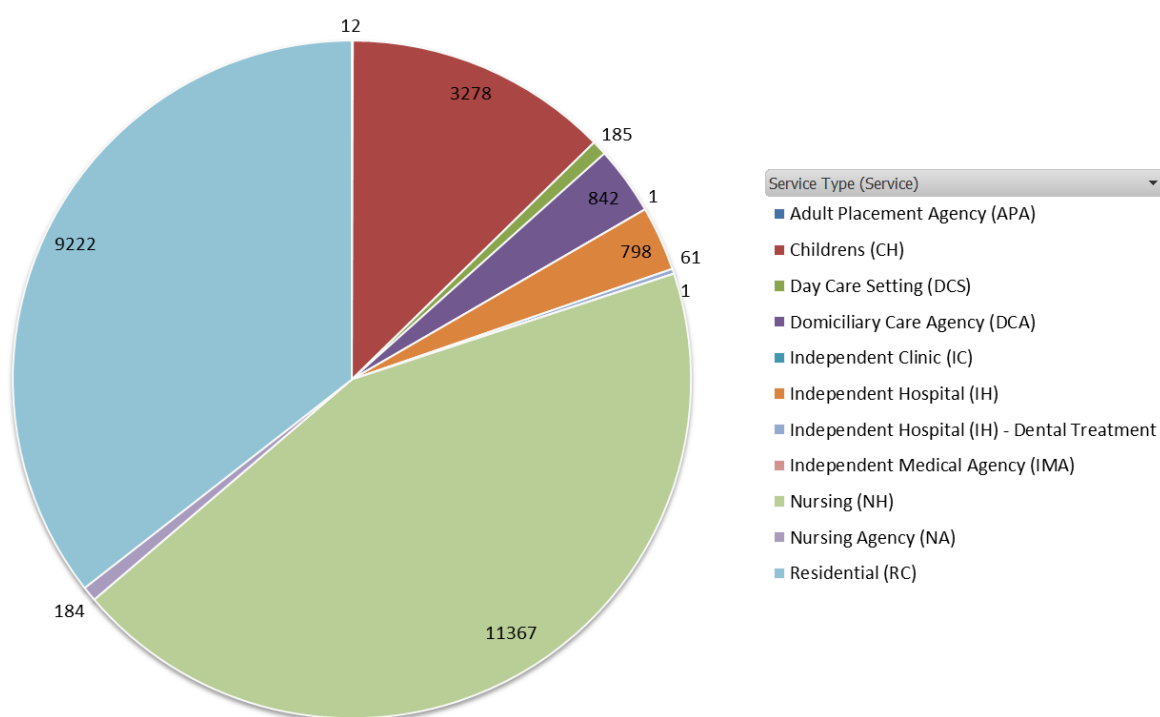
RQIA also worked closely with the Patient and Client Council, Commissioner for Older People and representative organisations to ensure any concerns were followed up and addressed in a timely manner. RQIA also focussed on assessing notifications, concerns and other intelligence for every service. Where areas of concern were identified, additional inspections were conducted and inspectors met with providers. Where it was necessary enforcement action was taken.

The primary means of communication between RQIA and service providers for issues relating to inspections and for incident notifications is via a secure online web-based portal. There are 4,750 registered users on this system – including service providers and managers.

Every provider is required to notify RQIA when specific categories of incidents or events occur within their service. These include:

- accidents and incidents;
- deaths (expected and unexpected);
- injuries and fractures;
- infectious diseases;
- medication issues;
- police incidents, theft or burglary; and
- misconduct.

During the year 25,951 incident notifications were submitted to RQIA via this portal (see figure below), and in each case the Inspector for the service assessed the notification to determine whether further action was required, or if a pattern was emerging that required further consideration



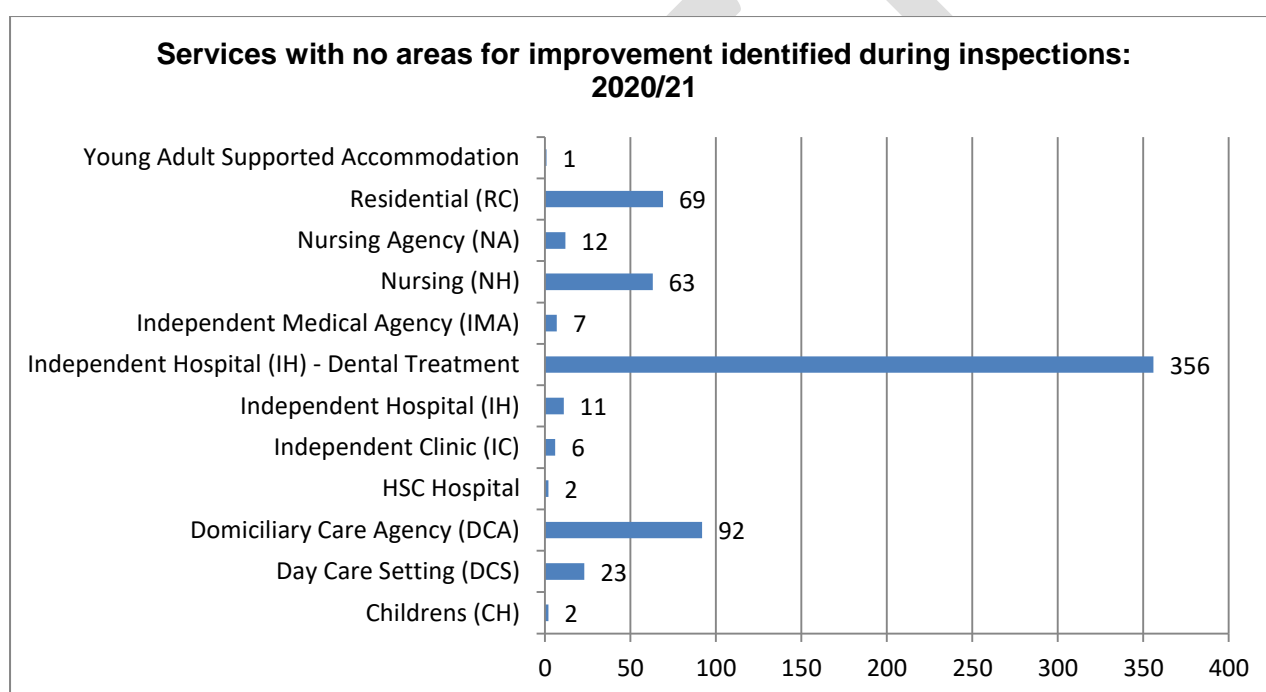
What RQIA Looks For

During an inspection performance is assessed against standards, guidelines and regulations. In RQIA's assessment of the service, inspectors observe practice and review records of care. To ensure a comprehensive overview of the service, inspectors talk to management, staff and visiting health care staff such as GPs, tissue viability nurses, social workers and care managers to hear their views and experience of working in, or with, the service. The most important people in any service are those in receipt of care, so inspectors also talk to service users, carers, friends and relatives to hear their views and experiences of the care provided.

Outcome of Inspections

At the end of each inspection RQIA Inspectors provide verbal feedback to the management of the service, highlighting both good practice and areas that require attention. Inspectors then provide a formal written report of their findings. Where necessary inspectors include a quality improvement plan, which details areas for improvement. The final inspection report also includes the provider's response on how they are addressing any issues raised by RQIA during the inspection. The findings of every inspection (excluding those for children's services) are published on the website www.rqia.org.uk/inspections. Individual inspection reports are also available on request from each service inspected.

In 2020-21 in 644 inspections (42%) services were operating in line with the relevant legislation and standards, with no areas for improvement highlighted by RQIA inspectors (see figure below).



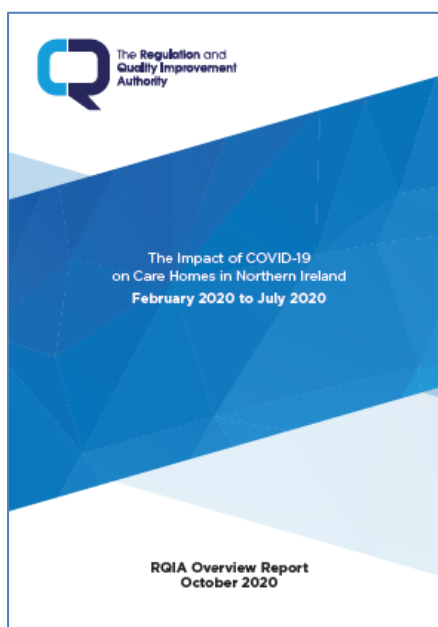
At times, it is important for RQIA to take enforcement action to ensure providers address significant deficits in a service. During the year RQIA took enforcement action on 30 occasions across a range of services. The majority of this action involved issuing enforcement notices to ensure concerns at a service were appropriately addressed. In addition, RQIA moved to cancel the registration of four services where the provider did not adequately address identified concerns, which had the potential to place the health and wellbeing of service users at risk. These included one nursing home and three domiciliary care agencies.

In October 2020, RQIA sought an urgent Order to ensure all patients at a nursing home were moved to alternative accommodation, in order to allow significant refurbishment of the home, including repairs to its water system. This action provided immediate protection for the health and well-being of the residents, and ensured a long-term sustainable service for people with dementia remained available for use.

The Impact of Covid-19 on Care Homes in Northern Ireland

In October 2020, to ensure learning about Covid-19 and its impact on care homes, RQIA undertook an analysis of its data collected during the first wave of the pandemic. This identified common characteristics of those care homes experiencing an outbreak of Covid-19. These tended to:

- be in larger provider groups
- have experienced leadership changes
- serve areas of deprivation
- be nursing homes compared with residential care homes (twice as likely); and
- have been previously recognised as having identified challenges in meeting care standards



In October 2020, RQIA published the findings of this analysis, The Impact of Covid-19 on Care Homes in Northern Ireland, February –July 2020.

This was shared with health and social care organisations, with partner regulators across the UK, and the Northern Ireland Assembly's Health Committee as evidence to their wider inquiry on this issue

Much of this learning has been incorporated into RQIA's standard practice, and informs how RQIA responds to indicators and identifies services at most risk from Covid-19

Programme of Covid-19 Inspections

From September 2020 to March 2021 and in response to the COVID-19 pandemic, RQIA's Hospital Programme Team (HPT) carried out a series of infection prevention and control (IPC) inspections of HSC acute and independent hospitals across Northern Ireland. The HPT visited 11 hospitals; across five health and social care trusts and six hospitals within the independent sector. During our inspections, we sought assurances across the following key criteria to determine if each hospital's approach to infection control was effective in achieving and maintaining a COVID- 19 safe environment.

Overall, we found that HSC trusts and independent hospital providers have responded effectively to minimise the risks of the COVID-19 virus and to keep people safe in our hospitals across Northern Ireland. We also identified some opportunities for improvement and regional learning across our healthcare sector.

Nosocomial* Support Cell

In response to the COVID-19 pandemic, the Department of Health established a Nosocomial support cell, which included an RQIA senior hospital inspector. Members of the cell carried out site visits to each of the five HSC trusts from December 2020 (and continuing into 2021-22). They were tasked with providing multidisciplinary support to HSC trusts experiencing sustained or complex outbreaks and clusters of COVID-19 infections in acute settings, with the over-arching aim of improving patient, staff and visitor safety.

(* an infection that is acquired in a hospital or other health care facility.)

RQIA's Review Activity

Each year RQIA undertakes a programme of reviews of health and social care services, in response to current events, or to examine emerging issues. These reviews may be initiated by RQIA or commissioned by the Department of Health. In planning reviews and reporting on the findings, RQIA focusses on whether care is safe, effective and compassionate; and on the quality of leadership within a service. Review findings are reported to the Minister and Department of Health. In each review RQIA endeavours to highlight examples of good practice and make recommendations for improvement which aim to support and drive quality improvements for service users. RQIA also aims to provide useful evidence to provide a basis for future policy development in the areas under review.

In late March 2020, RQIA was directed by the Department of Health to pause all review work to enable resources to be concentrated on dealing with the first Covid-19 surge period. RQIA recommenced its review programme on 22 June 2020 when the Department of Health rescinded its direction.

In September 2020, RQIA published the findings from the Review of Implementation of NICE Clinical Guideline 174: Intravenous Fluid Therapy in Adults in Hospitals in Northern Ireland.

This Review examined the effectiveness of the implementation of NICE CG174, which includes an assessment of:

- the implementation of the guideline;
- the governance and oversight of implementation of the guideline;
- the knowledge and understanding of healthcare professionals of the guideline, and
- an audit of the resulting clinical practice.

RQIA's Review Team concluded that the NICE Guideline on Intravenous (IV) Fluid Therapy in Adults in Hospitals was not fully implemented in each HSC trust. There were deficits both at key stages of implementation, and in areas to support ongoing assurance of implementation of the guideline. These areas included:

- the HSC Board's oversight of implementation,
- HSC trust dissemination and prioritisation of recommendations,
- staff training/education
- and incident management.

The Review Team made nine recommendations in relation to:

- systems for governance and oversight;
- training and education of staff;
- ensuring awareness in recognising, reporting and learning from adverse events relating to IV fluid management; and
- undertaking clinical audit and sharing learning on the implementation of CG174 across all HSC Trusts in Northern Ireland.

RQIA believes that, if actioned, these will strengthen the implementation of the NICE Guidelines on Intravenous (IV) Fluid Therapy in Adults in Hospitals and assurance of good practice in this critically important area of medicine.

Expert Review of Records of Deceased Patients of Dr M Watt

In May 2018, the Department of Health's Permanent Secretary directed RQIA to commission an expert review of the records of all those patients or former patients of Dr Watt, a consultant neurologist, who had died over the previous ten years.

Given the significant scale of work involved, this Review is being conducted in a phased manner. It is likely to take a number of years to complete.

The first phase involved the extensive preparatory work required for this Review. A legal framework, which allows RQIA to access the clinical records of the deceased patients of Dr Watt, whilst ensuring proper safeguards for patient confidentiality was developed and was formally adopted by the Chief Executives of the relevant health and social care bodies in November 2020.

A suite of operational protocols has also been developed to ensure the safe management of the clinical records in preparation for review by a panel of expert reviewers from outside Northern Ireland.

A project team, with a number of sub-groups, has been established. These are:

- Ethical Advisory Group
- Clinical Advisory Group
- Information and Clinical Records Group
- Communications and Family Involvement and Engagement Group

A steering group has been established to provide oversight of the review, jointly chaired by RQIA's Acting Director of Improvement and the Professor of General Practice at the University of Manchester. Two Authority members sit on the Steering Group.

During early 2021, RQIA completed preparations for the second phase of the Review, which will consist of the examination of certain of the records, in accordance with objectives developed by the Clinical Advisory Group.

RQIA commissioned the Royal College of Physicians to establish an Expert Review Panel of experienced consultants from outside of Northern Ireland to review the records selected for Phase 2 of the Review and, in addition, to consider any information shared with RQIA by the families of the deceased patients.

This work will commence during 2021-22 and will include the records of:

- those deceased patients whose family members have approached the RQIA with concerns about their care; and
- patients who were included in the Belfast Trust's Cohort 1 neurology recall but unfortunately died before either attending or completing their re-assessment.

Ongoing Review Activity

Work also continued on a number of reviews which will be published in the year ahead:

- Review of Out-of-Hours General Practitioner Service
- Review of Governance in Independent Hospitals and Hospices in Northern Ireland
- Review of Serious Adverse Incidents (SAIs)
- Review of Vulnerable Prisoners

Strategic Goal 4: Raising the Standards

We will establish a framework of a clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review.

RQIA Clinical Audit, Guidelines and Quality Improvement Programme

RQIA is committed to promoting leadership in safety and quality in health and social care. Through its Clinical Audit programme, each year RQIA invites applications from the HSC community for funding to undertake clinical audits, guidelines and quality improvement (QI) projects. The programme aims to ensure that the outcomes for patients, clients and carers are improved through the development and integration of audits, guidelines and QI projects, and as a result of their implementation.

The commencement of the following audits and QI projects was delayed until October 2020 as a result of the impact of Covid-19 across health and social care:

Audits

- Process of care and outcomes for oesophageal squamous cell (and unspecified) cancer in Northern Ireland diagnosed in 2017-18
- Process of care and outcomes for oesophageal adenocarcinoma patients in Northern Ireland diagnosed in 2017-18

A comprehensive annual surveillance audit of NICE Guideline NG 29 (Intravenous Fluid Therapy in children and young people in hospital) was further deferred to April 2021 due to the pandemic's impact on staff availability to undertake this work.

Quality Improvement Projects

- Introduction of Harm Reduction resources for clinical staff in acute mental health settings
- Development and Implementation of Postpartum Contraception Service
- The Pro-Vac Movement - a Quality Improvement and Educational Initiative to promote positive conversations around vaccine safety

We also published the following work which was supported by our programme in 2019-20:

- An audit of the accuracy and positive predictive value of red flag referrals made to the Oral Surgery and Oral Medicine Departments in the School of Dentistry over the nine-month period up to and including September 2019 (Phase 1 Report)
- Regional Re-audit of Medicines Reconciliation on the Immediate Discharge Document
- The Development of Departmental Cancer Guidelines and Patient Information Leaflets

Public Involvement in RQIA Work

RQIA is committed to increasing effective engagement with the public and stakeholders to achieve improvements in the safety and quality of services.

During the pandemic it was challenging for RQIA to involve lay assessors in on the ground inspection and review activities. However, as part of RQIA's Transition Plan an increased focus has been placed on the involvement of service users, carers and other stakeholders in RQIA's work. This included plans to evaluate new models to support the full integration of lay assessors within RQIA's assurance and inspection activities. This work is in progress and involves coproduction with the Patient and Client Council, relatives of service users and other individuals and organisations.

During the year, RQIA established a working group with representatives across the organisation to review our inspection report layout. The aim was to ensure that our reports are clear, concise and represent the inspection process, with a clear focus on promoting improvement and ensuring the care provided is safe, effective, compassionate and well-led. We also engaged with a range of external stakeholders – including TILII (Tell it like it is) service user group, the Association for Real Change (ARC) and a range of service providers - on the layout, taking on board feedback and making necessary changes to ensure the reports are reader friendly. This work will continue during 2021-22 with a pilot exercise to test this approach, followed by training workshops for our staff to ensure adoption of this common approach.

Sharing Learning from Serious Adverse Incidents

In January 2021 RQIA presented at the HSC Board's Regional Serious Adverse Incident (SAI) Mental Health Learning Event in relation to the role of RQIA in the SAI process. At this event RQIA also presented emerging themes and trends identified from a review of SAIs, such as an increase in fire setting by patients, suicide using a ligature in Mental Health inpatient settings and deaths during absence without leave. We have strengthened our relationship with the HSC Board through: collaborative working; engagement and meetings with its governance department; improved engagement with Designated Review Officers; and sharing relevant intelligence, findings and learning to support improvements in patient outcomes.

Strategic Goal 5: Integrating the Care

We will develop integrated pathways of care for individuals. We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external providers.

Partnership Working

RQIA is committed to fostering and building strong and effective partnerships with its peer organisations - including health and social care systems regulators, inspectorates and professional regulatory bodies across the UK and Ireland. Through this engagement RQIA shares best practice in regulation and benchmarks its work with peer organisations.

During the Covid-19 pandemic these partnerships were more important than ever to ensure a joined-up and regional response. RQIA worked closely with colleagues across the Department of Health, HSC Board, Public Health Agency and HSC trusts to ensure a coordinated approach to the provision of the most up-to-date guidance in real time to support adult and children's care homes and domiciliary care agencies in managing the impact of the pandemic.

RQIA also participated in the daily Department of Health Covid-19 Emergency Operational Command briefings, providing situation reports on the current and emerging issues in relation to care homes and domiciliary care services. This allowed a coordinated approach across health and social care in responding to the situation as it developed. RQIA is working to "build back better", and to ensure that these relationships and arrangements are carried forward as a basis for future improvement.

RQIA has positive relationships with colleagues at the Department of Health, and other HSC organisations including:

- the HSC Board
- HSC trusts
- the Public Health Agency
- Northern Ireland Social Care Council
- Patient and Client Council
- Northern Ireland Guardian Ad Litem Agency
- Northern Ireland Practice and Education Council for Nursing and Midwifery and
- Northern Ireland Medical and Dental Training Agency.

RQIA engages with these organisations on an ongoing basis and through regular one-to-one liaison meetings and calls, sharing learning and discussing common interests and issues of concern.

RQIA also works closely with other inspectorates and representative bodies including:

- Criminal Justice Inspection Northern Ireland
- Education and Training Inspectorate
- Her Majesty's Inspector of Prisons
- The Prisoner Ombudsman for Northern Ireland
- The Commissioner for Older People for Northern Ireland (COPNI) and
- The Northern Ireland Commissioner for Children and Young People (NICCY).

RQIA also continued its constructive engagement with a range of stakeholder representative organisations, including:

- The Independent Health and Care Providers (IHCP)
- UK Homecare Association
- British Dental Association; and
- The Association for Real Change, particularly in relation to the impact of Covid-19 on services.

RQIA has established memoranda of understanding and information sharing protocols with a range of partner organisations, to support information sharing and cooperation in joint working, and transparency when working on areas of common interest. During the year RQIA met with the Independent Sector Complaints Adjudication Service (ISCAS) a voluntary subscriber scheme for the vast majority of independent healthcare providers, to commence the development of a new memorandum of understanding, which will be implemented in early 2021-22. RQIA also worked with both the General Medical Council and Nursing and Midwifery Council to review existing memoranda of understanding.

Sharing Best Practice: Engagement with Other Health and Social Care Regulators

During the year RQIA continued to engage remotely with the Care Quality Commission, Care Inspectorate Scotland and Health Inspectorate Wales to share experiences and learning of regulation and inspection during the pandemic.

Learning from the Covid-19 Pandemic

Responding to the Covid-19 pandemic has required a strategic and joined-up approach to supporting health and social care services. This has fundamentally changed how RQIA operates, refocusing core services to provide support, advice and guidance to services dealing with the unforeseen challenges of the Covid-19 pandemic.

In line with the Department of Health direction, RQIA re-balanced its role as a regulator with the provision of support to health and social care services. A number of key staff was transferred to other organisations to support the regional response to the pandemic.

During the pandemic, a new operational model developed which went some way towards modernisation of RQIA's regulatory approach – moving from traditional on-site inspection of registered services, to a model which used the RQIA Services Support Team (and as the year progressed the newly established Guidance Team) to provide support for the sector, and enabling collaborative sharing of expert knowledge and information to HSC partner organisations, for example, the HSC trusts and the Public Health Agency.

Partnership with the wider HSC was also strengthened. To support the regional response to the management of the Covid-19 pandemic, RQIA established arrangements to facilitate and collate daily reporting of a suite of key information from care homes, which was shared with relevant HSC partners each day.

On behalf of the Department of Health, HSB Board, Public Health Agency and HSC trusts, during the year, RQIA disseminated over 350 separate pieces of guidance to independent health and social care services to support the management of Covid-19. This included crucial and time-sensitive information on personal protective equipment; staffing; testing; medicines management; palliative care; visiting arrangements; and training resources.

This temporary shift has enhanced RQIA's regulatory and assurance functions, with a renewed focus on quality improvement.

It is underpinned by comprehensive and positive engagement with service users, their families and representative groups around such topics as visiting care homes. RQIA has also been able to add value by providing real-time data and intelligence, thus directing resources and support where it was most needed at the time.

The response to COVID-19 has emphasised an increased use of continuous assessment, based on information and intelligence, directing proportionate inspection, resulting in the development of a new assurance framework and a modernised approach to regulation.

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RQIA Board Meeting

Date of Meeting	4 November 2021
Title of Paper	RQIA Management Plan 2021/2022
Agenda Item	7
Reference	J/11/21
Author	Executive Management Team
Presented by	Committee Chair, Business, Appointments and Remuneration Committee (BARC)
Purpose	The purpose of this paper is to present progress at the end of Quarter 2 (30 September 2021) of the RQIA Management Plan for 2021/2022.
Executive Summary	<p>RQIA developed its Management Plan 2021/2022 to outline what the organisation will achieve during the period April 2021 to March 2022.</p> <p>The Management Plan is based on our three strategic themes of:</p> <ul style="list-style-type: none"> • Safe and Effective Care • People and Communities • Operational Excellence <p>and is underpinned by frameworks for Assurance / Inspection, Governance and Performance.</p> <p>It identifies 13 actions and 59 key deliverables under each action. This document records the progress to date during Quarters 1 and 2 and outlines that 76% of actions have either completed, or are on track, with the target date not yet due.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the progress on the RQIA Management Plan 2021/2022.
Next steps	Progress against the Management Plan will be presented

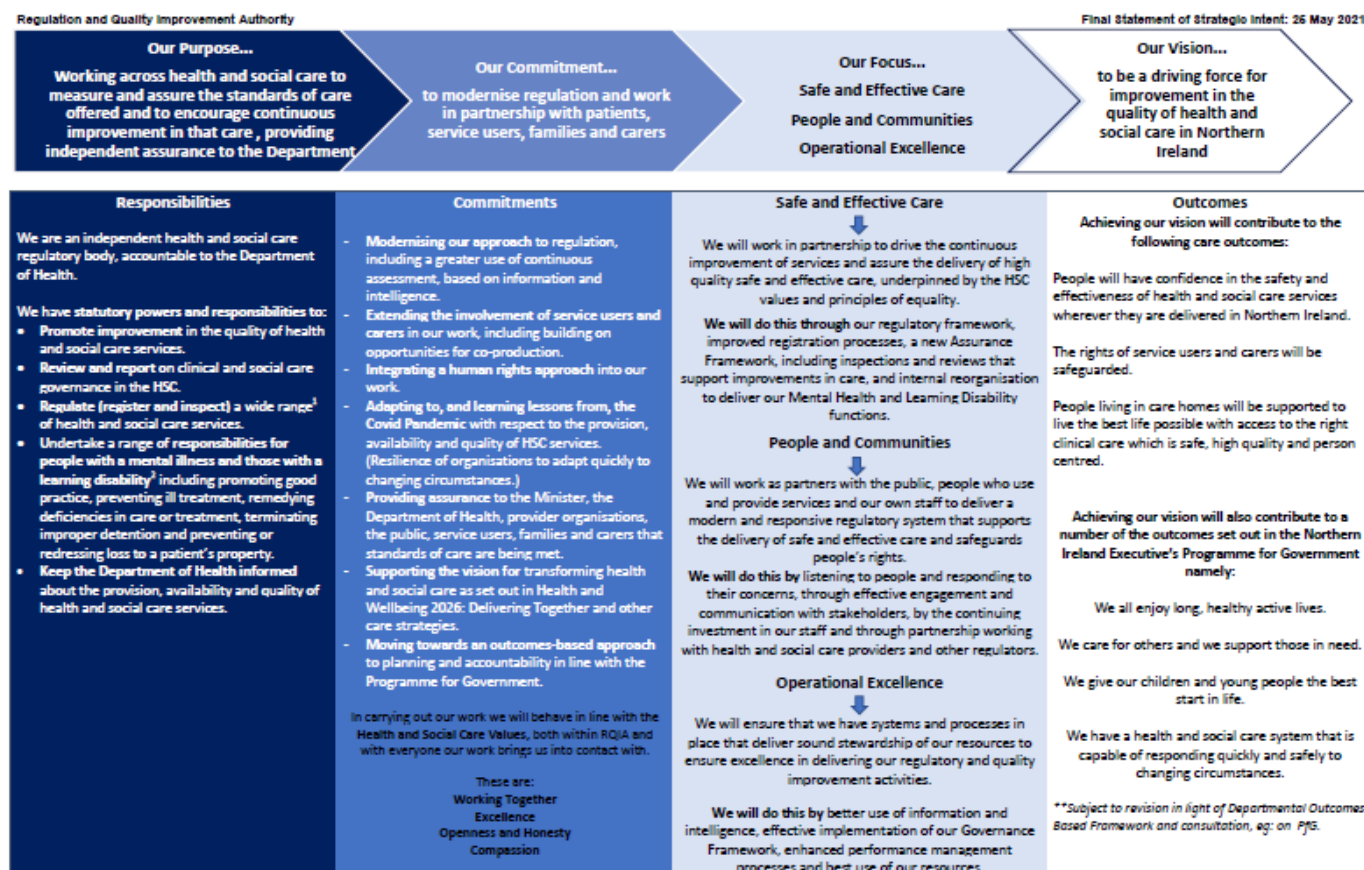
	to the next meeting of the Business, Appointments and Remuneration Committee in January 2022.
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RQIA Statement of Strategic Intent and Management Plan Reporting: Quarter 2, 2021/2022

RQIA: Statement of Strategic Intent and Management Plan 2021/2022: Reporting: Quarter 2, 2021/2022

RQIA STATEMENT OF STRAGIC INTENT



The RQIA Statement of Strategic Intent was developed in March 2021 by the Authority Board and the Executive Management Team.

The Statement of Strategic Intent replaced RQIA's Corporate Strategy of 2017-2021.

The final draft was shared with the Department of Health (DoH) via Sponsor Branch in May 2021.

Our 2021/2022 Management Plan details how we are delivering our purpose, commitment, focus and vision outlined in this Statement of Strategic Intent.

¹ Establishments and agencies regulated by the RQIA include nursing and residential care homes; domiciliary care agencies, children's homes; independent hospitals; clinics; nursing agencies; day care settings for adults; residential family centres; adult placement agencies and voluntary adoption agencies.

² The Reform Act also transferred the functions of the former Mental Health Commission to the RQIA with effect from 1 April 2009.

RQIA MANAGEMENT PLAN 2021/2022

The RQIA Management Plan 2021/2022 was approved the RQIA Authority Board at the Public Session of its meeting in July 2021.

The Plan ensures RQIA's continued commitment to service modernisation and brings a renewed focus on the five areas for improvement:

- The registration and inspection process in terms of protecting service users, particularly residents in care homes.
- A move away from measuring and reporting on activities and outputs, to a focus on the quality of outcomes for residents or the impact of regulation.
- Partnership and communication with key stakeholders, particularly service users and their families.
- Internal performance and corporate governance.
- The relationship with the Trusts, the HSC Board and Department of Health Sponsor and the community.

These areas for improvement were identified by the independent evaluation undertaken in December 2020/January 2021, which considered recommendations and actions arising from a number of service reviews of RQIA dating from 2010 to 2020, published by other agencies, or commissioned internally by RQIA. The most significant of these reviews was the Northern Ireland Commissioner for Older People's, 'Home Truths Report.

The Management Plan 2021/2022 is based on 3 Key Strategic Themes:

- Theme 1: Safe and Effective Care
- Theme 2: People and Communities
- Theme 3: Operational Excellence

and has 13 Actions, with 59 Key Deliverables.

Progress Key against Delivery Dates:

Completed

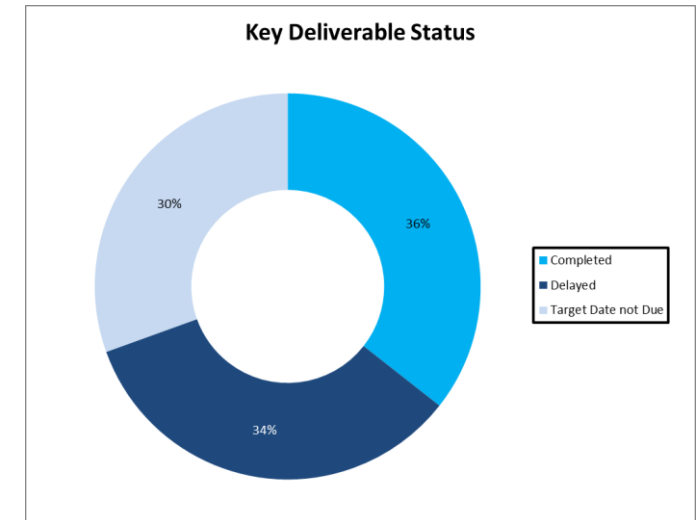
Target Date not Due

Delayed

Unable to be Progressed



Action	No of Key Deliverables	Completed	Delayed	Target Date not Due	Total No Completed	Completion Progress	%
1 Registration	3	1	0	2	1	<div></div>	33
2 Assurance Framework	8	4	3	1	4	<div></div>	50
3 Inspection Schedules	5	1	0	4	1	<div></div>	20
4 Review and Audit Programmes	8	5	3	0	5	<div></div>	63
5 Mental Health and Learning Disability Review	4	0	2	2	0	<div></div>	0
6 Communications and Engagement	6	1	3	2	1	<div></div>	17
7 Partnership Working with Regulators	4	2	2	0	2	<div></div>	50
8 Staff Investment	6	2	2	2	2	<div></div>	33
9 Complaints Handling	3	1	1	1	1	<div></div>	33
10 Information Capability	3	0	2	1	0	<div></div>	0
11 Performance Management	2	1	0	1	1	<div></div>	50
12 Governance Framework	4	3	1	0	3	<div></div>	75
13 Internal Audit	3	0	1	2	0	<div></div>	0
Total	59	21	20	18	21		36



ACTION 1: We will improve our registration systems and processes		Julie-Ann Walkden	Delivery Date
1.1	Relocate and integrate the Registration Team into a directorate in the proposed new structure, with clear lines of accountability.		Sep 21
1.2	Complete a review of the registration systems and processes, particularly with respect to effectiveness of the arrangements for the registration of large corporate organisations with multiple services and services where providers are not based in Northern Ireland.		Nov 21
1.3	Implement priority areas for improvement and define any required resources for delivering a timely and effective registration service.		Jan 22
<p>While the Registration Team had been integrated into the Assurance Directorate in April 2021, this is being re-considered as part of Stage II of the restructuring proposals, particularly in respect of corporate functions while we consider to our response to the Nicholl Report and RQIA's commitment to ensure that our Corporate Services functions are fully effective.</p> <p>Work is underway to improve the performance of our registration service, with a plan to standardise practice and reduce / remove the outstanding issues. A Business Proposal, including options and costings, has been approved.</p> <p>The scale of the backlog of registration applications has been assessed and a team of newly recruited Agency staff, an Admin Team Supervisor/Intelligence Officer and two bank Inspectors are methodically working through the cases. Early improvement has been observed with a trend to see more cases resolved than new applications received but it is anticipated that the real impact of the initiative will be measured later in 2021, as the outstanding application material is submitted to RQIA by the providers. The Chief Executive has written to providers and chairs a Project Board to oversee this work.</p>			

ACTION 2: We will benchmark, test and implement our Assurance Framework		Karen Harvey; Julie-Ann Walkden	Delivery Date
2.1	Commission and complete Queen's University Belfast (QUB) rapid review of the draft Assurance Framework and incorporate improvement into the final framework document.		Jun 21
2.2	Design and implement a Communication and Engagement Plan for consultation on the new Assurance Framework		Sep 21
2.3	Design effective methods of engaging service users to enable them to share their experience of the service.		Jun 21
2.4	Develop, test and evaluate new models to support the integration of lay assessors within assurance / inspection activities.		Sep 21
2.5	Evaluate RADaR and consider how data analytics can be used organisation-wide to identify risk and improve inspection methodology. This will include a quality improvement project to identify opportunities to better integrate intelligence from complaints, concerns and notifications in evaluating services.		Jun 21
2.6	Commission a mapping exercise to examine the extent to which existing regulatory frameworks align to the Human Rights Act (1998).		Aug 21
2.7	Demonstrate our commitment to embedding human rights into our assurance methods, by developing a training and induction programme.		Oct 21
2.8	Test new report formats to ensure they are user friendly and accessible to all audiences, incorporating learning and feedback to continuously improve templates.		Jul 21
<p>The current draft policy has been reviewed by the working group to ensure a broad consensus. There is a plan of action to be delivered including communication, engagement, an easy read guide, a diagram to illustrate the Assurance Framework to enable both internal and external stakeholder engagement and staff training for implementation.</p> <p>Person-centred questionnaires have been completed and ongoing engagement is being developed with ARC Learning Disability, Dementia Friendly, children's services and agencies, alongside work with CHASNI. A pilot to develop, test and evaluate new models to support the integration of lay assessors within assurance / inspection activities was moved from the Care Homes Team to the Agencies Team. Recruitment process is being worked through for Q4, with a handbook developed to recruit volunteers. This work is being discussed with PCC and the South Eastern HSC Trust.</p> <p>The evaluation of RADaR has been completed a new programme to extend RADaR and the use of data has been initiated with Professor Brian Taylor from the University of Ulster. A mini tender process has commenced and engagement with two providers in relation to embedding human rights into our assurance methods. This is likely to be delivered in Q4. New report formats have been implemented and effectiveness continues to be evaluated.</p> <p>There are additional areas of development within the Assurance Framework Management Plan Action Area 2. The seven additional actions are designed to enable RQIA to meaningfully engage with service users, carers, families, and the wider community of stakeholders and to effectively utilise the service data available to inspectors. This Action area addresses many of the issues articulated within the COPNI 'Home Truths' report and by CPEA. Action 2 is a broad and impactful area of improvement including the effective use of data, engaging with the community, appointment of lay assessors, redesign of inspection reports and the integration of Human Rights best practice into all areas of service.</p> <p>Four of the eight project themes have completed, albeit further development is ongoing to build lasting relationships and four project themes are being</p>			

progressed with an anticipated completion in Q4.

ACTION 3: We will mitigate the impact of the pandemic on the agreed inspection schedule as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005, whilst embedding the principles of the new RQIA Assurance Framework, supporting RQIA's transition to be a dynamic and responsive regulator, driven by outcomes and focused on improvement.		Karen Harvey Emer Hopkins Lynn Long	Delivery Date
3.1a	Taking account of the continuing SARS COV-2 Pandemic response and the need to maintain the contingency arrangements that have been in place for the last year, we will continue to work to a modified inspection schedule for care homes. We will continue to provide enhanced support to the care home sector and, in line with our developing Assurance Framework, we will strengthen arrangements for continuous monitoring of care homes through the use of multiple sources of real-time intelligence.		Mar-22
3.1b	Aligned to the point above, we will continue to work to a modified inspection schedule for general dental practices.		Mar-22
3.1c	Deliver the statutory minimum inspections to domiciliary and day care services (dependent upon full re-opening post-pandemic).		Mar-22
3.1d	Deliver the statutory minimum inspections to nursing agencies and adult placement agencies.		Mar-22
3.1e	Deliver the statutory minimum inspections to children's care homes, family centres, Child and Adolescent Mental Health Services (CAMHs) and adoption agencies.		Mar-22
3.1f	Dependent upon Department of Health funding, deliver at least one inspection of the CAMHs hospital wards, boarding schools, 16+ projects, fostering agencies and social work teams within the five HSC trusts on a rotational basis.		Mar-22
3.1g	Deliver the statutory minimum inspections to independent medical agencies.		Mar-22
3.1h	Deliver the statutory minimum inspections to independent hospitals and independent clinics.		Mar-22
3.1i	Deliver 10 inspections under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Programme.		Mar-22
3.2	Complete Phase 3 of the Hospital Inspection Programme (HIP) in relation to Outpatients and complete a validation of self-assessments of Augmented Care as completed in Phase 2 HIP. Engage with policy leads in DoH to define the future model of assurance for HSC services under the 2003 Order.		Apr 22
3.3	Support the Department of Health in delivering a programme of inspections within the Nosocomial Support Cell, as part of the Regional Covid-19 Pandemic Response.		Jun-21
3.4	Undertake inspections to mental health and learning disability wards in each HSC Trust, with a particular focus on patient flow, acute bed capacity and integrated working across the region.		Mar-22
3.5	Establish a Quality Improvement (QI) project aimed at defining the purpose and outcomes associated with out-of-hours inspections in care homes.		Dec-21

Detailed inspection activity performance is illustrated throughout the Performance Activity Report (PAR).

Across all directorates inspections are now scheduled. There remain some challenges with inspector capacity and steps are being taken to identify options across all teams.

The Assurance Directorate is endeavouring to meet the inspection schedules which are in place for all programmes and will continue to utilise a risk based approach to inspections. However, it will be unlikely the directorate will attain the statutory targets, which is reflected in the delay to these delivery targets.

In respect of non-statutory inspections, we have completed our support to the Department of Health (DoH) in delivering a programme of inspections within the Nosocomial Support Cell, as part of the Regional COVID-19 Pandemic Response.

We have postponed commencement of Phase 3 of the Hospital Inspection Programme (HIP) in relation to Outpatients in the four HSC Trusts due to unexpected staff absence in RQIA and are considering alternative approaches.

We have commenced our inspection programme of Augmented Care settings to validate the Trusts Self Assessments of these areas.

We are on track to complete our statutory inspection target for our independent medical agencies, independent hospitals and independent clinics and 10 IR(ME)R inspections.

We have met with policy leads in DoH to understand expectations for future model of assurance for HSC services under the 2003 Order.

ACTION 4: We will modernise our Review and Audit Programme to support improvement within and across systems		Emer Hopkins	Delivery Date
4.1	Complete an engagement exercise with key stakeholders, in particular policy leads from the Department of Health and other regulators and produce for the consideration of the RQIA Board and the Department of Health, a new three year plan for the Review Programme from September 2021 to September 2024. This plan will include a number of DoH commissioned reviews.		Aug 21
4.2	Identify, in collaboration with Department of Health policy leads, a small number of specific rapid review areas for delivery in 2021-2022, to potentially include: <ul style="list-style-type: none"> • A progress update on governance arrangements in independent sector hospitals; and • A review of implementation of recommendations from Serious Adverse Incidents (SAIs) involving choking. 		May 21
4.3	Deliver a collaborative funding call in partnership with HSCQI to supporting existing clinical networks and regional collaboratives to co-operate regionally to identify QI Projects regional audits within the HSC.		Jun 21
4.4	Publish the Review of General Practice (GP) Out of Hours Services.		Apr 21
4.5	Publish the Review of Serious Adverse Incidents. Complete Phase II of the Review of Deceased Patients' Records (DPR) and report to the Department of Health to include options for the delivery of subsequent phases.		Jun 21
4.6	Publish the Review of Governance Arrangements in Independent Hospitals and Hospices.		Jun 21
4.7	Complete Phase II of the Review of Deceased Patients' Records (DPR) and report to the Department of Health to include options for the delivery of subsequent phases.		Jun 21
4.8	Complete the Review of Vulnerable Prisoners.		Jun 21
<p>The Reviews team will meet with DoH Policy Leads in September to host a workshop that will help shape the wider system engagement exercise to inform options for the new Reviews Programme Strategy.</p> <p>The Reviews Programme is initiating a new type of review which has been named "Patient Safety Reviews; two of which are in planning stage:</p> <ul style="list-style-type: none"> ➤ Review of the implementation of Recommendations to Prevent Choking Incidents across NI ➤ Review of the Implementation of Recommendations to Prevent the Risk of Oxygen Tubing being attached to Medical Air (Never Event). <p>Both Reviews are collaborative Reviews with system partners.</p> <p>The following reviews have been completed and published:</p> <ul style="list-style-type: none"> ➤ Review of General Practice (GP) Out of Hours Services ➤ Review of Governance Arrangements in Independent Hospitals and Hospices in NI ➤ Review of Vulnerable Prisoners <p>We anticipate the publication of the Review of Serious Adverse Incidents in NI in Q2. The Expert Review of Records of Deceased Patients of Dr Watt continues to progress with digitised records to be shared with the Royal College of Physicians for review ahead of a an Interim Report on findings.</p> <p>The Audit and Quality Improvement (QI) programme has extended an invitation for application for funding of regional, system-wide projects with a QI focus. The appraisal of applications and allocation of funds is expected September/October 2021. The Reviews, Audit and QI Team continue to progress their internal</p>			

modernisation work stream over Q1-Q2.

ACTION 5: Through an internal re-organisation, we will build capacity to deliver our Mental Health and Learning Disability functions		Lynn Long	Delivery Date
5.1	Define a new system that would enable RQIA to provide consent to relevant authorities to hold over £20k in monies and valuables for individuals who lack capacity. This will require developing new operating procedures, identifying resources required and submitting a business case to the Department of Health.		Mar 22
5.2	Improve the level of professional oversight and scrutiny of mental health detention forms. Identify resources required and submit a business case to the Department of Health, if required.		Oct 21
5.3	Define resources required to consistently achieve statutory number of inspections to mental health wards and visits to those living in the community under guardianship. Identify additional resources if required and submit a business case to the Department of Health.		Sep 21
5.4	Develop options for a system of quality assurance and quantitative reporting of activity related to Deprivation of Liberty or Nominated Person Notifications to RQIA. Prepare an options paper for the Department of Health.		Mar 22
<p>A revised business case and correspondence seeking a meeting with the Department of Health (DoH) was sent to Sponsor Branch on 29 June 2021. The correspondence seeks clarification in relation to RQIA's role and responsibilities under the Mental Capacity Act (MCA) and commitment for additional resource to support this work. We outlined that our Executive Management Team and RQIA Board are critically concerned by our significant responsibilities under the MCA and, as a result, it is described in our Principal Risk Document. The new legislation confers new responsibilities upon RQIA in the exercise of its functions.</p> <p>As detailed in Action 3, the Improvement Directorate is not sufficiently resourced to meet the statutory function and address emergent risks. As part of the RQIA Winter Plan 2021/2022 and RQIA's Spending Plan, we will seek additional resources to bridge the gaps in resource and demand. We have also signalled the need for additional resource over the next 1-3 years in returns to the Department of Health (DoH).</p>			

ACTION 6: We will develop and implement a modern Communications Engagement Strategy and associated Action Plans		Jacqui Murphy	Delivery Date
6.1	Complete a stakeholder mapping exercise and produce a report.		May 21
6.2	Appoint an Engagement Manager with responsibility for engagement and personal public involvement (PPI).		Aug 21
6.3	Develop the Communications and Engagement Strategy, co-produced with key stakeholders.		Aug 21
6.4	Complete a Business Case for the upgrade or replacement of RQIA's website and submit to the Department of Health.		Sep 21
6.5	Dependent upon approval of business case and funding being secured, redesign RQIA's website, using co-production methodology.		Mar 22
6.6	Take specific actions to increase RQIA generated social media content, using easily accessible and engaging material, to promote RQIA's work and its impact.		Mar 22
<p>A stakeholder analysis and mapping was produced from the communications/engagement workshops held in March / April 2021. A summary report was circulated to attendees and shared with Authority Board.</p> <p>It has been agreed to re-consider the Engagement and Involvement/PPI Manager post as part of the pause on Stage II of the restructuring while we consider to our response to the Nicholl Report and RQIA's commitment to ensure that our Corporate Services functions are fully effective. The job description for this post has completed job evaluation.</p> <p>A Project Initiation Document (PID) to launch the Communications and Engagement Strategy was approved by the RQIA Board in August 2021. A Communications and Engagement Strategy Group has been established and a Collaborative also met in September 2021 to consider a joint partnership initiative.</p> <p>In relation to a modernised website, indicative costs have been submitted to the Department of Health (DoH) in RQIA's return for possible additional resource over the next 1-3 years. This will now be included and taken forward under the overarching RQIA Workforce and Digital Strategy; a Business Case for resource to develop such is currently being considered by the DoH.</p> <p>Social Media arrangements have been reviewed, with some improvements in place with increased use of RQIA's Twitter account and arrangements have been put in place to gather proactive communications from across RQIA, via senior management. Further review can be undertaken as part of the development of RQIA's Digital Strategy.</p>			

ACTION 7: We will further develop opportunities for partnership working with other regulators		Karen Harvey Emer Hopkins Lynn Long	Delivery Date
7.1	Provide a formal update to RQIA's Board, illustrating specific examples of partnership working with other regulators on co-ordinated responses to system concerns.		Jun 21
7.2	Update Memoranda of Understanding (MOUs) with identified professional and system regulators, to articulate principles of co-operation and information sharing.		Jul 21
7.3	Bring forward plans to better align regulatory and improvement activity with NISCC.		Sep 21
7.4	Collaborate with Northern Ireland and national professional regulators, to include GMC and NMC, NISCC, on the development of a new emerging concerns model.		Mar 22
<p>There has been significant effort invested in developing relationships with external agencies such as NISCC, COPNI, IHCP, VOYPIC, PCC, Alzheimer's Society, NMC, GMC, NIMDTA, HCPC, Voluntary and Community Sector, Trusts, HSCB, PHA and CHASNI. There have been presentations and workshops to build relationships, share learning, illustrate the benefits of being connected within the wider HSC system and how the pandemic has reframed the role and value of service user involvement and led to new ways of working.</p> <p>During 2020/2021 and 2021/2022, significant work has been undertaken to review MOU's with:</p> <ul style="list-style-type: none"> • Health and Social Care Board (HSCB) • General Medical Council (GMC) • Independent Sector Complaints Adjudication Association (ISCA) • Nursing and Midwifery Council (NMC) • Northern Ireland Medical and Dental Training Agency (NIMDTA) • Northern Ireland Social Care Council (NISCC) <p>Work continues to finalise MOU's with the General Dental Council, HCPC and CJINI. The MOU with HCPC has been agreed along with an agreed way forward to proactively collaborate; the MOU is with the HCPC Chief Executive for sign off. The MOU with GDC is in final stages of sign off and will be coming to next RQIA board meeting for approval. The MOU with CJINI is progressing. The work has been delayed whilst both organisations resolve the position of how each organisation reports on its findings.</p>			

ACTION 8: We will invest in our staff		Jacqui Murphy	Delivery Date
8.1	Establish a Health, Safety and Wellbeing Group in partnership with Trade Unions, with an initial priority to support staff through the Pandemic and the post-COVID recovery period.		May 21
8.2	Complete the review of skill mix within the organisation and develop staffs' skills and competence through appropriate training.		Jul 21
8.3	Realign our resources to support effective delivery of our functions, by taking forward organisational restructuring proposals.		Jul 21
8.4	Implement the Organisational Development Action Plan, to support liP Re-accreditation.		Sep 21
8.5	Secure liP Re-accreditation in 2021, with an increased level of award.		Dec 21
8.6	Complete interim move to temporary accommodation in June 2021 and progress the RQIA Accommodation Project, preparing for relocation to James House in August 2022.		Mar 22
<p>A new Health, Safety and Wellbeing Group was established and held its inaugural meeting in April 2021. Various initiatives in relation to the Pandemic and post COVID recovery period were shared and discussed. The RQIA Winter Plan 2021/2022 features staff wellbeing, with a range of initiatives being taken forward to include staff survey in relation to support requirements. A programme of webinars around mental health, wellbeing, mindfulness, etc, specifically for RQIA staff are being arranged through Inspire.</p> <p>A Recognition and Appreciation Strategy is also under development.</p> <p>An organisation-wide skills competency framework, outlining core skills, management skills, technical / expert skills and leadership skills has been developed. A pilot of the framework was due to be taken forward within the Improvement Directorate. However, due to significant resource shortage across the organisation, it has been agreed to postpone this work until adequate resources are in place.</p> <p>Under Stage I of the Restructuring, 2 Directors posts have been recruited, with the third advertised. The Directors Designate will be able to agree sub-structures, underpinned by further consultation with those staff affected. This is being taken forward by a small Working Group.</p> <p>The liP re-assessment has been commenced. It will comprise a contextual meeting with the Executive Management Team at the end of October, an online survey for all staff during November and 1-2-1 engagement with a range of staff across the organisation and the liP Assessor.</p> <p>Accommodation move to Victoria House took place successfully. A Project to digitise Registration Files has completed. RQIA continues to be part of the James House Project. Floor plans, furniture and furnishings for James House have been agreed. Date for occupancy is Summer 2022.</p>			

ACTION 9: We will evaluate and update processes for complaints handling (in respect of complaints about RQIA and those complaints and concerns received about regulated establishments), as well as other public facing interactions, to ensure efficiency in our response, learning and that every interaction is underpinned by our values.		Jacqui Murphy Karen Harvey	Delivery Date
9.1	In relation to complaints received about RQIA, we will: <ul style="list-style-type: none"> ➤ Develop a policy for the handling of persistent or vexatious contacts, implementing best practice and learning from regional guidance; ➤ Provide training for key members of staff regularly interacting with the public or handling difficult communications. ➤ Ensure our information for, and communication with, complainants is clear and easy to understand and reflects our values of openness and honesty. 		Jun 21 Jul 21 Aug 21
9.2	In response to the CPEA Complaints Report 2020/2021, we will: <ul style="list-style-type: none"> ➤ Build upon the work commenced as part of the RQIA Transition Plan 2020/2021, working with the Department of Health in response to the CPEA Report; ➤ Review current systems and options to strengthen delivery of our required functions in respect of oversight of complaints handling and analysis in regulated establishments (<i>Brian Godfrey's letter 1 June 2020 also relates to COPNI's Home Truths</i>) (December 2020); and ➤ Ensure that RQIA inspectors utilise complaints, concerns and intelligence effectively to improve safety and quality in regulated services. This will include a feedback mechanism to ensure those people who raise concerns are informed of the actions we have taken. 		Mar 22 Mar 22 Mar 22
9.3	Develop a business case, if appropriate, to implement the revised systems and processes in 9.2.		Sep 21
<p>A Policy has been developed for the handling of persistent or vexatious contacts, along with guidance documentation. This is to be reviewed by the Policy Sub Group. Training in complaints and investigations, provided by the Scottish Ombudsman's Office, has been completed by the Complaints and Representations Manager. Information in relation to the complaints process has been reviewed.</p> <p>A detailed stock-take of RQIA's achievements against Home Truth's recommendations identified areas which may still need to be addressed. RQIA will work with COPNI to finalise recommendations which need to be addressed. With regard to complaints handling, the Department of Health (DoH) is leading on a regional response to complaints handling.</p> <p>RQIA has considered external reports and continues to improve how it responds to complaints and concerns and RQIA has participated in a DoH-led complaints group. All teams continue to ensure all concerns and complaints inform their inspection and assurance work.</p> <p>A Business Case to implement any revised systems and processes will be taken forward, if appropriate, when the DoH has completed its regional response to complaints handling.</p>			

ACTION 10: We will strengthen our infrastructure, both internally and externally, for information capability		Formerly Emer Hopkins Moved to Jacqui Murphy	Delivery Date
10.1	Define the required future structure for our Information Team, aligned to a director, which will support our organisational objectives.		Jun 21
10.2	Develop an Options Appraisal and Business Case for upgrade or replacement for our electronic inspection system, iConnect.		Jun 21
10.3	Develop a requirements specification for an RQIA Electronic Document Reference Management System (EDRMS).		Dec 21
<p>The re-alignment of the Information Team to a Directorate in the proposed restructuring has been paused while we consider our response to the Nicholl Report and RQIA's commitment to ensure that our Corporate Services functions are fully effective. As considered by the Authority Board in August 2021, it is prudent that the Information Team remains as a corporate services function. The Information Team is experiencing significant staff shortages and there is currently no resource to modernise and develop ICT systems. Therefore, we are seeking an ICT Project Manager via Agency.</p> <p>Options for the upgrade of our electronic system, iConnect, have been agreed with Digital Health Care, Northern Ireland, the regional ICT body for justification and approval of ICT spend across HSC in Northern Ireland and the proposal was considered by the Regional Design Enterprise Board in September. This will form part of a Business Case to Update the CRM platform and software. While current staff are endeavouring to draft the business case, this is proving extremely difficult due to the significant shortage of resource, as noted above.</p> <p>In relation to an Electronic Document Reference Management System (EDRMS) indicative costs have been submitted to the Department of Health (DoH) in RQIA's return for possible additional resource over the next 3 years. This will now be included and taken forward under the overarching RQIA Workforce and Digital Strategy; a Business Case for resource to develop such is currently being considered by the DoH.</p>			

ACTION 11: We will embed our Performance Management Framework		Jacqui Murphy	Delivery Date
11.1	Continue to refine our Performance Activity Report (PAR), with quality indicators.		Jun 21
11.2	Commence work to identify select indicators/ outcome measures to demonstrate how our work impacts on the quality of services we regulate and review.		Dec 21
<p>The Performance Activity Report (PAR) continues to be refined. The PAR for Quarter 1, 2021/2022 was approved by the Authority Board in August 2021 and the PAR for Quarter 2 is being considered by the Business, Appointments and Remuneration Committee (BARC) at its October 2021 meeting in order for the Chair of BARC to provide assurance to the Authority Board at its meeting in November 2021. This document continues to be developed and strengthened.</p> <p>Work to identify specific outcome measures will be taken forward by the Chief Executive and Directors.</p>			

ACTION 12: We will ensure the effective implementation of our Governance Framework		Jacqui Murphy	Delivery Date
12.1	Review our Governance Framework to ensure it is fit for purpose		Jun 21
12.2	Evaluate our new financial systems and reporting for efficacy, ensuring zero based budgeting is implemented and aligned to programmes of delivery.		Jun 21
12.3	Implement the recommendations of the Information Governance Review completed in Quarter 4 of 2020/2021.		Sep 21
12.4	Support BSO to evaluate the level of effectiveness of the services provided under the Service Level Agreement for Shared Services with BSO		Oct 21
<p>A review of the RQIA Governance Framework was undertaken by a Professional Associate. The Framework remains fit for purpose; however, it will require further revision following review of the Standing Orders currently being carried out by the Interim Chair, Chair of ARAC, Chair of BARC and the Office of the Chief Executive and Chair.</p> <p>Zero based budgeting is in place and budgets devolved to Assistant Directors. Financial training has been completed and adequate reporting arrangements are in place. Improvements to SLA arrangements have been agreed with BSO. A review of Finance conducted by Internal Audit has reported satisfactory assurance.</p> <p>Recommendations from Information Governance Review continue to be implemented. This is overseen by the new Information Governance Group, led by RQIA's Personal Data Guardian (PDG) and reported to the Audit and Risk Assurance Committee (ARAC).</p> <p>RQIA has continued to support BSO to review the level of effectiveness and has identified opportunities to further improve arrangements with BSO in the areas of Finance, ICT and Corporate Services.</p>			

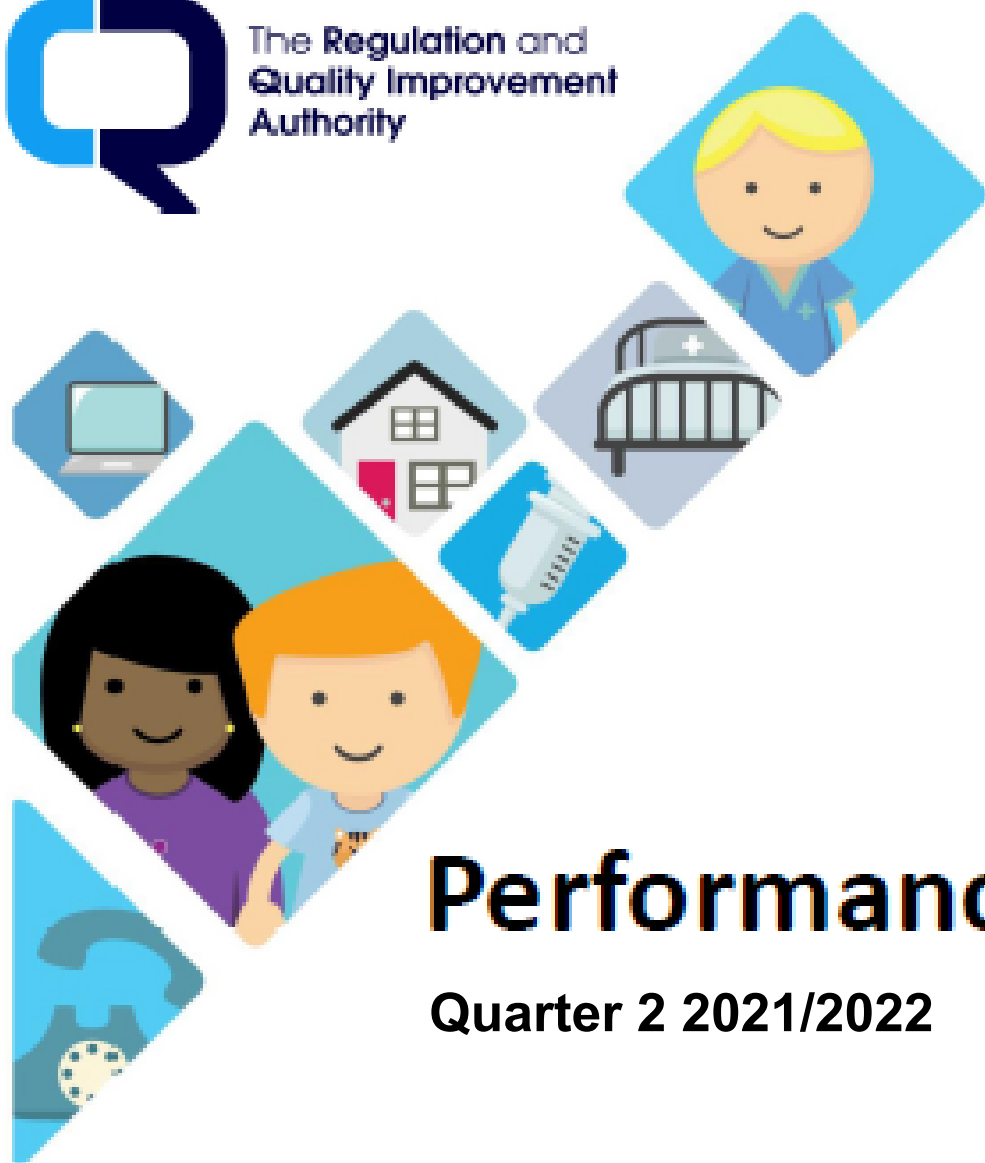
ACTION 13: We will ensure closure of the gaps in assurance, identified by Internal Audit within set timeframes, to include:		Jacqui Murphy	Delivery Date
13.1	2020/2021 Audit: Intelligence Monitoring		Sep 21
13.2	2020/2021 Audit: Recruitment and Absence Management		Nov 21
13.3	Agree and participate in a robust Internal Audit Programme for 2021/2022 to identify and bring forward improvement in our internal arrangements.		Mar 22
<p>Intelligence Monitoring Audit: The Deputy Director of Improvement leads a Short Life Working Group which continues to progress the 13 recommendations. 2 have been fully implemented and 11 partially implemented.</p> <p>Of the 6 recommendations from the Recruitment and Absence Audit, 4 have been fully implemented and 2 partially implemented.</p> <p>Audit plan for 2021/2022 was approved by ARAC at its meeting on 13 May 2021. All Directorates continue to participate appropriately in the Internal Audit Programme for 2021/2022, identifying and bringing forward improvements in our internal arrangements. Progress for all audits is reported through ARAC.</p> <p>Three audits have taken place:</p> <ul style="list-style-type: none"> ➤ Q1: Registrations in the Agencies Team: Limited Assurance ➤ Q2: Follow up of Recommendations to HSC Trusts from HSC inspections and Reviews: Satisfactory Assurance ➤ Q2: Financial Review: Satisfactory Assurance <p>Three further audits remain:</p> <ul style="list-style-type: none"> ➤ Q3: Information Governance: ➤ Q4: Board Effectiveness ➤ Q4: Risk Management 			

RQIA Authority Meeting

Date of Meeting	4 November 2021
Title of Paper	Performance Activity Report (PAR): Quarters 1 and 2, 2021-2022
Agenda Item	7
Reference	I/11/21
Author	Business Support Unit
Presented by	Committee Chair, Business, Appointments and Remuneration Committee (BARC)
Purpose	To report the performance and activity during quarters 1 and 2 of 2021/2022.
Executive Summary	<p>This is the RQIA Performance Activity Report, based on activity and performance in Quarters 1 and 2 of 2021/2022.</p> <p>This report forms a key component in the development of RQIA's Performance Framework. Key Performance Indicators (KPIs) continue to be established as part of the RQIA Management Plan 2021/2022, in order to provide a comprehensive view of the organisation's performance throughout the year.</p> <p>It is based on the six areas of RQIA's activity.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Authority Board is asked to NOTE the Performance Activity Report.
Next steps	



The Regulation and
Quality Improvement
Authority



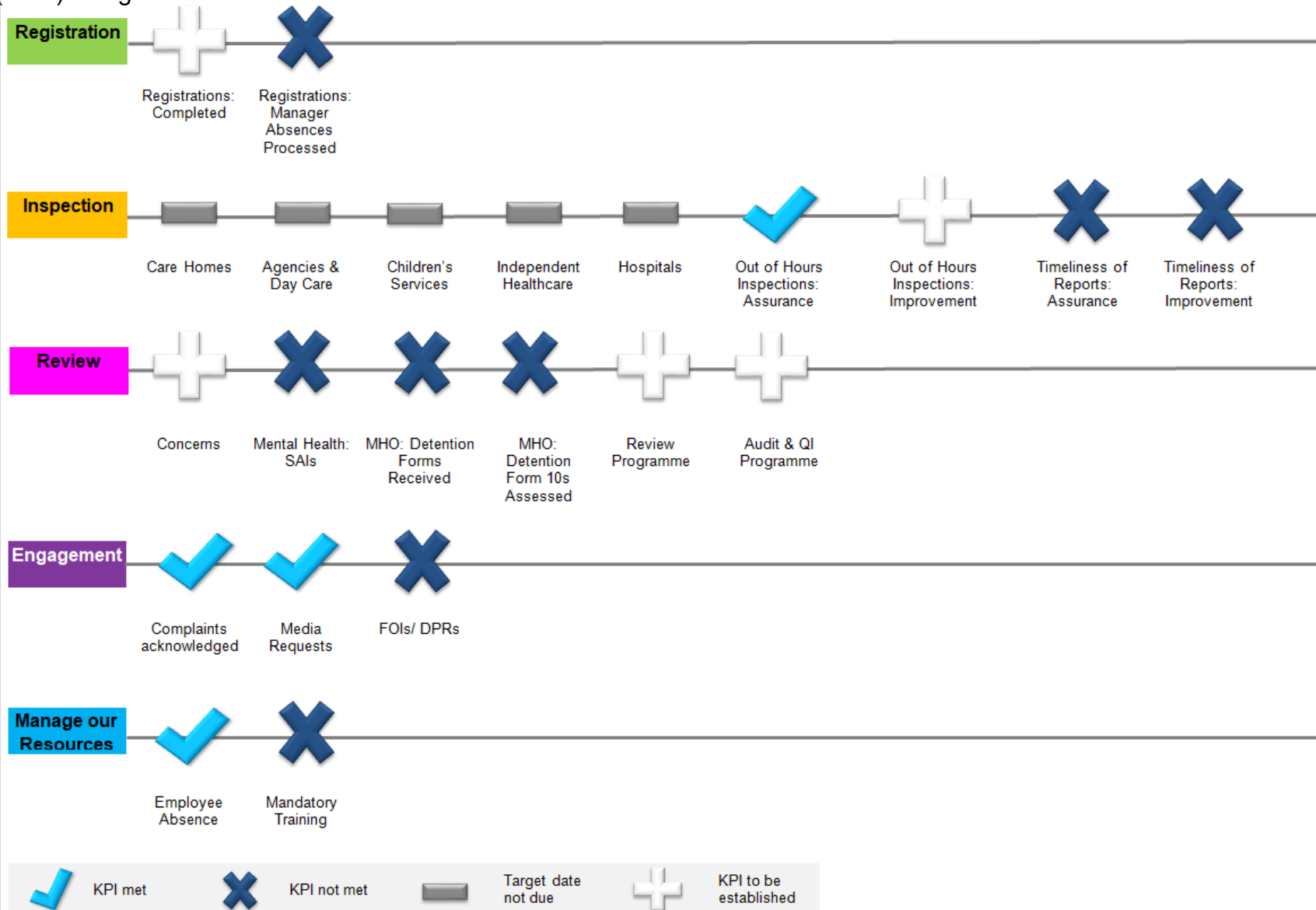
Performance Activity Report

Quarter 2 2021/2022

Reporting our Performance

This is the RQIA Performance Activity Report (PAR), based on activity and performance during 2021/2022.

This report forms a key component of RQIA's Performance Framework. The PAR continues to be developed, with Key Performance Indicators (KPIs) being established.



Reporting our Performance

The PAR is based on the six areas of RQIA's activity:



Service Type	Count	Change since Q1
Agencies & Day Care	537	-1
Adult Placement Agencies	4	0
Domiciliary Care Agencies	301	-2
Nursing Agencies	65	0
Day Care Settings	167	1
Care Homes	481	-2
Nursing Homes	246	-1
Residential Care Homes	235	-1
Children's Services	53	2
Children's Homes	49	1
Vol. Adoption Agencies	3	1
Res. Family Centres	1	0
Independent Healthcare	461	1
Independent Clinics	7	0
Independent Hospitals	72	-1
Dental Practices	374	1
Ind. Medical Agencies	8	1
Grand Total	1,532	0

At the end of Quarter 2 (30 September 2021) 2021/2022, 1,532 services were registered with RQIA.

Figure 1: Number of registered services at 30 September 2021

Registrations Received

Registration

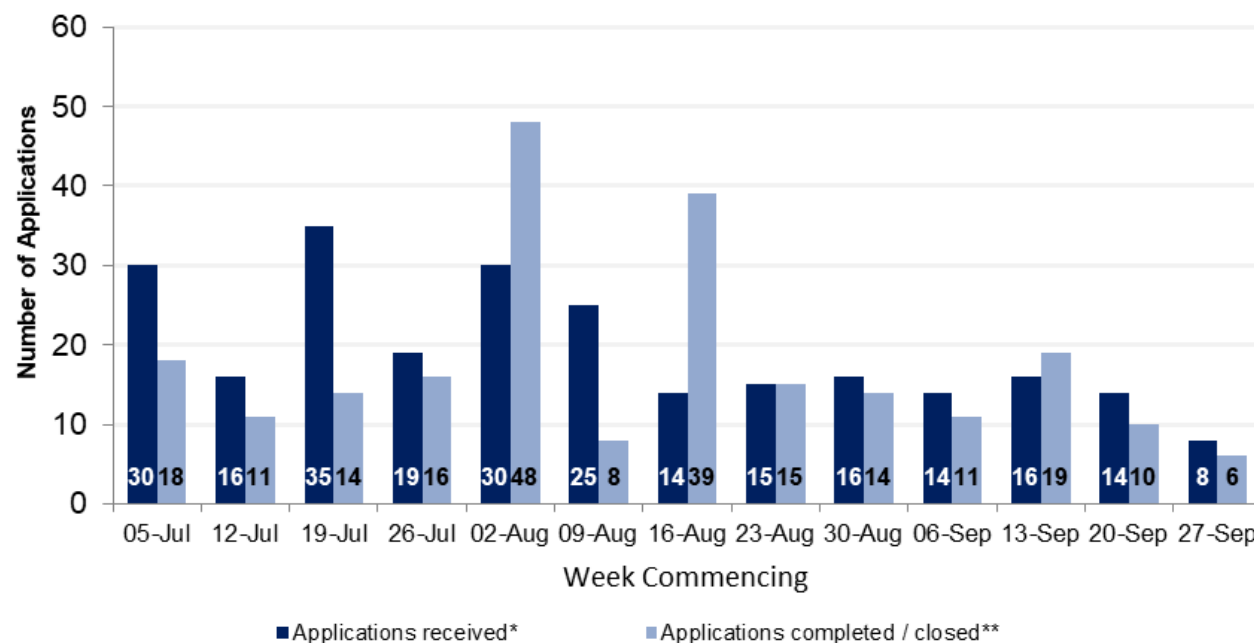
Inspection

Enforcement

Review

Engagement

Manage our Resources



Explanatory Note and Action Plan:

A total of 252 applications were received and a total of 229 were completed in the quarter.

A total of 252 applications were received and a total of 229 were completed in the quarter.

The Registration Improvement project commenced at the start of the quarter. Initially there were higher volumes of weekly new cases as there were some paper-based applications awaiting cataloguing on iConnect; this backlog was cleared. In August an effort was made to clear the most simple of applications to begin to manage the overall caseload.

The registration team has been strengthened as new administrative staff and two bank inspectors joined the team. They have completed their training and capacity has been increased. They have focused their efforts on validating cases and it is now known that about a third of cases require applicants to supply supportive material. It is anticipated that progress will be made as applicants submit the material, as requested, and inspectors given the opportunity to assess and evaluate each case.

Figure 2: Registration applications received and completed in quarter

Notes: Registration applications are received in respect of Service, Responsible Persons, Managers, Variations, Manager Absences and Registration Cancellations.

*as per Date Application Received

**as per Date of Outcome

Registrations Processed

Registration

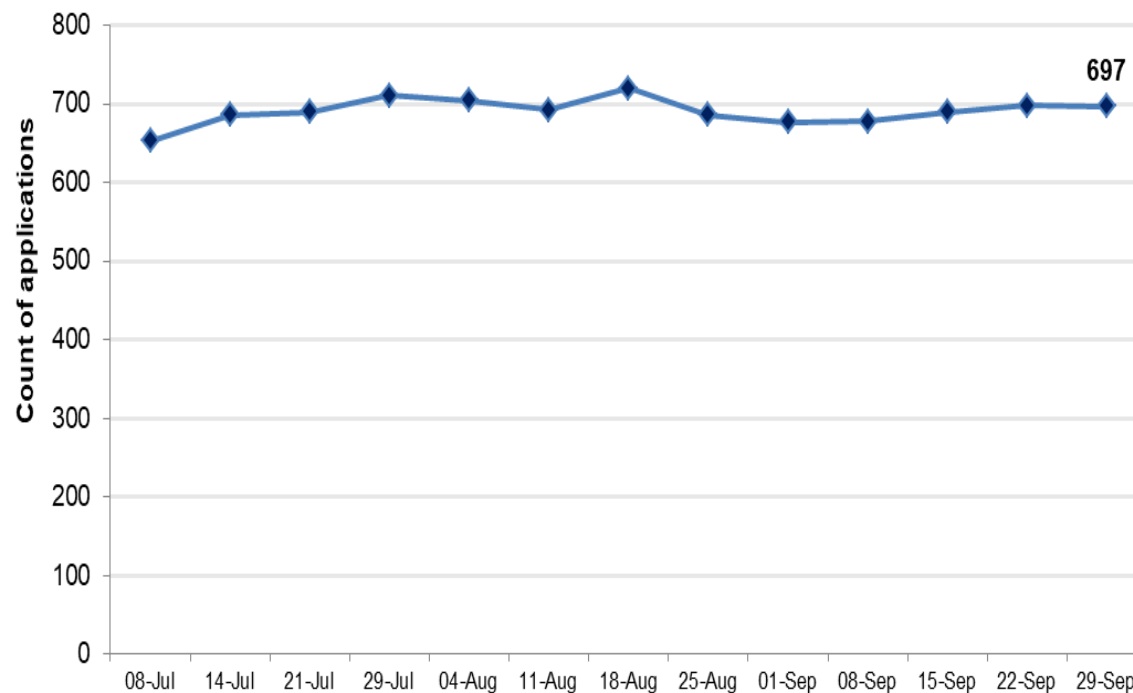
Inspection

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Review

Engagement

Manage our Resources



Explanatory Note and Action Plan:

Project being taken forward in the RQIA Management Plan 2021/2022. Baseline KPIs will be established in respect of the time taken to process applications.

Following the initial increase in caseload at the beginning of the improvement project the overarching caseload is in equilibrium. Approximately a third of the caseload requires the work of the registration administrators to manage, a third inspectors to review and a third where the provider is required to supply supportive material before progress can be made. There are also a number of cases within the overall caseload where the applications are 'on hold' e.g. the applicant has asked for a case suspension; there are several reasons for this, such as the applicant's facility is still to be built. Consideration will be given as to how such cases can be better managed. Therefore, there are cases where completion by RQIA is not possible. For other cases, it is anticipated that the improved capacity will enable a significant improvement over the forthcoming quarter.

Figure 3: Ongoing registration applications in quarter

Notes: Ongoing applications in respect of Service, Responsible Persons, Managers, Variations, Manager Absences and Registration Cancellations.

Registrations Processed

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of manager absences to be processed within 6 weeks of receipt

Explanatory Note and Action Plan:

83% of manager absences completed during Q2 2021/2022 were processed within the 6 week target.

Manager absences contribute circa 3% of the case-load. The administrative processing of this is prompt but most effort, including the assessment of the alternative manager arrangement rests with the aligned inspector. There is a pressure within operational inspector services and so the deficit in capacity is limiting time to approve; the inspector resource is focused upon the highest priority work to give assurance that services comply with regional standards and regulations, and take action as required.

At present the new registration team inspectors are focusing their efforts on the most complex and time consuming cases, new agency service applications. As these cases start to clear these inspectors will assist with manager absence and variations to reduce the overall processing time.

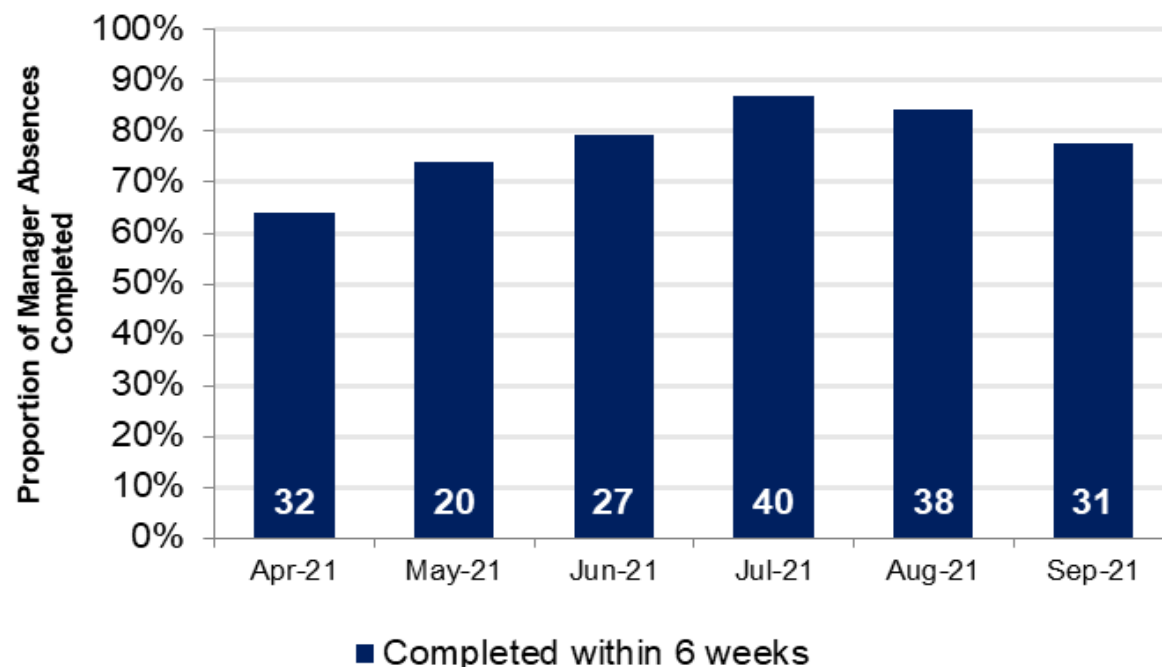


Figure 4: Proportion of manager absences processed within 6 weeks

Notes: Manager absence notifications completed within that month received through the RQIA web portal

Inspection: Assurance Directorate

Registration

Inspection

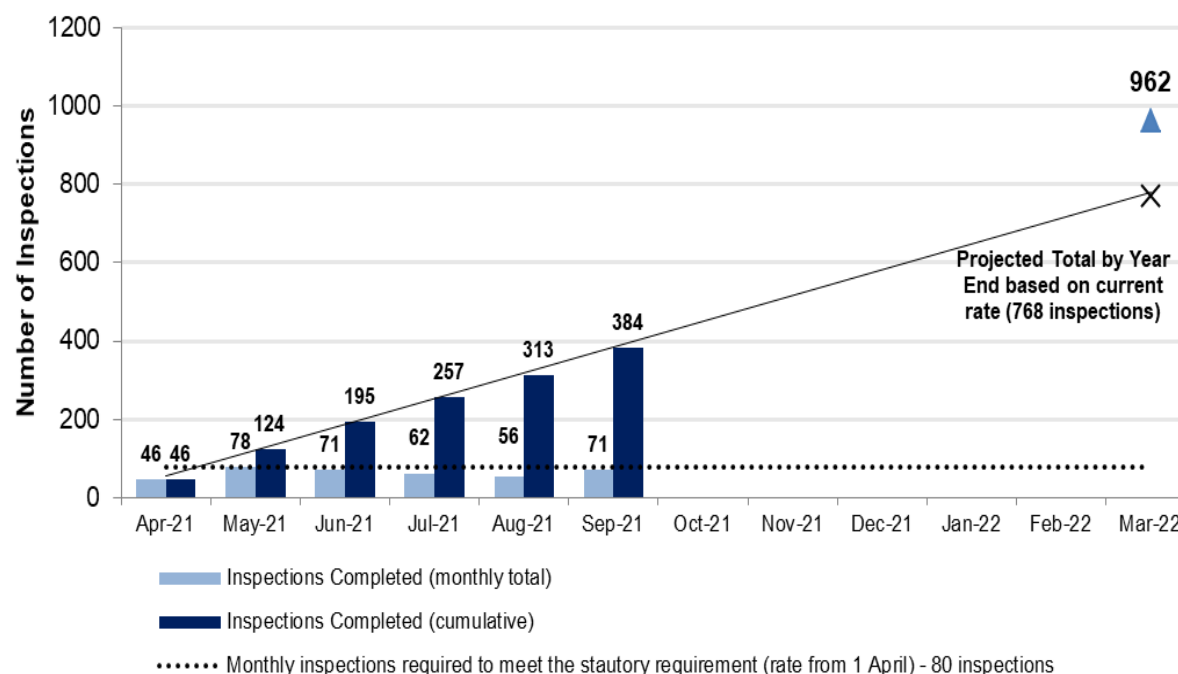
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Care Homes



Explanatory Note and Action Plan:

Due to staffing issues in Care Homes team, the service will not meet the statutory function for two inspections per home. However, the team are undertaking a risk based approach to ensure inspections are targeted towards the services of most concern. The use of the RADAR approach and consideration of concerns information means that the inspector resources are being deployed as effectively as possible. It is anticipated, that each home will be inspected this year once and additional inspections will occur where homes are causing concern.

The team had three Vacancies this year with one inspector recruited in July and another in September. With induction, six months of inspection time per inspector has been lost.. The third vacancy was due to promotion in July and recruitment is ongoing.

There has not been access to bank, and ability to undertake over-time is limited due to pressures on inspectors covering the vacant caseloads.

Other factors have also impacted the inspection programme. Guidance team commitments have taken up almost 30% inspection time. Enforcement impacts on both inspectors and the senior teams time and the service has seen an increase in complex enforcement this year. Inspectors also spend significant amount of time on notifications and concerns compared to other regulated services. Registration activity also has an impact on inspector time. We have significant manager and variation applications to process.

Figure 5: Number of inspections completed in Nursing and Residential Care Homes

Notes: Count of all inspections conducted including and above the statutory minimum of two inspections per home per annum

Inspection: Assurance Directorate

Registration

Inspection

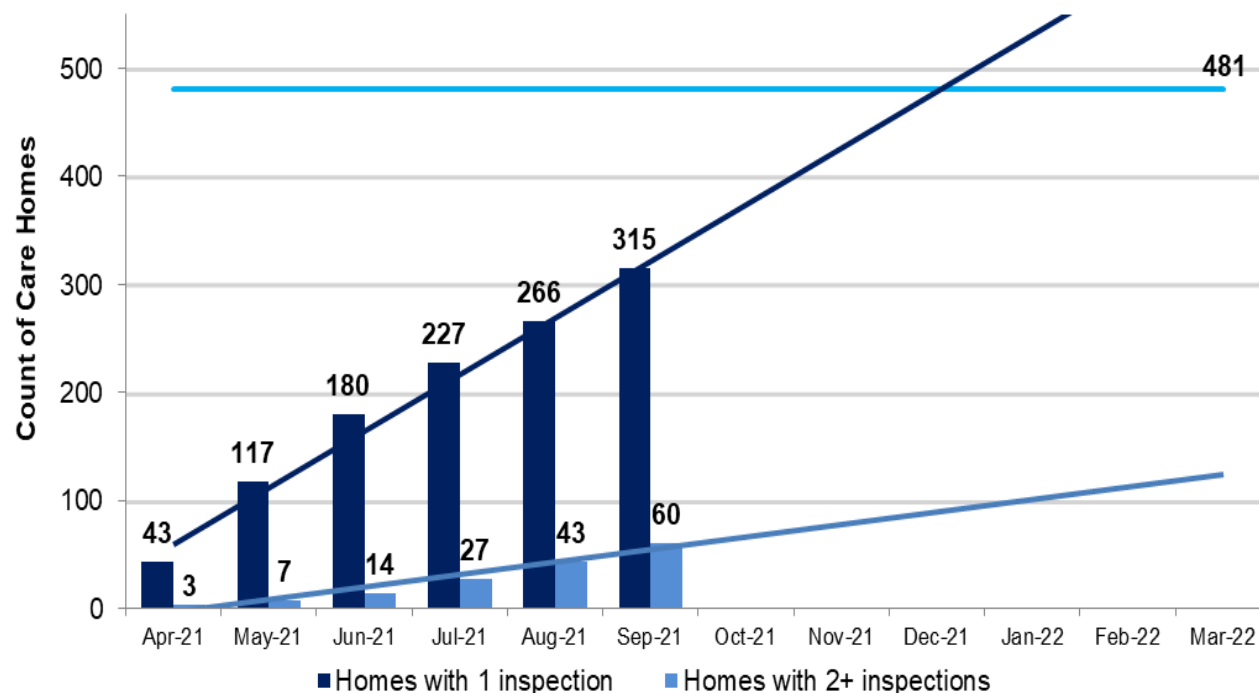
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Care Homes to receive a minimum of 2 inspections



Explanatory Note and Action Plan:

65% care homes had been inspected at least once and 12 % had received the statutory minimum of inspections (2+) by the end of Quarter 2.

As already stated in the previous slide, due to staffing issues in Care Homes team, the service will not meet the statutory function for two inspections per home.

It is anticipated that with recruitment, and initiatives such as a new peripatetic inspector bank team, that each home will have at least one inspection. However, the intelligence risk based approach means that unplanned inspections are frequently being undertaken and planned inspections to lower risk services are defaulted to a later date.

Figure 5a: Count of Nursing and Residential Care Homes with 1+ and 2+ inspections

Notes: This is a count of services by number of inspections. Some homes may have received more than 2 inspections due to concerns within the service.

Inspection: Assurance Directorate

Registration

Inspection

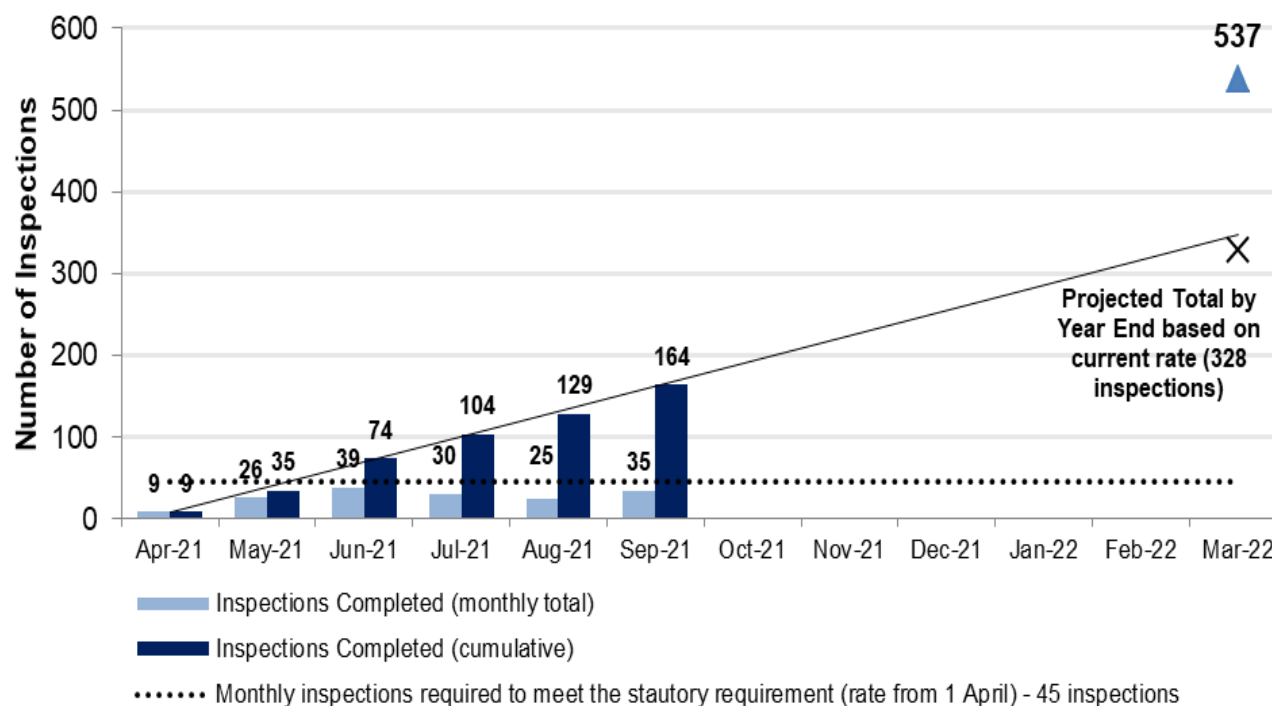
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Agencies and Day Care Services



Explanatory Note and Action Plan:

Due to continued staff resource deficits in the agencies team which accounts for 3.5 WTE deficit over the previous year to date and in previous years and given the lack of band staff availability to support the team post Covid (which would have previously supported the team deficit in previous years) the figure articulated in slide 9 is representative of the teams current capacity to continue to inspect of a risk based and intelligence driven regulatory framework targeting those service which raise concern with regulatory compliance. With recent engagement with bank staff there will hopefully be some recovery from this percentage deficit but this is unlikely to align with the required year end statutory target set.

Figure 6: Number of inspections completed in Domiciliary Care Agencies, Nursing Agencies and Day Care Settings

Notes: Count of all inspections conducted including and above the statutory minimum of one inspection per service per annum

Inspection: Assurance Directorate

Registration

Inspection

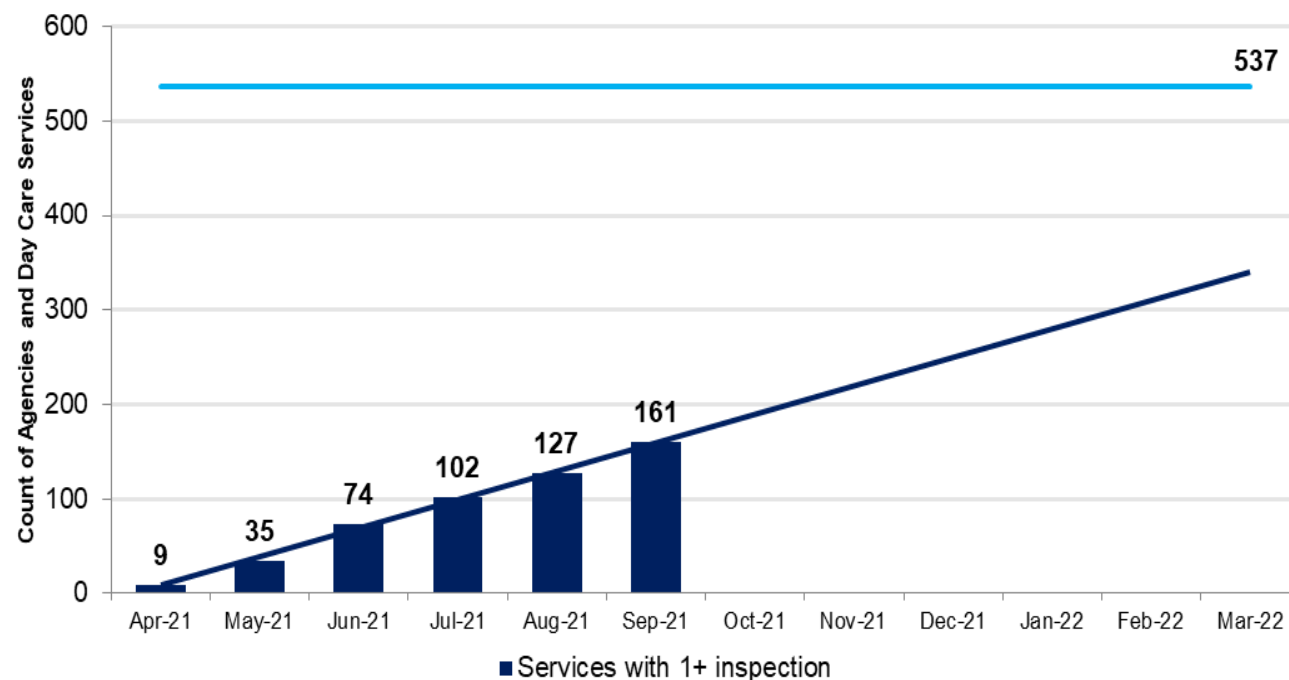
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Agencies and Day Care Settings to receive at least one inspection



Explanatory Note and Action Plan:

30% of agencies and day care settings had received the statutory minimum of inspections (1+) by the end of Quarter 2.

As per slide 9 comment and also given that DCS are still coming back into operation following closures and operating at 50% capacity they would not be reflective in the main of our most risk appraised services.

Figure 6a: Number of Domiciliary Care Agencies, Nursing Agencies and Day Care Settings inspected

Notes: This is a count of services by number of inspections. Some homes may have received more than one inspections due to concerns within the service

Inspection: Assurance Directorate

Registration

Inspection

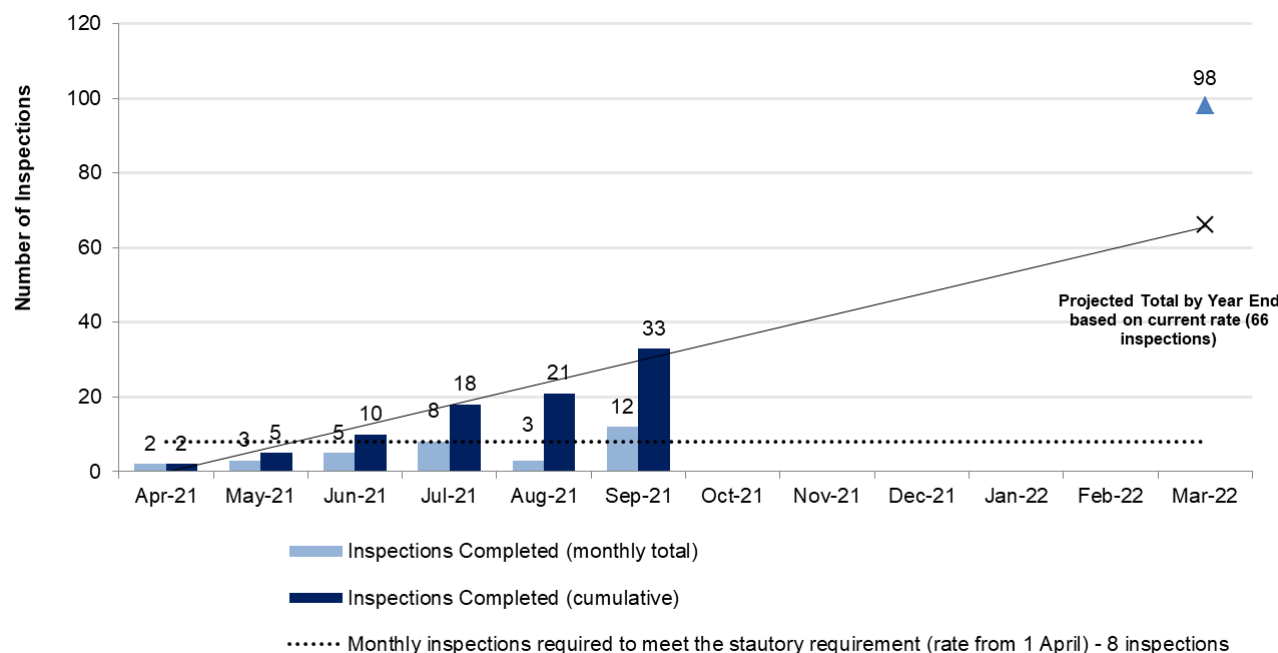
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Children's Homes



Explanatory Note and Action Plan:

The statutory requirement of 2 inspections also applies to one nursing home inspected by the team. This home has not yet been inspected.

Other children's services (3 Mental Health & Learning Disability CAMHS wards, 3 voluntary adoption agencies, 1 residential family centre and 1 children's hospice require one inspection each (n=8).

The children's hospice was inspected during April 2021, and 1 CAMHS unit and 1 voluntary adoption agency have also received inspections. Boarding Schools and YASA are not registered and so do not currently have statutory requirements for 2021/2022.

3 Young Adult Supported Accommodation Services have been inspected to date.

Figure 7: Count of inspections conducted in Children's Homes

Notes: Count of all inspections conducted including and above the statutory minimum of one inspection per home per annum

Inspection: Assurance Directorate

Registration

Inspection

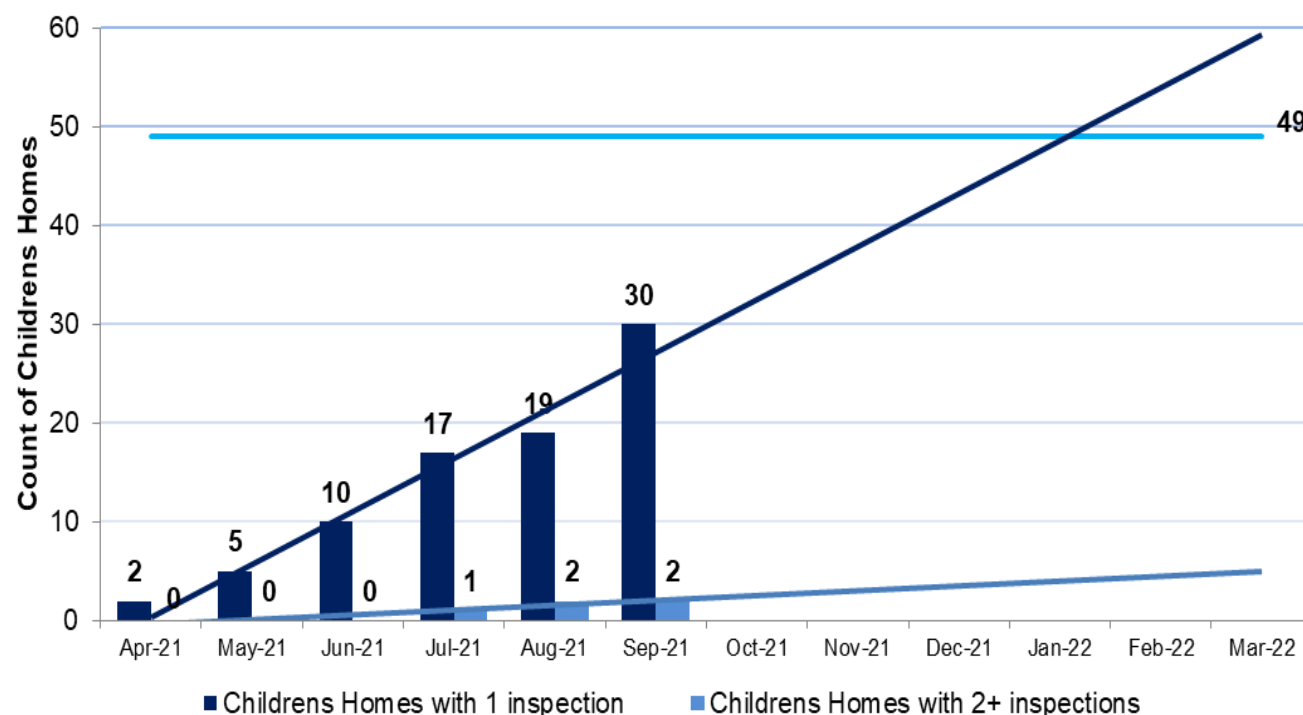
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Children's Homes to receive a minimum of 2 inspections



Explanatory Note and Action Plan:

61% children's homes had been inspected at least once and 4 % had received the statutory minimum required inspections (2 or more) by the end of the Quarter 2.

Children's Team had two inspectors working out of a funded team of five WTE inspectors in the last two quarters of 2020/21. In April one new inspector commenced post and SI returned to the team. April and May was used to catch up, undertake induction and reintroduction activity. From April 2021 we were under capacity by 2 WTE inspectors. From September 2021 one inspector returned from maternity leave however the SI is not in work with no anticipated return to the team and post is vacant. The vacant inspector post has been offered to waiting list therefore if the new inspector can start by January 2022 we anticipate we will meet our target.

Figure 7a: Count of inspections conducted in Children's Homes

Notes: This is a count of services by number of inspections. Some homes may have received more than 2 inspections due to concerns within the home

Improvement Directorate (IHC Services)

Registration

Inspection

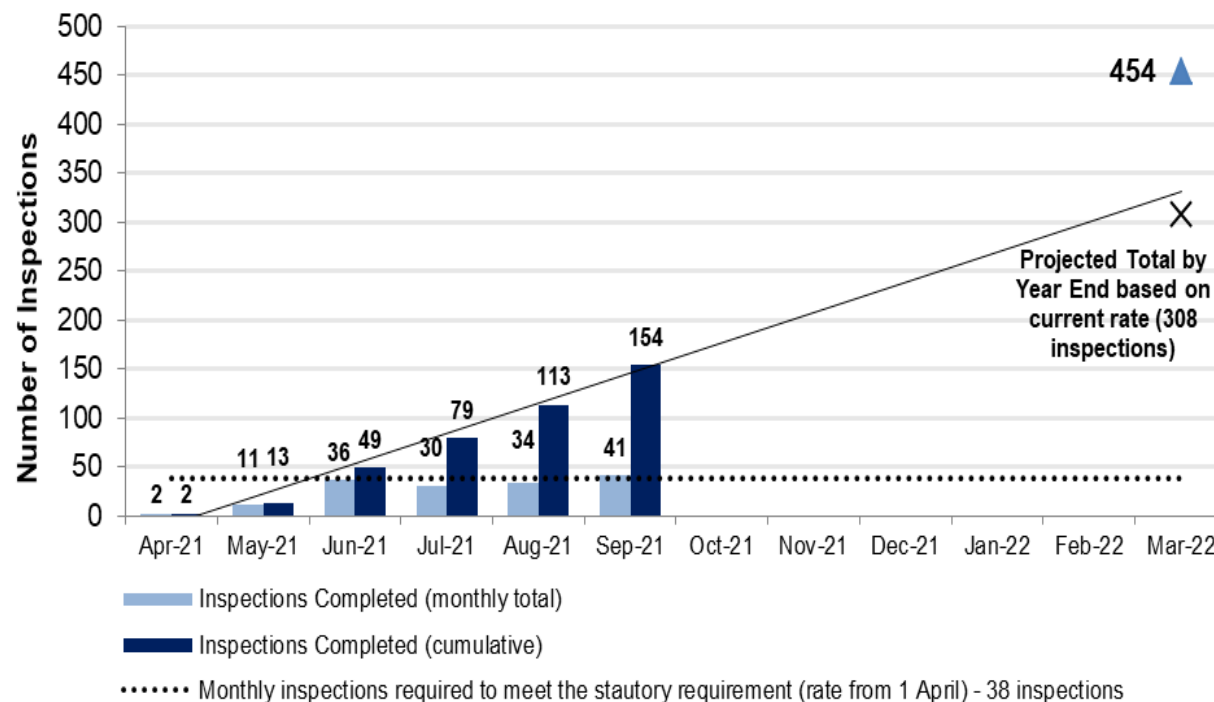
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year (Independent Health Services)



Explanatory Note and Action Plan:

3 non-registered IR(ME)R services have also been inspected

Figure 8: Inspections Conducted in Independent Health Care Services

Notes: Count of inspections of Dental Practices, Independent Clinics, Independent Medical Agencies and Independent Hospitals excluding Children's Hospice (inspected by the Children's team) and six acute Independent Hospitals (inspected by the Reviews Team).

Improvement Directorate (IHC Services)

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Independent Healthcare Services to receive at least one inspection

Explanatory Note and Action Plan:

33% independent health care services had received their statutory minimum number of inspections.

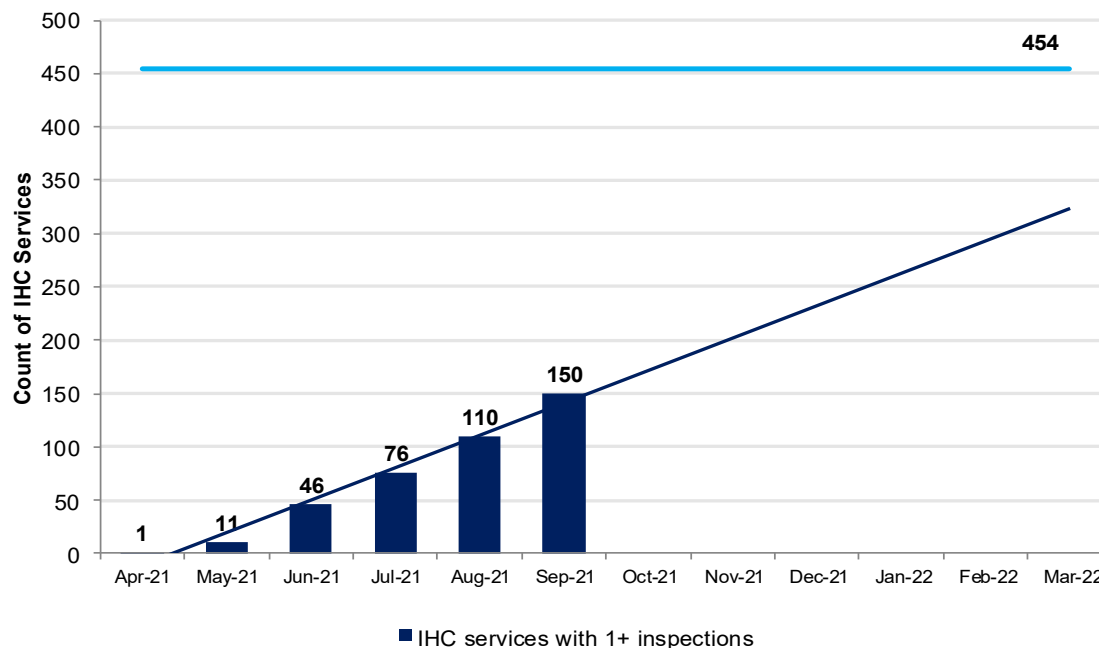


Figure 8a: Independent Health Care Services Inspected

Notes: Count of Dental Practices, Independent Clinics, Independent Medical Agencies and Independent Hospitals excluding Children's Hospice (inspected by the Children's team) and six acute Independent Hospitals (inspected by the Reviews Team) which have received their statutory minimum number of inspections (1 or more).

Inspection: Improvement Directorate

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI for Mental Health and Learning Disability (MHL) Hospitals: 1 inspection to each ward
KPI for HSC Hospitals & HM Prisons: to be confirmed

Explanatory Note and Action Plan:

Additionally inspections were completed in 6 HSC Hospitals and 1 Prison.

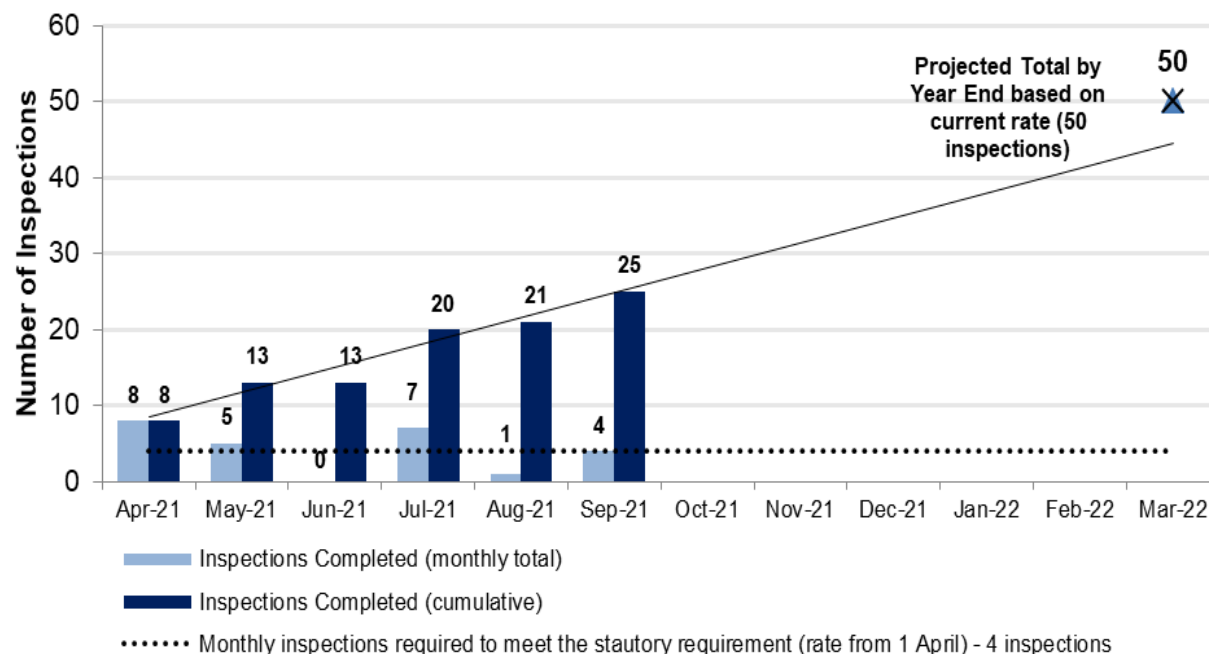


Figure 9: Count of inspections in MHL Hospitals

Notes: Count of inspections of MHL Hospitals excluding the 2 CAMHS wards, parent units, ECT suites, HSC Hospitals and prisons

Inspection: Improvement Directorate

Registration

Inspection

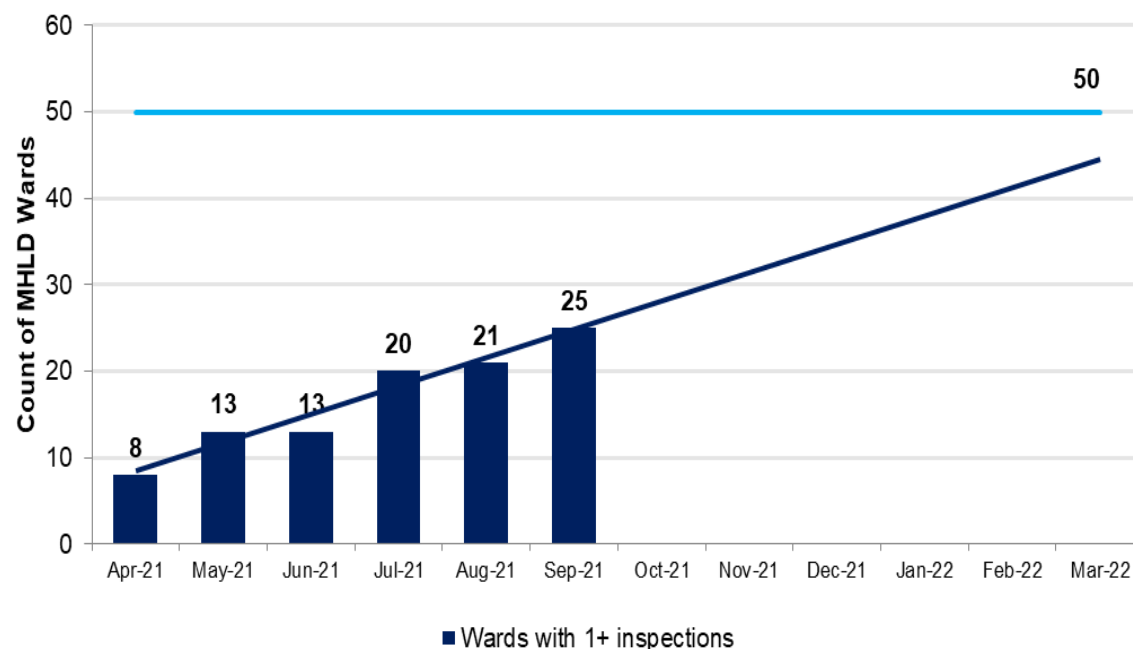
Enforcement

Review

Engagement

Manage our Resources

KPI for Mental Health and Learning Disability (MHL) Hospitals: 1 inspection to each ward



Explanatory Note and Action Plan:

50% of the 50 MHLD Wards have received their minimum required inspections (1 or more) by the end of Quarter 2.

In addition to the statutory function the Hospitals programme has also visited 3 prisons to inspect Care and Supervision Units. There has also been a Joint Full inspection of Magilligan Prison.

We have completed inspections of Augmented care inspection of X.

We have completed 1 of 6 Independent Hospital inspections.

Figure 9a: MHLD Hospitals inspected

Notes: Count MHLD Hospitals excluding the 2 CAMHS wards, parent units, ECT suites, HSC Hospitals and prisons

Inspection: Out of Hours

Registration

Inspection

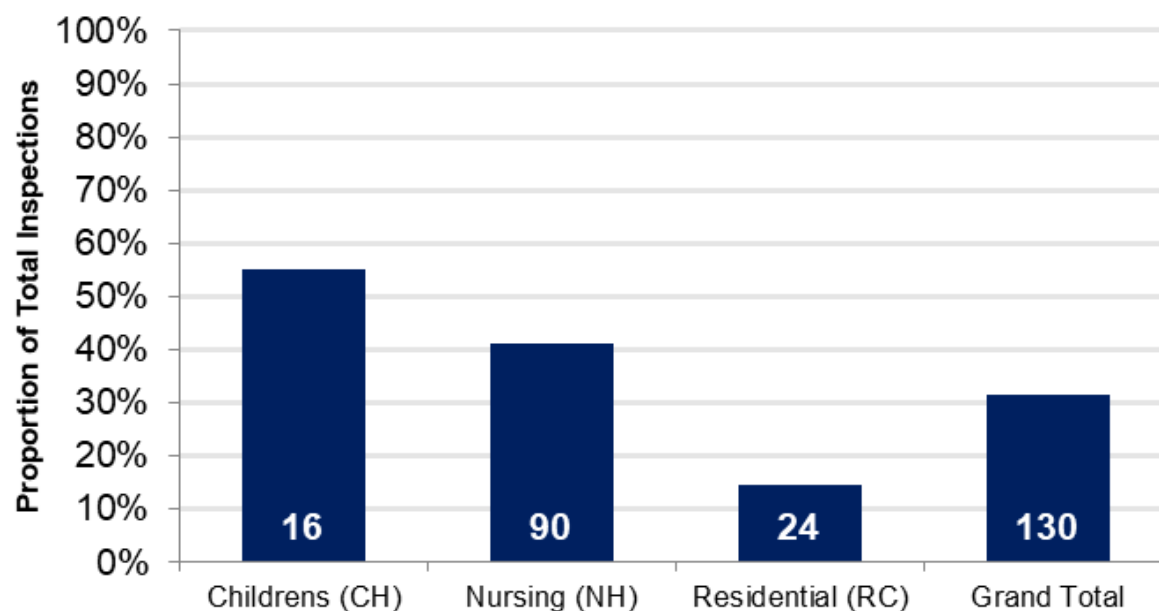
Enforcement

Review

Engagement

Manage our Resources

KPI: 10% of on-site inspections completed to care homes and children's homes to be conducted partially or entirely out of hours



Explanatory Note and Action Plan:

Children's team inspections often end after 5pm because that is when inspectors can speak to children and young people. Reports reflect this however out of hours has only recently been defined as after 5pm. The team will ensure all future inspections that run past 5pm are noted on iConnect for this report. Children's inspectors do also undertake out of hours inspections when this is identified as required to gather the evidence required.

The Care Homes Team are on track with achieving 10% of OOH inspections to Care homes. The decision to undertake OOH inspections is linked to the risk based approach and so the team are undertaking OOH inspections to homes where these are needed.

Figure 10: Count and proportion of on-site inspections out of hours in Care and Children's Homes

Notes: Out of hours defined as after 17:00, Monday to Friday and/or at weekends/public holidays

Inspection: Out of Hours

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 10% of on-site inspections completed to care homes and children's homes to be conducted partially or entirely out of hours
KPI for the Improvement Directorate: TBD as part of the Assurance Framework

Explanatory Note and Action Plan:

17.5% of all inspections in both directorates were completed out of hours by the end of Quarter 2.

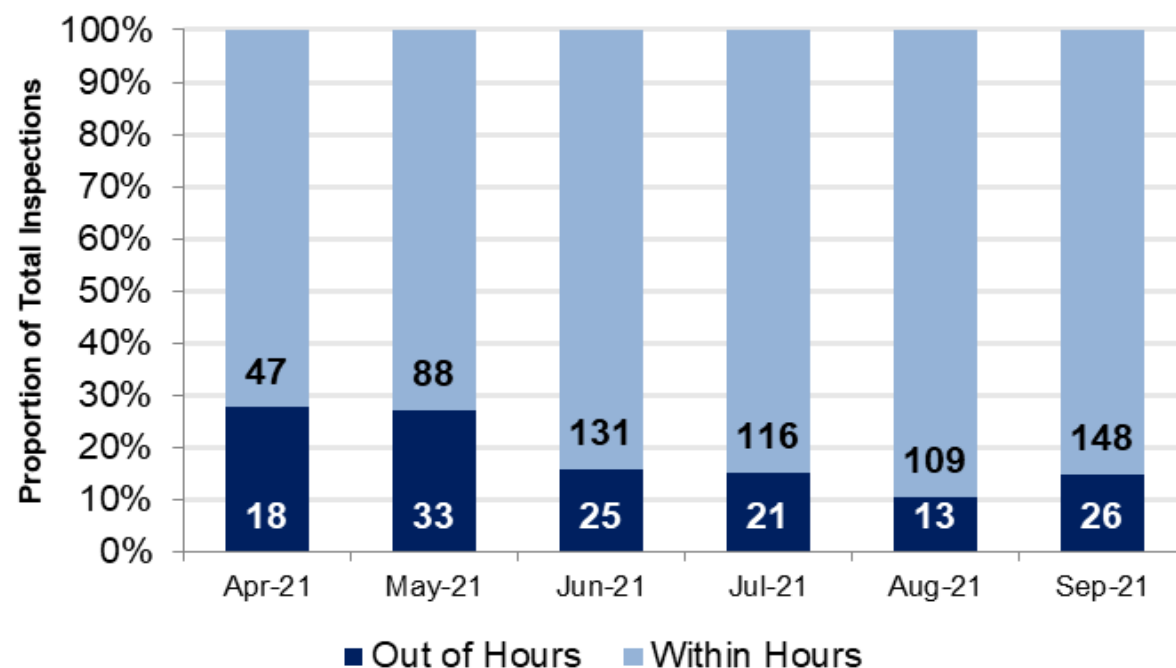


Figure 11: Count and proportion of inspections conducted out of hours

Notes: Out of hours defined as after 17:00, Monday to Friday and/or at weekends/public holidays

Inspection: Timeliness of Reports: Assurance Directorate

Registration

Inspection

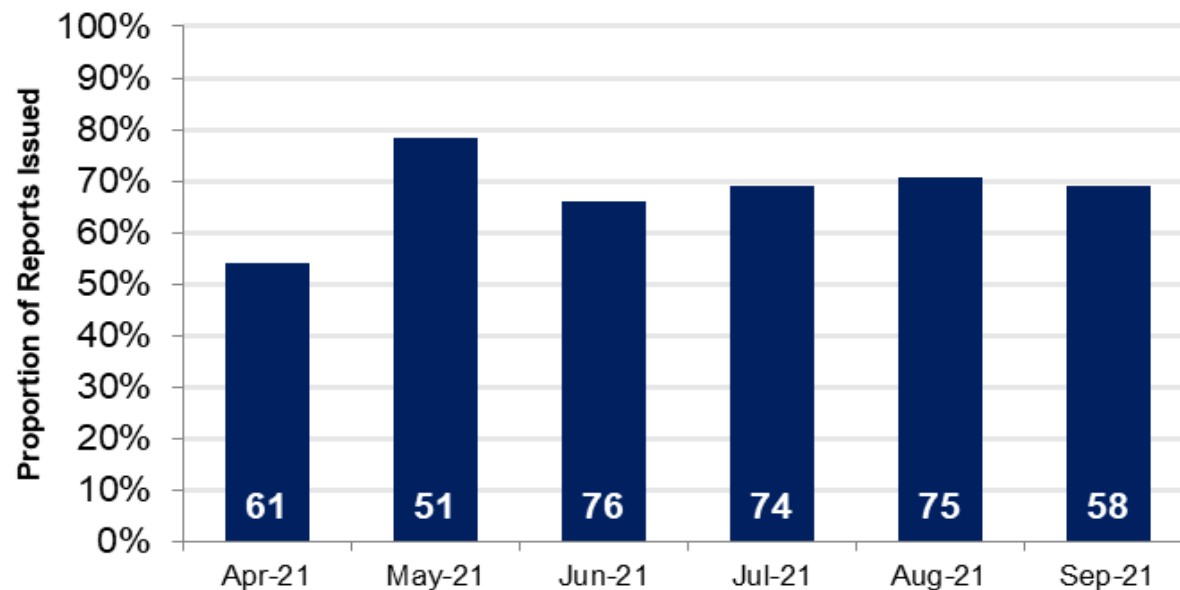
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspection reports should be issued no later than 28 days' after completion of inspection



Explanatory Note and Action Plan:

Within the Assurance Directorate, as described in the previous slides, the inspectors are no longer able to meet the KPI set due to increased workload for the team; the performance is due to lack of capacity. Managing vacancies, the requirements for participation in the Guidance Team and associated high volume of notifications /concerns received; the management of which is a statutory duty, means that there is a limited the ability of inspectors to meet the KPI . Enforcement and registration activity also impacts on this. The teams are focusing their time on ensuring their efforts are deployed to best effect.

Figure 12: Count and proportion of draft reports issued within 28 days (Assurance Directorate)

Notes: Count and proportion of draft reports of inspections conducted by the Assurance Directorate which were issued within 28 days

Inspection: Timeliness of Reports: Improvement Directorate

Registration

Inspection

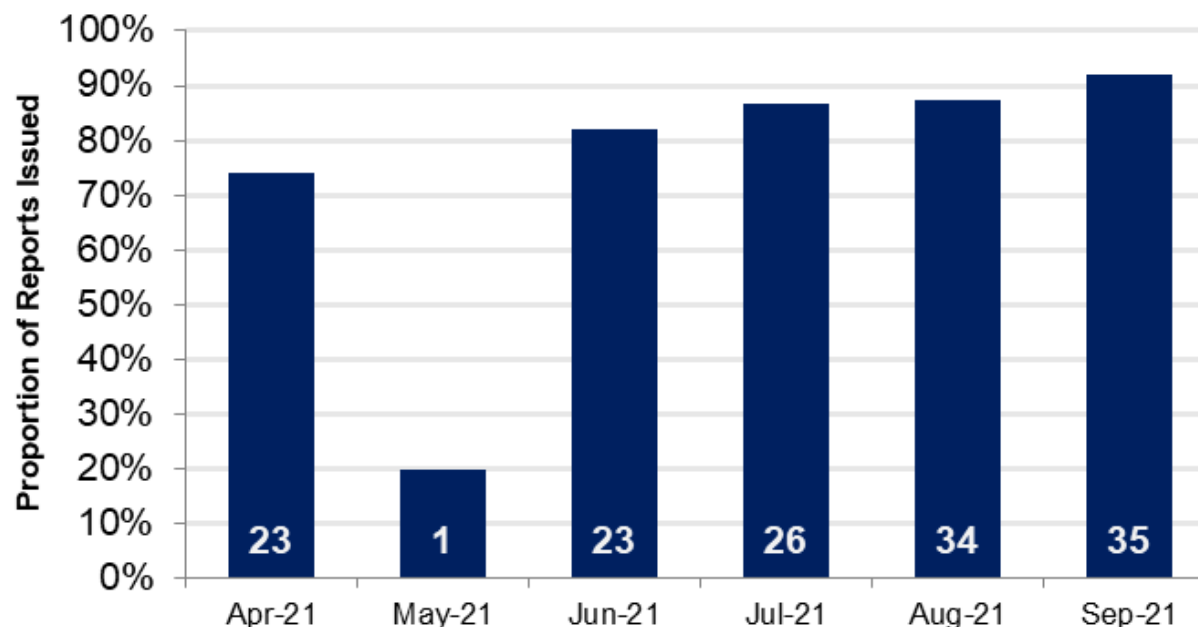
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspection reports should be issued no later than 28 days' after completion of inspection



Explanatory Note and Action Plan:

There has been a steady improvement in this KPI during the year so far.

The improvement Directorate typically undertakes larger complex multidisciplinary inspections.

Due to the requirement to compile information from multiple contributors it is more challenging to achieve the 28 day target.

Steps have been taken to refine the process of developing reports with this now commencing during the inspection.

All inspection reports in HSC hospitals and independent hospitals are peer reviewed at least at Assistant Director level, given the degree of public interest in this work.

Progress and achievement of the target is monitored at team and directorate level on a monthly basis.

Figure 13: Count and proportion of draft reports issued within 28 days (Improvement Directorate)

Notes: Count and proportion of draft reports of inspections conducted by the Improvement Directorate which were issued within 28 days

Registration

Inspection

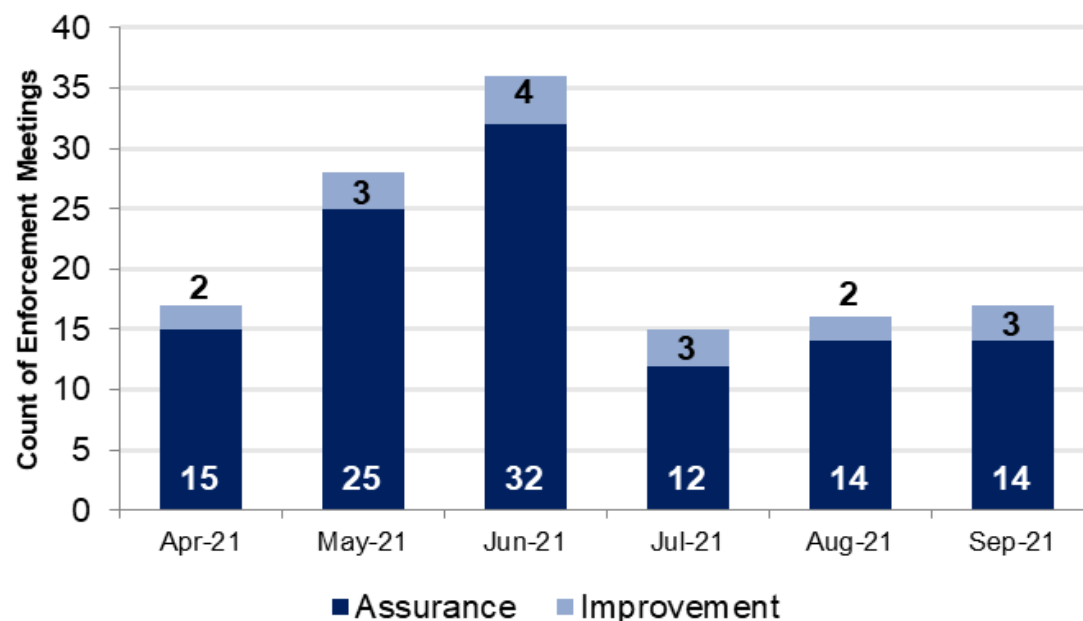
Enforcement

Review

Engagement

Manage our Resources

Volume of Enforcement Meetings - by Directorate



Explanatory Note and Action Plan:

129 enforcement meetings were held until the end of Quarter 2.

The continued volume of enforcement across the directorate whilst reduced during the most recent three months impacts on the Home team's ability to continue the statutory programme of inspections. Enforcement can often take up to one week of inspectors time depending on the level of enforcement undertaken which impacts two inspections per week within the agencies team per inspector.

Figure 14: Number of Enforcement meetings by Directorate

Notes: Number of enforcement meetings held within the Assurance and Improvement Directorate

Registration

Inspection

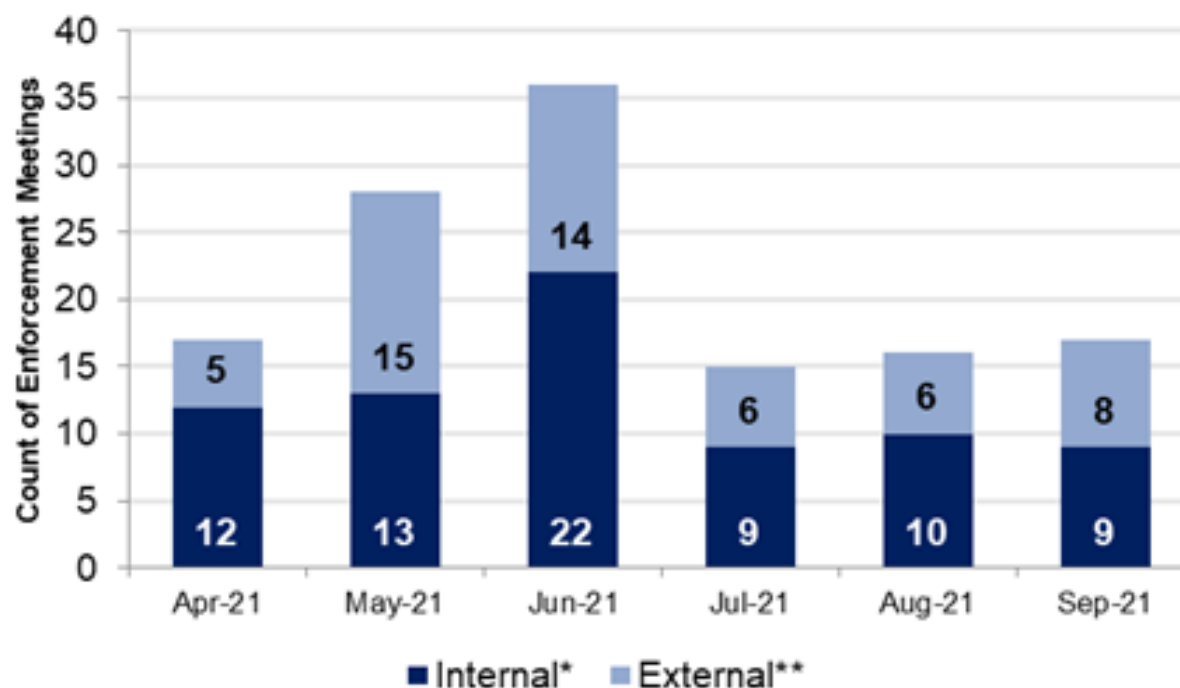
Enforcement

Review

Engagement

Manage our Resources

Volume of Enforcement Meetings - by Meeting Type



Explanatory Note and Action Plan:

During the first Quarter of 21/22 inspections are generally be scheduled to target those services thought to be higher risk first. T

This will normally result in a higher volume of enforcement and escalation activity earlier in the year. This report shows that the volume of enforcement activity has stabilised.

Due to summer leave there is often a reduction in inspection activity over these months.

Figure 15: Number of Enforcement meetings by type

Notes: *Internal (RQIA staff only) = Enforcement Decision Making Meetings and Decision Making Panel Meetings; * *External (RQIA staff and providers) = Serious Concerns, Failure to Comply Intention, Notice of Proposal Intention, Improvement Notice Intention and Escalation Meetings.

Registration

Inspection

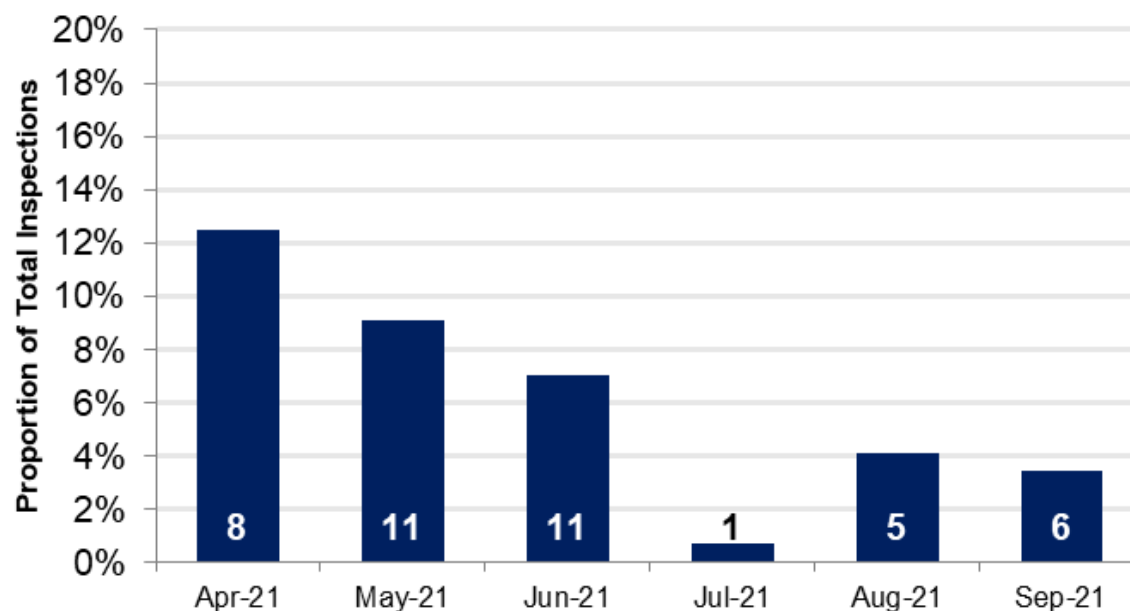
Enforcement

Review

Engagement

Manage our Resources

% of Inspections resulting in Enforcement Action



Explanatory Note and Action Plan:

During the first Quarter of 21/22 inspections will generally be scheduled to target those services thought to be higher risk first.

This will normally result in a higher volume of enforcement and escalation activity earlier in the year.

During the last three months, following inspection early in the year of high risk services, services subject to enforcement require follow up inspection which may affect normal inspection activity in line with statutory targets.

Figure 16: Proportion and number of inspections completed linked to enforcement action

Notes: Number and proportion of total number of inspections with a linked enforcement record on iConnect

Areas for Improvement Stated

Registration

Inspection

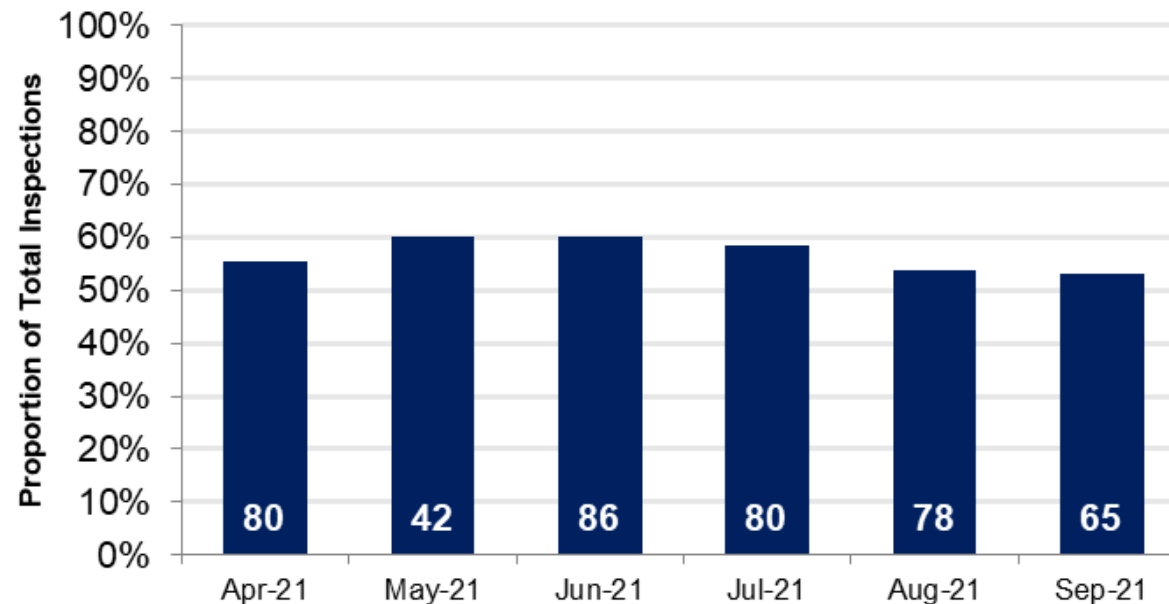
Enforcement

Review

Engagement

Manage our Resources

% of Inspections with Quality Improvement Plans



Explanatory Note and Action Plan:

This shows a stable picture regarding the proportion of inspections resulting in quality improvement plans and requirements for improvement.

Trends can be monitored over longer periods of times to provide insight into overarching Quality across sectors.

Figure 17: Proportion of draft inspections reports issued with quality improvement plans (QIPs)

Notes: The proportion of draft inspection reports issued with a Quality Improvement Plan (QIP), i.e. inspections which identified areas of improvement

Concerns

Registration

Inspection

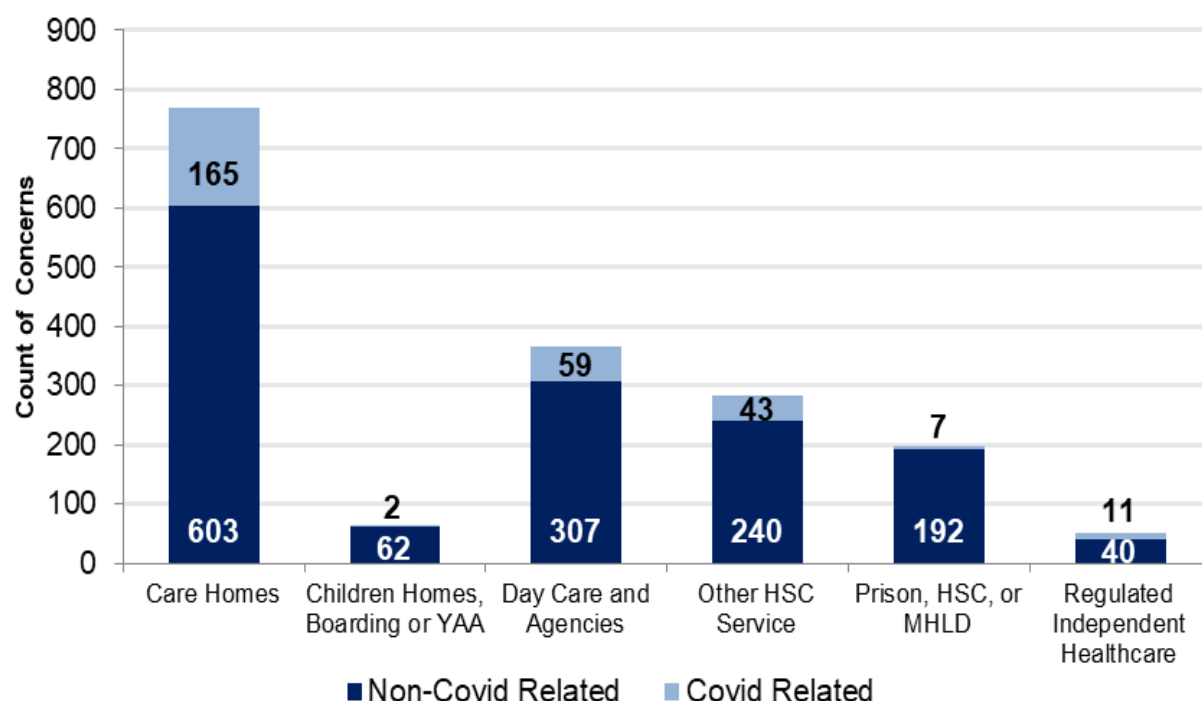
Enforcement

Review

Engagement

Manage our Resources

KPI to be established



Explanatory Note and Action Plan:

Covid-19 related contacts accounted for 17% (n=287) of the total of 1,731 concerns recorded until the end of Quarter 2.

Over the past number of years there has been a significant increase in the number of concerns related to HSC Hospitals, Prison or MHL.

This has increased very significantly. For example in 2018/2019 there were only round 20 concerns received related to HSC services and currently over 400 concerns are received in a typical year.

The figures outlined support an increased volume of GT work around concerns which now involves two inspectors as opposed to the traditional one inspector model on duty desk. Staff are covering three days per week instead of one and this significant increase in GT work again impacts ability to undertake normal scheduled inspection activity in line with our statutory

Figure 18: Number of COVID-19 non-COVID-19 related contacts and concerns recorded

Notes: Contacts and concerns recorded and case managed on the iConnect concerns module excluding calls initiated by RQIA

Mental Health: Serious Adverse Incidents

Registration

Inspection

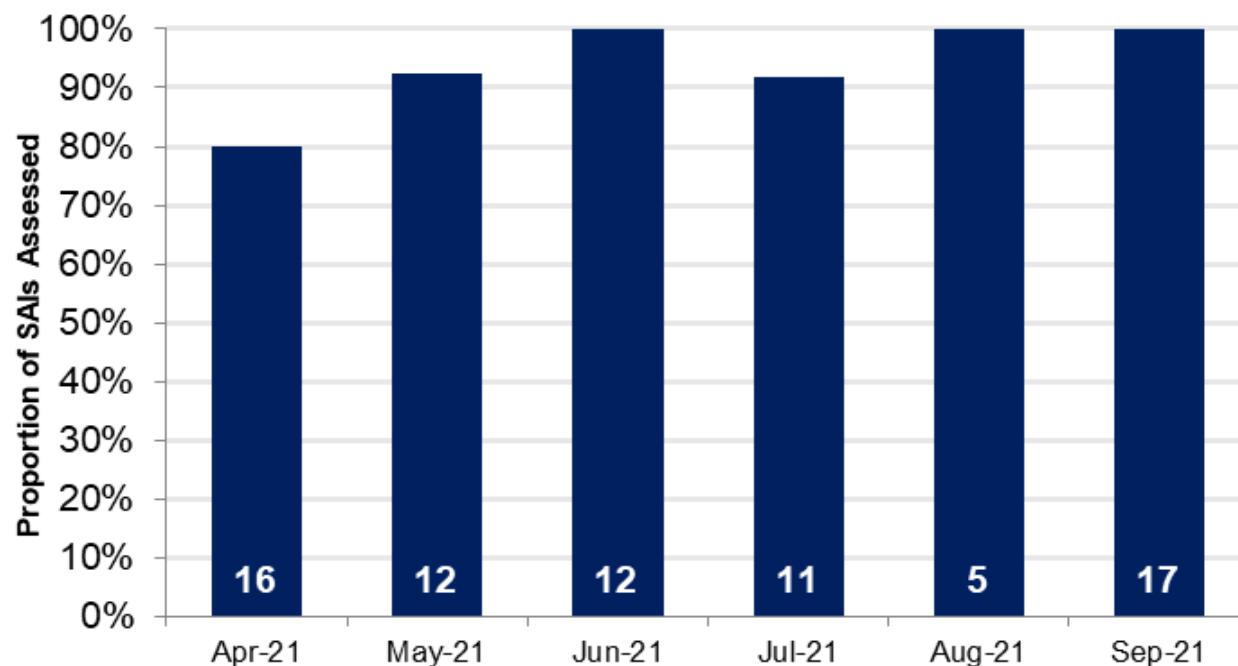
Enforcement

Review

Engagement

Manage our Resources

100% of Serious Adverse Incident (SAI) reports screened within 7 days of receipt



Explanatory Note and Action Plan:

92% of SAls were reviewed within 7 days of receipt up until the end of Quarter 2.

The Mental Health Team receive and review SAI reports relating to mental health wards and specific events related to community Mental Health Services.

There is currently strong performance in the timeliness of reviewing these reports with 100% being achieved in the previous 2 months.

Despite significant and ongoing staffing challenges this work is prioritised.

Figure 19: Proportion and number of SAI reports screened within 7 days of receipt

Notes: SAls received in relation to MHLD Services Users and recorded as being assessed within the period

Mental Health Order: Detention Forms

Registration

Inspection

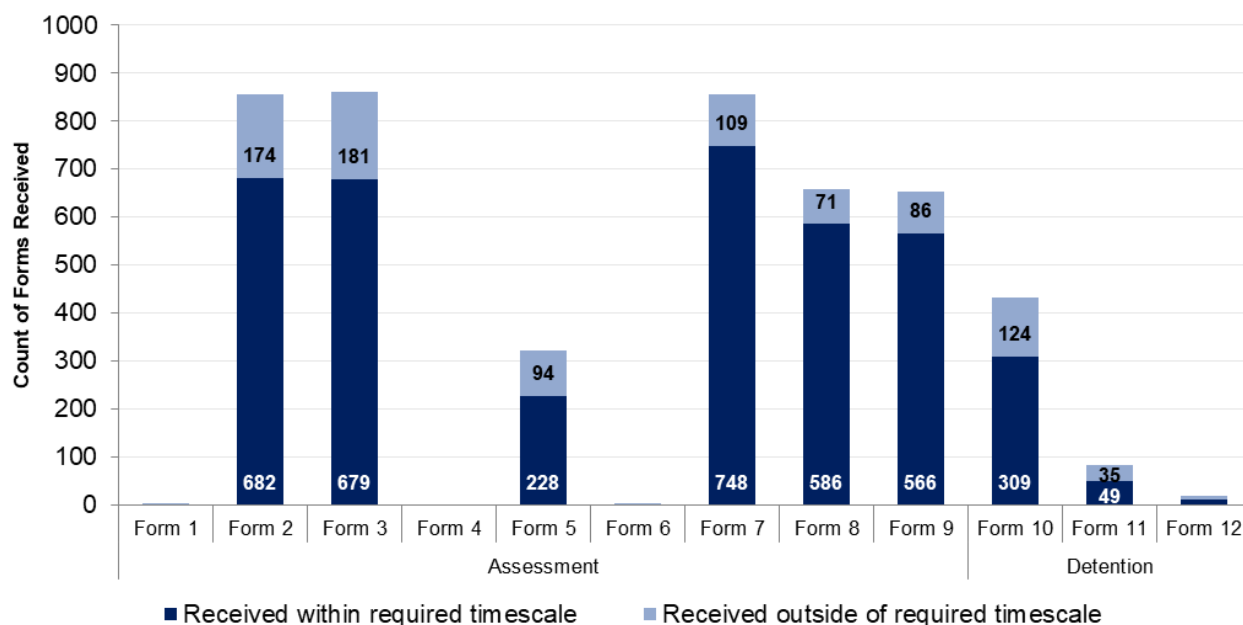
Enforcement

Review

Engagement

Manage our Resources

KPI: All detention forms should be received by RQIA within 2 days' of sign off by the relevant medical / healthcare



Board are asked to note the very large volume of forms that are required to be processed by RQIA.

89% (n = 4,210) of 4,747 forms received related to assessments (Forms 1-9) and 11% (n = 537) related to detentions (Forms 10-12).

Across the broad range of forms submitted, 83% of assessment forms and 69% of detention forms submitted were received within the 2 day target taking into account weekends.

During the remainder of this financial year work will be progressed to understand better the resource requirement to service this business critical function and drive improvement across Trusts.

Figure 20: Number of detention forms received within and outside of the required timescales

Notes: Form 1 = Application by Nearest Relative for Admission for Assessment; Form 2 = Application by an Approved Social Worker for Admission for Assessment; Form 3 = Medical Recommendation for Admission for Assessment; Form 4 = Medical Certificate to extend Time Limit for conveying patient to Hospital; Form 5 = Medical Practitioner's Report on Hospital In-Patient not liable to be detained; Form 6 = Nurse's record in respect of Hospital In-Patient not liable to be detained; Form 7 = Report of Medical Examination immediately after Admission for Assessment; Form 8 = Extension of Assessment Period from 48 hours to 7 days - Medical Report; Form 9 = Medical Report to extend Assessment Period for a further 7 days; Form 10 = Medical Report for Detention for Treatment; Form 11 = Report by Responsible Medical Officer for Renewal of Authority for Detention for 6 months or one year; Form 12 = Joint Medical Report for First Renewal of Authority for Detention for one year

Mental Health Order: Detention Forms: Timeliness

Registration

Inspection

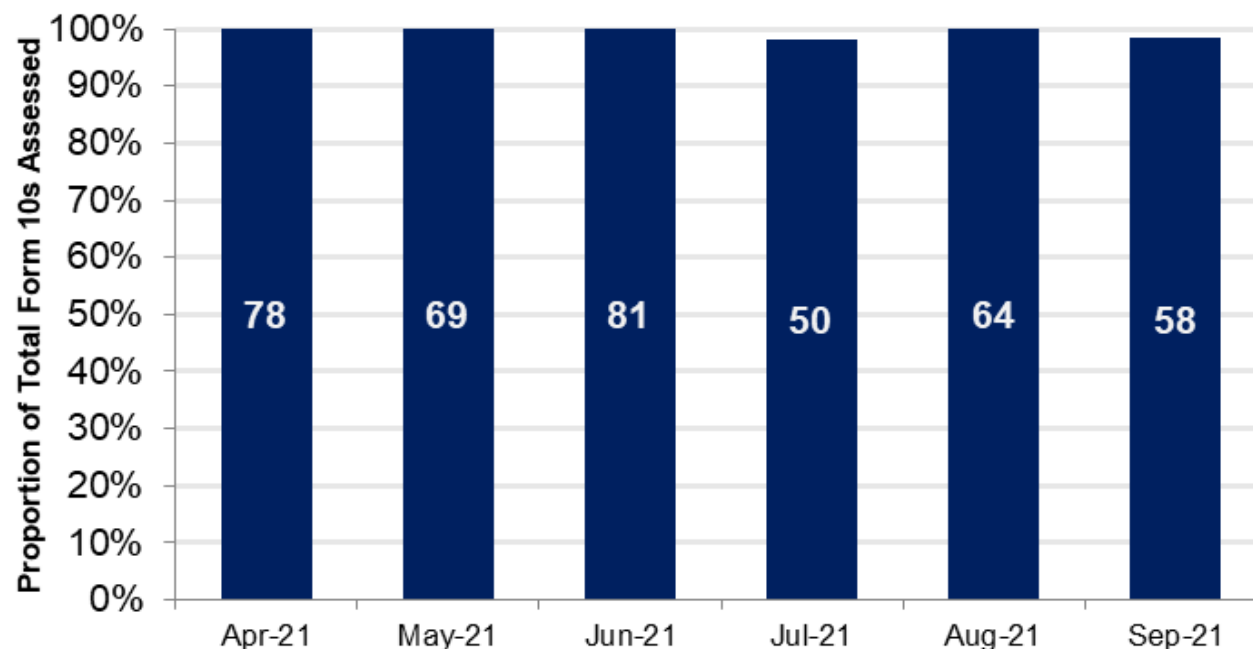
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Form 10s to be assessed by an inspector within 28 days of receipt



Explanatory Note and Action Plan:

In 2019 the Mental Health Team established a new system to quality assure the content on Forms 10s.

This is a very significant form as it marks the change from and person being detained for assessment to being detained for treatment.

In view of this, an inspector will review each of these forms rather than the administrative checks that are carried out on the other types of forms.

Figure 21: Detention Form 10s assessed within 28 days

Notes: Detention forms require assessment within 28 days of receipt

Mental Health Order: Second Opinions: Timeliness

Registration

Inspection

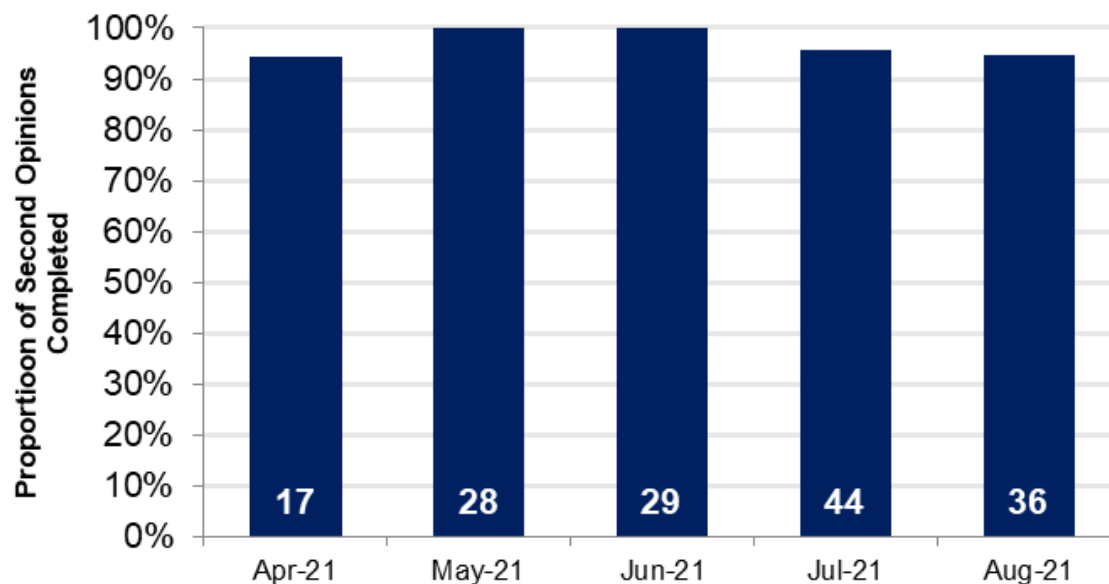
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Requested Second Opinions completed within 6 weeks



Explanatory Note and Action Plan:

Performance remains strong regarding the timeliness in which second opinions are provided for medication reviews and ECT.

Generally over 90% are completed within 6 weeks.

RQIA is currently taking steps to increase its complement of seconds opinion appointed doctors including liaising with the DoH regarding the current payment rates.

Data for September TBC

Figure 22: Second Opinions completed within 6 weeks

Notes: Second Opinions to be provided within 28 days of receipt where requested

Reviews

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI to be established

		KEY MILESTONES													
REVIEW	INITIATED	FIELDWORK COMPLETED			FIRST REPORT DRAFT (BY PM)			QUALITY ASSURANCE COMPLETED			REPORT SUBMITTED to DoH			REPORT PUBLISHED	
		Plan Date	Revised Plan Date	Date Achieved	Plan Date	Revised Plan Date	Date Achieved	Plan Date	Revised Plan Date	Date Achieved	Plan Date	Revised Plan Date	Date Achieved	Date Published	
1	Expert Review of Records of Deceased Patients of Dr Watt	May-18	Apr-21		Ongoing	Sep-21	Apr-22		Jun-22			TBC			TBC
The Expert Review of Deceased Patients of Dr Watt continues, with the RCP timeline to complete an interim report by the end of 2021, and to receive a full report (and individual case studies) on group 1 and group 2 deceased patients by April 2022. The project team are currently in liaison with DoH who are to provide the Health Minister with an option paper with costings on possible future Review phase methodology. Revised plan date given by Royal College as a result of complexity of the review.															
2	Review of Serious Adverse Incidence (SAI)	Jul-18	Nov-20		Nov-20	Feb-21		Apr-21	Mar-21		Jul-21	Jun-21		Sep-21	
The SAI Review draft report is expected to return from DoH with minor amendments w/c 18 October with an expected publication December 2021.															
3	Review of Vulnerable Prisoners	Sep-20	Feb-21		Feb-21	Mar-21		Mar-21	Mar-21		Jun-21	Apr-21		Sep-21	Oct 21
The Vulnerable Persons Detained in NI Prisons Review was published on 8 October following an enhanced publication plan.															
4	Review of Implementation of Choking Recommendations	Jun-21	Oct-21		Oct 21	Nov-21			Dec-21			Jan-22			
The Choking Review fieldwork is near completion with the project team entering the report writing phase. An initial draft is expected to be completed by November 2021.															

Key:	Achieved	On target	Delayed	To be confirmed	Overdue
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- Following engagement with EMT and Authority members, a workshop will be hosted with DoH Policy Leads to inform a stakeholder engagement exercise with the system.

Figure 23: Key Milestones achieved in the Review Programme

Audit and Quality Improvement Projects

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI to be established

PRPROGRAMME OF WORK 2020/2021	PROJECT START DATE	FIELDWORK (Data collection/data cleansing/PDSA cycles/ zoom on line events etc.)		REPORT FIRST DRAFT (Submitted to RQIA by)		QUALITY ASSUR- ANCE (Completed by)		REPORT SUBMITTED (Sign off and publication on RQIA website)	
Project Title	Date	Date Planned	Date Achieved	Date Planned	Est. Date to be Achieved	Date Planned	Est. Date to be Achieved	Date Planned	Est. Date to be Achieved
Process of care and outcomes for oesophageal squamous (and unspecified) patients and oesophageal adenocarcinoma patients in N. Ireland diagnosed in 2017/18	Commenced: October 2020	October 2020 - August 2021	August 2021	September 2021	October 2021	Novem- ber 2021	November 2021	November 2021	December 2021
Introduction of Harm Reduction re- sources for clinical staff in acute men- tal health settings	Commenced: October 2020	October 2020 - August 2021	August 2021	September 2021	October 2021	Novem- ber 2021	November 2021	November 2021	December 2021
Development and Implementation of Postpartum Contraception Service	Commenced: October 2020	October 2020 - August 2021	August 2021	September 2021	October 2021	Novem- ber 2021	November 2021	November 2021	December 2021
The Pro-Vac Movement - a Quality Improvement & Educational Initiative	Commenced: October 2020	October 2020 - August 2021	August 2021	September 2021	September 2021	Novem- ber 2021	November 2021	November 2021	December 2021

- In June 2021 RQIA opened an invitation to apply for funding to the HSC Community focusing on inviting formal and informal regional collaboratives and networks to submit an application for Regional Quality Improvement (QI) Projects.
- Invitation to apply for funding closed on 30 July 2021 with seven applications received. Four applications were then asked to present their application to the RQIA Funding Panel with final arrangements to take place over the coming weeks for those project awarded funding.

Figure 24: Key Milestones achieved in the Audit and Quality Improvement (QI) Projects Programme

Complaints

Registration

Inspection

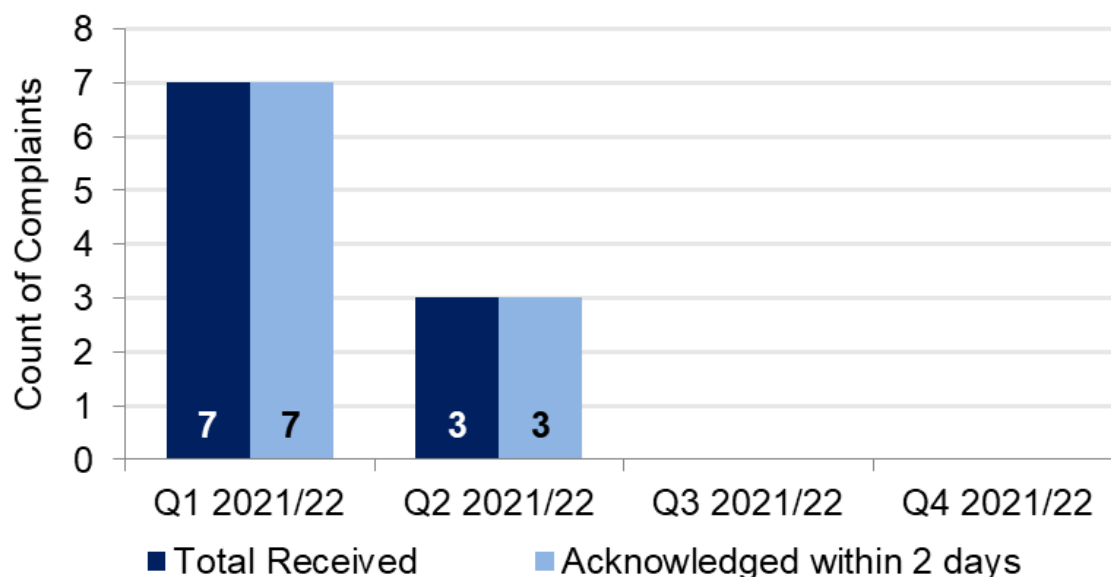
Enforcement

Review

Engagement

Manage our Resources

KPI: 90% of complaints acknowledged in writing within 2 working days' of complaint received
KPI: 90% of complaints completed response within 20 working days' of receipt, or updates provided to complainant at least every 20 working days' thereafter



Explanatory Note and Action Plan:

100% complaints were acknowledged within 2 working days of receipt.

Of the 7 complaints received during Q1, 6 have been closed and one remains open, pending final confirmation from the complainant that their concerns have been addressed.

In Quarter 2 one complaint was confirmed as having been closed within 20 days, and two remain ongoing as at 30 September 2021. Of the two ongoing complaints received during Q2, both have received regular updates on the progress of their complaint. One complaint is in the final stage of completion and resolution, and the other has been delayed at the request of the complainant.

The complaints received related to inspection processes, the registration of new services and RQIA's role in the oversight of health and social care services.

Figure 25: Complaints against RQIA received, acknowledged within 2 days and processed within 20 days

Notes: These are complaints against RQIA only. Complaints against services which RQIA becomes aware of are case managed on the iConnect concerns module and reported under Figure 18

Media Requests

Registration

Inspection

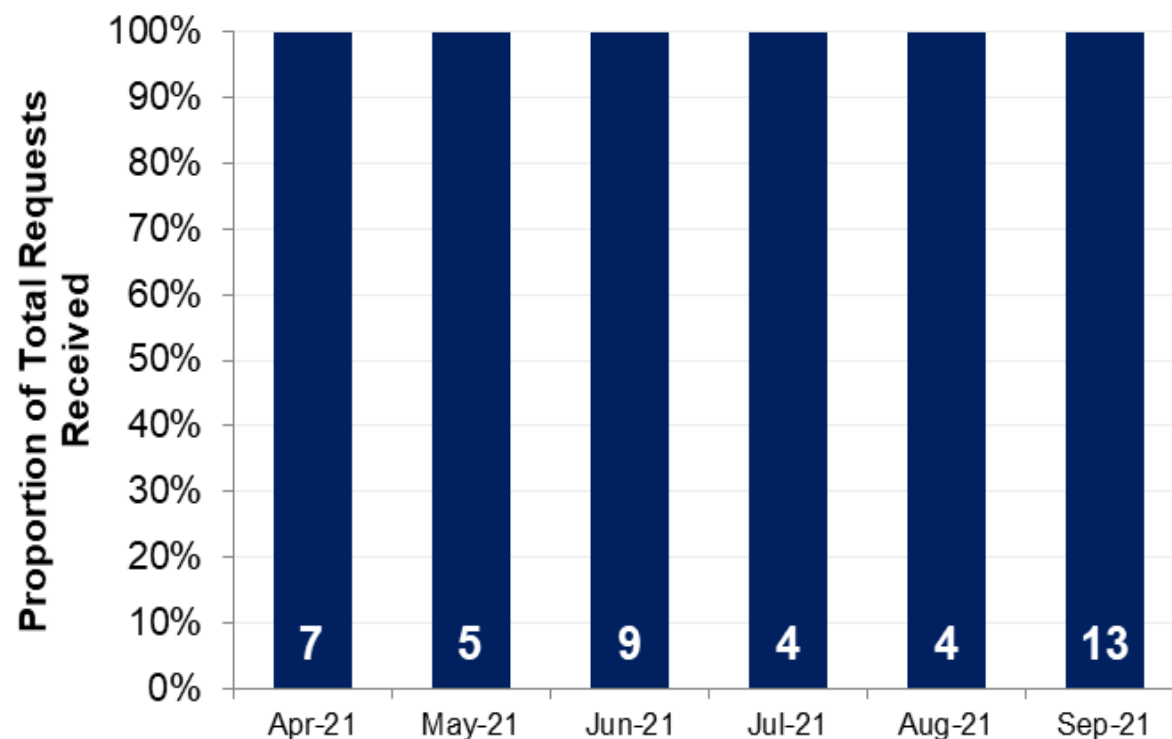
Enforcement

Review

Engagement

Manage our Resources

KPI: 90% of media requests responded to within deadline agreed with requestor



Explanatory Note and Action Plan:

From 1 April 2021 to 30 September 2021 we received 42 media requests from print, broadcast and online outlets.

These related to RQIA's review programme, with a particular focus on the Expert Review of Records of Deceased Patients of Dr Watt, RQIA's regulatory oversight of a range of services, including enforcement actions, review activities and our role in supporting the regional response to the Covid-19 Pandemic.

100% of media requests were responded to within the KPI.

Figure 26: Media requests received and responded to within the agreed timescales

Notes: Timescales dependent on enquiry and agreed with requestor

Freedom of Information / Subject Access Requests

Registration

Inspection

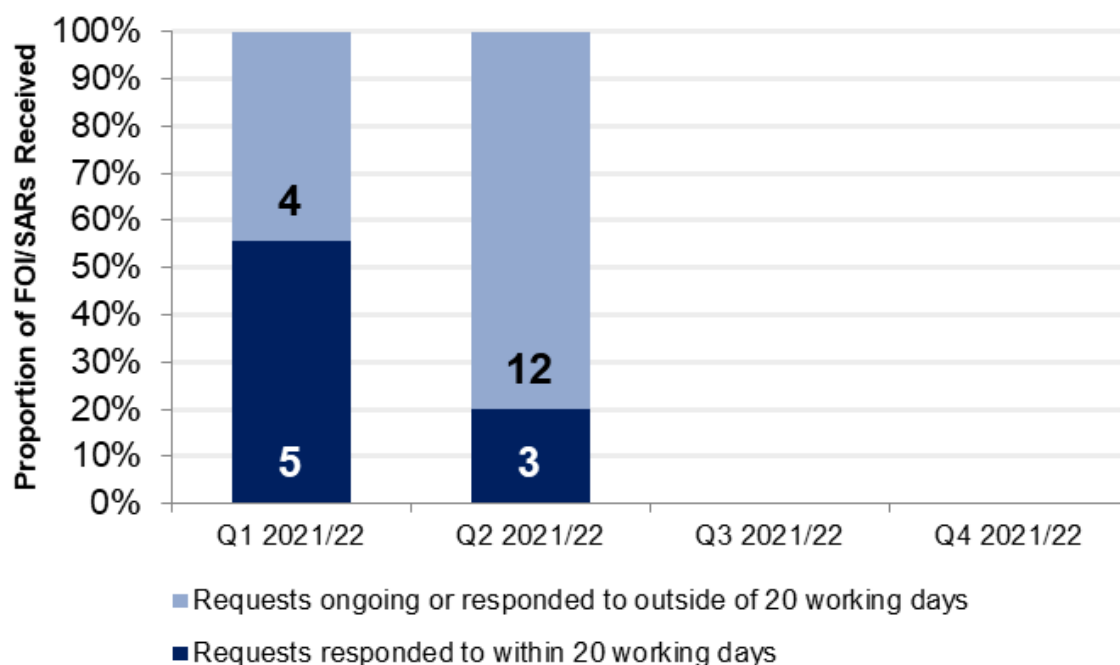
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of requests responded to within the statutory timeframe of 20 working days' from the point of a valid request being received



Explanatory Note and Action Plan:

During Quarters 1 and 2, 2021/2022, RQIA received 24 Freedom of Information / Subject Access Requests.

Requests have included queries about COVID-19 in care homes, the Deceased Patients Review and specific queries regarding individual care homes.

This KPI was not met due to both the complexity of some of the FOIs and the considerable volume of work continuing to be experienced by senior managers across the Directorates. Where the responses have fallen outside the 20 working days, requestors have been contacted to explain the reason for delays.

3 of the outstanding requests relate to COVID vaccinations in care homes and a standard response is currently being agreed for this type of enquiry.

Figure 27: : Number of Freedom of Information and Subject Access Requests received

Notes: Request to be responded to within 20 working days

Mandatory Training

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 95% of Mandatory Training Courses to be completed by RQIA Staff

Explanatory Note and Action Plan:

The eLearning Platform hosted by the HSC Leadership Centre experienced significant technical issues, impacting availability of courses for completion at the start of 2021-22. With the exception of Risk Management, all courses had been reinstated by the end of June 2021.

Anomalies were identified in the data during Quarter 1 and we have undertaken a data cleansing exercise to address these.

Current figures will be reported to Directors so that full compliance is addressed as part of our performance management.

To ensure we address gaps in knowledge of Fire Safety, additional face-to-face training has been arranged for all staff and is scheduled to take place by the end of December. 2021.

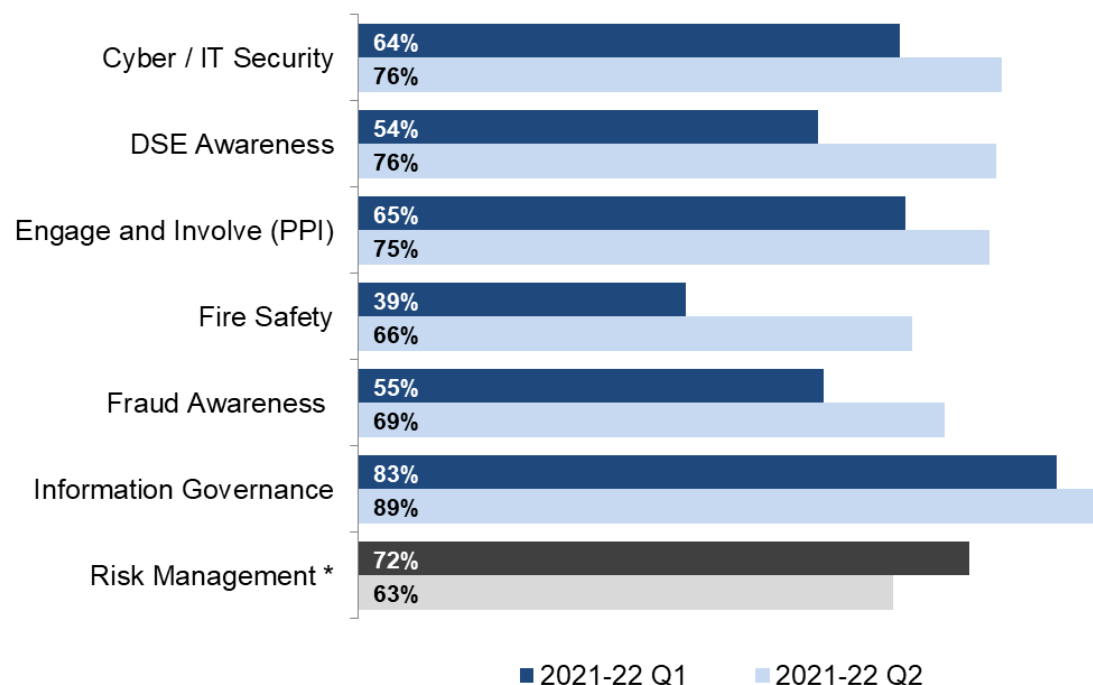


Figure 28: : Percentage of staff with up to date Mandatory Training on eLearning System

Notes: The percentage figure is based on permanent and temporary staff as per Staff in Post report as well as agency staff at the end of each quarter.

* Risk Management course not yet available for completion

Employee Absence

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

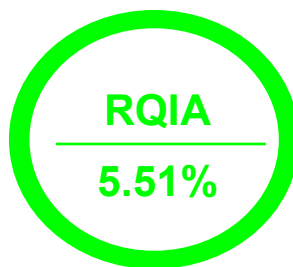
Absence target to be confirmed by DoH, currently set as 6.94%

RQIA is currently below the regional target at 5.51% at the end of September 2021



Mental Illness, incl Stress

2,725 Hours



Acute Medical Illness

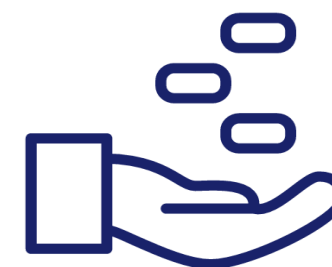
3,436 Hours



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage Sickness Absence <i>Monthly</i>	4.73%	5.89%	6.81%	6.99%	4.21%	4.53%
Percentage Sickness Absence <i>Cumulative</i>	4.73%	5.29%	5.80%	6.10%	5.72%	5.51%

Managers have made a concerted effort to address staff sickness, with regular contact with staff, appropriate referrals to occupational health and implementation of reasonable adjustments when identified.

Sickness rates have decreased from 2020/2021 (6.94%).



£116k

Figure 29: RQIA Staff Sickness Absence

RQIA Board Meeting

Date of Meeting	4 November 2021
Title of Paper	Capacity and Organisational Development
Agenda Item	8
Reference	Presentation
Author	Chief Executive
Presented by	Chief Executive
Purpose	To update Authority Members on plans for building organisational capacity and capability.
Executive Summary	<p>The current organisational structure requires further development to enable, support and optimise the work of the three service delivery directorates.</p> <p>The proposed structure will include an Office of the Chief Executive and Chair, Head of Financial Services and additional resources to support workforce and organisational development.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the progress the proposals within the Capacity and Organisational Development presentation.
Next steps	Progress against the transition timeline will be presented to the next meeting of the Business, Appointments and Remuneration Committee in January 2022.

RQIA Board Meeting

Date of Meeting	4 November 2021
Title of Paper	Mid-Year Assurance Statement
Agenda Item	8
Reference	L/11/21
Author	Business Manager
Presented by	Committee Chairman
Purpose	The function of the Mid-Year Assurance Statement is to enable the Chief Executive to attest to the continuing robustness of RQIA's system of internal control and to inform the mid-year accountability review.
Executive Summary	<p>The same principles have been applied to the completion of the mid-year assurance statement as to the Governance Statement i.e. it <i>"should provide a balanced appraisal, capable of substantiation, of the state of the RQIA's internal controls. It requires RQIA to be open and fair-minded in the disclosure of any significant control issues and, as regards outstanding issues, to explain what has been done to tackle them and what the plan is for fully resolving them."</i></p> <p>In completing the mid-year assurance statement we have taken account of the Mid-Year Assurance Report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.</p>
FOI Exemptions Applied	N/A
Equality Impact Assessment	N/A
Recommendation/Resolution	The Board is asked to APPROVE the Mid-Year Assurance Statement.
Next steps	Submit to Department of Health

**DoH ARM'S LENGTH BODY:
REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)**

MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in the *Regulation and Quality Improvement Authority (RQIA)* as at **30 September 2021**.

The scope of my responsibilities as Accounting Officer for *RQIA*, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which was signed on 30 June 2021 by the then Interim Chief Executive. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance Framework

While the Governance framework as described in the most recent Governance Statement had not been operating since 17 June 2020 due to a number of factors, I can confirm that the Governance Framework is now operating as it should. The Interim Authority Board, appointed in October 2020, under the chairmanship of the Interim Chair re-established its regular meetings, alongside the Appointments and Remuneration Committee and the Audit and Risk Assurance Committee, which have continued to meet and discharge their assigned business. Minutes of meetings, together with the Authority Board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this. The Authority's Standing Orders are currently under review and will include updated terms of reference for the Authority Committees. There will be two additional Authority Committees which will further strengthen the governance arrangements relating to enforcement and the appointment of Part II and Part IV doctors.

Assurance Framework

A draft Assurance Framework, which operates to maintain, and provide assurance of the effectiveness of controls, for regulation provided by RQIA and will provide assurance on quality and safety of services has been reviewed by the Authority Board and will be approved during 2021-22. Minutes of Board meetings are available to further attest to this.

2. Risk Register

I confirm that the Principal Risk Document is continually monitored by the Audit and Risk Assurance Committee and the Authority Board as part of the Authority-led system of risk management and that risk management systems / processes are in place throughout the organisation. All significant risks are reported to the Authority Board via the Audit and Risk Assurance Committee, for discussion and approval – most recently on 9 September 2021.

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

3. Performance against Business Plan Objectives/Targets

The organisation submitted a Management Plan to the Department in March 2021 which documented the objectives and targets to be achieved by RQIA during 2021-22. The Authority Board approved the Management Plan and progress is monitored and reported on a quarterly basis through the Authority Board. Progress will be monitored and reported on through the Business, Appointments and Remuneration Committee from October 2021.

4. Finance

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

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

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions through a Service Level Agreement with the Business Services Organisation;
- securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE)

5. Information Governance – General Data Protection Regulation (GDPR) & Data Protection Act (DPA) 2018

The previous Interim Chief Executive undertook a review of Information Governance and while there were concerns about the resilience of Information Governance, I can confirm that an Information Governance Group has been established and is progressing the recommendations in this area. RQIA has taken appropriate steps

and is carrying out the necessary actions to ensure ongoing compliance with GDPR and DPA 2018.

6. Environmental, Medical Device Management and Estates Infrastructure Safety Governance (Trusts only)

Not applicable.

7. External Audit Reports

There were no Priority One recommendations made by External Audit. Two priority two recommendations and two priority three recommendations were made relating to: the timeliness of approval of Direct Award Contracts, timeliness of removal of staff from financial management systems following their resignation, monitoring accruals and the impact of changes in discount rates. Actions to address the recommendations have been made.

8. Internal Audit

I confirm that progress on the implementation of accepted recommendations made by internal audit is underway. The Mid Year Assurance Report issued by the Head of Internal Audit advised that 68% (32 out of 47) of previous years recommendations have been fully implemented and 32% (15 out of 47) are partially implemented.

Two Internal Audit reports have been completed and reported in the year to date, which relates to the registration process for Agencies Team. A Limited Assurance has been given in respect of KPIs and timeliness of registration process, iConnect, quality checks and learning and guidance and communication with applicants. The Internal Audit report will be presented at the Audit and Risk Assurance Committee on 21 October 2021.

A satisfactory level of assurance has been given in respect of an audit relating to Recommendation to Trusts. Findings and recommendations relate to governance and thematic reviews, trust inspection programme, corporate documents and performance reporting. The Internal Audit report will be presented at the Audit and Risk Assurance Committee in the near future.

9. RQIA and Other Reports

An Independent Review into the events and circumstances surrounding the resignations of the former RQIA Board members was commissioned by the Minister for Health in 2020. This Review reported in June 2021, with several recommendations in relation to the role of the Minister and relationships between the Department of Health and its ALB's. I can confirm that Authority Members and the Executive Management Team of RQIA are committed to working collaboratively with others in assisting to take forward the recommendations, where applicable.

10. NIAO Audit Committee Checklist

The NIAO Audit Committee Checklist will be completed by the Audit and Risk Assurance Committee. An action plan will be implemented to address any issues. I confirm that any relevant issues will be reported to the Department.

11. Board Governance Self-Assessment Tool

The Board Governance Self-Assessment Tool will be completed by the Authority Board in Quarter 4 and an action plan will be implemented to address any issues. I confirm that any relevant issues will be reported to the Department.

Internal Control Divergences

I confirm that RQIA meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and all applicable guidance set by other parts of government.

Any significant control divergences are reported below.

Update on prior year control issues which were reported in the Year End Governance Statement and are now resolved:

Issue

On 17 June 2020, the Acting Chair and eight remaining members of RQIA's board resigned without notice and with immediate effect. These resignations left the RQIA temporarily without a proper complement of Members.

Response

On 18 June 2020 the Minister of Health appointed Christine Collins MBE as Interim Chair. On 14 August 2020, pending the completion of a process approved by the NI Commissioner for Public Appointments to appoint Members to the Authority, the Health Minister approved the temporary appointment of two Departmental senior officials to the Authority. On 31 October 2020, six Interim Members were appointed until October 2021; this has been extended to October 2022. The Interim Authority and EMT undertook the "On Board" training course on 17 November; and the first formal meeting of the Authority took place on 19 November, when the Audit and Risk Assurance Committee and the Appointment and Remuneration Committee were established.

On 23 June 2020 the Minister announced an independent review into the circumstances of these resignations.

Issue

In late March 2020, Olive Macleod, RQIA's Chief Executive was seconded to the Public Health Agency to lead that organisation during the pandemic period. From 1 April to 31 August 2020 Dermot Parsons acted as RQIA's Chief Executive. Dr Tony Stevens, OBE, was appointed by the Authority as interim Chief Executive on 26 August 2020, with effect from 1 September 2020.

Response

As a result of the impact of Covid-19 on RQIA's ability to implement its Business Plan 2020-21, the interim Chief Executive led the development of a Transition Plan, which set out what RQIA would achieve by 31 March 2021. To support RQIA's staff in its implementation, a Transition team was established, with the support of a number of seconded staff:

- Dr Richard Wright, as RQIA's Responsible Officer (a senior medical role)
- Francis Rice, professional advisor, nursing, and assistance in supporting and mentoring RQIA's Executive Management Team and in developing proposals for restructuring and organisational development
- Karen Harvey, professional advisor, social work, and to lead and support RQIA's Assurance Directorate

Following a successful recruitment exercise, the Authority has appointed Ms Briege Donaghy as Chief Executive with effect from 1 July 2021.

Update on prior year control issues which were reported in the Year End Governance Statement and continue to be considered control issues:

Issue

In December 2019 the partial implementation of The Mental Capacity Act (Northern Ireland) 2016 (MCA), The Mental Capacity (Deprivation of Liberty) (No2) Regulations 2019 and The Mental Capacity (Money and Valuables) Regulations (Northern Ireland) 2019 came into effect. The Mental Capacity Act (NI) 2016 is ground breaking and fundamental legislation that, when fully commenced, will fuse together mental capacity and mental health law for those aged 16 years and over within a single piece of legislation, as recommended by the Bamford Review of Mental Health and Learning Disability. This new legislation is amongst the most significant of new legislations to be introduced in Northern Ireland in the last 10 years. It confers new responsibilities upon RQIA in exercising its specific functions. Depriving a person of their liberty is one of the most serious infringements on a person's human rights.

The development and implementation of this role was delayed by the Covid-19 Pandemic response, and the repurposing of RQIA during that period. Due to the current capacity and resources within RQIA there is a risk that RQIA fails to meet its statutory functions in respect of this legislation.

Response

Through an internal reorganisation during 2021-22, RQIA will begin to build capacity to deliver its mental health and learning disability functions in line with The Mental Capacity Act (Northern Ireland) 2016. This will require the development of new operating procedures and securing essential additional resources through the submission of a business case to the Department of Health. RQIA is working with the Department of Health to specify and clearly define RQIA's role in this matter and the resources required to fulfil its role and functions.

Issue

The independent review of information governance (IG) (see Section 5: Information Risk) identified a range of control issues which are being addressed through an agreed action plan. The high level control issues included:

- Staff Training
- Information Governance Policy and yearly action / development plan
- Main Information flows and the Information Asset Register
- Support from the Business Service Organisation
- Data Protection and GDPR
- Records Management

Response

The RQIA electronic information system, iConnect, is approaching end of life in relation to the required software and aligned support and maintenance. The system will require a significant upgrade by June 2022. At the time of preparing this Governance Statement, RQIA is scoping the requirements for an upgrade and preparing the necessary business case. The RQIA have established an Information Governance Committee to have oversight of the management of IG within the organisation and to ensure delivery of the IG action plan.

Identification of New Issues

Issue

Internal Audit in September 2021 issued a report on Registration Process for Agencies which gives a Limited Assurance on KPIs and timeliness of registration process, iConnect, quality checks and learning and guidance and communication with applicants.

Response

The Internal Audit demonstrated that there needed to be improvement made to the registration service with four areas identified for reform:

1	KPIs and timeliness of registration process
2	iConnect
3	Quality Checks and learning
4	Guidance and communication with applicants

The issue had been identified by the organisation, placed on the Principle Risk Document and had begun an improvement project , including increasing the complement of the Registration team in order to assess, stabilise and strengthen the team structure, capacity, systems, processes and standard working practice. A plan was agreed and resourced and the objective is to resolve all matters identified by the end of the current financial year. New weekly performance management reporting has enabled a detailed understanding of the issues, tracks caseload and targets improvement. Additional senior support through a Project Board, chaired by the Chief Executive has been created and the Authority Board receives updated progress reports.

Issue

The Muckamore Public Inquiry commenced formally on the 11 October 2021. RQIA has identified a number of urgent preparatory actions to be taken and has commenced this work, limited to existing resources and capacity. Appropriate project oversight structures and accountability mechanism to include the Authority Board are being developed.

Response

RQIA's sponsor branch have been advised of the significant ongoing resource commitment to support this work going forward into next financial year and ensure the organisation can effectively meet it's legal obligations under the Inquiries Act.

12. Mid-Year Assurance Report from Head of Internal Audit

I confirm that I have referred to the Mid-Year Assurance Report from the Head of Internal Audit, which details the organisation's implementation of accepted audit recommendations.

Signed:

Date:

CHIEF EXECUTIVE & ACCOUNTING OFFICER

RQIA Board Meeting

Date of Meeting	4 November 2021
Title of Paper	Finance Performance Report
Agenda Item	8
Reference	M/11/21
Author	Hayley Barrett, Business Manager
Presented by	Neil Bodger, Committee Chairman
Purpose	To report the Month 5 and 6 financial position.
Executive Summary	RQIA year to date position.
FOI Exemptions Applied	Not applicable
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the Finance Performance Report
Next steps	Not applicable



The **Regulation** and
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Financial Performance Report

31 August 2021

1. FINANCIAL PLAN 2021/22

RQIA has developed a financial plan for 2021/22 that documents that the organisation plans to achieve a break-even position by the end of the year. RQIA has a legal duty to achieve a breakeven position, which is defined by the surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.

The financial plan is updated monthly and is as follows:

	Revised Financial Plan as at August 2021	Revised Financial Plan as at September 2021	Variance	Latest Best Estimate (LBE) as at 31 March 2022
	£000	£000	£000	
RRL	7,611	7,524	(87)	7,370
Other Operating Income	1,099	927	(172)	927
Total Expected Income	8,710	8,451	(259)	8,451
Pay	7,319	6,995	324	6,868
Non Pay	1,387	1,246	141	1,261
Total Expected Expenditure	8,706	8,240	466	8,129
Year End Forecast Surplus/(Deficit)	4	211	207	322

Following a mid-year review of expected income and expenditure for the remainder of the year, the current forecast is now a surplus of £211k; this is above the breakeven threshold and is a shift in the forecast surplus of £207k. This increase is due to:

- A reduction in forecast RRL by £87k to reflect the retraction by the DoH of a one-off saving in relation to rent and rates charges for accommodation.
- A reduction in Other Operating Income mainly as a result of the retraction by the DoH of the dilapidations compensation amounting to £197k. This is off set by an increase in the amount to be received during the year for registrations.

A spending plan has been developed and some items currently progressing have been factored into the projected expenditure. This is reviewed on a weekly basis in order to reduce the surplus. The Latest Best Estimate of the forecast surplus based on current spending commitments is £322k.

The above analysis is based on the following assumptions:

- RQIA will contain all costs relating to the Deceased Patients Review (Phase 2) within the allocation of £227k. This also assumes that there will be no slippage on this budget;
- £154k has been assumed in income and expenditure budgets in respect of the pay award for 2021/22.

It should be noted that it is not anticipated that RQIA will incur material costs associated with Covid19 therefore no income has been anticipated.

2. FINANCIAL POSITION AS AT 31 AUGUST 2021

	Full Year Budget £000	Budget YTD 31 August 2021 £000	Actual YTD 31 August 2021 £000	Variance £000
RRL	7,524	3,172	3,084	(88)
Other Income:				
- Annual Fee	775	323	311	(12)
- Registration of Est. Fees	100	21	48	27
- Registration of Manager	35	15	18	3
- Variation Fees	15	6	7	1
- Dilapidation Compensation	0	0	0	-
- Other Income	2	-	16	14
Total Expected Income	8,451	3,537	3,484	(55)
Pay Expenditure:				
Senior Executives		113	113	0
Assurance Directorate		1,238	1,177	61
Improvement Directorate		696	672	26
Business Support Unit		632	612	20
Mental Health Directorate		20	0	20
Bank Staff		25	24	1
Staff Substitutions		52	44	7
Other Pay Costs		13	47	(35)
Deceased Patients Review		90	74	(16)
Total Pay Expenditure	6,995	2,879	2,763	116
Non Pay Expenditure:				
Printing, Stationery & Admin		217	216	1
Postage and Telephones		16	10	7
Travel Costs		44	23	21
Catering		3	-	(3)
Cleaning		6	4	(2)
Building and Engineering		20	(23)	43
Heat, Light and Power		4	(10)	14
Rent, Rates and Insurance		139	148	(10)
Furniture		1	-	1
Computer Hardware & Software		37	58	(21)
Advertising		6	-	6
Legal Fees & Litigation		-	-	-
Staff Training		12	10	2
General Services		58	54	4
Other		-	2	(2)
Deceased Patients Review		4	5	(1)
Total Non Pay Expenditure	1,246	569	497	71
Total Expected Expenditure	8,241	3,448	3,260	188
Surplus/(Deficit)	211	89	224	135

The Month 5 financial position is reporting a surplus of £224k, which is an increase of £135k against the budget for the same period. The following issues are to be noted:

- RRL is reduced by £88K to reflect a one-off saving relating to rent and rate charges. An easement relating to this saving will be declared to the Department of Health.
- Registration income is currently performing £30K above budget
- Pay Budgets continue to underspend (underspend to date £116k) due to increasing slippage on recruitment of posts
- Non Pay Budgets continue to underspend by £71k primarily as a result of the dilapidations bill for Lanyon Place being lower than was provided for in the 2021/22 accounts. (Building and Engineering Budget) and also a growing under-spend in the travel budget.

3. DECEASED PATIENTS REVIEW (PHASE 2)

RQIA has undertaken Phase 2 of the Deceased Patients Review and a business case was submitted to DOH that secured £227k of non-recurring funding for this phase of the work. The following table provides an analysis of the costs incurred to date and the balance available:

	£000
DOH Allocation	227
Costs accrued to 31 August 2021	74
Funding available	153

4. KEY MESSAGES

- The financial position at 31 August 2021 is reporting a surplus of £224k, which has arisen as a result of additional income and a reduction in expenditure.
- RQIA are projecting a year-end surplus position amounting to £322k based on current spending commitments.
- Spending plans have been developed and will be implemented through the remainder of the year to reduce the year end surplus.
- A one-off easement amounting to £284,500 relating to rent and rate savings will be declared to the Department of Health.
Funding of £227k has been received from the DOH in respect of the Deceased Patients Review (Phase 2) and as at 31 August 2021 £74k has been spent.

5. GLOSSARY OF TERMS

Term	Meaning
Financial Plan	A document which is presented to the Board to outline how the organization is to meet its obligation to breakeven by the end of the year.
Breakeven	As a public body there is a requirement to breakeven each financial year, which is defined by the reported surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.
RRL	This is the Revenue Resource Limit which is allocated by the Department of Health. This is the amount of funding that the organization is authorized to spend and there would be a number of RRL allocations throughout the financial year.
Other Operating Income	RQIA receives income outside of its RRL allocation from fees charged to the Independent Sector for initial registration of establishment, manager and variations to business as well as an annual fee.
BSO	This refers to the Business Services Organisation which provides a range of third-party services to RQIA including a full accounting service.



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Financial Performance Report

30 September 2021

1. FINANCIAL PLAN 2021/22

RQIA has developed a financial plan for 2021/22 that documents that the organisation plans to achieve a break-even position by the end of the year. RQIA has a legal duty to achieve a breakeven position, which is defined by the surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.

The financial plan is updated monthly and is as follows:

	Revised Financial Plan as at September 2021	Revised Financial Plan as at October 2021	Variance
	£000	£000	£000
RRL	7,524	7,624	100
Other Operating Income	927	939	12
Total Expected Income	8,451	8,563	112
Pay	6,995	7,080	(85)
Non Pay	1,246	1,224	22
Total Expected Expenditure	8,241	8,304	(63)
Year End Forecast Surplus/(Deficit)	210	259	49

The Month 6 year end forecast is now a surplus of £259k; this is above the breakeven threshold and is a shift in the forecast surplus of £49k. This increase is due to:

- A decrease in non-pay costs and the forecast for the rest of the year reduced
- Pay costs have increased due to ongoing spending plan commitments and the 3% Pay Award. There remain issues with recruitment of permanent positions.

A spending plan has been developed and items currently progressing have been factored into the projected expenditure. This is reviewed on a weekly basis in order to reduce the surplus.

A further review of income and pay and non-pay expenditure for the remainder of the year will be completed during Month 7 to ensure year-end breakeven and consideration will be given to submit an easement to the DoH in due course.

The above analysis is based on the following assumptions:

- RQIA will contain all costs relating to the Deceased Patients Review (Phase 2) within the allocation of £227k. This also assumes that there will be no slippage on this budget;
- £255k has been assumed in income and expenditure budgets in respect of the pay award for 2021/22.

It should be noted that it is not anticipated that RQIA will incur material costs associated with Covid19 therefore no income has been anticipated.

DRAFT

2. FINANCIAL POSITION AS AT 30 SEPTEMBER 2021

	Full Year Budget £000	Budget YTD 30 September 2021 £000	Actual YTD 30 September 2021 £000	Variance £000
RRL	7,611	3,806	3,768	(38)
Other Income:				
- Annual Fee	775	388	372	(16)
- Registration of Est. Fees	75	25	53	28
- Registration of Manager	35	18	20	2
- Variation Fees	15	8	8	0
- Dilapidation Compensation	0	0	0	0
- Other Income	2	1	38	37
Total Expected Income	8,513	4,246	4,259	13
Pay Expenditure:				
Senior Executives		134	134	0
Assurance Directorate		1,495	1,429	66
Improvement Directorate		840	796	44
Business Support Unit		770	742	28
Mental Health Directorate		33	0	33
Bank Staff		30	29	1
Staff Substitutions		62	54	8
Other Pay Costs		16	119	(103)
Deceased Patients Review		109	82	27
Total Pay Expenditure	7,118	3,489	3,385	104
Non Pay Expenditure:				
Printing, Stationery & Admin		261	258	3
Postage and Telephones		19	17	2
Travel Costs		52	29	23
Catering		4	-	4
Cleaning		8	5	3
Building and Engineering		24	(23)	47
Heat, Light and Power		4	(8)	12
Rent, Rates and Insurance		167	162	5
Furniture		1	-	1
Computer Hardware & Software		45	62	(17)
Advertising		7	5	2
Legal Fees & Litigation		-	-	-
Staff Training		14	11	3
General Services		70	65	5
Other		-	3	(3)
Deceased Patients Review		5	5	0
Total Non-Pay Expenditure	1,365	681	591	90
Total Expected Expenditure	8,483	4,170	3,976	194
Surplus/(Deficit)	30	76	283	181

The Month 6 financial position is reporting a surplus of £283k, which is an increase of £181k against the budget for the same period. The following issues are to be noted:

- Registration income is currently performing £30k above budget
- Pay Budgets continue to underspend (underspend to date £104k) due to increasing slippage on recruitment of posts
- Non Pay Budgets continue to underspend by £90k primarily as a result of a reduction in travel expenditure (£23K) and Building and Engineering (£47K)

3. DECEASED PATIENTS REVIEW (PHASE 2)

RQIA has undertaken Phase 2 of the Deceased Patients Review and a business case was submitted to DOH that secured £227k of non-recurring funding for this phase of the work. The following table provides an analysis of the costs incurred to date and the balance available:

	£000
DOH Allocation	227
Costs accrued to 30 September 2021	87
Funding available	140

4. KEY MESSAGES

- The financial position at 30 September 2021 is reporting a surplus of £283k, which has arisen as a result of additional income and a reduction in expenditure.
- RQIA are projecting a year-end surplus position amounting to £259k based on current spending commitments.
- Spending plans continue to be implemented to reduce the year end surplus.
- Funding of £227k has been received from the DOH in respect of the Deceased Patients Review (Phase 2) and as at 30 September 2021 £87k has been spent.

5. GLOSSARY OF TERMS

Term	Meaning
Financial Plan	A document which is presented to the Board to outline how the organization is to meet its obligation to breakeven by the end of the year.
Breakeven	As a public body there is a requirement to breakeven each financial year, which is defined by the reported surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.
RRL	This is the Revenue Resource Limit which is allocated by the Department of Health. This is the amount of funding that the organization is authorized to spend and there would be a number of RRL allocations throughout the financial year.
Other Operating Income	RQIA receives income outside of its RRL allocation from fees charged to the Independent Sector for initial registration of establishment, manager and variations to business as well as an annual fee.
BSO	This refers to the Business Services Organisation which provides a range of third-party services to RQIA including a full accounting service.

RQIA Board Meeting

Date of Meeting	4 November 2021
Title of Paper	Principal Risk Document
Agenda Item	8
Reference	N/11/21
Author	Chief Executive / Acting Head of Business Support Unit
Presented by	Committee Chair, Audit and Risk Assurance Committee (ARAC)
Purpose	The purpose of this paper is to present the current version of the Principal Risk Document to the Board.
Executive Summary	<p>The Audit and Risk Assurance Committee approved the Principal Risk Document at its meeting on 21 October 2021.</p> <p>The Principal Risk Document is used by the Executive Management Team and RQIA Board as a planned and systematic approach to the identification, assessment and mitigation of risks that could compromise achievement of the organisation's corporate themes and objectives.</p> <p>The Executive Team prepares and regularly updates the Principal Risk Document, which informs the management planning, service development and accountability review process.</p> <p>Nine principal risks are included. The Board is asked to note the current version of the Principal Risk Document.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the Principal Risk Document.
Next steps	The Principal Risk Document will be presented to the next meeting of the Audit and Risk Assurance Committee in February 2022.



RQIA ASSURANCE FRAMEWORK: Principal Risks and Controls Document 2021/2022

PRINCIPAL OBJECTIVES: The RQIA Management Plan 2021/2022 is based on 3 Key Strategic Themes as follows:

Theme 1: Safe and Effective Care

Theme 2: People and Communities

Theme 3: Operational Excellence

Item	Principal Risk	Movement since previous PRD	
		Changes to Risk Rating	
		Previous Risk Rating (September 2021)	New Risk Rating (October 2021)
1	Health and Safety	8	No change
2	Information Governance	12	No change
3	Failure to Break Even: RQIA Accounts	6	No change
4	Disruption to Business Continuity (in relation to COVID-19)	8	No change
5	RQIA Accommodation (Incorporated into ID 4 and removed)	12	Removed
6	Failure to Improve Standards in the Regulated Sector	12	No change
7	Mental Capacity Act / Mental Health Order	15	No change
8	Management Arrangements, Resources and Capacity	12	16
9	Cyber Security Attack	16	No change
10	Registration	20	No change

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE (Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that required extra observation or minor treatment e.g. first aid Non-permanent harm lasting less than one month Admission to hospital for observation or extended stay (1-4 days duration) Emotional distress (days/weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES (Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION (Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSE/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media interest >3 days < 7 days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review, Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review /Public Enquiry.
FINANCE, INFORMATION & ASSETS (Protect assets of the organisation and avoid loss)	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/ property. Loss – £10K to £100K. Loss of Information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/ property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES (Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL (Air, Land, Water, Waste management)	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate on site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.

Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

Likelihood Scoring Descriptors	Impact (Consequence) Levels				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

RED: Risks added from last Principal Risk Document

BLUE: Risks to be de-escalated/removed from Principal Risk Document

ID	Risk Title	Untreated Risk Rating	Risk Rating (current)	Risk level (current)	Risk Rating (Target)	Risk Level (Target)	Opened	Date of Last Review
1	Health and Safety	20	8	HIGH	6	MEDIUM	October 2020	12 October 2021
2	Information Governance	16	12	HIGH	6	MEDIUM	October 2020	12 October 2021
3	Failure to Breakeven: RQIA Accounts	16	6	MEDIUM	4	LOW	October 2020	12 October 2021
4	Disruption to Business Continuity (in relation to COVID-19)	20	8	HIGH	6	MEDIUM	October 2020	12 October 2021
5	RQIA Accommodation (Incorporated into ID 4 and Removed in August 2021)	16	12	MEDIUM	9	MEDIUM	October 2020	REMOVED: 20 August 2021
6	Failure to Improve Standards in the Regulated Sector	16	12	HIGH	9	MEDIUM	October 2020	12 October 2021
7	Mental Capacity Act / Mental Health Order	25	15	HIGH	9	MEDIUM	February 2021	12 October 2021
8	Management Arrangements, Resources and Capacity	20	16	HIGH	9	MEDIUM	February 2021	12 October 2021
9	Cyber Security Attack	20	16	HIGH	12	HIGH	May 2021	12 October 2021
10	Registration	25	20	EXTREME	16	HIGH	July 2021	12 October 2021

PRINCIPAL RISK REGISTER: ID1

ID 1: Ineffective health and safety management arrangements would increase the risk of harm to our staff and our stakeholders. Such harm could adversely impact the achievement of our objectives and undermine confidence in RQIA as an employer and a public body.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	8	Major (4)	Unlikely (2)	MEDIUM	6	Moderate (3)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>The following controls are in place:</p> <ul style="list-style-type: none"> • Policies and Procedures in relation to Health and Safety and Fire Safety Policies and Staff Handbook on Health and Safety available. • RQIA Health, Safety and Wellbeing Group established in April 2021, robust partnership arrangements with Staff Side. • Professional support on Health and Safety is provided by the Health and Safety Manager at Business Services Organisation (BSO) and RQIA's Senior Estates Inspector. • Service Level Agreement (SLA) in place with BSO, which includes: <ul style="list-style-type: none"> ○ Professional health and safety advice in relation to compliance with statutory Health and Safety requirements; ○ Advice on the safety of staff; ○ Provision of Fire Officer Safety Service; ○ Investigation of Accidents and Incidents, including RIDDOR; ○ Provision of training on Fire Awareness, Risk Assessment, First Aid at Work, Manual Handling, Evacuation Chair, Defibrillator, Work Station/DSE Assessments; 	<p>1. Fire Safety Mandatory Training: 100% target not met yet.</p>	<p>1. A meeting with the Health and Safety Manager at BSO took place to discuss Fire Safety Training.</p> <p>We have agreed that Fire Safety Mandatory Training on the eLearning Platform will be supplemented by mandatory face to face training for all staff provided by BSO (30 December 2021).</p>

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> ○ Development of Health and Safety Policies; ○ Annual Inspections; ○ Audits; and ○ Servicing and Supporting the Health and Safety Committee. • SLA is managed and monitored by Business Manager, with an annual review of the SLA; Customer feedback meetings; and written assurance updates. • Accidents and incidents (including RIDDOR) are managed by RQIA and anything of a serious nature reported to BSO for further review / investigation and possible submission to the Health and Safety Executive (HSE) under RIDDOR. There have been no RIDDOR reportable accidents or incidents over the previous year. • COVID-19 (including COSHH) risk assessment completed in October 2020. • Fire Risk Assessment carried out for new premises: Victoria House. • List of Floor Wardens and Evacuation Chair Operators reviewed in September 2021. • Additional Mandatory face-to-face training in respect of Fire Awareness arranged for November and December 2021 for all staff. • Staff survey in relation to Health and Wellbeing Support undertaken in September 2021. • Additional bespoke webinars sourced from Inspire in relation to mental health and resilience. • Display Screen Equipment Assessments are undertaken for staff who require one and adjustments made, as necessary. 		
Assurances: Internal (I) and External (E)	<ol style="list-style-type: none"> 1. Regular customer feedback meetings with BSO held (E); 2. Fire Safety inspections by BSO and Action Plans reviewed at EMT (I); 3. COVID-19 Risk Assessments by BSO (E) 	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	8	Major (4)	Unlikely (2)	MEDIUM	6	Moderate (3)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	29 September 2021	2. People and Communities 3. Operational Excellence	Chief Executive

PRINCIPAL RISK REGISTER: ID2

ID 2: Ineffective information governance arrangements could contribute to a risk of the safe protection of data and service user information and RQIA's reputation. There is a secondary risk of regulatory action by the Information Commissioner's Office (ICO).

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	6	Moderate (3)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Professional support in relation to Information Governance is provided by the Data Protection Officer (DPO) at Business Services Organisation (BSO) and includes: <ul style="list-style-type: none"> Management and handling of information requests under relevant legislation (Freedom of Information Act, Data Protection Act, Environmental Information Regulations); Provision of advice, expertise and on-site assistance for retrieving and reviewing information for release under DPA, EIR or FOI; Production of local / monitoring reports in relation to compliance with information requests; Management and investigation of information security incidents; Development and delivery of training on a range of information governance issues and advice; Management and assistance with information governance policies; Production and management of annual action plan to develop information governance activities; Audit of Information Governance arrangements; and Maintenance of Information Asset Registers. SLA is managed and monitored by Business Manager, 	<ol style="list-style-type: none"> The Information Governance Suite of Policies provided by BSO is due for review (May 2020). Not reviewed due to COVID-19. Information Governance Review identified recommendations for RQIA in relation to: <ul style="list-style-type: none"> Training IG Policy and Action Plan Information Flows and Information Asset Register Support from BSO Data Protection and GDPR Information Management Assurance Check indicates: <ol style="list-style-type: none"> Information Governance Mandatory Training: 95% target not met yet. An audit of corporate records held by RQIA required to be updated. 	<ol style="list-style-type: none"> BSO, as part of SLA agreement, to update relevant policies. Data Protection Officer (DPO) at BSO has advised that Policies have been updated and are awaiting approval by BSO Information Governance Group, whereupon RQIA will review at Policy Sub Group before being adopted across RQIA (30 November 2021). Action Plan developed and detail has been discussed with Chair of Audit and Risk Assurance Committee. Implementation of the recommendations are being progressed by Information Governance Group under the leadership of Personal Data Guardian (PDG) (30 November 2021). <ol style="list-style-type: none"> Information Governance Training for staff across HSC organisations has been made available on the eLearning Platform at the end of June 2021. RQIA has identified anomalies in the data and is undertaking a data cleansing exercise. Managers to ensure

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>with an annual review of the SLA; Customer feedback meetings; and written assurance updates.</p> <ul style="list-style-type: none"> • Senior Information Risk Officer (SIRO) and Personal Data Guardian (PDG) in place and trained. • Suite of Information Governance Policies provided by BSO. • Mandatory Training in Information Governance for all staff available. EMT refresher training took place in June. • GDPR: Awareness materials for public on RQIA website. • GDPR: Awareness materials for staff disseminated and on RQIA intranet. • ICT Asset Register updated and checked on all assets to ensure appropriate tagging by the Web Portal / ICT Administrator. • Independent review of Information Governance completed. • New Information Governance Group established, with action plan being progressed. 		<p>staff complete course (30 November 2021).</p> <p>b) BSO had agreed to undertake an audit of corporate records. DPO at BSO advised that, due to the high volume of FOIs being received at BSO, this has been delayed. Agreed that the audit will be taken forward by new Information Governance Group, in conjunction with DPO at BSO (30 November 2021).</p>
Assurances: Internal (I) and External (E)	<ol style="list-style-type: none"> 1. Monitoring of Information Governance and ICT security training compliance as part of the Performance Activity Report (PAR) for EMT and RQIA Board (I). 2. Information Incidents and complaints are reviewed when they arise by the Cases and Concerns Committee and EMT (I). 3. The Information Management Assurance Checklist (IMAC) has been completed, with all areas compliant, except for 2 (Training and Records Audit) – addressed in Actions to Close Gaps(E). 4. The Information Governance Group provides assurance to EMT (I) and PDG/SIRO provide assurances to the Audit and Risk Assurance Committee (ARAC). 	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	6	Moderate (3)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	29 September 2021	<ol style="list-style-type: none"> 1. Safe and Effective Care 2. People and Communities 	<p>Personal Data Guardian</p> <p>Senior Information Risk Owner</p>

PRINCIPAL RISK REGISTER: ID3

ID 3: Failure to achieve a breakeven position as reported in the Annual Accounts (ie a surplus or deficit of less than £20k). This is a Departmental requirement for RQIA and would put at risk the achievement of a key corporate objective.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)	LOW	4	Minor (2)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Internal Audit arrangements in place recent Internal Audit for Financial undertaken in Q2, 2021/2022 provided a satisfactory status. RQIA has the appropriate processes in place to routinely consider and approve the accounts/annual report through its Board Sub-Committee (Audit and Risk Assurance Committee (ARAC)) to the Board. Monthly Financial Performance Report is presented to the Board. Financial governance arrangements in respect of the Board are appropriately organised and reflect current DoH guidance. A full accounting service is provided to RQIA by the BSO Shared Services function and includes: <ul style="list-style-type: none"> Reconciliation of Control Accounts Provision of Monthly Management Accounts Asset Management Production of Annual Accounts Cash Management (including central banking requirements) Provision of routine financial information Financial support re fraud awareness, Assembly Questions, Freedom of Information requests, Internal/External audit recommendations. 	<ol style="list-style-type: none"> Lack of qualified financial expertise housed within RQIA. Gaps in governance processes from 2020/2021 independent financial governance review, as outlined. 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Chief Executive considering means to secure qualified Financial Accountant (31 October 2021). Chief Executive to consider potential to create a new position, as part of the revised examination of corporate/business services during Stage II of the RQIA Restructuring (31 December 2021). Remaining 4 recommendations from 2020/2021 Financial Review to be taken forward when committees meet, to include: <ol style="list-style-type: none"> Scheme of Delegated Authority (SODA) being reviewed by Board members - to be presented to future Board meeting (31 January 2022). Board self-assessment Governance Tool to be completed by the Chair and Board for Internal Audit (31 March 2022). Register of Interests to be brought to meeting of ARAC and Board (31 December 2021). Gifts and Hospitals Register to be brought to meeting of ARAC and Board (31 December 2021).

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> • An SLA with BSO is in place, with monitoring arrangements and regular formal meetings. • BSO Client Accountant attends the office twice per week and meets regularly with Chief Executive, Directors, Head of Business Support Unit and Business Manager. • Zero-based budgets now devolved to Assistant Director level and appropriate training received. • Centralised budget monitored by BSU Business Manager who has been identified as Finance Lead. • ARAC established. Standing reports on Whistleblowing, Fraud and Bribery, Direct Award Contracts & External Consultancy and Update on DoH Circulars considered. • External Audit arrangements are in place, with an External Audit Plan to audit the 2021/2022 accounts, discussed at ARAC. • Costs of COVID-19 response monitored and reported to the DoH, via Monitoring Returns. COVID-19 spend continues to be monitored. 		
Assurances: Internal (I) and External (E)	1. RQIA maintained financial control internally through ongoing budget management processes (I). 2. SLA monitoring of BSO contract which provides accounting services. (I, E) 3. Internal and External audit which covers audit of financial processes and annual accounts. (I, E) 4. Financial reporting at DoH liaison meetings.(E) 5. Secure independent financial advisor at service level. (I)	

CURRENT			
Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)

TARGET			
Risk Level	Risk Rating	Consequence	Likelihood
LOW	4	Minor (2)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	29 September 2021	3. Safe and Effective Care 4. People and Communities	Financial Advisor / Associate Acting Head of Business Support Unit

PRINCIPAL RISK REGISTER: ID4

ID 4: The Coronavirus Pandemic has had a material impact on the way we conduct our business, on staff working arrangements and on health and safety management. The potential impact of the Pandemic on our objectives has diminished but continuing contingency and health and safety arrangements are required and are largely described in the Management Plan 2021/2022.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	8	Major (4)	Unlikely (2)	MEDIUM	6	Moderate (3)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Winter and Service Pressures Delivery Plan approved by Authority Board and in place. Ongoing dialogue with Sponsor Branch regarding priorities in relation to inspection and review programmes. <p>All Staff</p> <ul style="list-style-type: none"> COVID Vaccine Programme in place for all staff. PPE in use, both in the office and when undertaking inspections / reviews of healthcare facilities. Risk assessment in relation to office space in Victoria House, to include COVID-19 aspect, undertaken. Process in place for those staff attending the office, with numbers limited. Where possible, the majority of staff are encouraged to work from home. Regular liaison with staff via Zoom meetings, regular staff weekly. Also, liaison with staff side reps via Joint Negotiating Forum (JNF). <p>Inspection Staff</p> <ul style="list-style-type: none"> COVID-19 Testing Programme in place for inspectors. We have re-orientated our approach from traditional on- 	<ol style="list-style-type: none"> Revision of Pandemic / Emergency Response Plan to reflect current COVID-19 restrictions. 	<ol style="list-style-type: none"> Chief Executive exploring possibility of additional resource from external healthcare organisations to revise the Pandemic / Emergency Response Plan, as part of the Business Continuity Plan, to ensure it is comprehensive and reflective of current situation and restrictions (31 October 2021).

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
site inspections in care homes to virtual, desktop and blended approaches. <ul style="list-style-type: none"> Revised targets (set in April 2021) in relation to achieving statutory functions / minimum requirements for regulated inspection which are reported in PAR, as part of the Performance Framework. Development of inspection schedules and Review Programme taken forward in Management Plan 2021/2022 and as part of the new Assurance Framework. 		
Assurances: Internal (I) and External (E)	Situation under weekly review via EMT (I) and through liaison with DoH Sponsor Branch and CMO (E)	

CURRENT			
Risk Level	Risk Rating	Consequence	Likelihood
HIGH	8	Major (4)	Unlikely (2)

TARGET			
Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	29 September 2021	1. Safe and Effective Care 2. People and Communities 3. Operational Excellence	Chief Executive Acting Head of Business Support Unit

PRINCIPAL RISK REGISTER: ID6:

ID6: A failure to improve standards in the regulated sector as a consequence of RQIA not creatively and appropriately responding to external reviews and reports and embedding involvement from service users and stakeholders in our inspection programme in the regulated sector. This has the potential to reduce RQIA's ability to respond to immediate safety and quality concerns in regulated services and thus drive improvement.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	9	Moderate (3)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Implementation and embedding of Assurance /Inspection Framework as part of the Management Plan 2021/2022. Intelligence from a wide range of sources is analysed such as: early alerts, whistleblowing, regulatory history, patterns across provider groups, PHA outbreak data, complaints, RADaR, Performance Management at Trust level. Liaison with partner organisations to share and receive information and intelligence. Internal quality assurance mechanisms to support decision-making which include Enforcement Procedures, Inspection Decision-Making Meetings, use of risk analysis, peer reviews, weekly team and directorate safety briefs. A range of assurance methods which include remote, blended and onsite inspections and other means of obtaining evidence from service providers. A range of inspection tools which are continually reviewed and adapted to support our approach to inspection and identification of risk in services to improve quality. Management Plan 2021/2022 built as a response to the independent review of external reports and 	<ol style="list-style-type: none"> Gaps in involvement and participation of service users and carers in design and ongoing improvement in our inspection approach and reporting templates. Engagement and Involvement Manager not in place. Need to enhance communications and engagement with key stakeholders, using a co-production approach. Staff require refreshed training in Human Rights. 	<ol style="list-style-type: none"> Develop, test and evaluate new models to support the integration of lay assessors within assurance / inspection activities. (30 November 2021) While there was an intention to recruit a senior manager to take forward Engagement, Involvement and PPI, as part of new structure, this has been paused and an Engagement and Communications Collaborative has been established to take forward development of our PPI and involvement approach. (31 December 2021) Communications and Engagement Strategy Group and Collaborative to work in partnership with stakeholders to develop a Communications and Engagement Strategy and a range of initiatives (31 January 2022). Trainer identified to provide Human Rights Training. Service Improvement Officer in

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>recommendations for RQIA.</p> <ul style="list-style-type: none"> Engagement work progressed with Care Opinion, VOYPIC, ARC, AGENI and Alzheimer's society, to focus on user friendly questionnaires. RQIA has embedded a range of regular liaison mechanisms with other agencies, professional regulators, NIMDTA, COPNI, CHASNI, interface meetings with HSC Trusts, CJNI, Police Ombudsman and the Mental Health Champion. New reporting formats have been updated and piloted. Guidance Team in place which deals with concerns from the public and providers. 		<p>Assurance taking forward (31 October 2021).</p>
Assurances: Internal (I) and External (E)	<ol style="list-style-type: none"> EMT and RQIA Board advised (I). DoH (Sponsor Branch) advised (E). 	

CURRENT			
Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)

TARGET			
Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	9	Moderate (3)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	29 September 2021	<ol style="list-style-type: none"> Safe and Effective Care People and Communities 	<p>Director of Assurance Acting Director of Improvement</p>

PRINCIPAL RISK REGISTER: ID7

ID7: A failure by RQIA to adequately execute its oversight responsibilities for individuals deprived of their liberty and a breach of its' statutory duties. There is also a risk of failure of RQIA to execute its responsibilities for oversight and its statutory duties for individuals / detained in hospital or detained under guardianship orders in the community, which may result in deficiencies in care or improper detention. In the absence of a clear derogation of the new regulations (Article 276 Mental Capacity Act (MCA) 2016), there is an associated risk of failure by RQIA to provide oversight of authorities holding monies and valuables worth more than £20k without consent will lead a breach of statutory duty and may result in improper use of such funds. These are Statutory Functions of the Authority under either the Mental Capacity Act (2016) and/or Mental Health Order (1986).

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	15	Moderate (3)	Almost Certain (5)	MEDIUM	9	Moderate (3)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Inspections to Mental Health wards and other registered establishments in place, which will include reviewing systems for Deprivation of Liberty and Detention under the Mental Health Order. Monitored through directorate and PAR reports. RQIA collates information relating to requests for consent to hold monies and valuables above £20K without consent under the MCA 2016. A process exists for Mental Health Order detention Form 10's to be scrutinised by healthcare professionals and outcomes shared with each Trust, with administrative checks on remaining mental health detention forms in place. Deprivations of Liberty processes and systems are reviewed as part of current inspection process in Care Homes. Where other intelligence relating to Deprivations of Liberties comes to our attention, it is responded to. Revised Business Case to implement functions has been submitted to DoH. 	<p>1. A reliable system is not currently in place to receive, consider and provide consent for the holding of funds by HSC Trusts and providers over £20k.</p> <p>2. A reliable system is not in place to receive, assure and report on forms received for Deprivation of Liberty or notifications for Nominated Persons under the Mental Capacity Act.</p>	<p>Further to the establishment of a new directorate anticipated in November, RQIA will define the necessary leadership and administrative resources required to support its mental health and learning disability functions. (1 January 2022)</p> <p>1. Updated business case was resubmitted to Department of Health on 29 June 2021 for implementation function, which addresses previous queries. Monthly meetings are now established with DoH Mental Health Policy Leads to clarify RQIA's position and inform decisions about future functions.</p> <p>2. Improve the level of professional oversight and scrutiny of mental health detention forms. Consideration being given to identify additional resource while we await business case approval. (1 January 2022).</p>

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
	<p>3. Current administrative arrangements do not provide professional scrutiny of all prescribed forms under the Mental Health Order.</p> <p>4. RQIA is not currently in a position to meet the statutory target of visiting every mental health ward annually and visiting those under guardianship orders in the community.</p>	<p>3. Define resources to visit those living in the community under guardianship. Consideration being given to identify adequate statutory / contractual resource as part of DoH request to identify additional resources over the next 1-3 years. (1 January 2022).</p> <p>4. A database of MCA information will be created and resources aligned. (31 December 2021).</p>
Assurances: Internal (I) and External (E)	Gaps in control have been notified to DoH (E)	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	15	Moderate (3)	Almost Certain (5)	MEDIUM	9	Moderate (3)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
February 2021	29 September 2021	<p>1. Safe and Effective Care</p> <p>2. People and Communities</p> <p>3. Operational Excellence</p>	Deputy Director of Improvement

PRINCIPAL RISK REGISTER: ID8

ID8: RQIA's management arrangements, resources and capacity may limit the organisation's ability to modernise its services and deliver on its corporate objectives.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	MEDIUM	9	Moderate (3)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
Human Resources <ul style="list-style-type: none"> Interim Board with 7 members established in November 2020. Board Committees in place and functioning. Chief Executive appointed in July 2021. Head of Business Support Unit appointed in July 2021 to cover secondment arrangement. Director of Hospital Services and Director of Mental Health and Learning Disability recruited in September 2021. Some functions covered by Transition Team (in place since October 2020): <ul style="list-style-type: none"> Director of Assurance until 31 March 2022 Professional Nursing Advisor until 31 March 2022 Responsible Officer (Medical) until 31 March 2022 Assistant Director and Admin Manager in place to take forward the establishment of the Office of the Chief Executive and Chair. Active management to reduce number of vacancies and secondments. Additional funding obtained in relation to Phase I of the Deceased Patients Review, with staff substitution secured through the Royal College of Physicians (RCP) to undertake review of records and other members of the Team secured through Agency. 	<ol style="list-style-type: none"> Need to recruit third Director's post (Director of Adult Care Services). Need to implement Restructuring Proposal. Over reliance on interim and temporary appointments, such as: <ul style="list-style-type: none"> Acting Deputy Director of Improvement Acting Assistant Director of Improvement Acting Information Manager Acting Complaints / Communications Manager Additional posts required for Office of the Chief Executive and Business Services. 	<ol style="list-style-type: none"> Director interviews to be held early November 2021, with successful candidate in post by 31 March 2022. Arrangements to agree Directorate Sub-structures with Chief Executive, Directors Designate and Head of Business Support Unit (31 December 2021). Secure permanent appointments as part of the agreement of sub-structures by the new Directors in relation to the Restructuring Proposal (31 December 2021). <ol style="list-style-type: none"> Recruitment of a Communications Manager: to undergo job evaluation and recruitment (30 November 2021). Recruitment of a Manager for Office of Chief Executive: to undergo job evaluation and recruitment (30 November 2021).

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> • Additional resource secured for the Registration Project to reduce the backlog via use of Bank Inspectors and Agency Admin Staff. • Additional resource secured for Hospital Inspections Team via use of Bank. • Additional resource secured for Independent Healthcare Team via use of Bank. • Additional resource secured from HSC Leadership Centre for an Associate to take forward preparation work in relation to the Muckamore Abbey Hospital Public Inquiry. • Additional resource implications over the next 3-5 years signalled to the DoH via financial planning unit. <p>Management Arrangements</p> <ul style="list-style-type: none"> • Management Plan 2021/2022 in place, with appropriate reporting via Business, Appointments and Remuneration Committee (BARC). • Statement of Strategic Intent developed and agreed by Authority Board - replaces Corporate Strategy 2017-2021. • Performance management framework in place. • Increased liaison with other regulators progressing. • Critical review of organisational risk ongoing. 	<p>5. Under-funded workstreams, such as work associated with the Mental Capacity Act (MCA) and Mental Health functions.</p> <p>6. Limited capacity to take forward Care Home Winter Readiness and to meet minimum statutory inspection targets and other inspection work across the HSC.</p> <p>7. Limited defined strategy agreed in relation to Workforce and Digital and Intelligence for the future.</p> <p>8. Short-term extension of liP Accreditation in place until November 2021.</p> <p>9. Limitations of information technology system, iConnect and requirement to update CRM software.</p>	<p>c) Chief Executive to consider securing qualified Financial Advisor on a temporary basis (30 November 2021).</p> <p>d) Secure ICT Project Manager via Agency to take forward the Software Update for iConnect (31 October 2021)</p> <p>5. a) Awaiting outcome of Business Case for additional support in relation to the MCA workstream, which has been submitted to the DoH (31 October 2021).</p> <p>b) Awaiting response to Business Case for Muckamore Abbey Hospital Public Inquiry, submitted to DoH (30 November 2021).</p> <p>6. a) Establishment of Peripatetic Team (31 October 2021).</p> <p>b) Cleansing of bank and staff availability and short term actions to align bank staff to areas of priority.</p> <p>7. Awaiting response to Business Case submitted to DoH to engage external consultancy to progress development of Workforce and Digital Strategy (31 October 2021).</p> <p>8. liP Insights Assessment to be carried out in November / December 2021 (31 December 2021).</p> <p>9. Business Case for iConnect being developed following proposal via Digital Healthcare Northern Ireland (DHCNI) (30 November 2021).</p>
Assurances: Internal (I) and External (E)	1. EMT and RQIA Board advised (I).	

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
	2. DoH (Sponsor Branch) advised (E).	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	MEDIUM	9	Moderate (3)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
February 2021	29 September 2021	2. People and Communities 3. Operational Excellence	Chief Executive

PRINCIPAL RISK REGISTER: ID9

ID9: There is a risk to the HSC network and organisations in the event of a cyber attack on a supplier or partner organisation, resulting in the compromise of the HSC network and systems, or the disablement of ICT connections and services to protect the HSC and its data. The impact and residual risk on the ability of the HSC to continue to deliver services to patients / service users / customers, compromise or loss of personal and organisational information and loss of public confidence.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	HIGH	12	Major (4)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Regional Information Governance and Advisory Group (IGAG) in place, with RQIA representation. Risk Management framework in place. Information Governance processes and monitoring of same. Emergency planning and business continuity plans. Disaster recovery plan. Change control processes. Data protection legislation. Trust and Regional Cyber Project Boards. <p>Technical Infrastructure - HSC security hardware (e.g. firewalls) / HSC security software (threat detection, antivirus, email & web filtering) / Server / Client Patching / 3rd party Secure Remote Access / Data & System Backups.</p> <p>Policy / Processes - Regional and Local ICT/Information Security Policies / Data Protection Policy / Change Control Processes / User Account Management processes / Disaster Recovery Plans / Emergency Planning &</p>	<ol style="list-style-type: none"> Business continuity plans need to be up to date, implemented and regularly tested. Develop and test an Information Governance Emergency Plan in response to a Cyber Attack. ICT security and data protection clauses require to be in all contracts. Partner organisations to meet security and IG standards of the HSC. Legal binding agreements are in place where contracts not required. 	<ol style="list-style-type: none"> Business Continuity Plans to be reviewed, updated and testing against the impact of a cyber incident. This will be taken forward in relation to securing additional resource from external healthcare organisations and in discussion with the Chair of the Audit and Risk Assurance Committee (ARAC) and Chief Executive (30 November 2021). IGAG to develop an IG management plan in the event of a Cyber incident (31 December 2021). Regional IG working group to be established to take forward the review of data flows from HSC/Partner organisations. (31 December 2021). Supplier framework – to include Security and IG clauses, risk assessment and security management plans (31 December 2021).

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>Service/Business Continuity Plans / Corporate Risk Management Framework, Processes & Monitoring / Regional & Local Incident Management & Reporting Policies & Procedures.</p> <p>User Behaviours - influenced through Induction Policy / Mandatory Training Policies / HR Disciplinary Policy / Contract of Employment / 3rd party Contracts / Data Access Agreements.</p>	<p>5. Review of existing contracts for Security and Data Protection clauses.</p> <p>6. Residual risk of non-compliance of HSC standards by supplier/partner organisation.</p> <p>7. Working effectively with partner or supplier organisation during recovery from a cyber attack/ incident (on that partner/ supplier organisation) to seek assurance of Cyber posture before re-engagement of data flows and/or services</p>	<p>5. Consider development and use of legally binding arrangements to secure best practice. (31 December 2021).</p> <p>6. Actions to support Partner/ Supplier Cyber Incident Recovery Planning. (31 December 2021)</p> <p>7. Seek a technical report on recovery actions undertaken by the partner/ supplier and consider against known best practice</p> <p>8. Seek written, evidenced assurances from supplier/partner organisation on the secure transfer and storage of HSC data. (31 January 2022).</p>
Assurances: Internal (I) and External (E)	<p>1. Contract Management and Reviews (I)</p> <p>2. DAA/MOU (I, E)</p> <p>3. Supplier/Partner Framework (E)</p> <p>4. Information Governance Advisory Group (IGAG) (E)</p> <p>5. Cyber Programme Board (E)</p>	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	HIGH	12	Major (4)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
Updated from Regional Approach: May 2021	29 September 2021	<p>1. Safe and Effective Care</p> <p>2. People and Communities</p> <p>3. Operational Excellence</p>	Chief Executive

PRINCIPAL RISK REGISTER: ID10

ID10: RQIA's management arrangements, resources and capacity in relation to its functions of registration may limit the organisation's ability to deliver on this vital function and subsequently, RQIA's corporate objectives. This could contribute to a risk to the safety and protection, as well of quality of care received by service users If providers operate while not appropriately registered and would have a subsequent negative impact upon RQIA's reputation.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
EXTREME	20	Major (4)	Almost Certain (5)	HIGH	16	Major (4)	Likely (4)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Project initiated, with Project Board, chaired by Chief Executive. Weekly update meetings with Project Board Senior Manager (Deputy Director, Assurance) has oversight of this function. Agency staff recruited (x 4 until end of March 2022) AND 0.5 WTE Band 7 Inspector secured using Bank. Plan in place to address Outstanding Applications. Band 4 Admin Supervisor and Intelligence Officer recruited on a temporary basis. Training Room secured in Victoria House. Weekly Monitoring Report for Project Board (detailing outstanding applications). New KPIs being reported to Executive Management Team and RQIA Board via Performance Activity Report (PAR). Triage activated for RQIA Telephone System, with dedicated option for Registration Team. 	<ol style="list-style-type: none"> Skills, knowledge and experience limited in Registration Team and need identified in relation to comprehensive understanding of customer relationships. Registration Procedures and Processes out of date. Provider Guidance out of date. Recent Internal Audit completed with resulting recommendations in: <ul style="list-style-type: none"> KPIs and Timeliness of Registration Processes Quality Checks and Learning Guidance for, and Communication with, Applicants 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Update Induction and Training (to include Customer Service Training) materials for all staff with registration responsibilities. (30 November 2021) Training Programme to commence (to include senior staff) (31 October 2021). Review / revise all documented procedures and processes for RQIA staff. (30 November 2021) Review / revise guidance for Providers and update Website. (30 November 2021) Address Recommendations from recent Internal Audit on Registration, with a focus on the Agencies Team in Assurance Directorate (28 February 2022)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
	5. Under-resourcing in relation to one inspector who is able to undertake a financial assessment for registration applications.	5. Recruitment of additional finance inspector to be considered (31 March 2022).
Assurances: Internal (I) and External (E)	Project Board, EMT and RQIA Board advised (I). Internal Audit (E) DoH (Sponsor Branch) advised (E).	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
EXTREME	20	Major (4)	Almost Certain (5)	HIGH	16	Major (4)	Likely (4)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
July 2021	29 September 2021	1. Safe and Effective Care 2. People and Communities 3. Operational Excellence	Chief Executive

Date of Meeting	4 November 2021
Title of Paper	Draft Statement for the NI Committee for Health oral Briefing 9 November.
Agenda Item	ITEM 9
Reference	O/11/21
Author	Emer Hopkins, Interim Director of Improvement
Presented by	Emer Hopkins, Interim Director of Improvement
Purpose	To advise Authority Board members of the content of the draft statement to be submitted to the Health Committee on 5 November 2021 in advance of anticipated oral briefing session on 9 November 2021
Executive Summary	The enclosed draft statement provides an update on progress of the deceased patients Review being undertaken by RQIA Review Programme under the Directorate of Improvement.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the draft statement for the NI Committee for Health
Next steps	Pending approval this statement will be submitted to the clerk of the health committee on the 5 November.

DRAFT STATEMENT FOR THE NI COMMITTEE FOR HEALTH

**UPDATE ON EXPERT REVIEW OF RECORDS OF DECEASED PATIENTS
OF DR WATT**

Further to your request on behalf of the Committee for Health, I am pleased to provide you with an update on the progress on The Expert Review of Records of Deceased Patients of Dr Watt (2008-2018). This update builds further upon that previously provided to this Committee on 08 June 2021.

The Committee has previously been advised that the first phase (Phase 1) involved significant preparatory work, including the development of a legal framework, to allow RQIA to access the clinical records of the deceased patients of Dr Watt. Phase 1 was completed, with the legal framework being formally adopted by the Chief Executives of the relevant health and social care (HSC) bodies in November 2020.

Given the significant number of deceased patients who died during the period covered by this Review (2008-2018), RQIA has agreed with the Department of Health to take a phased approach to the Review. This statement therefore focuses on Phase 2 of the Review, which is currently in progress.

As we have previously indicated, an Expert Review Panel of experienced consultants, from outside of Northern Ireland, has been formally engaged through The Royal College of Physicians (RCP) to conduct the review of records of the deceased patients of Dr Watt selected for Phase 2 of the Review.

The work was commissioned in two parts. Two Proposals for work are being undertaken by the RCP; Proposal 1 covers the group of 29 deceased patients whose families have made contact with RQIA; Proposal 2 covers the group of 16 patients who were included in the Belfast Trust's Cohort 1 live recall but unfortunately died before either attending or completing their re-assessment.

As part of their work, the expert panel has committed to consider information shared by families of the deceased patients, after they have reviewed the medical records.

In April 2021, we approached the 29 families whose deceased relatives are covered by Proposal 1, to offer the opportunity to find out more about the Review and to become involved if they wished to do so. The response was as follows:

- 13 families opted to meet in person with the Family Liaison Team¹
- 10 families opted to engage via telephone, zoom, email and/or by post;
- 4 families opted to have no further contact with the review; and despite best efforts
- 2 families did not respond.

We also wrote to the GP's of the 16 patients covered by Proposal 2, in an effort to make contact with their next of kin. This resulted in a response from only 1 family who opted to meet in person with the Family Liaison Team, 1 family who engaged initially via letter and thereafter via telephone and email, and 1 family who advised they did not wish to be involved with the review.

A total of 25 families opted to engage with RQIA's Family Liaison Team; all expressed a wish to have their concerns regarding the care and treatment provided to their relative by Dr Watt considered by the expert panel. The Family Liaison Team therefore continued to engage with these families over the summer months to assist them, and finalise the content of individual Family Information Forms to their satisfaction, in preparation for review by the expert panel.

The records to be reviewed include clinical records, GP records, death certificates, coronial reports (where applicable), records regarding those patients treated by Dr Watt in the independent sector (where applicable) and information extracted from the Northern Ireland Electronic Care Record (NIECR) system.

The records, which were obtained from Health & Social Care source organisations, were then digitised, redacted, quality checked, indexed and uploaded to a secure electronic location, to enable remote review by the expert panel. A specific team of 5 digitisation officers were employed for various periods from March to August 2021, to undertake this work and an RQIA officer undertook quality assurance and oversight of the project management of this important piece of work. In total, over 190 volumes of patient records amounting to approximately 67,000 individual pages were processed, redacted and quality checked.

In August 2021 Dr Watt's legal team provided RQIA with copies of records pertaining to those patients within Phase 2 of the Review who had been treated by Dr Watt in the independent sector, thus enabling the digitisation team to finalise their work of preparing the records for review.

The patient records were made available to the expert panel in August, who then began the work of reviewing these. It is expected that the work of the expert panel in conducting the review of the records will have completed at the end of October 2021. The RCP have given an undertaking to provide RQIA with an interim summary of findings soon after, anticipated to be by the end of November. This summary will be shared with the Department of Health and inform discussions regarding future phases of this work. RCP have also indicated to us that a further period of time will be required to undertake the sensitive work of producing individual patient summary reports for each of the 45 deceased patients, to be provided to

¹ The Family Liaison Team comprises of RQIA review team staff supplemented by experienced clinicians including a clinical psychologist and consultant medical doctor. These professionals were identified specifically to support this work because of their skills and experience in engagement with families on sensitive issues. In addition to the face to face meetings which took place with some families, the team also supported a help-line and a dedicated email address. A range of information and materials were also developed by the Family Liaison Team for the families and for the website. These included frequently asked questions, a bereavement support leaflet and information leaflet about the review.

those families who wish to receive this. It is currently expected these would be available around April 2022.

The committee is asked to appreciate that these timelines outline our best estimates and that those families with whom we have been engaging will be advised of expected timescales on a continued basis.

We are extremely mindful that our contact with the families could prove painful and might further impact on their grief and sorrow. RQIA gave significant thought to how to engage in the most compassionate way possible. We offered a range of methods including email, an online form, telephone interviews, or a face to face meeting with our Family Liaison Team which would take place in a neutral venue.

RQIA has been proactive in providing support to families, and has identified a number of organisations who can offer support. We also established a contract with *Inspire Wellbeing*² to support family members with independent counselling, should this be required. To date, we are aware of 5 individual family members having availed of this support.

In keeping with an approach of no surprises, the Family Liaison Team continue to be in regular contact with each of the families who have engaged with us to provide them with updates on expected timescales for the reports and individual case summaries, as these become clearer. The families will be offered a range of options for receiving information regarding the findings and the case summaries of their loved ones.

It is noteworthy that as of 29 October, a further 9 families have made contact with RQIA, expressing concerns regarding the care and treatment provided to their deceased relatives by Dr Watt, and wishing to have their records expertly reviewed in future. Several of these contacts are recent, having arrived after the BBC Spotlight programme aired on 29 September 2021, and after the media coverage regarding Dr Watt having been granted voluntary erasure from the GMC register. Following these events we have reached out to the families involved in Phase 2 of the Review to answer any questions they may have had and to provide reassurance of our commitment to this important work.

As previously highlighted, a large number of deceased patients have been identified as potentially falling within the scope of the Review. Work is ongoing to ascertain the accuracy and completeness of the list that we were provided with, in order that we can better estimate the number of patients on the list who can be confirmed as being under the care of Dr Watt at some point in their lives. We continue to liaise with representatives from HSCB and BSO who have expertise in this field of work, as we await future directions from the Department of Health. The experience we have gained from Phase 2 has reinforced to us the critical importance of such high profile and sensitive work being thoroughly planned and fully resourced.

RQIA will, in partnership with the Department of Health, continue to give careful consideration to these matters and as such, all future decisions regarding this work will include learning emerging from the work on Phase 2.

² RQIA has commissioned Inspire Wellbeing to provide an independent and confidential counselling service for family members who have been affected by this Review. Inspire provides those who avail of the service with a private space to discuss their thoughts and feelings around the Review and how it has impacted on them, by talking with an experienced counsellor, skilled in psychological support. The support offered by Inspire is entirely separate to the Review process, and none of the information family members discuss or share with their counsellor is shared back with RQIA.

In addition, conscious of the sensitive nature of this Review and the significant public interest, RQIA continues to regularly provide updated information on our website.