AGENDA

RQIA Board Meeting
Boardroom, RQIA
Monday 15 May 2017, 9.30am

	BUSINESS IN CONFIDENCE	**Paper Ref**	
1	Welcome and Apologies		9.30am
2	Minutes of the private meeting of the Board held on Thursday 23 March 2017	Min/Mar17/ private	9.30am **APPROVE**
3	Matters arising from minutes		9.30am
4	Declaration of Interests		9.35am
5	Chief Executive's Confidential Brief **Chief Executive**		9.35am **NOTE**
6	Governance and Board Effectiveness Review **Interim Chair**	A/05/17	9.45am **NOTE**
7	Any Other Business		10.30am
	Coffee Break		

	PUBLIC SESSION		
1	Welcome and Apologies		10.45am
2	Minutes of the public meeting of the Board held on Thursday 23 March 2017	Min/Mar17/ public	10.45am **APPROVE**
3	Matters arising from minutes		10.45am
4	Declaration of Interests		10.50am
5	Interim Chair Report **Interim Chair**	B/05/17	10.50am **NOTE**
6	Meetings attended by RQIA Non-Executives **Interim Chair**	C/05/17	11.00am **NOTE**

STRATEGIC ISSUES

7	Corporate Risk Assurance Framework Report **Director of Corporate Services**	D/05/17	11.05am **APPROVE**
8	Corporate Performance Report, Quarter 4 **Director of Corporate Services**	E/05/17	11.15am **APPROVE**
9	GAIN Integration into Reviews Directorate **Medical Director and QI Lead**	F/05/17	11.25am **NOTE**
10	Audit Committee Business **Committee Chairman** To include:	G/05/17	11.40am **NOTE**

- Approved minutes of meeting on 8 March 2017
- Verbal update on meeting on 4 May 2017

OPERATIONAL ISSUES

11	Chief Executive's Report **Chief Executive**	H/05/17	11.45am **NOTE**
12	Finance Report **Director of Corporate Services**	I/05/17	11.55am **NOTE**
13	Scheme of Delegation **Director of Corporate Services**	J/05/17	12.00pm **APPROVE**
14	Update to Standing Orders **Director of Corporate Services**	K/05/17	12.05pm **APPROVE**
15	Any Other Business		12.10pm

Date of next meeting: 6 July 2017, RQIA Boardroom

RQIA Board Meeting

Date of Meeting	11 May 2017
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min/Mar17/public
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 23 March 2017
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 23 March 2017
Next steps	The minutes will be formally signed off by the Chair and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
19 January 2017, 10.30am

Present	**Officers of RQIA in attendance**
Prof Mary McColgan OBE (Interim Chair)	Olive Macleod (Chief Executive)
	Maurice Atkinson (Director of Corporate Services)
Patricia O'Callaghan	Theresa Nixon (Director of Mental Health, Learning
Stella Cunningham	Disability and Social Work)
Lindsey Smith	Kathy Fodey (Director of Regulation and Nursing)
Gerry McCurdy	Lourda Geoghegan (Medical Director and Quality
Sarah Havlin	Improvement Lead)
Dr John Jenkins CBE	Malachy Finnegan (Communications Manager)
Denis Power	Hayley Barrett (Board and Executive Support
Seamus Magee OBE	Manager)
Daniel McLarnon	

Apologies
Dr Norman Morrow OBE
Robin Mullan

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chair welcomed all members and Officers of the Board to this meeting. The Chair acknowledged apologies from Dr Norman Morrow and Robin Mullan.

2.0 Agenda Item 2 - Minutes of the public meeting of the Board held on Thursday 19 January 2017 (Min/Mar17/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 19 January 2017.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 The Board noted that actions 138 to 149 are now completed. The Chair of Audit Committee provided an update in relation to action 139 and advised that the meeting took place on Thursday 16 March 2017 and recommendations were made in relation to committee membership which will be shared with Board members.

| 3.2 | The Chief Executive advised that in relation to action 150 the bi-monthly meeting with the Department of Health was deferred. The Director of Corporate Services advised that the Department of Health are currently working on the revised Management Statement and Financial Memorandum. |

| 3.3 | The Chief Executive advised that in relation to action 127, 150, 152 will be brought to the meeting of the Board held on Thursday 11 May 2017. The Board noted that in relation to action 151 will be presented at the next Board workshop. The Chief Executive provided an update in relation to action 153, advising that the Executive Team is looking at alternative ways to evaluate the effectiveness and added value of hospital inspections. |

| 3.4 | A Board member requested that a status column is added to reflect to Board members the progress of actions. |

3.5 **Resolved Action (154)**
The Board and Executive Support Manager will add a status column to all Board minutes going forward.

4.0 **Agenda Item 4 - Declaration of Interests**

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

5.0 **Agenda Item 5 - Chairman's Report**

| 5.1 | The Chair presented the Chairman's report the Board members acknowledged the meetings attended by the Chairman. |

| 5.2 | The Board members noted the concerns raised in the report and it was agreed that they will be discussed following the Inspection Framework Project paper, agenda item 11. |

| 5.3 | The Director of Corporate Services advised the Board that an updated scheme of delegation will be presented to the Board on 11 May 2017. |

5.4 **Resolved Action (155)**
The updated scheme of delegation will be presented to the Board on 11 May 2017.

| 5.5 | The Board **NOTED** the Chairman's Report. |

6.0 **Agenda Item 6 – RQIA Board member Attendance at Events and Meetings**

| 6.1 | Board members requested clarity on this process. |

6.2 **Resolved Action (156)**

The Chief Executive will seek clarity from Dr Paddy Woods in relation to the Board member Attendance at Events and Meetings.

6.3   The Board **NOTED** the RQIA Board member Attendance at Events and Meetings.

7.0   Agenda Item 7 – Corporate Risk Assurance Framework Report

7.1   The Director of Corporate Services presented the Corporate Risk Assurance Framework Report and advised that it was approved at the meeting of the Audit Committee held on 8 March 2017.

7.2   The Director of Corporate Services advised that a horizon scanning exercise was completed on 21 March 2017 and the outputs will be presented to the Audit Committee on 4 May 2017 and included on the Corporate Risk Assurance Framework report if required.

7.3   The Director of Corporate Services noted that there are seven high level risks. The Director of Corporate Services referred Board members attention to page 20, highlighting the addition of a new risk.

7.4   <u>**Resolved Action (157)**</u>
The Director of Corporate Services will present the Corporate Risk Assurance Framework Report to the meeting of the Board held on 11 May 2017.

Board members **APPROVED** the Corporate Risk Assurance Framework Report

8.0   Agenda Item 8 – Corporate Performance Report, Quarter 3

8.1   The Director of Corporate Services presented the Corporate Performance Report for Quarter 3 to the Board. The Director of Corporate Services advised that 88% of actions are complete, 8% amber and 4% of actions are incomplete.

8.2   The Director of Corporate Services asked Board members to refer to page 31, the exception report. The Director of Corporate Services noted that the workforce plan is an exception as it was not approved by the Board for implementation, therefore asked that Board members approve the removal of this as a new workforce review has commenced with the HSC Leadership Centre. Board members approved the removal of this from the exception report.

8.3   The Director of Corporate Services noted that the ISO Project has commenced, the Chief Executive is the Chair, a project manager has been appointed and the Project Board met on 13 March 2017.

8.4   The Director of Corporate Services provided an update in relation to the MHLD information system, advising that the Project Board will meet on Thursday 30 March 2017 to sign off the outline business case and

specification. It is anticipated that the new system will be implemented during Quarter 1 of 2018-19.

8.5 Board members **NOTED** the Enforcement Procedures

9.0 Agenda Item 9 – Audit Committee Business
- **Approved minutes of meeting on 20 October 2016**
- **Verbal update on meeting on 8 March 2017**

9.1 The Chair of Audit Committee informed Board members that the minutes of the meeting on 20 October 2016 were approved at the Audit Committee meeting on 8 March 2017.

9.3 Board members **NOTED** the approved minutes of the Audit Committee meeting on 20 October 2016.

9.2 The Chair of Audit Committee advised that at the Audit Committee meeting on 8 March 2017, a revised timescale for the presentation of final accounts was presented. The Board noted that there is no impact on RQIA staff with the revised timings.

9.3 The Chair of Audit Committee advised that the Chief Executive provided an update on the key risks, and an update was received from Internal Audit on the audit of GAIN.

9.4 The Chair of Audit Committee advised that horizon scanning with Audit Committee members, the Chief Executive, Director of Corporate Services and Planning and Corporate Governance Manager was completed on 21 March 2017. A PESTLE analysis was conducted and feedback received will be shared with all Board members.

9.5 Resolved Action (158)
The Chair of Audit Committee will share the PESTLE analysis and feedback from the horizon scanning with all Board members for feedback.

9.6 The Chair of Audit Committee advised that he will attend a meeting at Stormont for all Chairs of Audit Committees.

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

10.0 Agenda Item 10 – Chief Executive's Report

10.1 The Chief Executive presented her report to the Board. The Chief Executive highlighted that the ISO project has begun.

10.2 The Chief Executive noted that the Executive Management Team have a meeting with the IIP assessor arranged for next week.

10.3 The Chief Executive informed Board members that a workstream has been

developed to standardise and streamline the questionnaires used to assess service user opinions across the organisation. The Chief Executive advised that this will be shared with members at the next Board workshop.

10.4   Resolved Action(159)
The Chief Executive will provide an update to Board members on the standardisation of questionnaires across the organisation

10.5   A Board member suggested that a short paper is presented to the Board quarterly, on the types of enforcement action taken in different cases, for example special measures.

10.6   Resolved Action (160)
Further discussion and clarification to be received at Enforcement Training, 6 April 2017.

10.7   Board members **NOTED** the Chief Executive's Report

11.0   Agenda Item 11 – Inspection Framework Project

11.1   The Chief Executive presented the inspection framework project paper and advised that a 'way forward' paper was presented to the Board in September 2016.

11.2   The Chief Executive advised that the project board approved the project initiation documentation at the meeting on 21 November 2016. The Project Board meeting in January 2017 was deferred as the proposal from Queen's University Belfast was not available.

11.3   The Chief Executive advised that three members of Queen's University Belfast are conducting the research in a three month period, and it is expected that a report will be available in late April / early May and will be shared with the Board.

11.4   A Board member acknowledged that the Chairman, in his report, has voiced concerns in regard to lengthening of the process. Board members agreed that the current approach lengthens the process, however, there was a unanimous decision made that there are no governance issues with the approach taken to the project and are supportive of the project.

11.5   Board members **ENDORSED** the Inspection Framework Project.

12.0   Agenda Item 12 – Finance Report

12.1   The Director of Corporate Services updated the Board on the financial position as at the end of January 2017. Currently RQIA are forecasting breakeven with an underspend of £3000, based the position at the end of February and associated pay and non-pay assumptions.

12.2   The Director of Corporate Services noted that RQIA are meeting the prompt payment targets for 30 and 10 days. Debt recovery has been outsourced to

BSO with approximately £8600 outstanding in 2016/17. The Director of Corporate Services advised that there is approximately £2000 outstanding from 2015/16.

12.3   The Director of Corporate Services advised Board members that there are two issues that have arisen in relation to, superannuation calculations and the accrual of public holidays for persons off on maternity leave. The former could impact on the end-of-year position and break-even.

12.4   Board members **NOTED** the Finance Report.

13.0   Agenda Item 13 – RQIA Corporate Strategy 2017-21
- **Consultation Feedback Report**

13.1   The Director of Corporate Services advised Board members that the consultation on the RQIA Corporate Strategy 2017-21 closed on Wednesday 22 March 2017 at 4.00pm. The Director of Corporate Services advised that the Consultation Feedback Report captures both written submissions and feedback from attendees at the three RQIA Consultation Events.

13.2   The Director of Corporate Services advised Board members that the changes to the RQIA Corporate Strategy 2017-21 are highlighted in red.

13.3   Board members suggested minor amendments to the RQIA Corporate Strategy 2017-21 for consideration by the Executive Team.

13.4   Board members acknowledged the work of the Planning and Corporate Governance Manager on the turnaround of the documents following the consultation closing at 4.00pm on 22 March 2017.

13.5   The Director of Corporate Services advised that the Equality Screening remains unchanged following the consultation.

13.6   The Board **APPROVED** the RQIA Corporate Strategy 2017-21, subject to amendments.

13.7   The Director of Corporate Services advised members that the RQIA Corporate Strategy 2017-21 will be forwarded to DoH and DFP for approval.

13.8   Resolved Action (161)
The Director of Corporate Services will forward the RQIA Corporate Strategy 2017-21 to DoH and DFP for approval.

14.0   Agenda Item 14 – RQIA Business Plan 2017-18

14.1   The Director of Corporate Services presented the RQIA Business Plan 2017-18 to the Board. The Director of Corporate Services noted that it is aligned to the RQIA Corporate Strategy 2017-18 and the finance section

will be updated on receipt of the RQIA budget allocation.

14.2   The Director of Corporate Services advised that the RQIA Business Plan 2017-18 is laid out as suggested at the Board Workshop on 16 February 2017.

14.3   The Director of Corporate Services noted that eight high level outcome measures have been developed that will be reported annually.

14.4   Resolved Action (162)
The Director of Corporate Services will ensure consistency between the RQIA Corporate Strategy 2017-21 and the RQIA Business Plan 2017-18.

14.5   A Board member advised the Board members, that they must trust the Executive Management Team to take forward the RQIA Business Plan 2017-18 advising that it is an iterative document that can be reviewed at a later stage to ensure that it is an effective tool and providing the information that is required.

14.6   Board members suggested minor amendments to the RQIA Business Plan 2017-18 for consideration by the Executive Management Team.

14.7   Resolved Action (163)
The Director of Corporate Services will submit the RQIA Business Plan 2017-18 to the Department of Health for approval.

14.8   Board members noted that there is a need to have a definitive objective that provides an agreed, worked out plan of action, in place of the current statement which will have milestone markets for each phase of the Inspection Assessment Framework.

14.9   The Board **APPROVED** the RQIA Business Plan 2017-18, subject to amendments.

15.0   Agenda Item 15 – Any Other Business

15.1   As there was no other business, the Chairman brought the public session of the Board to a close at 2.00pm.

Date of next meeting:
11 May 2017, RQIA Boardroom

Signed   _____
              Professor Mary McColgan
              Interim Chair

Date   _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
152	19 January 2017	The Director of Mental Health, Learning Disability and Social Work will develop a policy, detailed procedures and an impact analysis on the Assessment of New Areas of Work	Director of Mental Health, Learning Disability and Social Work	6 July 2017	🟠
153	19 January 2017	The Chief Executive will provide a paper to the Board in relation to an external evaluation of the effectiveness and added value of hospital inspections	Chief Executive	6 July 2017	🟠
154	23 March 2017	The Board and Executive Support Manager will add a status column to all Board minutes going forward.	Board and Executive Support Manager	11 May 2017	🟢
155	23 March 2017	The updated scheme of delegation will be presented to the Board on 11 May 2017.	Director of Corporate Services	11 May 2017	🟢
156	23 March 2017	The Chief Executive will seek clarity from Dr Paddy Woods in relation to the Board member Attendance at Events and Meetings.	Chief Executive	11 May 2017	🟢
157	23 March 2017	The Director of Corporate Services will present the Corporate Risk Assurance Framework Report to the meeting of the Board held on 11 May 2017.	Director of Corporate Services	11 May 2017	🟢

158	23 March 2017	The Chair of Audit Committee will share the PESTLE analysis and feedback from the horizon scanning with all Board members for feedback.	Chair of Audit Committee	11 May 2017	🟢
159	23 March 2017	The Chief Executive will provide an update to Board members on the standardisation of questionnaires across the organisation	Chief Executive	8 June 2017	🟠
160	23 March 2017	Further discussion and clarification to be received at Enforcement Training, 6 April 2017.	Director of Regulation and Nursing	11 May 2017	🟢
161	23 March 2017	The Director of Corporate Services will forward the RQIA Corporate Strategy 2017-21 to DFP for approval.	Director of Corporate Services	11 May 2017	🟢
162	23 March 2017	The Director of Corporate Services will ensure consistency between the RQIA Corporate Strategy 2017-21 and the RQIA Business Plan 2017-18.	Director of Corporate Services	11 May 2017	🟢
163	23 March 2017	The Director of Corporate Services will submit the RQIA Business Plan 2017-18 to the Department of Health for approval.	Director of Corporate Services	11 May 2017	🟢

Key

Behind Schedule	🟥
In Progress	🟧

Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Interim Chair Report
Agenda Item	5
Reference	B/05/17
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIR'S REPORT

1. Since the last board meeting, I have maintained regular contact with CEO via face to face update meetings and telephone contacts.

2. Reports considered include Review of Information and Potential for Analysis to inform the Work of the Regulation and Quality Improvement Authority, Systematic Review report completed by QUB for Inspection Assessment Framework and Mental Health Capacity Act (Northern Ireland) 2016 Code of Practice.

3. In the Chair's absence, I have liaised with Dr Paddy Woods re attending key meetings and was advised that sponsor branch would identify these as required. The end of year accountability meeting is scheduled for 15th June but that is normally preceded by a "ground clearing meeting" attended by CEO and representatives of sponsor branch. Interim chair arrangements continue to be in place.

4. NED seminar scheduled for 5 May was cancelled and has been rescheduled for 31 May 2017.

5. Inspection Assessment Framework Project Board is due to meet again on 22 May.

6. Following discussions with Dr Woods, I have been involved in undertaking CEO appraisal and liaising with HR regarding extension to contract.

7. Participated in RQIA Annual ICT Asset Check.

Mary McColgan
Interim Chair

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Meetings attended by RQIA Non-Executives
Agenda Item	6
Reference	B/05/17
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board external engagements and key meetings attended by RQIA Non-Executives since the last Board meeting of RQIA.
Executive Summary	Since 23 March 2017, one meeting has been attended by members of RQIA Non-Executives..
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

RQIA BOARD MEMBER ATTENDANCE AT EVENTS AND MEETINGS

1) Meetings / Events Attended:

22 March 2017	Patricia O'Callaghan Prof. Mary McColgan	*Attendance:* Olive Macleod Theresa Nixon Kathy Fodey Representatives from CQC, CSSIQ, HIQA and CIS
Summary of Discussions / Issues ⸺ Risk assessment, proportionate enforcement, and quality improvement. Decision making on action. ⸺ Concerns and stresses on inspectors. ⸺ Assessment frameworks. **Actions / Outcomes Arising** ⸺ Develop projects for improvement within RQIA, basing inspection on a risk based approach following revised fees and frequencies regulations		
3 May 2017	Patricia O'Callaghan Seamus Magee Stella Cunningham	*Attendance:*
⸺ Training of new panel members in policy and procedures re part 2 and SOAD doctors ⸺ Awareness of role of Part 11 and Part 4 doctors ⸺ Awareness of relevant legislation		

RQIA Board members

9 May 2017

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	7
Reference	D/05/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	A detailed change log is enclosed in the report. The risks are grouped into five categories which RQIA faces: • Financial • Information • Regulatory & Legal • Operational • Reputational
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 6 July 2017.

CORPORATE RISK ASSURANCE FRAMEWORK

RQIA Board Meeting May 2017

EXECUTIVE SUMMARY

The last Corporate Risk Assurance Framework report was presented to the Audit Committee on 8 March 2017.

A Horizon Scanning Workshop was held in March 2017 with Board and EMT members from the Audit Committee. At this workshop a PESTLE Analysis, last undertaken in April 2015, was discussed and updated. The following key areas were tabled for discussion to assist in updating the RQIA Corporate Risk Register:

- Changes and increases to RQIA's Regulation Framework
- Current and future efficiency savings
- Unregulated services
- The limited size (resources and capacity) of RQIA versus the magnitude of the NI Health sector
- Reputation / Branding of the RQIA
- Succession Planning
- New MHLD Legislation
- BSO shared services and its impact opn RQIA's Governance Requirements
- External Factors – Brexit, NI Assembly, Nursing Shortages, Financial austerity measures etc

The Corporate Risk Assurance Framework has been updated to reflect the key risks impacting the RQIA risk environment and the following two risks were re-assessed, downgraded and moved to the appropriate Directorate Risk Registers:

- There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners and lack of recurrent funding to support the additional work.
- There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.

A referencing system for all RQIA Risks was introduced in May 2017. The following codes have been introduced for all risk registers:

- Corporate Risk Assurance Framework Report - CR
- Chief Executives Office – CX
- Reviews – R
- Regulation – RN
- Corporate Services – CS
- MHLD – M

The date of when the risk was added to the risk register is incorporated into the Risk Scoring Matrix section. All risks added prior to May 2017 will incorporate the May date.

Details of all amendments are noted in the Risk Log

RISK SCORING MATRIX

IMPACT	Risk Scoring Matrix				
5 - Very High (VH)					
4 - High (H)					
3 - Medium (M)		CR2, CR5	CR1, CR3, CR4		
2 - Low (L)					
1 - very Low (VL)					
LIKELIHOOD	A - Very low (VL)	B - Low (L)	C - Medium (M)	D - High (H)	E - Very High (VH)

RISK CR1   There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its legislative functions and providing the required level of assurances. **(May 2017)**

RISK CR2   There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. **(May 2017)**

RISK CR3   There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work. **(May 2017)**

RISK CR4   There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and or emotional harm. **(May 2017)**

RISK CR5   There is a risk that RQIA will not achieve its financial target as set by the DoH. **(May 2017)**

RISK LOG

Risk Log – May 2017					
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	5		0	5	
Risk ID		**Description of Change**	**Details**	**Date Changed**	**Risk Rating**
Operational Risks					
Previously Risk 3 There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners and lack of recurrent funding to support the additional work.		**Risk Removed**	RQIA have sourced the recurring funding internally to cover the costs for the provision of SOADs appointed by RQIA upon receipt of Form 23. This risk has been re-assessed, downgraded and moved to the MHLD Directorate Risk Register.	27/04/2017	
Previously Risk 4 There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.		**Risk Removed**	This risk has been mitigated through the project management of the service change; working collaboratively with BSO during the period of transition; setting up appropriate liaison arrangements and contacts within RQIA in relation to the outsourced services; and reviewing the performance of the delivery of the new services. This risk has been re-assessed, downgraded and moved to the Corporate Services Directorate Risk Register.	27/04/2017	
Risk CR3 There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.		**Action Implemented**	Action Implemented and moved to current controls - Financial Scenario Plan for 2017/18 produced in relation to 2/5/10/15% savings targets	27/04/2017	**Unchanged M/M**

CORPORATE RISK ASSURANCE FRAMEWORK

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Operational Risks												
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
CR1	There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its current functions or provide the required level of assurances.	CE	• RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements. • RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities.		M	M	M			• Agree a policy and procedure for consideration of additional work	MHLD	July 2017

Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
CR2	There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models.	CE	• A paper detailing the gaps in legislative provision for DOH was forwarded to DOH in Sept 2014 and updated in 2016. • Any services that are identified to / by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DoH.		L	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework. • Update paper detailing the gaps in legislative provision for DOH.	CE R&N	Ongoing May 2017
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
CR3	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.	CE	• Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078). • Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes. • EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. • Regular review by the EMT of key vacancies at senior and mid-level.	M	M	M			• Undertake a workforce review in order to optimise the shape, capacity and capabilities of the workforce required to deliver the corporate strategy in the context of austerity and a fast changing HSC environment. • Provide opportunities for staff through succession planning initiatives to develop their experience, skills and knowledge in order to retain staff with the potential to take on additional responsibilities and fill	CE CE	June 2017 Ongoing

			• core business. • Financial Scenario Plan for 2017/18 produced in relation to 2/5/10/15% savings targets	•			 			critical roles in the future.	
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively											
CR4	There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and / or emotional harm.	CE	• Implementation of the actions/guidance from relevant bodies for RQIA staff carrying out inspections. • Regular contact with key stakeholders for information on any identified risk to staff	•	M	M	M			• Provide appropriate safety training for all RQIA staff involved in inspections. • Continue to review role of each inspector prior to the commencement of each inspection • Continue to liaise with relevant bodies for up to date information and or identification of any risk to staff welfare and safety.	Reviews, MHLD and Regulation Reviews, MHLD and Regulation Reviews, MHLD and Regulation	Ongoing Ongoing Ongoing

Financial Risks

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

|					L	M	M				CE	Ongoing
CR5	There is a risk that RQIA will not achieve its financial target as set by the DoH.	CE	• Finance reporting structures are in place. • Developed a 2016-17 Savings Plan to meet the 3% recurring reduction in RQIA's RRL (£207,078).	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.	L	M	M			• Deliver the 2016-17 Savings Plan meeting the 3% recurring reduction in RQIA's RRL including the use of the Voluntary Exit Scheme (VES). • Bid for VES monies for 2017/18 and await notification of allocation from DoH.	CE CE	Ongoing June 2017

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Q4 Corporate Performance Report 2016-17
Agenda Item	8
Reference	E/05/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the fourth quarter of 2016-17, 92% of the actions within the Corporate Performance Report were delivered by the year end.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report
Next steps	The next updated Corporate Performance Report will be presented to the Board on 21 September 2017.
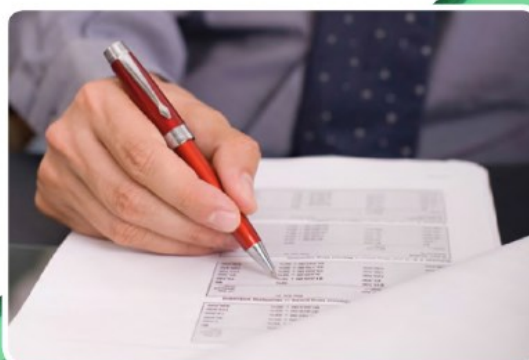
Corporate Performance Report 2016-17
Quarter 4: January - March 2017

Assurance, Challenge and Improvement in Health and Social Care

Contents Table

Introduction

Purpose

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

RQIA's Strategic Map as detailed in page 32 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

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

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

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

The Traffic Light rating operates as follows:

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

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

🟢 action forecast to be completed by the completion date.

🔵 action completed.

Exception Reporting

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

Frequency of Reporting

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

Summary of Traffic Light Rating System (Period Ending March 2017)

The table below shows a summary of the Traffic Light rating assigned to 24 actions within the Business Plan for the period ending March 2017.

Traffic Light		Period Ending June 2016	Period Ending September 2016	Period Ending December 2016	Period Ending March 2017
Red	🔴	0	1 (4%)	1 (4%)	2 (8%)
Amber	🟠	1 (4%)	4 (16%)	2 (8%)	0 (0%)
Green	🟢	23 (96%)	19 (80%)	20 (84%)	0 (0%)
Blue	🔵	0	0	1 (4%)	92 (92%)

At the end of the 4th Quarter of 2016/17, 92% of the actions within the Business Plan were reported as Blue.

Headline achievements within the Quarter for the period ending March 2017

Business Priorities

- RQIA Corporate Strategy 2017-21 approved by RQIA's Board
- RQIA Business Plan 2017-18 approved by RQIA's Board

Reviews Directorate Reports Published

Published (Q1)

- Review of HSC Trusts' Readiness to Comply with Allied Health Professions Professional Assurance Framework
- Review of Quality Improvement Systems and Processes

Published (Q2)

- Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland
- Review of the Operation of Health and Social Care Whistleblowing Arrangements

Published (Q3)

- Review of Adult Learning Disability Community Services (Phase II)

Published (Q4)

- Review of Perinatal Mental Health Services in Northern Ireland
- Review of Governance Arrangements in HSC Organisations that Support Professional Regulation
- Review of the Regional Emergency Social Work Service
- Review of a Strategy for Maternity Care in Northern Ireland (2012-18)

Acute Hospital Inspections Published (Q4):

- Unannounced Inspection at Daisy Hill Hospital

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

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

How do we measure this?

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

Owner

Regulation and Nursing Directorate

BRAG Rating:
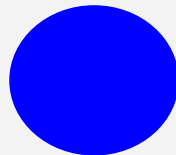
Quarterly Performance

Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant

Number of questionnaires recorded on iConnect by respondent type for inspections completed in 2016-17:					
	Staff	Service User (young person, resident, patient etc.)	Relative/ Representative	Professional	Total
Number of questionnaires	7031	8121	1995	74	**17221**

Attainment of satisfactory assurance through the internal audit of inspection systems and processes

RQIA Internal Audit of inspections was completed and attained satisfactory assurance in March 2017.

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

Eight improvement work-streams were initiated in 2016/18. By the end of Quarter 4 all work-streams were delivered.

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

Service Type	% of Services who received the following no of inspection in period 1 April 2016- 31 March 2017					No of Services Inspected
	1	2	3	4	5+	
Adult Placement Agency (APA)	100%					4
Boarding School	100%					6
Childrens (CH)	0%	42%	33%	18%		45
Day Care Setting (DCS)	59%	37%	3%		1%	172
DCA-Conventional	88%	11%				122
DCA-Supported Living	97%	2%				181
Independent Clinic (IC)	83%					6
Independent Hospital (IH)	55%	29%	12%		2%	58
Independent Hospital (IH) - Dental Treatment	78%	17%	4%			381
Independent Medical Agency (IMA)	100%					5
Nursing (NH)	2%	23%	41%	22%	12%	258
Nursing Agency (NA)	100%					25
Residential (RC)	1%	16%	59%	18%	6%	197
Residential Family Centre (RFC)	100%					1
Young Adult Supported Accommodation	100%					23
Grand Total	**53%**	**19%**	**18%**	**7%**	**3%**	**1484**

Action 1.2

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

How do we measure this?

- Reviews progress on planned activity for the year
- Healthcare Inspections progress on planned inspection activity for the year

Owner

Reviews Directorate

Regulation and Nursing Directorate

MHLD Directorate

BRAG Rating:

Quarterly Performance

Reviews progress on planned activity for the year

Review Programme Milestones (Cumulative)

- Milestones Planned (Cumulative)
- Milestones Achieved (Cumulative)
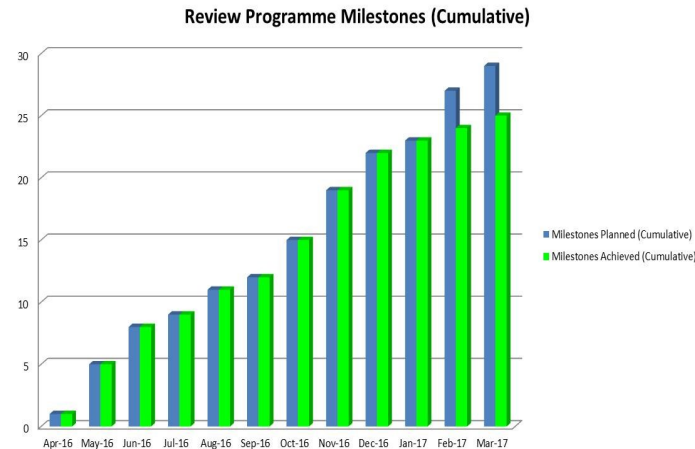
Milestones of the RQIA Review Programme are: Delivery Plan agreed for 2016/2017; Project Briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the DoH.

There are a total of 29 milestones. At the end of March 2017, 25 out of the 29 milestones had been achieved. Two drafted reports were further delayed in their submission to the DoH, which are planned to be submitted in Q1 2017/18, and the Review of Child Protection had to be placed on hold due to unforeseen circumstances.

Healthcare Inspections progress on planned inspection activity for the year

Healthcare Inspections - At end of March 2017, 10 inspections were scheduled and completed in Quarter 4. A total of 31 scheduled inspections have been delivered in 2016/2017.

Ionising Radiation - An inspection to Altnagelvin Radiotherapy Centre took place in Quarter 4, as planned. In order to build a picture of the current HSC CT and nuclear medicine services, 2 modality specific online surveys are also being undertaken which will form part of the ongoing assessment of activity and processes for the IR(ME)R programme.

Action 1.2 (Continued)

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

How do we measure this?

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

Owner

Reviews Directorate

Regulation and Nursing Directorate

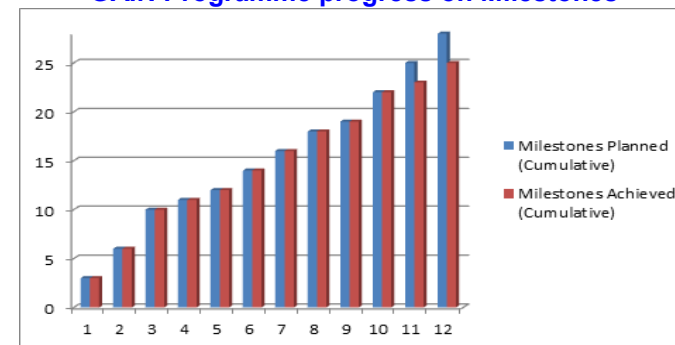**MHLD Directorate**

### BRAG Rating:

Quarterly Performance

Four agreed milestones for the GAIN work plan for 2016/2017 were: Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and invitation to apply for funding. There are a total of 28 milestones.

By the end of Quarter 4, 25 milestones were achieved with the 26th falling into Quarter 1 of 2017/18 and the 27th and 28th falling into Quarter 2.

GAIN Programme progress on Milestones

MHLD progress on planned inspection activity for the year

Inspections and Follow Up Reviews Scheduled and Completed (Cumulative) 2016/17
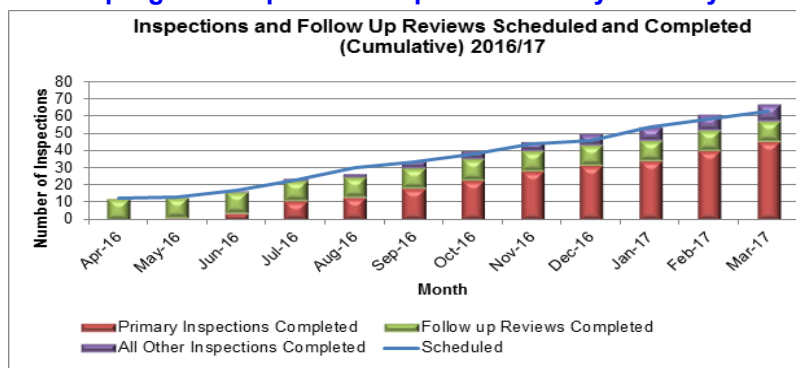
In Quarter 4 the MHLD team completed 17 inspections of Mental Health and Learning Disability inpatient facilities. 15 were scheduled as unannounced primary inspections. One was an unscheduled inspection as result of whistleblowing and the other inspection was based on intelligence received by the directorate. This measure has been delivered on target.

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

In Quarter 4, 1425 (100%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services	Services Had Min Stat Req	% Services Had Min Stat Req
Adult Placement Agency (APA)	4	4	100%
Childrens (CH)	45	45	100%
Day Care Setting (DCS)	167	167	100%
DCA-Conventional	117	117	100%
DCA-Supported Living	176	176	100%
Independent Clinic (IC)	6	6	100%
Independent Hospital (IH)	53	53	100%
Independent Hospital (IH) - Dental Treatment	373	373	100%
Independent Medical Agency (IMA)	5	5	100%
Nursing (NH)	251	251	100%
Nursing Agency (NA)	32	32	100%
Residential (RC)	195	195	100%
Residential Family Centre (RFC)	1	1	100%
Voluntary Adoption Agency (VAA)	N/A	N/A	N/A
Overall Total	**1425**	**1405**	**100%**

Action 1.3

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

How do we measure this?

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

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

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

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

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

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

The working group agreed to report on all RQIA recommendations made since March 2014.

The first set of returns has been presented to the DoH Top Management Group and Internal Audit. A satisfactory assurance in relation to the new reporting system has been given. The DoH will now draft guidance on the process and will also issue guidance to Departmental policy leads. DoH will also request appropriate actions from other Arms Length Bodies on recommendations set out in relevant reviews..

Positive feedback has been received on the benefits of the new reporting system, with organisations adopting the system to inform their own top management groups.

Updates will be requested by DoH at the beginning of February and July for return by the end of March and September each year. These will be shared with RQIA. This work is now completed.

The Regulation and Quality Improvement Authority

Three Year Review Programme | 2015-18
Assurance, Challenge and Improvement in Health and Social Care

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

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

How do we measure this?

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

Owner

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

BRAG Rating:

Quarterly Performance

The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)

The review of Fees and Frequencies of Inspections regulations (2005) is complete and it is expected that the new regulations will be issued in 2017-18.

The Draft Mental Capacity legislation developed

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on all 20 chapters of the Code of Practice and Associated Regulations. DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.

A number of regulations which form the statutory basis for some of the detail in the code now require comment.

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

Updated care standards for residential care homes

RQIA continues to engage with DoH on a review of the care standards for Residential Care Homes. The revised standards are progressing through a process of review and RQIA are represented on the working group. Final comments from the working group will be submitted in Quarter 1 2017-18. The next phase will consider going out to consultation.

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Department of
Health, Social Services
and Public Safety

Residential Care Homes

Minimum Standards

Updated August 2011
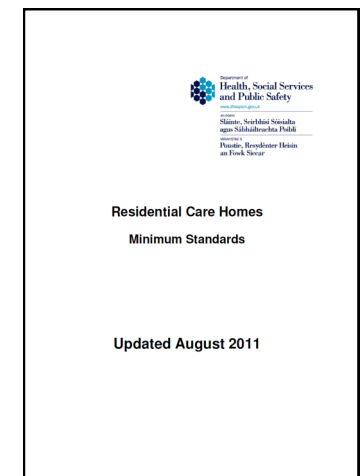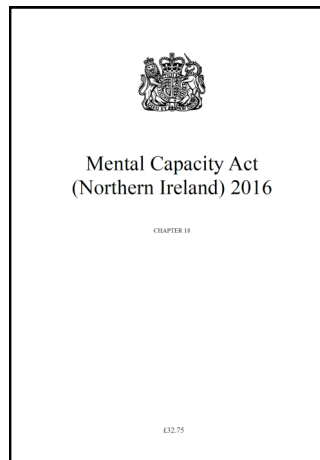
Action 2.2

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

How do we measure this?

- Project milestones delivered on target

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Project milestones delivered on target

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

There are 7 project milestones which to include:

- Approval of Start Up and Initiation by Project Board
- Completion of Literature Review
- Position Papers: Arrangements in NI: Arrangements in Other Countries
- Design of Methodology
- Fieldwork: Focus Groups; Questionnaires; Audit
- Assessment by Project Board
- Production of Report for DoH

By the end of Quarter 4 2016/17, all seven milestones have been achieved. This piece of work is now complete and the working group's report has been presented to DoH.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

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

By the end of Quarter 4 all seven milestones were completed, this report is currently at drafting and comment stage.

GAIN
GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

Action 2.3

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

How do we measure this?

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

Owner

MHLD Directorate
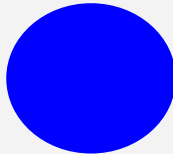
BRAG Rating:

Quarterly Performance

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

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on all 20 chapters of the Code of Practice and Associated Regulations. The DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.

A number of regulations which form the statutory basis for some of the detail in the code now require comment.

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

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Strategic Theme 3: Use Resources Effectively

Action 3.1

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

How do we measure this?

Progress in outsourcing the following corporate functions:
- Health & Safety
- Premises Management
- Information Governance (including Records Management)
- Finance
- Administration of Income
- ICT
- Organisational Development
- Enhanced Equality/DDO service

Owner

Corporate Services Directorate

BRAG Rating:
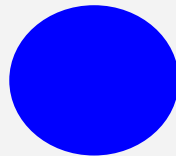
Quarterly Performance

Progress in outsourcing corporate functions

By the end of Quarter 3 the following corporate functions had transferred to BSO:

- Administration of Income
- Equality/DDO
- Organisational Development
- ICT
- Finance
- Corporate Functions (IG/RM, H&S, Premises Management)

Action 3.2

Finalise and implement the workforce plan

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

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

The Leadership Centre was commissioned to undertake a workforce review. This project commenced in January 2017 and is due for completion by the end of June 2017.

Monitor & Evaluate

Analyse Need

Workforce Planning Framework

Identify Workforce Strategies

Gather Data

Analyse Supply Gaps

Action 3.3

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

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:
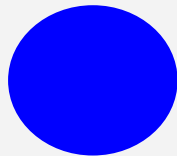
Quarterly Performance

Regular monthly monitoring reports provided to all budget owners

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

Directorate and team budgets established

By the end of Quarter 2 Directorate and Team Budgets were established and agreed.

Deliver savings and achieve an end-of-year break-even position on income and expenditure

FINANCIAL POSITION 2016-17
Based on the financial position at the end of March 2017, the projected end-of-year position is break-even with an estimated underspend of £7K.

FINANCIAL SCENARIO PLAN 2017-18
RQIA has submitted a Financial Scenario Plan 2017/18 to DoH based on 2/5/10/15% savings targets which was submitted to DoH on 18 January 2017. This equates to £137K/£342K/£684K/£1,027K respectively.

VES
RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000. These staff left RQIA in Quarter 4 2016-17.
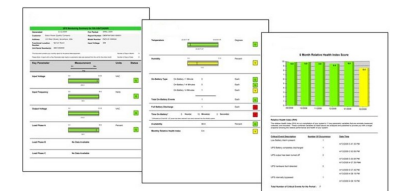
Action 3.4

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:
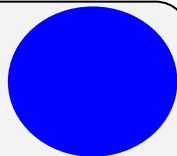
Quarterly Performance

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

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

During Quarter 4, RQIA was contacted on 32 occasions by people making whistleblowing disclosures. The majority of disclosures related to staffing levels, while other issues raised included medication issues, training and employment issues.

Quarter 4	Total No of contacts	Anonymous	Named
Regulated Services	29	20	9
MHLD	2	0	2
HSC Trusts	1	1	0

Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing

The Department commissioned Public Concern at Work to carry out a review of whistleblowing arrangements in RQIA, NIGALA and NIFRS. The fieldwork for this review was carried out in March 2017 and RQIA awaits the outcome of this review in 2017/18.

WHISTLEBLOWER

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

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

How do we measure this?

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

Owner
Chief Executive's Office
Corporate Services Directorate
Reviews Directorate
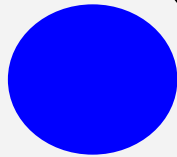
BRAG Rating:

Quarterly Performance

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

An extract of one month's A&E data from the Data Warehouse was made available to RQIA and it was matched to iConnect data on registered nursing homes. A high level analysis of this information was carried out and 12 month data extract is being requested. This will allow a further more detailed analysis to be undertaken of admissions to A&E from nursing homes.

In addition a statistician from DoH was seconded to RQIA to undertake a review of information and analysis. An action plan will be developed to take forward the recommendations from this review in 2017/18.

Implementation of the recommendations from the Information Sources Project

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

In addition a statistician from DoH was seconded to RQIA to undertake a review of information and analysis. Work in relation to the use of information sources will be incorporated into an action plan to take forward the recommendations from this review in 2017/18.

Action 4.2

Commence roll out of iConnect web portal

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:
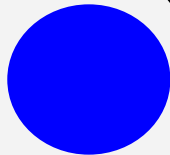
Quarterly Performance

Progress in implementing the web portal roll out plan

The iConnect web portal went live on 16/08/2016 and has now been rolled out to approximately 99.5% of services regulated and inspected by the Regulation and MHLD Directorates.

Number of providers registered with and using the web portal system

By the end of Quarter 4, 1506 services have been registered to use the web portal, with 918 (61%) of those services having logged on.
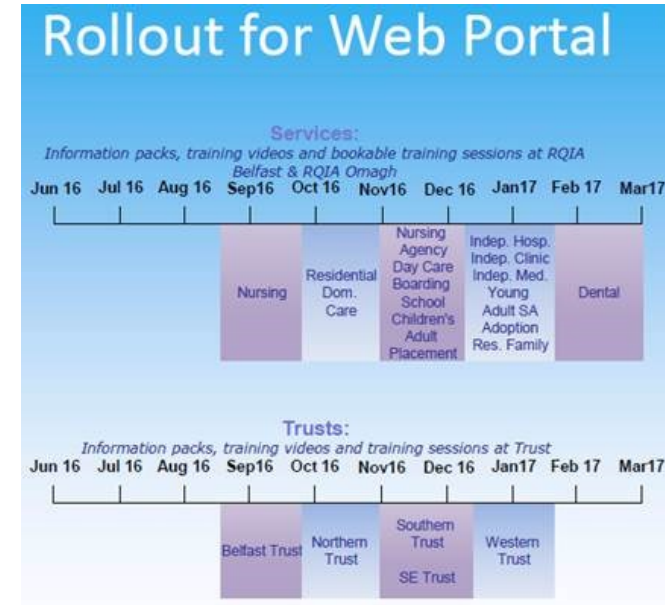
Action 4.3

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

How do we measure this?

- Progress in implementing the MHLD information system project plan

Owner

Corporate Services Directorate
MHLD Directorate
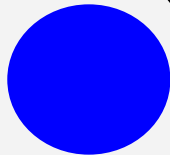
BRAG Rating:

Quarterly Performance

Progress in implementing the MHLD information system project plan

Strategic Outline Case (SOC)

The Strategic Outline Case (SOC) for a MHLD Information System is complete.

Outline Business Case (OBC)

An Outline Business Case (OBC) has been developed and was approved by the Project Board on 30 March 2017. The OBC will be submitted to DoH for approval on 7 April 2017. It is assumed that the new system will be implemented in Quarter 1 2018-19, however this is dependent the timescale for approval of the OBC by DoH.

Specification

The specification was approved by the Project Board in March 2017.

Indicative Timescales

The Business Case assumes DoH approval of the OBC in Quarter 2 2017-18, a 9 month system implementation and go-live in Quarter 1 2018-19.
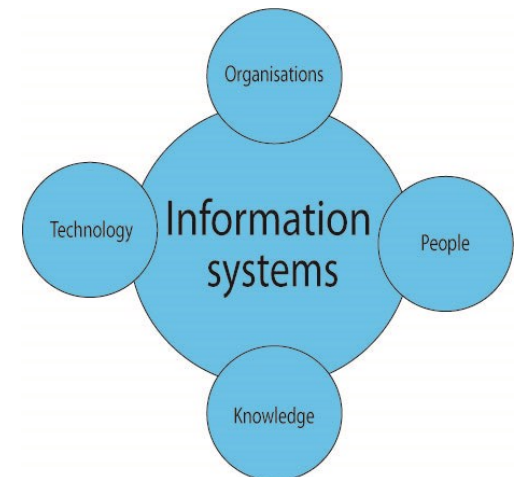
Action 4.4

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

How do we measure this?

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

Owner

Corporate Services Directorate

Executive Management Team

BRAG Rating:

Quarterly Performance

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

A Project Brief and Project Initiation Document (PID) were developed and approved in Quarter 4.

The ISO Project Board met for the first time in March 2017 to formally initiate the project. The ISO project Board will meet on a regular basis throughout 2017/18 to monitor and guide progress in implementing ISO9001:2015 in RQIA.

ISO 9001:2015

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

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

How do we measure this?

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

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

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

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

Approved Actions in response to PHA Personal and Public Involvement (PPI) Monitoring Feedback Report October 2015 were approved by Executive Management Team on 16 August 2016. In total 17 KPI's were agreed to ensure the delivery of all actions and by the end of Quarter 4 all KPI's were reported on target.

Personal and Public Involvement (PPI)

Involving you, improving Care

Action 5.2

Position RQIA as an effective, reputable independent regulator

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Progress in implementing the RQIA communications and stakeholder engagement plan

From 1 April 2016 to 31 March 2017 there were some 130,000 visitors to RQIA's website, www.rqia.org.uk, resulting in over half a million page views. The most frequently visited pages include inspection reports, enforcement and the service provider guidance section. There are over now 6,500 inspections reports available online for regulated services, and over 80 hospital inspection reports are also available. Ongoing improvement search engine optimisation work has helped improve RQIA's search ranking, making it the top result on Google, Bing and Yahoo.

At 31 March 2017, RQIA's Twitter account @RQIANews had almost 1,500 followers, up from 800 at 1 April 2016.

During quarter 4, reports of RQIA's reviews of perinatal mental health services; emergency social work provision; and governance arrangements in HSC organisations to support professional regulation were published. RQIA also published the findings from its inspection of Daisy Hill Hospital, Newry, the first report from the second phase of RQIA's ongoing acute hospital inspection programme.

RQIA also continued its attendance at the main political party conferences, with a joint regulators stand at The Alliance Party Conference during March, in partnership with colleagues from NISCC, GMC, the Pharmaceutical Society of Northern Ireland and the Northern Ireland NHS Confederation.

Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

In Quarter 4 RQIA contributed / responded to the following:
- Consultation on the Adoption and Children (Northern Ireland) Bill
- Contributed to the HSC Wide Leadership Strategy
- Member of Transformation and Implementation Group (Elective Care Plan)
- Member of Review of Children's Faculty Project Board

The Chief Executive is a member of the Improvement Institute Steering Group. Two meetings of the Improvement Network Steering Group were held in Quarter 4.

Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations

During 2016-17, for the first time, RQIA participated in the annual Health Survey Northern Ireland, which included questions on public awareness of RQIA and its role.

Action 5.3

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Assessment of the effectiveness of the current working arrangements

Successful exchange of risk related information for another regulator (February 2017) resulted in an additional assurance inspection of an acute hospital

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

In Quarters 1 and 2 Memorandums of Understanding were initiated with the:
- General Dental Council
- Nursing and Midwifery Council

In Quarters 1 and 2 Memorandums of Understanding were signed off with the:
- HSCB Dental Services
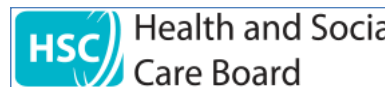
In Quarter 4 there were no MoUs signed off.
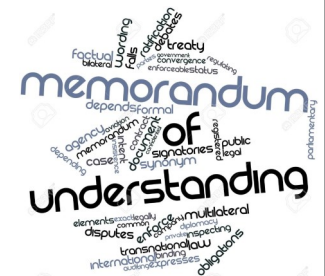
Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

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

How do we measure this?

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

Owner

Chief Executive's Office
Executive Management Team

BRAG Rating:

Quarterly Performance

Evaluation of the role and contribution of peer reviewers and lay assessors engaged in the RQIA inspection programme and take forward the areas for improvement

Findings from the evaluation of peer reviewers experience in the Acute Hospital Inspection programme was collated via a feedback form and questionnaire. This is incorporated into a new section in each report entitled 'Learning from Peer Reviewers'.

A feedback questionnaire is completed by all lay assessors, after each inspection, and learning is taken forward as part of the continual review of this programme. In the 2017/18 Business Plan RQIA has committed to increasing the percentage of inspections completed with lay assessor involvement by 20% year on year.

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

During Q4, there have been two Healthcare inspections which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to the Mater and Lagan Valley Hospitals.

Three reviews were underway during Q4, all of which involved peer reviewers from:
- Nottingham University Hospitals NHS Trust, the Chair of the Children's Surgical Forum in England and Addenbrooke's Hospital involved in the Review of General Paediatric Surgery in NI
- Wales Optometry Postgraduate Education Centre, Powys Teaching Health Board and Leicestershire & Lincolnshire Local Eye Health Network in the Review of the Implementation of the Developing Eyecare Partnerships Strategy
- Royal Hospital, Edinburgh and the NI ADEPT Fellow Programme in the Review of Emergency Mental Health and Learning Disability Services in Northern Ireland
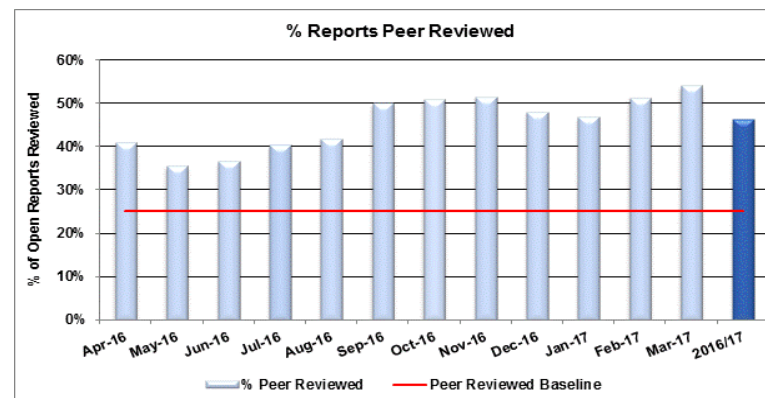
During Quarter 4, 51% of open reports were peer reviewed which is above the set target of 25%. The cumulative total for Quarter 4 is 46%.

Action 6.2

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Evidence of engagement with the developing Improvement Networks for Northern Ireland

The Chief Executive has joined the Improvement Institute Steering Group. Two meetings of the Improvement Network Steering Group were held in Quarter 4.

The Reviews and Medical Director has joined the Working Group. A Working Group and Design Workshop was held in February 2017. The meetings will continue throughout 2017-18.

INNI

IMPROVEMENT NETWORK
NORTHERN IRELAND

Action 6.3

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

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

Monitoring of RQIA Recommendations from Review Reports

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

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

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

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

The first set of returns has been presented to the DoH Top Management Group and Internal Audit and a satisfactory assurance in relation to the new reporting system has been given. The DoH will now draft guidance on the process and also issue guidance to Departmental policy leads to ensure increased   engagement and streamline internal processes. The DoH will also request appropriate action from other Arms Length Bodies on applicable reviews.

There has been positive feedback in terms of the benefits of the new reporting system, with organisations adopting the system to inform their own top management groups.

Going forward, updates will be requested by the DoH at the beginning of February and July for return by the end of March and September respectively. These will be shared with RQIA. This piece of work has now been completed.

Annual Quality Report

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

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Develop and produce a Corporate Strategy 2017-21

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

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

The draft Corporate Strategy 2017-21 went out to eight weeks formal consultation in Quarter 4. Two consultation events were held in March 2017 in Mossley Mill, Derry /Londonderry and the Ulster Hospital.

Final amendments were made to the draft Corporate Strategy 2017-21 based on the feedback received from the consultation and the document was approved by RQIA's Board on 23 March 2017 and was subsequently approved by DoH.

DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK
2016 – 21

Northern Ireland Executive

Action 7.2

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

How do we measure this?

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

Owner

Chief Executive's Office

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Production of RQIA's Quality Report 2015/16

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

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

The following improvement work streams were identified as an outcome of the EFQM assessment:

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

Progress is reported to the Board in the quarterly Corporate performance Report.

Action 7.3

Implement a robust Risk Management Strategy

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

Standard	Level of Compliance
Financial Management (Core Standard)	85% - Substantive
Management of Purchasing & Supply	82% - Substantive
Governance	75% - Substantive
Risk Management	86% - Substantive
Health & Safety	85% - Substantive
Security Management	89% - Substantive
Fire Safety	89% - Substantive
Information Management	87% - Substantive
Information Communications Technology	76% - Substantive
Human Resources	86% - Substantive

RQIA achieved substantive compliance (86%) in Risk Management in March 2017. The table details the compliance scores for the 10 Controls Assurance Standards completed by the RQIA with all functions achieving substantive compliance by the year end.

Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

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

Appetite for risk

Risk Control

Risk Management strategy

Action 7.4

Agree and deliver a risk based Internal Audit Plan

How do we measure this?

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

Owner

Corporate services Directorate

BRAG Rating:

Quarterly Performance

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

RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at April 2017

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

Guide

Actions behind schedule	Actions on target	Actions implemented

1

By the end of Quarter 4, 84% (16) recommendations were implemented, 11% (2) are on target for implementation and 5% (1) is behind schedule.

RQIA Internal Audit Plan successfully delivered on target

In Quarter 4, three audits in Regulated Services, Risk Management and GAIN were completed. A consultancy review of RQIA Governance and Board Effectiveness was also completed by BSO Internal Audit.

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Summary of Actions that require Exception Reports

	Actions	Anticipated year end status	Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
1.2	Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services	🔴	🔴	**Reviews progress on planned activity for the year** - There are a total of 29 milestones. At the end of March 2017, 25 out of the 29 milestones had been achieved. Two drafted reports were further delayed in their submission to the DoH, which are planned to be submitted in Q1 2017/18, and the Review of Child Protection had to be placed on hold due to unforeseen circumstances. **GAIN Programme progress on milestones** - Four agreed milestones for the GAIN work plan for 2016/2017 were: Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and invitation to apply for funding. There are a total of 28 milestones. By the end of Quarter 4, 25 milestones were achieved with the 26th falling into Quarter 1 of 2017/18 and the 27th and 28th falling into Quarter 2.	7
7.4	Agree and deliver a risk based Internal Audit Plan	🔴	🔴	Implementation of the Audit Recommendations 2015-16 is currently behind target in one recommendation. Internal Audit recommended that RQIA should progress the development of a business case for a new MHLD information system for approval by DoH. This audit recommendation was incorporated into the Business Plan 2016-17 as action 4.3 and its progress it reported through this Corporate Performance Report.	30

RQIA Strategy Map 2015-18

Vision

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

Purpose

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

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

Stakeholder Outcomes

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

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

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

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

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

Strategic Themes

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

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

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

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

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

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

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

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

Values

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	GAIN Integration into Reviews Directorate
Agenda Item	9
Reference	F/05/17
Author	Dr Lourda Geoghegan
Presented by	Dr Lourda Geoghegan
Purpose	Paper to update Board members
Executive Summary	This paper provides an update on – • background to GAIN establishment • purpose and aim of GAIN • transfer of GAIN to RQIA in 2015 • assessment of GAIN in 2016 (internal audit) • full integration of GAIN functions into RQIA • governance for RQIA audit and guidelines going forward
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** this update, advising on integration of and governance arrangements associated with the GAIN functions (audit and guidelines) within RQIA
Next steps	N/A

GAIN INTEGRATION INTO REVIEWS DIRECTORATE

Background

In August 2007 the Regional Multi-professional Audit Group (RMAG), the Northern Ireland Regional Audit Advisory Committee (NIRAAC) and the Clinical Resource Efficiency Support Team (CREST) merged to become a single entity known as the Guidelines and Audit Implementation Network (GAIN).

From its establishment in 2007 GAIN was hosted by, and located in, the Department of Health (DoH). On 1 April 2015 GAIN transferred from the DoH to the Regulation & Quality Improvement Authority (RQIA). Four members of the GAIN team transferred in to RQIA, along with the associated programme budget.

GAIN Aims and Purpose

GAIN's stated aims were to facilitate the delivery of high quality health and social care through:

1. The development and dissemination of best practice clinical and social care guidelines;
2. The development and dissemination of best practice clinical and social care audit;
3. The provision of training for specific skills relevant to audit and guidelines.

GAIN's purpose was to improve outcomes for patients, client and carers through promoting a culture of quality improvement across Health and Social Care (HSC) by supporting regionally funded guidelines and audits.

GAIN Programme Arrangements 2015 & 2016

Upon its transfer to RQIA the oversight and governance arrangements relating to GAIN were refreshed. It was agreed that one committee (reduced from two) would, in conjunction with RQIA, determine the strategic direction of the GAIN work programme. In discharging its function, the GAIN Committee would take into consideration proposals for audit and / or guideline work in primary, community and secondary care settings. The Committee met for the first time in April 2016.

The chair and members of the GAIN Committee were to be drawn from across HSC. Sub-groups of the GAIN Committee would be established to undertake agreed pieces of work, for example a sub-committee to assess the applications for annual funding and / or to peer review end of project audit / guideline reports. RQIA members of the GAIN Committee would include the Head of Programme and all four members of the GAIN team in RQIA (3.5 WTE staff).

Assessment/Audit of GAIN 2016

An assessment of the GAIN function within RQIA was undertaken by BSO Internal Audit Department in late 2016, as part of the planned organisational audit programme.

The objectives of this audit were:

1. To ensure that RQIA has robust governance arrangements, and policies and procedures for management of GAIN;
2. To ensure that the GAIN team appropriately monitor the spend on the clinical audits;
3. To ensure that the allocation of funding for clinical audit is in line with application criteria and is equitably applied;
4. To ensure that there are useful recommendations produced at the end of each clinical audit;
5. To ensure that there is an effective process in place to ensure that high quality guidelines are produced;
6. To ensure that guidelines are reviewed every three years in line with best practice.

At completion of its assessment Internal Audit reported a satisfactory level of assurance in relation to the management of GAIN within RQIA (there was a clear vision for GAIN; the 2016/17 work programme had commenced and aspects of GAIN had been integrated into the Reviews Directorate). Overall an adequate and effective system of governance, risk management and control was reported. While some residual risk was identified, this was thought not to significantly impact on the achievement of GAIN's objectives.

However, particular improvements were advised by Internal Audit – with a view to enhancing the adequacy and effectiveness of governance, risk management and control in relation to the GAIN functions. Specifically a priority one internal audit finding recommended that management should *'review governance arrangements for GAIN, including the functions of the GAIN committee and its sub-committees'* and '*further develop the vision for GAIN objectives and proposals, to fully integrate its services within RQIA*'.

Integration of GAIN functions within RQIA

Since receiving the above recommendation (March 2017) the following has been progressed to strengthen governance arrangements relating to the GAIN functions within RQIA:

1. The Chief Executive and Medical Director/QI Lead agreed to fully integrate the functions (guidelines and audit) into the Reviews Directorate and RQIA in general;
2. GAIN as a separate entity will not continue to function, rather an expert clinical/HSC audit and guidelines function will exist building on skills and knowledge of the current GAIN team members and available to facilitate/support work on audit and guidelines across any/all parts of RQIA and the wider HSC;
3. The guidelines and audit functions and team members will continue to be located within the Reviews Directorate;
4. The GAIN Committee will be stood down and all oversight of, and governance relating to, the guidelines and audit functions will be managed through existing RQIA organisational structures and systems;
5. The Medical Director/QI Lead met with the chair of the GAIN Committee on 14 April 2017 to advise him of these changes (effective from 14 April 2017), all

members of the previous GAIN team have also been advised, all team and staff reporting arrangements are now through the Medical Director/QI Lead;

6. The Medical Director/QI Lead has agreed with members of the Reviews Directorate (including members of the previous GAIN team) the added value of using clinical/practice audit to enhance work already undertaken through the Directorate, for example i) including audit in reviews of services and/or health systems, ii) including audit as a core element of hospital inspections.

Audit Programme 2017

Commitments to support some HSC audit projects in-year (2017/18), based on submissions assessed in late 2016, are likely to be fulfilled, however final agreements regarding audit projects to be supported are impacted by the current overall budgetary context. It is likely that a smaller number of clinical/HSC audits will be supported.

The nature of work undertaken by members of the audit/guidelines team (previously the GAIN team) will change during 2017/18. While team members will continue to support clinical audits progressed by colleagues across HSC settings (as previously), they will also directly participate in region-wide audits of specific areas and/or practices. The first such audit is currently underway – DoH has asked RQIA to audit implementation of the regional line labelling policy issued earlier this year. Fieldwork for this audit, which involves acute hospitals across all HSC Trusts as well as independent hospitals and care homes, commenced this week and will continue into early June. A report of the findings of this audit has been requested by DoH for the end of June.

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Audit Committee Business
Agenda Item	10
Reference	G/05/17
Author	Hayley Barrett
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 4 May 2017, the minutes of the meeting of 8 March 2017 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 4 May 2017.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 22 June 2017.

MINUTES

RQIA Audit Committee Meeting, 8 March 2017
Boardroom, 9th Floor, Riverside Tower, Belfast, 11.00am

Present	In attendance
Denis Power (Chair)	Olive Macleod (Chief Executive)
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Seamus Magee	Stuart Crawford (Planning and Corporate
Robin Mullan	Governance Manager)
Gerry McCurdy	Brian Clerkin (ASM)
	Catherine McKeown (Business Services Organisation, Internal Audit)
	Catherine James (Northern Ireland Audit Office)
	Hayley Barrett (Board & Executive Support Manager)

Apologies
Lindsey Smith

1.0 Welcome and Apologies

1.1 The Chair welcomed all attendees to this meeting. Apologies were noted from Audit Committee Member, Lindsey Smith.

2.0 Declaration of Interests

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

3.0 Chairman's Business

3.1 The Chair informed members that the Permanent Secretary has commissioned an investigation into behaviours within RQIA. It is anticipated that the investigation will be completed by 31 March 2017.

3.2 The Director of Corporate Services noted the revised timetable of financial accounts 2016/17. The Director of Corporate Services advised members that the Chair of Audit Committee will meet with Lesley Kyle, BSO Finance and himself on 9 May 2017 in regards to the draft Final Accounts. The Governance Statement will be presented to Audit Committee on 4 May 2017.

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

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

4.1   Audit Committee members recommended minor amendments to the 20 October 2016 minutes.

4.2   The Chair noted that in relation to action 319, he met with the Chief Executive and Director of Regulation and Nursing to discuss the recommendations. The Enforcement Procedures were approved at the meeting of the Board on 19 January 2017.

4.3   A member advised that in relation to action 338 is required to be amended to reflect that it is in relation to Audit Committee members involvement in Executive Decision Making, for example Enforcement Decision Making Panels.

4.4   **Resolved Action (341)**
The Board and Executive Support Manager will make minor amendments to the Audit Committee minute of 20 October 2017.

4.5   The Chair noted that the Audit Committee Self-Assessment was submitted to the DoH.

4.6   Committee members **APPROVED** the minutes of the meeting of 20 October 2016, for onward transmission to the Board on 23 March 2017.

4.7   **Resolved Action (342)**
Board & Executive Support Manager to bring the Audit Committee minutes of 20 October 2017 to the March meeting of the Board for noting.

5.0   Chief Executive Update on key risks

5.1   The Chief Executive advised members that COPNI is conducting an investigation into Dunmurry Manor. Interviews with the Chief Executive and members of the Regulation Directorate have been requested. The Chief Executive has written to COPNI and is awaiting a response.

5.2   The Chief Executive noted that she is satisfied that the internal investigation into behaviours will not impact our daily work.

5.3   The Chief Executive informed members that RQIA has received the Decision of the First Tier Tribunal regarding Thomas Bennett vs. The Information Commissioner & Regulation and Quality Improvement Authority.   The Chief Executive advised that following a meeting with the Directorate of Legal Services on 7 March 2017, it was agreed that the Chief Executive would draft a response to the tribunal. A full report will be

presented to the Board on 23 March 2017.

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

6.0   Update on Audit Action Plan (AC/01/17)

6.1   The Planning and Corporate Governance Manager presented the Update on Audit Action Plan to members.

6.2   The Planning and Corporate Governance Manager noted that the MHLD Information System project has fallen behind target. The Outline Business Case (OBC) and system specification is to be presented and approved by the Project Board in March / April 2017. The Planning and Corporate Governance Manager asked for confirmation that timescales in relation to this project can be revised. Audit Committee members approved the revision.

6.3   The Planning and Corporate Governance Manager advised that a business case has been issued to the DoH for funding in relation to SOADs (Part IV Doctors). The Chief Executive advised that it is unlikely funding will be received; however the Director of Mental Health, Learning Disability and Social Work is developing a paper for the Board on a new approach.

6.4   Members noted that Enforcement Training for Board members will take place on 6 April 2017.

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

7.0   Corporate Risk Assurance Framework Report (AC/02/17)

7.1   The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to members. The Planning and Corporate Governance Manager noted the risk log on page two of this document, which details all changes made to this document following the last Audit Committee and Board meetings.

7.2   The Planning and Corporate Governance Manager advised members that a new risk is being considered by EMT for inclusion in the risk register.

7.3   Audit Committee members noted that they are content with the six risks presented. The Chair noted that Horizon Scanning did not take place at the Board workshop in February 2017, however will be scheduled following this meeting. The Chair asked that the Corporate Risk Register and Directorate Risk Registers are made available at this meeting.

7.4   <u>Resolved Action (343)</u>
Audit Committee members to schedule an horizon scanning workshop

7.5   An updated Corporate Risk Assurance Framework Report to be presented to the Audit Committee on 4 May 2017.

7.6   <u>Resolved Action (344)</u>
An updated Corporate Risk Assurance Framework Report to be presented to the Audit Committee on 4 May 2017.

7.7   Committee members **NOTED** the Corporate Risk Assurance Framework Report, which will be presented at the March Board meeting.

8.0   Internal Audit Update (AC/03/17)
To include:
*   **Progress Report**

8.1   The Head of Internal Audit presented the Internal Audit update to members. Members noted that all internal audit work will be completed as agreed, by 31 March 2017.

8.2   The Head of Internal Audit noted the GAIN audit, which has received satisfactory assurance, with two priority one and two priority two recommendations and no priority three recommendations. Management have accepted these recommendations.

8.3   The Chief Executive advised that there is a clear plan going forward in order to implement the audit recommendations.

8.4   The Chair of Audit Committee thanked those involved for their participation in the completion of this audit.

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

9.0   External Audit Strategy (AC/04/17)

9.1   Brian Clerkin, ASM, presented the External Audit Strategy to members and noted the approach to be taken in the 2016/17 year is similar to that taken in the 2015/16 year.

9.2   Significant risks identified by ASM e.g. material misstatement owing to fraud were highlighted to members. In addition other risk factors were highlighted as follows; Use of Shared Services and associated impact on key financial controls, Ability to breakeven and Regularity of expenditure.

9.3   Members noted that external audit is confident that they will meet the required timeline for final accounts.

9.4   Committee members **NOTED** the External Audit Strategy

10.0   Single Tender Actions & External Consultancy (AC/05/17)

10.1   Committee members noted that there have been no STA's during

2016/17. Members also noted that there has been no consultancy work during 2016/17.

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

11.0   Update on DoH Circulars (AC/06/17)

11.1   The Director of Corporate Services noted DoH circulars. The Director of Corporate Services noted that recent circulars are in relation to the production of final accounts.

11.2   Committee members **NOTED** the update on DoH Circulars.

12.0   Any Other Business

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

Date of Next Meeting:
Thursday 4 May 2017 at 2.00pm, RQIA Boardroom

ACTION LIST

RQIA Audit Committee Meeting 8 March 2017

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
338	12.2	Clarification to be sought from the Board Chairman in relation to Audit Committee member involvement in Executive Decision Making, for example Enforcement Decision Making Panels.	Audit Committee Chair	10 November 2016	🟡
341	4.4	The Board and Executive Support Manager will make minor amendments to the Audit Committee minute of 20 October 2017	Board and Executive Support Manager	4 May 2017	🟢
342	4.7	Board & Executive Support Manager to bring the Audit Committee minutes of 20 October 2017 to the March meeting of the Board for noting.	Board and Executive Support Manager	4 May 2017	🟢
343	7.4	Audit Committee members to schedule an horizon scanning workshop	Audit Committee Chair / Planning and Corporate Governance Manager	4 May 2017	🟢

| 344 | 7.8 | An updated Corporate Risk Assurance Framework Report to be presented to the Audit Committee on 4 May 2017. | Planning and Corporate Governance Manager | 4 May 2017 | 🟢 |

Key

Behind Schedule	🟥
In Progress	🟨
Completed or ahead of Schedule	🟩

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Chief Executive's Report
Agenda Item	11
Reference	H/05/17
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and SMT have been managing since the Board meeting in January and to advise Board members of other key developments or issues
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Chief Executive's Update.
Next steps	A further update will be provided at the March Board meeting.

Corporate issues

1. Inspection Assessment Framework

The scoping review undertaken by Queens University (QUB) on behalf of RQIA did not identify any studies which systematically examined the impact of the 'method of quality evaluation', which were not confounded by variation in other components of the inspection system. Hence, focussing the systematic review research question on the effectiveness of quality evaluation methods alone in healthcare is unlikely to be productive.

QUB will continue with the original question – to systematically review the evidence for the effectiveness of methods of inspecting and assessing the quality of health and social care provision. Before embarking on this task, they will map the various components of inspection systems (from the published and grey literature, websites etc). This exercise will further our understanding about inspection systems, and will help to identify common and unique features of different inspection systems. The results of the mapping exercise will facilitate cross-system comparisons in relation to the findings from the systematic review.

2. RQIA's Online Presence

From 1 April 2016 to 31 March 2017 there were some 130,000 visitors to RQIA's website, www.rqia.org.uk, resulting in over half a million page views. The most frequently visited pages include inspection reports, enforcement and the service provider guidance section. There are over now 6,500 inspections reports available online for regulated services, and over 80 hospital inspection reports are also available. Ongoing improvement search engine optimisation work has helped improve RQIA's search ranking, making it the top result on Google, Bing and Yahoo.

At 9 May 2017, RQIA's Twitter account @RQIANews had 1,540 followers.

3. Publications/about to be published

The Review of Maternity Strategy was published in March 2017.

4. Forthcoming Publications

None

5. Media Interest

Since the last Board Meeting RQIA received coverage in relation to its review of the Strategy for Maternity Services in Northern Ireland 2012-18, published in late March 20917. There was also media interest in respect of RQIA's regulatory activities and an ongoing Coroner's Court case. RQIA's review of perinatal mental health services was mentioned in an article about the service more widely. .

6. Current Legal Actions

None

7. Competition and Markets Authority UK

No update to report.

8. Workforce Review

Preliminary findings were presented to the executive team 21 April 2017 and agreement was reached that the executive team and their seniors will meet to consider the finding in greater detail and report back.

9. ISO9001

The ISO9001:2015 Project Board has met twice, most recently on 14 April 2017. A half day training/awareness session on ISO 9001:2015 took place on 10 May 2017 and planning is underway for a Gap Analysis (Initial Review, Gap Analysis, Report) and the delivery of ISO 9001:2015 Internal Auditor Training.

10. IiP accreditation

March 31st saw the organisation officially launch its re accreditation process with Investors in People. The EMT met with our assessor for a context meeting. This meeting determines the 'as is' position of the organisation and maps it against a 'where do we want to get to' within a three year period which will be reviewed annually. Preparation for this process commenced in October 2016. Team meetings have taken place within the organisation at all levels and all staff have had an opportunity to contribute to the evidence required for each of the indicators. Staff are kept informed of the process through staff/team meetings, email updates and posters through the office. Engagement of is key to fully optimise the added value the assessment will bring to the organisation.

11. Measuring what matters

Following a comprehensive review of questionnaires currently undertaken by RQIA, it was determined that there were many questionnaires currently being used by teams across RQIA. The review also found that there was a lack of consistency in the style and format of questionnaires across the organisation, and these questionnaires should be more outcome focussed. Going forward further work will be undertaken to consider the use of technology in eliciting service users and their families'' views of the care they are receiving. We will also look at the questions asked to ensure that we are providing the opportunity for service users and their families to feedback on the issues that important to them.

12. Letters of Serious Concern - Mental Health Services

None

13. JNCF update

The forthcoming workforce review report was discussed and agreed to share with members once available and agreed.

14. Revised and updated MOU

NI Public Services Ombudsman pending.

Regulation Directorate

15. Registration

a) A scoping survey has been completed to validate information held on the number of **residential beds in nursing homes**. A meeting with DoH, HSCB and RQIA is scheduled for 17 May.

b) In anticipation of the publication of revised **Fees and Frequency of Inspection Regulations,** we are drafting an implementation plan to map out the process to manage the change to regulation frequencies and fee income, to include a communication plan.

16. Inspection

a) The **statutory minimum number of inspections** as set out within the fees and frequencies of inspection regulations was met over the 2016 / 17 inspection year. A total of 2812 inspections were conducted. Across all services 64% of inspections were conducted on an unannounced basis. Within nursing and residential care homes, 96% of care inspections were unannounced.

b) **COPNI Investigation** Dunmurry Manor: RQIA continues to seek clarification from the Commissioner of Older People on their proposed investigation.

17. Enforcement

a) A review of RQIA **enforcement policy and procedures** has been completed and training has taken place for all staff and also for RQIA Board Members. The new documents are on our website

b) RQIA attended as requested to provide evidence to the **Coroner's Inquest** into the death of a resident. The resident died as a consequence of smoking while they were a resident in Owenvale Court Residential care home in 2012. The coroner made comment on the actions of: the provider, St John Of God Association; the commissioner, the Belfast HSC Trust; NI Fire and Rescue Service; and RQIA. The coroner made reference to the learning reports submitted by RQIA and by Belfast Trust and welcomed the positive actions taken and planned to bring about improvements in care for people in care homes.

18. Representations and Decision Making Panels

Two representations were made since the last board meeting and neither were upheld.

19. Prosecution:

None

Reviews Directorate

20. Healthcare Inspections

Hospital Inspection Program (HIP) Phase II continues:

Royal Belfast Children's Hospital inspection undertaken 3rd to 5th May, feedback to BHSCT C Ex & SMT 5th May, preliminary findings to issue by Fri 19th May;
Fact finding visit to Causeway Hospital 9 & 10 Feb, report sent to NHSCT, shared with NIMDTA & DOH and placed on our website on 5th May 2017;

Scheduling currently in progress for 17/18 HIP inspections, to include hygiene & cleanliness and augmented care inspections;

Work with NI Ambulance Service continues – IPC audit tools agreed, pilot inspection completed and will be included in planned inspection programme 17/18;
Prison Healthcare – team participated in low impact inspection of Maghaberry 3 & 4 April, full inspection of Magilligan planned during 2017, in partnership with HMIP & CJI, MHLD Directorate is leading for RQIA

21. Reviews

1 review published in Mar 17:
Review of maternity services

7 reviews at report writing/reporting stage
Review of access to plastic surgery
Review of the dental access plan, phase II
Review of renal services
Review of governance arrangements for child protection in
Review of general paediatric surgery
Review of emergency mental health & learning disability services
Review of implementation of eye care partnerships strategy

1 review currently in fieldwork:
Review of restraint & seclusion

Clinical Audit & Guidelines
3 audits at reporting stage (16/17 programme)
3 guidelines at fieldwork stage (16/17 programme)
1 guideline at reporting stage (16/17 programme)

4 DoH commissioned projects
Learning from SAIs arising from suicide, homicide & self-harm – at final factual accuracy checking
Identifying learning from SAIs – report in drafting, needs further editing
NCEPOD - national confidential inquiry into suicide & homicide – transfer of operational responsibility in progress, training from national unit planned 30th Mar
Scoping exercise: participation in national audit by NI HSC Trusts – report complete, submitted to DoH

22. MHLD Services

The Strategic Outline Case (OBC) is complete. An Outline Business Case (OBC) has been developed along with a specification. Both were approved by the Project Board on 30 March 2017. The OBC was submitted to DoH for approval on 7 April 2017 and we are awaiting their comments on the business case. It is assumed that the new system will be implemented in Quarter 1 2018-19, however this is dependent the timescale for approval of the OBC by DoH.

Work ongoing in relation to response to DoH mental capacity code of practice and regulations.

Full inspection programme agreed for 2017/18

Finance

23. Financial Position 2016-17

See Agenda item – Finance Report. Draft Final Accounts were submitted to NIAO on 11 May 2017.

RQIA received correspondence from GVA NI dated 26 and 27 April 2017 acting on behalf of RQIA's landlord indicating that they intend to exercise their right to trigger a rent review, effective from 6 March 2016. This represents an annual increase in the rent of £68,550 and potential rent arrears of circa £74,263 in 2016-17 as the increase will be backdated to 6 March 2017. RQIA has obtained legal advice from DLS and Mr John Donohue, Land and Property Services (LPS) will act on behalf of RQIA to negotiate and agree the rent review with GVA NI. RQIA requested a non-recurring adjustment of £74,263 to the 2016-17 RRL which was confirmed by DoH on 4 May 2017.

24. Voluntary Exit Scheme (VES)

RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000. These staff left RQIA in Quarter 4 2016-17. A further £72,400 of savings is to be re-invested in two new posts in the Regulation Directorate in 2017-18.

25. Financial Scenario Plan 2017-18

RQIA has submitted a Financial Scenario Plan 2017-18 to DoH based on 2/5/10/15% savings targets. This equates to £137K/£342K/£684K/£1,027K respectively.

We are awaiting notification of RQIA's savings target and RRL for 2017-18.

26. Corporate Strategy 2017-21

The Corporate Strategy 2017-21 has been approved by DoH.

RQIA is awaiting approval of the Business Plan 2017-18 by DoH

27. Contributed to / responded to

- Children's Services Improvement Board
- GMC Advisory Meeting
- Regional System for Improvement and Innovation - Critical Friends meeting

28. Workshops/Stakeholder Engagements

- Hospital caterer's association conference presentation
- Inspection assessment framework with QUB
- Meeting with Dr Nugent re outcomes based accountability
- Daisy Hill summit
- Elective Care Centres data and analysis task & finish group
- Meeting with Independent Review of Secure Children's Accommodation Chair

29. Department of Health (DoH) Update

Review of Regulatory Policy and Legislation

The Department of Health's intention is to undertake a review of regulatory policy and supporting legislation, as set out in the Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the Order). RQIA has been instrumental in the initial consideration of this work (in late 2015) which focused specifically on the need for a review of the Order to address gaps in regulation and consider the powers invested in RQIA as the regulatory body of Health and Social Care services. However, the Department's regulatory policy dates back to Best practice – Best care: improvement and monitoring of HSC services in 2001 and, in recognition that the regulatory landscape and range of health and social care services have seen significant change since then, the Department has decided that the review of the Order will form part of a wider comprehensive review of regulatory policy for HSC services in Northern Ireland. The review will be progressed in two phases. Phase 1 will gauge views from a wide range of stakeholders including departmental policy leads; health and social care providers; commissioners; service users and regulators here and within other jurisdictions on:

- the fundamental issues of why we regulate and what we want to achieve through regulation;
- the underpinning principles, potential remit and methodology of regulation, and
- the need for revised legislation to support future regulation.

This will inform a consultation paper on revised Departmental regulatory policy and approach and set the strategic direction for the revision of associated legislation and implementation (Phase 2). Whilst it is envisaged the majority of work and indeed the main focus and interest of stakeholders will fall within Phase 2, establishing an agreed policy statement on the principles, potential remit and methodologies for future regulation at the outset is an essential step in the process. Phase 1 will ensure that all stakeholders (including the public) understand the purpose and parameters of regulation and provide a robust basis from which to determine and strengthen our future regulatory processes.

30. Political Engagement

As the regulatory body for HSC services within Northern Ireland, RQIA has a central role to play within the review and have been formally asked to act as a key stakeholder in DoH engagement process to provide an informed view as to the strategic direction and intent of the work to be undertaken.

As part of our ongoing communications and engagement activities, RQIA, in partnership with other regulators (NISCC, GMC and Pharmaceutical Society of NI) and HSC organisations (PCC and NI NHS Confederation), attended the Alliance Party Annual Conference on Saturday. Here, we had an opportunity to engage directly with local councillors, MLAs and party members, to describe our work and our role in quality improvement and quality assurance in health and social care. We also highlighted our effective partnerships with fellow regulators and peer organisations. As a follow-up to our attendance, we are meeting with the Alliance Party's health spokesperson shortly to provide a detailed overview of our work and our priorities for the year ahead.

Lisburn & Castlereagh City Council's Health Working Group - Attendance of RQIA officials

The Health Working Group of the LCCC have invited RQIA to attend their next meeting on 16th May 2017.

31. Percentage of requirements and recommendations stated more than once

Requirements/Recommendations Carried Over 3+ Times (%)
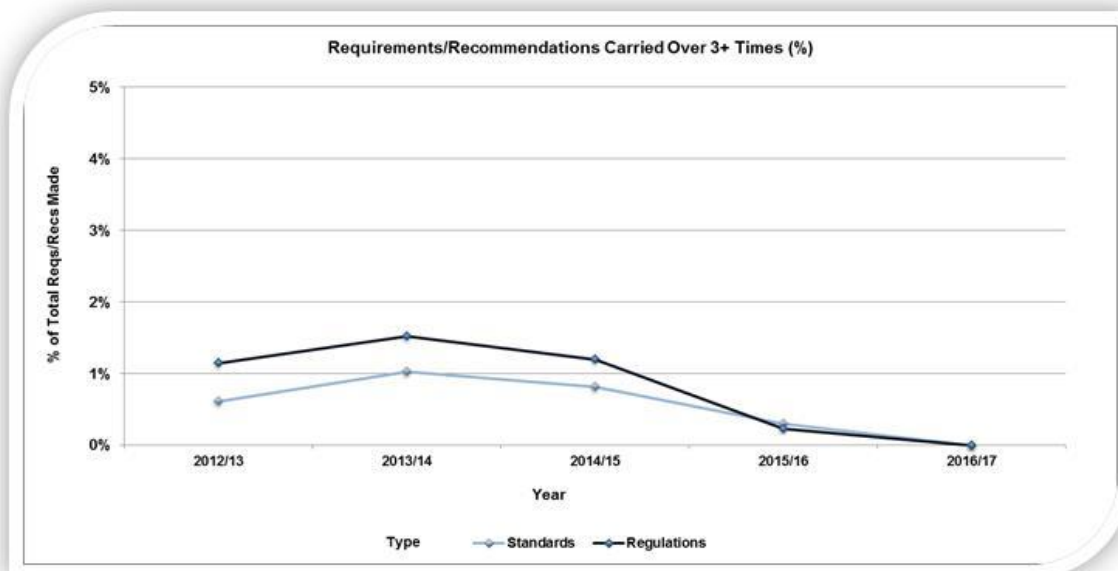
The number of times that a requirement or a recommendation has been stated more than once has reduced from 1.5% in 2013/14 to 0% at the end of the 2016/17 inspection year.

This has resulted from our action to be specific about the element of the regulation or standard where improvement is required alongside consideration of potential enforcement action when a requirement or recommendation is not met for the second time. The potential remains to make the same requirement or

recommendation due in some cases to the limited number of regulations and / or standards available.

32. MHLD - Recommendations

The cumulative total for MHLD recommendations at the end of March 2017 is stated once 229 (93%), twice 15 (6%) and three times 3 (1%)

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Summary Finance Report
Agenda Item	12
Reference	I/05/17
Author	Lesley Kyle
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 March 2017.
Executive Summary	Projected break-even at end of year.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	Submission of draft final accounts to NIAO on 11 May 2017.

FINANCE REPORT

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

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

	£
2015/16 RRL C'Fwd	**6,902,617**
Saving Requirement - 3% (Recurring)	(207,078)
Employer Superannuation Costs (Recurring)	148,202
Recurring RRL Funding	**6,843,741**
HSC Voluntary Exit Scheme (Non Recurring)	242,992
Clinical Excellance Award (Non Recurring)	38,076
Late notification 13 mths rent arrears	74,263
Non Rexcurring RRL Funding	**355,331**
Total Revenue Resource Limit 2016/17	**7,199,072**
Annual & Registration Fee Income	**909,000**
Total Funding 2016/17	**8,108,072**

Revenue Resource Limit (RRL) allocation of £6,843,741 has been awarded for 2016-17.

RQIA has also been allocated VES ring-fenced funding of £242,992. The total funding has been utilised with 8 staff (7.13 WTE's) leaving RQIA by 31 March 17.

RQIA has received funding in respect of the Clinical Excellence Award (CEA). The amount received is £18,185 for the period April 16 - Sept 16 inclusive. This amount is also ring-fenced.

Additional non-recurring funding of £74,263 was received in respect of a late notification of 13 months' rent arrears from GVA NI following a rent review.

Financial Position

The table below summarises the financial position at March 17

	Budget 2016/17	Revised Budget	Cum Income & Exp April - Mar 17	Variance
	£		£	£
Revenue Resource Limit	6,843,741	6,843,741	6,843,741	0
Clinical Excellence Award	38,076	38,076	18,185	(19,891)
HSC Voluntary Exit Scheme	242,992	242,992	242,992	0
Late notification 13 mths rent arrears		74,263	74,263	0
Annual & Reg Fees	909,000	909,000	890,184	(18,816)
Total Income	**8,033,809**	**8,108,072**	**8,069,365**	**(38,707)**
Pay	6,388,108	6,411,465	6,254,898	156,567
HSC Voluntary Exit Scheme	242,992	242,992	242,992	0
Non Pay	1,563,462	1,614,368	1,564,346	50,022
Funding gap to be met through slippage	(160,753)	(160,753)		(160,753)
Total Expenditure	**8,033,809**	**8,108,072**	**8,062,236**	**45,836**
Surplus/(Deficit)	**0**	**0**	**7,129**	**7,129**

Revised Budget

The following explains the amendments to the 16/17 budget.

> ➢ Additional RRL FUNDING £74k
> ➢ £23k was transferred from non pay to pay to cover Adept fellow charge

Financial Position at March 17

The total income received is £39k less than budget. RQIA required 6 months clinical excellence award and had reduction in the actual annual and registration fee income received.

Annual fee income generated through the charging of registered establishments is £767k. Registration fee income is a variable income stream dependent on what is happening in the care sector and therefore out of the control of RQIA. The registration fee income at the year-end is £123k.

At the beginning of the financial year RQIA had an initial funding gap of £296,000. A further review of the pay and non-pay budgets reduced the funding gap to £160,753. This funding gap has been met through slippage in both pay and non-pay expenditure.

The Workforce Policy Directorate has issued a draft circular (for information only) in respect of Senior Executives Pay Award 2016/17. The proposed pay

award has not been implemented but has been accrued for in the year-end figures. The estimate pay award is as follows:-

- Pre Dec 2008 Contract up to 2%
- Post Dec 2008 Contract up to 1%

Two issues have been raised affecting all Health Service bodies:-

- Employer superannuation costs incorrectly calculated for staff on maternity or half pay
- Statutory/Public Holidays previously not accrued for staff on maternity leave

The impact of this is RQIA has incurred an additional in year cost. This has been calculated as an estimate of £10k for statutory/public holidays and £12k additional employer superannuation costs. Both costs have been included as a year end creditor.

RQIA operates with a breakeven tolerance of £20K. A year end position £7k surplus ensures RQIA has achieved this financial target.

Capital Resource Limit (CRL)

Additional capital funding of £14.2k was confirmed 14th February 17, the revised Capital Resource Limit (CRL) for 2016/17 is £74.8k.

This funding has been allocated to the following capital projects:-

- iConnect Project Manager (£18,000)
- Security Testing (£5,040)
- Round 9 Regional ICT purchases (£50,175)
- Enforcement (£1,176)
- Concerns Module (£441)

The total capital expenditure for 2016/17 is £74.8.

Prompt Payment Compliance

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

The position as at 31 March 17 was as follows:

Target	Cum number Invoices Paid	Cumulative Position as at 31 March 2017	Comments
95% of invoices paid within 30 days of receipt of goods/service or receipt of invoice	1371	95.7%	Target achieved
70% of invoices paid within 10 days of receipt of goods/service or receipt of invoice	1176	82.1%	Target achieved

Outstanding Annual Fees (Debtors)

The production of Annual Fee invoices has been outsourced to BSO Shared Services and the fees for 2016/17 were issued in July 16, subsequent pro-rata invoices were raised in October 16 with a final pro-rata batch raised in March 17. First reminders were issued in August 16 and subsequent reminders have followed. At 31 March there was £16.5k debt outstanding and this has reduced to £9.1k at 31 April 17. The outstanding debt at 31 March 17 was been listed as a year-end debtor and accounts receivable are actively chasing the current outstanding amount.

Recommendation

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

Maurice Atkinson
Director of Corporate Services

RQIA Board Meeting	
Date of Meeting	15 May 2017
Title of Paper	Scheme of Delegation for RQIA Policies
Agenda Item	13
Reference	J/05/17
Author	Hayley Barrett / Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	To seek the Board's approval of an updated version of the Scheme of Delegation for RQIA Policies.
Executive Summary	The Scheme of Delegation for RQIA Policies sets out a list of extant policies and indicates which policies may be approved by the Executive Management Team and those which must be approved by the Board.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the Scheme of Delegation for RQIA Policies.
Next steps	None

RQIA Policies

Policy	Board approval required?	
	Yes	No
BSO Attendance at Work		✖
Appraisal Policy and Procedure		✖
BSO Disciplinary Procedure		✖
BSO Drugs, Alcohol and Substance Policy		✖
BSO Equality of Opportunity Policy		✖
BSO Grievance Policy and Procedure		✖
BSO Harassment, Bullying and Intimidation Policy		✖
BSO Overtime Arrangements		✖
BSO Post Entry Training and Development Policy		✖
BSO Recruitment and Selection Policy		✖
BSO Family Pack		✖
BSO Leave Pack		✖
BSO Capability Procedure		✖
BSO Policy on Zero Tolerance on the Abuse of Staff		✖

Policy	Board approval required?	
	Yes	No
BSO Secondment Guidance for Line Managers and Employees		✖
Working From Home Policy and Procedure		✖
Corporate Induction Policy and Procedure		✖
Anti-Fraud Policy	✔	
Health and Safety Policy		✖
Fire Safety		✖
Complaints Policy and Procedure	✔	
Gifts and Hospitality Policy and Procedure	✔	
Service Use and Carer Expenses Policy and Procedure		✖
Reimbursement Guidelines and Procedures		✖
Whistleblowing Policy	✔	
Records Management Policy		✖
Use and Storage of Digital Images Policy and Procedure		✖
Information Security Policy		✖
Information Governance Policy		✖
Open Reporting Policy		✖
Accessible Information Policy		✖

Policy	Board approval required?	
	Yes	No
Data Security Policy and Procedural Guidance		✖
Information Risk Management Policy		✖
Policy for Safeguarding Movement and Transportation of Documents		✖
ICT Security Policy		✖
ICT Use of Email Policy		✖
ICT Use of the Internet Policy		✖
Use of ICT Equipment Policy		✖

Enforcement Policy	✔	
Escalation Policy	✔	
Inspection Policy	✔	
Investigations Policy	✔	
Registration Policy	✔	

MHO Policy Appointment of Part II Doctors	✔	
MHO Policy Appointment of Part IV Doctors	✔	
MHO Policy Evaluation of Treatment Plans		✘
MHO Policy Patient Monies		✘
MHO Policy Review of Guardianships		✘
MHO Policy Screening of Detention Forms		✘

RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Update to Standing Orders
Agenda Item	14
Reference	K/05/17
Author	Hayley Barrett
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present the proposed changes to Standing Orders to Board members.
Executive Summary	This paper summarises the proposed changes to Standing Orders for Board approval.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the proposed amendments to Standing Orders.
Next steps	All agreed changes will be made to Standing Orders and a revised copy will be placed on the RQIA website.

Proposed Amendments to RQIA Standing Orders

STANDING ORDER	EXISTING	PROPOSED AMENDMENT
Standing Order 5: Board Committees and Panels **2.1.1**	Only the Chairman, members of the Committee, the Chief Executive and the Director of Corporate Services, shall attend meetings as a matter of course. The Board Committee secretary shall be in attendance to record the business of the meetings.	Only the Chairman, members of the Committee and the Chief Executive ~~and the Director of Corporate Services~~, shall attend meetings as a matter of course. The Board Committee secretary shall be in attendance to record the business of the meetings.
Standing Order 5: Board Committees and Panels **2.1.3**	The Director of Corporate Services is responsible for the implementation of remuneration and terms and conditions of service in RQIA. He / she shall deal with all matters affecting terms and conditions of service and shall be present at every meeting as Secretary to the Committee.	The ~~Director of Corporate Services~~ Chief Executive is responsible for the implementation of remuneration and terms and conditions of service in RQIA. He / she shall deal with all matters affecting terms and conditions of service.~~and shall be present at every meeting as Secretary to the Committee.~~