

AGENDA

RQIA Board Meeting Videoconference, via Zoom Thursday 21 May 2020

PUBLIC SESSION

- | | | | |
|---|--|------------------------|---------------------------|
| 1 | Minutes of the public Board meeting held on 19 March and matters arising | Min/March20/
public | 10.15am
APPROVE |
| 2 | Declaration of Interests | | 10.20am |
| 3 | Acting Chair's Report
Acting Chair | A/01/20 | 10.25am
NOTE |

STRATEGIC ISSUES

- | | | | |
|---|--|---------|---------------------------|
| 4 | Corporate Risk Assurance Framework Report
Interim Chief Executive | B/01/20 | 10.35am
APPROVE |
| 5 | Corporate Performance Report, Quarter 4
Interim Chief Executive | C/01/20 | 10.45am
APPROVE |
| 6 | Audit Committee Business
Committee Chairman
To include: <ul style="list-style-type: none"> • Audit Committee Annual Report • Draft Governance Statement | D/01/20 | 10.55am
NOTE |

OPERATIONAL ISSUES

- | | | | |
|---|--|---------|------------------------|
| 7 | Chief Executive's Report
Interim Chief Executive | F/01/20 | 11.05am
NOTE |
| 8 | Any other Business | | 11.30am |

Date of next meeting: 4 July 2019, Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	21 May 2020
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min/Mar20/public
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To provide Board members with a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 19 March 2020
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the minutes of the Board meeting 19 March 2020.
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Boardroom, RQIA 19 March 2020; 10.30 am	
Present Prof Mary McColgan OBE (Acting Chair) (MMcM) Patricia O'Callaghan (POC) Robin Mullan (RM) Denis Power (DP) Gerry McCurdy (GMcC) Seamus Magee OBE (SM) Lindsey Smith (LS) Sarah Havlin (SH) Dr Norman Morrow OBE (NM)	Officers of RQIA in attendance Olive Macleod (Chief Executive) (OM) Dermot Parsons, Director of Assurance Jennifer Lamont, Head of Business Support Hayley Barrett (Business Manager) (HB) Apologies Emer Hopkins, Acting Director of Improvement Malachy Finnegan, Communications Manager (MF) Lourda Geoghegan (Director of Improvement) (LG) Lisa Lynn (Admin Supervisor)

1.0 Welcome and Apologies

- 1.1 MMcC welcomed all members and Officers of the Board to this meeting. Apologies were noted from Dr Lourda Geoghegan, Emer Hopkins, Malachy Finnegan and Lisa Lynn. Board members shared their condolences to MF on the passing of his father.

2.0 Agenda Item 1 – Minutes of the public meeting of the Board held on Thursday 20 February 2020 and matters arising

- 2.1 MMcC advised Board members that actions 215 and 216 are completed. OM advised that no comments had been received from the Department of Health in relation to action 216.
- 2.2 Board members **APPROVED** the public minutes of the Board held on 20 February 2020.

3.0 Agenda Item 2 –Declaration of Interests

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

4.0 Agenda Item 3 – Acting Chair’s Report

- 4.1 MMcC advised Board members that the symposium relating to the use of CCTV at Queen’s was well organised and there was good debate and discussion amongst attendees.
- 4.2 No meetings were recorded with Board member attendance since the last meeting.
- 4.3 Board members **NOTED** the Acting Chair’s Report.

5.0 Agenda Item 4 – Corporate Risk Assurance Framework Report

- 5.1 JL advised that the Corporate Risk Assurance Framework Report was presented and approved by the Audit and Risk Committee on 5 March.
- 5.2 DP advised that the Audit and Risk Committee agreed that consideration to contingency planning and impact of coronavirus should be given and included as appropriate.
- 5.3 JL advised that an updated Corporate Risk Assurance Framework Report would be presented to the Audit and Risk Committee in May.
- 5.4 Board members **APPROVED** the Corporate Risk Assurance Framework Report.

6.0 Agenda Item 5 – RQIA Complaints Policy

- 6.1 JL advised that the review of the RQIA Complaints Policy was a recommendation made by Internal Audit. JL advised that the policy was overly bureaucratic and timescales were being missed. JL informed Board members that the Policy has been revised in line with DoH Guidance issued in April 2019.
- 6.2 JL outlined the changes to include removal of the stage 2 process, flexibility in working and ability to stretch timescales in required and the appeals process has been removed.
- 6.3 MMcC queried the rationale relating to the removal of the appeals process. JL advised that the process was not serving value and that faults in the process were not normally identified. JL advised that the appeals process was to ensure the process had been followed and was not designed to reinvestigate the complaint.

- 6.4 JL informed Board members that her training on Complaints Investigation has been deferred. Training will be cascaded to relevant staff on a train the trainer basis.
- 6.5 SH advised that the RQIA Complaints Policy as presented is well written and is principles based. SH noted that including appeals is not mandatory.
- 6.6 POC stated that on page six there is reference to 'options available', these options should be listed. JL advised that this would be amended.
- 6.7 JL advised that BSU centrally record all correspondence addressed to the Chief Executive, including complaints. iConnect records all information relating to concerns that are raised via the duty desk.
- 6.8 DP suggested that the final approval of this policy is deferred to the May meeting of the Board and should be presented to the May meeting of the Audit and Risk Committee first.
- 6.9 Board members **DEFERRED** the approval of the RQIA Complaints Policy.
- 6.10 **Resolved Action (217)**
The RQIA Complaints Policy to be presented for approval at the Audit and Risk Committee on 7 May 2020.
- 6.11 **Resolved Action (218)**
The RQIA Complaints Policy to be presented for approval at the Board meeting on 21 May 2020.
- 7.0 **Agenda Item 6 – Audit Committee Business**
- 7.1 DP, Audit and Risk Committee Chair, informed Board members of the approved minutes of the Audit and Risk Committee meeting of 17 October 2019.
- 7.2 Board members **NOTED** the approved minutes of the Audit and Risk Committee meeting on 17 October 2019.
- 7.3 DP provided a verbal update of the meeting on 5 March 2020. DP advised that the Audit Action Plan was presented, highlighting that 11 out of 29 recommendations were fully implemented, 17 on target for completion and one is behind target.
- 7.4 DP noted that Horizon Scanning was completed on 20 February with the Board and Executive Team and this was shared with the Audit and Risk Committee.
- 7.5 DP advised that the Assurance Directorate Risk Register was shared with the Audit and Risk Committee for noting.
- 7.6 DP informed Board members that there were two audits presented Financial Audit 2019/20 and Inspections – Follow up 2019/20. Both audits received a

satisfactory level of assurance and no priority one recommendations were made.

- 7.7 DP advised Board members that the External Audit Strategy 2019/20 was presented to the Audit and Risk Committee.
- 7.8 DP informed Board members that the Audit and Risk Committee approved the write-off of debt, approximately £900 and that the Direct Award Contracts were approved.
- 7.9 Board members **NOTED** the Verbal Update of the Audit and Risk Committee meeting of 5 March 2020.

8.0 Agenda Item 7 – Chief Executive’s Report

- 8.1 OM provided an update to Board members in relation to Four Seasons Health Care. OM advised that 14 homes in Northern Ireland are leased. RQIA met with the new Chief Executive and Operations Officer of Four Seasons Health Care who are committed to working with RQIA.
- 8.2 OM advised that due to the coronavirus pandemic, the recovery plan is currently paused. RQIA continue to take a risk based approach to inspection and respond to specific concerns.
- 8.3 OM informed Board members that she awaits a letter from the Permanent Secretary in relation to reducing RQIA functions during the pandemic. No information was provided about reduction to functions or the impact of COVID 19. OM was scheduled to attend teleconference with DH following Board meeting.
- 8.4 Board members **NOTED** the Chief Executive’s Update.

9.0 Agenda Item 8 – Any other business

- 9.1 DP advised that he would liaise with HB in relation to a teleconference for the next Audit and Risk Committee meeting. DP noted that all governance requirements should continue during the pandemic.
- 9.2 MMcC thanked Board members and Officers for their attendance and contribution and brought the meeting to a close.

Date of next meeting:



X May 2020

Signed




Professor Mary McColgan
Acting Chair

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
217	19 March 2020	The RQIA Complaints Policy to be presented for approval at the Audit and Risk Committee on 7 May 2020.	Business Manager	7 May 2020	
218	19 March 2020	The RQIA Complaints Policy to be presented for approval at the Board meeting on 21 May 2020.	Business Manager	21 May 2020	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	19 March 2020
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	A/05/20
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable.

ACTING CHAIR'S REPORT FOR RQIA BOARD MEETING ON 21 MAY 2020

1. Since the emergence of COVID 19 pandemic, communication with Board colleagues and Interim CEO has been conducted via Zoom meetings, telephone calls and teleconference.
2. Zoom meetings with Board and Interim Chief Executive have been conducted on 21 April and 27 April
3. Zoom meeting with Board colleagues on 4 May, 11 May and a further meeting is scheduled for 15 May 2020
4. Additional Zoom meetings facilitated by NICON (4) have been attended by the Acting Chair and further two meetings regarding webinar presentations. These meetings have provided useful engagement with wider ALB sector, discussion papers have been disseminated and forthcoming power point presentations will be made available too. The focus of the webinars has been on the 'Reset' concept for health and Social Care and Maintaining Good Mental Health which highlighted range of resources available through PHA.

MEETINGS ATTENDED BY NON-EXECUTIVE DIRECTORS

None.

Mary McColgan
Acting Chair

13 May 2020

RQIA Board Meeting

Date of Meeting	21 May 2020
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	4
Reference	B/05/20
Author	Hayley Barrett
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the Corporate Risk Assurance Framework Report to the Board.
Executive Summary	<p>The previous Corporate Risk Assurance Framework Report was presented to the Audit Committee on 5 March 2020.</p> <p>A detailed Risk Log is attached at the start of the Corporate Risk Assurance Framework Report which details the changes that have been made to the risk register, as progressed by the Executive Management Team.</p> <p>Three risks relating to Covid-19 are included as a separate document for consideration by the Board.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Corporate Risk Assurance Framework Report.
Next steps	None.

[illegible]

INTRODUCTION

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



IDENTIFY

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

ASSESS

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

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

CONTROL

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

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

MONITOR AND REVIEW

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

EXECUTIVE SUMMARY

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

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

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

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

RISK LOG					
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	4	2	0	6	
Ref No.	Details of Change(s)			Date Changed	Risk Rating
CR1	1 Actions and Additional Assurance moved to Assurances on Controls <ul style="list-style-type: none">HSC Staff Survey Target Date amended to March 2021			7 May 2020	M
CR2, 3, 5, 6	Target Date amended to March 2021			7 May 2020	H
CR4	1 Action and Additional Assurance moved to Current Controls: <ul style="list-style-type: none">Roll out of safety huddle model across RQIA teams;			20 February 2020	M

RISK SCORING MATRIX

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

Risk Log

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

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR1	Chief Executive	There is a risk that RQIA does not have the capacity (including financial resources, staff numbers, expertise, motivation, morale, performance and capability) to deliver its organisational objectives to help keep patients and service users safe and to help the organisation improve.	<ul style="list-style-type: none"> • IIP accreditation; • Completion of appraisals and staff development plans; • Revised inspector recruitment procedures; • Active member of the Improvement Institute; • Membership of Q Community and Improvement Network NI; • Commencement of review of inspection methodology (regulated services); • Monthly monitoring meetings with BSO finance link person; • CP training delivered for all senior staff; • Quarterly 	<ul style="list-style-type: none"> • Staff vacancy, performance management and absence rates standing agenda item at weekly EMT; • EMT receive updates on local, regional and national improvement initiatives. • EMT and Board representation on project board of inspection review methodology; • Development of QI strategy; • Quarterly sponsorship meetings with DoH; • Monthly meetings between CEx & Head BSU and BSO finance 	L	M	M	<ul style="list-style-type: none"> • IIP re-accreditation; • Implementation of QI strategy; • Recruitment of QI officers; • Evaluation of RQIA transformation to date; • Updates on HR, finance and improvement activity to EMT and Board. • HSC Cultural Assessment Survey 	Chief Executive Director of Improvement Director of Assurance Head of Business Support	March 2021	Reviewed quarterly

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

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR2	Chief Executive	There is a risk that RQIA does not demonstrate and evidence its performance and impact – when working individually and in partnership with others - against its agreed objectives in alignment with the Programme for Government.	<ul style="list-style-type: none"> • RQIA Business Plan and accompanying deliverables as described in directorate plans; • Corporate performance reporting; • Review of inspection methodology; • Comms and engagement strategy; • RQIA membership scheme. 	<ul style="list-style-type: none"> • Links with critical friends in CQC & HIS; • MOUs with external stakeholders; 	L	M	M	<ul style="list-style-type: none"> • RQIA reports included in review of inspection methodology; • Revised comms and engagement strategy. 	Chief Executive Director of Improvement Director of Assurance	March 2021	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR3	Chief Executive	There is a risk that patients, service users, the public, HSC professionals, providers, DoH and politicians lose confidence in RQIA as the independent NI HSC regulator if we do not take appropriate action when evidence suggests it is necessary and the rationale for our actions is not sufficiently clear.	<ul style="list-style-type: none"> • Comms and engagement strategy; • Membership scheme launched; 		M	H	H	<ul style="list-style-type: none"> • Review of RQIA website; • Review of comms and engagement strategy; • Publication of stats and information bulletin for RQIA; • Principles of co-production embedded in all our work 	Chief Executive Head of Business Support	March 2021	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR4	Chief Executive	There is a risk that intelligent monitoring of the data and information supplied to RQIA fails to pick up the level of provider failure; and that RQIA does not use this monitoring to appropriately influence actions and provide an effective remedial response.	<ul style="list-style-type: none"> • Introduction of <name> reports; • Revision of concerns model on iConnect; • Implementation of RADAR. • Roll out of safety huddle model across RQIA teams; 	<ul style="list-style-type: none"> • Introduction of safety huddles; • Assessment and evaluation of RADAR. 	M	M	M	<ul style="list-style-type: none"> • Information team capacity increased with additional staffing; • Enhanced links with external data sources; • Extension of RADAR 	Chief Executive Director of Improvement Director of Assurance Head of Business Support	March 2021	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR5	Chief Executive	There is a risk that inspection, review activity and engagement with providers fails to pick up significant provider risk and failure and that RQIA does not act appropriately on the findings of this activity and intelligence.	<ul style="list-style-type: none"> • Enforcement decision making policy and procedures; • Dedicated in-house solicitor for Neurology review work; • SCCG; • Duty desk; • Complaints guidance leaflet introduced. 	<ul style="list-style-type: none"> • SCCG TOR and procedures revised and implemented; • iConnect concerns module revised to support duty desk. 	M	M	M	<ul style="list-style-type: none"> • Review of inspection methodology to include enforcement decision making. 	Chief Executive Director of Improvement Director of Assurance	March 2021	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR6	Chief Executive	There is risk of a cybersecurity incident which may result in RQIA's information, systems, and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3 rd parties potentially causing significant business disruption and reputational damage.	<ul style="list-style-type: none"> • Technical infrastructure including security hardware (firewalls), security software, server/client patching, data and system back-ups, 3rd party remote secure access; • Policy and process controls; • User behaviours 	<ul style="list-style-type: none"> • Self-assessment /substantive compliance against the Information Management Assurance Checklist; • SLA with BSO ITS to provide ICT service provision and security. 	L	H	H		Chief Executive Head of Business Support	March 2021	Reviewed quarterly

Risks Removed from the Corporate Risk Assurance Framework Report

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

RQIA Corporate Risk Assurance Framework Report

RQIA Board to consider the addition of, or the amendment of CR1 and 4, the two risks outlined below.

1. There is a risk that RQIA's critical functions will be impaired or redirected as a result of the impact of the coronavirus pandemic emergency. Resources including staff may be required elsewhere in the HSC or be depleted due to staff absence, reducing our ability to meet our statutory functions and also impacting on our ability to maintain oversight of the safety and quality of care in the sectors where we operate
2. There is a risk that external factors, including the cessation of visitors to regulated services, the suspension of care management reviews and the sector focus on Covid-19 work, will reduce the quality and volume of information received by RQIA, impacting on our ability to identify and respond to safety and quality concerns in the sector during the coronavirus emergency

Board member recommended potential risk:

3. The reputation of the RQIA as an independent regulator of health and social care could be damaged as a result of re-purposing and the fact that inspection activity has ceased or has been significantly reduced.

EMT have considered the risk suggested by RQIA Board member and has suggested:

4. There is a risk that we fail to pick up poor quality care due to reducing the frequency of inspections as directed. All stakeholders (internal and external) may not agree to or understand the re-purpose and take action.

RQIA Board Meeting

Date of Meeting	21 May 2020
Title of Paper	Corporate Performance Report, Quarter 4
Agenda Item	5
Reference	C/05/20
Author	Business Manager
Presented by	Interim Chief Executive
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21.</p> <p>The report presents a cumulative picture of corporate performance and summarises key achievements and issues.</p>
Executive Summary	By the end of Quarter 4, 23.81% of the actions have been delivered and 76.19% of the actions have not been achieved by the completion date, due to staff resignations / retirements and the current outbreak of coronavirus.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 1 will be presented to the Board on 2 July 2020.



The **Regulation and
Quality Improvement
Authority**



RQIA Corporate Performance Report

Quarter 4 - 2019-20

Table of Contents

Introduction.....	3
Traffic Light Rating System	3
Summary of Traffic Light Rating System (Period Ending March 2018)	3
Summary of Achievements	4
Performance Report	6
Strategic Theme 1: Encourage quality improvement in health and social care services	6
Strategic Theme 2: Use sources of information effectively	8
Strategic Theme 3: Engage and involve service users and stakeholders	10
Strategic Theme 4: Deliver operational excellence	12

Introduction

The Corporate Performance Report summarises our performance for the last financial year. In a change from previous Corporate Performance Reports this paper will focus on providing evidence 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 2017-21.

Traffic Light Rating System

RQIA has adopted a Traffic Light Rating System to demonstrate how well the business actions are performing or have been delivered. 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 delivered

Summary of Traffic Light Rating System (Period Ending March 2020)

Traffic Light	March 2020	Actions that require exception reports
	16 (76.19%)	16 actions have not been completed due the resignation / retirement of key staff and the outbreak of coronavirus. The outbreak of coronavirus has resulted in the refocus of our work. Any outstanding actions will be implemented following the pandemic and monitored in the 2020-21 Corporate Performance Report.
	0	
	0	
	5 (23.81%)	

Summary of Achievements

- An overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs.
- An overview report on 'Dental Services' was published in March and shared with a range of stakeholders, to include DoH, Trusts and other ALBs.
- 1,958 inspections were completed to registered services which represents 88% of 2,221 inspections scheduled for 2019-20
- 34 inspections were completed with lay assessor involvement
- 1 review was complete with lay assessor involvement

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.1 We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths.	<ul style="list-style-type: none"> Implementation of workstream nine arising from the O'Hara report. 				x	The IHRD Workstream 9 continues to meet. The Assurance workstream has reviewed 90% of assurance frameworks and provided feedback. This work will continue over the next number of months until all of the workstreams and Sub-Groups have developed the content of the assurance framework for each of their recommendations including proposals on how implementation will be assessed. The final meeting of 2019-20 was cancelled due to the outbreak of coronavirus.
action has not been achieved by the completion date						

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.2 We will produce regular summaries of the quality of services we inspect, audit and review in 2019-20	<ul style="list-style-type: none"> Production of an overview report identifying common themes in non-regulated 16+ services Quarterly summary of service reports of regulatory activity 				x	<p>An overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs. An overview report on Dental services was also published in quarter 4.</p> <p>The report in respect to common themes in non-regulated 16+ services was finalised and shared with the DoH and HSCB during Quarter 2.</p> <p>In quarter 2 we also worked with Criminal Justice Inspectorate to finalise a report of the Safety of Prisoners Joint Inspection (publication date to be agreed); and completed a submission to the National Preventive Mechanism to inform part of the UK wide report on our activities which support the National Preventive Mechanism in upholding Human rights and prevention of torture</p> <p>In quarter 3 the Criminal Justice Inspectorate published the Safety of Prisoners Joint Inspection report, detailing the joint work undertaken with RQIA in reviewing the safety of prisoners across Northern Ireland</p> <p>RQIA is part of the UK National Prevention Mechanism (NPM). The NPM focuses attention on practices in detention that could amount to ill-treatment, and works to ensure its own approaches are consistent with international standards for independent monitoring of detention. During 2019-20 RQIA have completed an annual submission to the NPM to inform part of a UK wide report on our activities which support the National Preventative Mechanism for upholding Human rights and prevention of Torture. In quarter 4 the National Prevention Mechanism published the Tenth Annual Report and a report to mark the 10 year anniversary 'Ten years of the UK National Prevention Mechanisms' (26 March).</p>
Action Delivered						

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.3 We will implement the recommendations specific to RQIA from any external reports and reviews. action has not been achieved by the completion date	<ul style="list-style-type: none"> Establish a central database for the collation, follow-up and reporting on recommendations relevant to RQIA from external reports and reviews Implementation of recommendations arising from internal audit reports 				x	<p>A central database has been established within the Business Support Unit to collate, follow-up and report on recommendations.</p> <p>Oversight of the implementation of recommendations of Internal Audit reports has been designated to BSU and a regular overview will be presented to EMT and Audit Committee.</p> <p>Progress has been made to implement recommendations specific to RQIA from any external reports or reviews.</p>
Action 1.4 We will provide systems to support improvement where we identify gaps in the quality of services we inspect Action Delivered	<ul style="list-style-type: none"> Develop and implement an organisational wide Quality Improvement strategy Develop and facilitate a programme of learning for RQIA staff involved in inspections 				x	<p>RQIA's Quality Improvement Strategy has been developed based on the capability assessment completed in 2018/19. The planning for a programme of learning and development has taken place and the programme commenced during quarter 3.</p> <p>A rolling programme of learning opportunities for staff will be developed based on our evolving approach to regulation and individual learning needs identified through appraisal. RQIA's learning week held in quarter 3 was well attended by staff and feedback has been positive. Quality Improvement Learning sessions were delivered as part of RQIA Learning Week during quarter 3.</p> <p>Places have been secured for RQIA staff to complete Level 2 advanced Quality Improvement Training through Safety Quality Belfast's (SQB) - Delivering Improvement programme which started in quarter 4; one member of staff has commenced Scottish Improvement Leader Training level 3.</p>

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.5 We will define outcome measures to demonstrate the impact of our work action has not been achieved by the completion date	<ul style="list-style-type: none"> Establish a project group to take forward recommendation Develop a suite of measures 				x	Due to other work pressures and the outbreak of coronavirus, this project did not commence. A suite of measures will be developed and presented for consideration to EMT and the Board during 2020-21.

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.1 We will use enhanced intelligence to support our move to a risk-based model of regulation.	<ul style="list-style-type: none"> Provider level self-service reporting Service type benchmarking reports 		x		x	<p>Project Initiation Documents were developed in quarter 1 and approved by the Project Board on 22 May. Work to develop a RADaR approach to using existing information sources about children's services commenced in quarter 2. Following the resignation of the Service Improvement Officer, this work has not been completed. This work was largely complete when the Service Improvement Officer resigned.</p> <p>A second project to review and expand information sources for receipt of intelligence about domiciliary care agencies commenced in quarter 2, but was incomplete due to the resignation of the Service Improvement Officer.</p> <p>Both of these pieces of work have been deferred until 2020-21.</p> <p>Provider level reports have been developed and rolled out across the organisation. We are continuing to develop alerts to identify when reporting of notifications falls outside normal parameters.</p>
action has not been achieved by the completion date						
Action 2.2 We will examine how we can improve our use of qualitative and quantitative intelligence to support activity throughout the organisation	<ul style="list-style-type: none"> Revise RQIA Management and Handling of Complaints policy and procedure Develop a set of principles and framework for risk based decision making 			x		<p>A professional decision making workshop with David Carson (Barrister and writer of risk) was held during quarter one and work to develop principles has commenced through the inspection methodology workstream. A further workshop was held with RQIA's Board and Professor Brian Taylor in quarter 3.</p> <p>The Deputy Director of Assurance worked to finalise high level risk taking principles to be shared with staff in quarter 4. The Deputy Director was appointed into the Director post, causing a deferral of this work until 2020-21.</p> <p>The Complaints policy was reviewed and presented to EMT during quarter 4. The Board deferred the approval of the Complaints Policy to 2020-21.</p>
action has not been achieved by the completion date						

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.3 We will consider how we gather and disseminate examples of good practice in all the settings where we have a presence, in order that learning can be shared throughout the HSC system.	<ul style="list-style-type: none"> Deliver 5 information workshops for providers of regulated services Production of an e-newsletter for providers 				x	A series of information workshop for providers of children's services were held during quarter 3. An evaluation of these workshops was completed in quarter 4. This action has been deferred to 2020-21.
action has not been achieved by the completion date						
Action 2.4 We will review our website to make better use of this resource in sharing information and intelligence in a meaningful way.	<ul style="list-style-type: none"> Establish a working group to include participants from RQIA Membership Scheme and other stakeholders 			x		We have met with our website provider to discuss introducing a pop up online user feedback survey, and conducting user experience to involve relevant stakeholders. This action has been deferred to 2020-21.
action has not been achieved by the completion date						

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.5 We will use our iConnect system to develop a framework to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity					x	<p>A project team was established to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity. A human rights framework was integrated into the Care Homes Team and was monitored during quarter 3. Learning workshops were held in quarter 3 in relation to the integration of the human rights framework into Care Home inspections and subsequent inspection reports.</p> <p>A further project team was established to cross reference human rights legislation with DoH Regulations and Nursing Standards in domiciliary care services. All inspection staff completed a questionnaire regarding their awareness of human rights and the integration of the human rights framework into their inspection reports. The rollout of the human rights framework commenced in the care homes team in quarter 2. A further project team was established and implemented this framework in quarter 3.</p> <p>A project was undertaken to develop an easy read inspection report. This project concluded in quarter 3 and the easy read report was rolled out and shared with other teams. The pilot implementation was delayed by the resignation of the Service Improvement Officer, this has been deferred until 2020-21.</p>
action has not been achieved by the completion date						

STRATEGIC THEME 3

Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.1 We will increase the profile of RQIA with the public.	<ul style="list-style-type: none"> Refresh Membership Scheme to increase participation by 10% Participate in the Household survey Engagement Strategy 				x	<p>Planning has commenced to increase and encourage public involvement and participation in RQIA's work using a range of methods including face to face engagement and via social media.</p> <p>We are currently considering the questions to be included in the Household survey.</p> <p>The Communications and Engagement Strategy was approved by the Board during quarter 2.</p> <p>The inaugural RQIA Open House event took place on 10 October, with highly positive feedback from attendees.</p>
action has not been achieved by the completion date						
Action 3.2 We will work collaboratively to report on the lived experience of users of health and social care.	<ul style="list-style-type: none"> Monthly liaison meetings with trusts 5 meetings with young people currently living in children's homes across Ni 1 meeting with care experienced young people and VOYPIC 1 meeting with ARC 'TILII' Group 				x	<p>We are working with VOYPIC and care experienced young people to allow our inspectors to refine our inspection approach based on young people's experience. We continue to engage with providers of Children's Homes to arrange meetings between inspectors and young people currently using Children's Homes across the region. A series of meetings were arranged, but subsequently cancelled owing to the resignation of the Service Improvement Officer, this work has been deferred until 2020-21.</p> <p>A meeting was held in quarter 3 with ARC to explore potential of TILII (telling it like it is) group to deepen our understanding of lived experience for people with learning disabilities in regulated services.</p> <p>The Director of Assurance facilitated a workshop with Directorate managers in quarter 4 to focus on the introduction of a more person-centred approach to regulation in a 2020-21 directorate business plan. A subsequent planning workshop, facilitated by the HSC Leadership Centre with all Directorate staff was scheduled for 30 March 2020, but cancelled owing to Covid-19. This work will be revisited during 2020-21.</p>
action has not been achieved by the completion date						

STRATEGIC THEME 3

Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.3 We will set out in our revised inspection methodology how we will use lay assessors in all inspection activity action has not been achieved by the completion date	<ul style="list-style-type: none"> Revised approach for involvement of service users, staff, family members and managers as part of our inspection methodology improvement work 		x			This will be reported on as part of the inspection methodology programme to the Project Board and an update will be provided at the next meeting. Thirty four inspections were completed with lay assessor involvement, this includes multi-disciplinary inspections. One review has been completed with lay assessor involvement The Director of Assurance facilitated a workshop with Directorate managers in quarter 4 to focus on the introduction of a more person-centred approach to regulation in a 2020-21 directorate business plan. A subsequent planning workshop, facilitated by the HSC Leadership Centre with all Directorate staff was scheduled for 30 March 2020, but cancelled owing to Covid-19. This work will be revisited during 2020-21.
Action 3.4 We will facilitate one RQIA open house event where all stakeholders will be welcome to meet RQIA staff and learn about any aspect of our work. Action Delivered	<ul style="list-style-type: none"> Facilitate one open house event 			x		The inaugural RQIA Open House event planned by the Business Support Unit took place on 10 October, with highly positive feedback from attendees.

STRATEGIC THEME 3

Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.5 We will introduce a regular e-zine to communicate with our stakeholders.	<ul style="list-style-type: none"> Development of a prototype newsletter to share with a reference group including RQIA Membership Scheme Development of an internal newsletter to communicate with RQIA staff 					Regular editions of RQIA's new in-house staff newsletter "#ourqia" issued to all staff during quarters 1, 2 and 3. This action has been deferred to 2020-21.
action has not been achieved by the completion date						
Action 3.6 We will evaluate and revise our use of social media to ensure we are communicating in the most effective way for all our stakeholders.	<ul style="list-style-type: none"> Establish a stakeholder reference group to review RQIA Social Media Channels Review and revise RQIA Communications Strategy 				x	We have reviewed our use of social media, and during quarter 3 introduced animated content on our Twitter account, YouTube channel and website. Communications and Engagement Strategy was approved by the Board during quarter 2
Action Delivered						

STRATEGIC THEME 4

Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.1 We will evaluate the implementation of the actions set out in our Transformation, Modernisation and Reform framework	<ul style="list-style-type: none"> Evaluate the Transformation, Modernisation and Reform Framework Prepare a business case for the introduction of an EDRMS to RQIA 				x	Work has commenced with PaLS and BSO ITS to arrange for the development of an outline business case for an EDRMS system. RQIA met with a potential supplier in relation to our requirements for an EDRMS during quarter 4. Due to the outbreak of coronavirus, this action has been deferred.
action has not been achieved by the completion date						

STRATEGIC THEME 4

Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.2 We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform.	<ul style="list-style-type: none"> Implementation of the recommendations and training programme from the review of the administration function in RQIA 90% of staff will complete level one QI training during 2019/20 3% of staff will complete level two QI training during 2019/20 1% of staff will complete level three QI training during 2019/20 10 Quality Improvement Initiatives during 2019/20				x	<p>A draft report of the review of the administration function in RQIA has been shared with the Head of Business Support. The findings and recommendations have been shared with the administrative staff during quarter 2 and the Executive Team during quarter 3. A number of recommendations have been implemented during quarters 2 and 3.</p> <p>The HSC Leadership Centre met with the administrative staff during quarter 4. A working group was developed to discuss, consider and implement further recommendations. The working group met on one occasion during quarter 4. All actions will be implemented throughout 2020-21.</p> <p>Staff training requirements will be built into appraisal of all staff to ensure targets can be met by quarter 4.</p> <p>72% of RQIA staff have completed level 1 QI during 2019-20. We will target for completion of remaining 28% during 2020-21. First cohort of level 2 training to commenced in February 2020.</p> <p>Four Quality Improvement Initiatives commenced/completed (Learning Implemented from SAI's in Mental Health Unit; Strengthening Assurance of Controlled Drugs and Conscious Sedation in Dental Practice; Strengthening Assurance of Form 10 process; Introduction of Safety Briefs).</p> <p>During quarter 3 we commenced a new quality improvement project to improve the effectiveness of safety briefs (Improvement Directorate).</p>
action has not been achieved by the completion date						
Action 4.3 We will analyse and evaluate the responses to the HSC Staff Survey in order to further revise our plans for internal transformation and reform.	<ul style="list-style-type: none"> Development of an implementation plan arising from the HSC Staff Survey 				x	<p>Staff Survey results were received during quarter 3 and shared with RQIA Board. The HSC Staff survey results were not launched during quarter 4. An implementation plan will be developed following the launch due 2020-21.</p>
action has not been achieved by the completion date						

STRATEGIC THEME 4

Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.4 The review of our inspection methodology will include revised reporting formats action has not been achieved by the completion date	<ul style="list-style-type: none"> Inspection reports for three types of services will be produced using more concise, easier to read, templates 			x		Development of inspection report templates is underway and consultation on the report formats with external stakeholders occurred. Draft report formats were developed for the Assurance Directorate, with a view to piloting these in quarter 4. This has been delayed by the resignation of the Service Improvement Officer and, subsequently, the Covid-19 pandemic. During quarter three, the improvement directorate developed and implemented new report templates for multi-disciplinary and focused inspections.
Action 4.5 We will examine and reform our registration processes to ensure they reflect a rights-based approach Action Delivered	<ul style="list-style-type: none"> Application for variation, manager absence and voluntary cancellation to become electronic Process for manager / responsible person and service application to become electronic 	x			x	A Terms of Reference has been prepared and scoping work for this project is underway. Applications for variation, manager absence and voluntary cancellation have been available for submission through the web-portal since 1 April. In March, 100% of variations manager absences and cancellations were submitted via the web portal. Reference forms for manager / responsible person applications are requested and returned in electronic format. We are also now storing a number of documents electronically in iConnect rather than as paper copies and accepting digital, rather than paper, Access NI certificates which will make the registration process much more efficient for applicants and for RQIA. We have stated working through all registration files with a view to scanning hard copy documents onto electronic format and storing in iConnect.

RQIA Board Meeting

Date of Meeting	21 May 2020
Title of Paper	Audit and Risk Committee Business
Agenda Item	6
Reference	D/05/20
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	This report highlights some of the key activities of the Audit Committee during 2019/20.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the update from the Committee Chair.
Next steps	The Audit and Risk Committee is scheduled to meet again on 7 May 2020.

AUDIT COMMITTEE ANNUAL REPORT 2019/20

Introduction

This report highlights some of the key activities of the Audit Committee during 2019/20.

The latter part of this Reporting Year was dominated by the severity of the Covid-19 pandemic in the Health & Social Care Sector, with significant impact on RQIA's operations, resources and Inspection and Review activity. Contingency Planning, communication strategy and a re-organisation of RQIA's role and responsibilities, under the direction of the Department of Health were key responses in the wake of significant pressures on the NHS.

Membership of the RQIA Audit Committee

The RQIA Audit Committee was established in December 2006 and consists of 6 members of the RQIA Board. The Terms of Reference for RQIA Audit Committee were incorporated in a Board Review of RQIA Standing Orders in May 2019.

The Committee membership as at 31 March 2020 was:

Denis Power, Chairman
Patricia O'Callaghan
Lindsey Smith
Gerry McCurdy
Seamus Magee
Robin Mullan

The Audit Committee met on four occasions during 2019/20. Meetings were held on 2 May 2019, 14 June 2019, 17 October 2019 and 5 March 2020. All of the meetings of the Audit Committee were held at Riverside Tower and were supported by Officers of the Board including the Chief Executive, Head of Business Support Unit and the Business Manager.

There was also representation at each meeting from the Internal Audit function of the Business Services Organisation and from the Northern Ireland Audit Office.

Assurances to the Audit Committee

The Audit Committee considers and reviews the comprehensiveness, reliability and integrity of audit and governance systems and ensures that RQIA meets required standards of financial and statutory probity.

The Audit Committee provides the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the

Authority. These assurances are provided in the various reports that are brought to the Committee during the year, namely:

- Governance Statement
- Mid-Year Assurance Statement
- Corporate Risk Assurance Framework Report
- Internal Audit reports
- Report on Controls Assurance Standards
- External Audit reports

Governance Statement

The Governance Statement was presented to the Audit Committee on 2 May 2019. The Governance Statement 2019/20 will be presented to the May 2020 Audit Committee Meeting.

The Governance Statement sets out the Accounting Officer's responsibility for maintaining a sound system of internal governance that supports the achievement of RQIA's strategic priorities, statutory obligations, and business objectives, whilst safeguarding public funds and assets.

Mid-Year Assurance Statement

The Mid Year Assurance Statement was presented to the Audit Committee on 17 October 2019.

Corporate Risk Assurance Framework Report

During 2019/20, Audit Committee considered the Corporate Risk Assurance Framework Report at each of its meetings. Audit Committee received updates on the actions being taken to mitigate identified risks and considered the decision making process undertaken to remove, de-escalate or add risks to the register.

A Horizon Scanning and PESTLE analysis of the Risk Environment in which RQIA operates was undertaken in 20 February 2020 and was attended by Members of the RQIA Board, the Chief Executive, Directors and Head of Business Support Unit. The current Risk Register with six Corporate Risks was considered by Audit Committee at its meeting on 5 March 2020. The emergence of the Covid-19 pandemic was discussed at the March Audit Committee meeting and an updated Risk Register to incorporate key risks for RQIA in terms of impact on resources, RQIA's role and responsibilities and Contingency Planning will be presented to the Board on 5 May 2020.

Internal Audit reports

The Internal Audit work programme is developed by the Executive Management Team and Audit Committee, in conjunction with Internal Audit, through an analysis of risk areas identified within the Corporate Risk Assurance Framework Report and any other areas where it is felt that audit work should be conducted.

During 2019/20, a total of four internal audits were conducted. A Satisfactory Level of Assurance¹ was achieved in Complaints and Whistleblowing, Financial Review, IT Security and Review of Inspections follow up. There was no priority one² weaknesses in quality assurance control identified in these audits. Follow-up of identified weaknesses are currently being actively followed up by EMT and progress in implementing recommendations will be monitored by the Audit Committee during 2020/21.

Internal Audit also completed a review of the assurance process post-controls assurance standards.

In the annual report, the Internal Auditor reported that there is a **satisfactory** system of internal control designed to meet the Authority's objectives.

RQIA are assured that the work of Internal Audit is conducted in accordance with the Public Sector Internal Audit Standards (PSIAS). These standards are issued by HM Treasury.

Report on Controls Assurance Standards

The Audit Committee receives assurance on RQIA's systems and processes through the compliance levels achieved on the arrangements post Controls Assurance Standards. In 2019/20, RQIA completed five self-assessments against the previous Controls Assurance Standards, which were externally verified by BSO Internal Audit in the End of Year Follow Up Audit.

RQIA achieved substantive compliance in all of these areas.

External Audit Reports

The Draft Report to those Charged with Governance was presented to the June 2019 Audit Committee, stating that the 2019/20 financial statements would be certified with an unqualified audit opinion without modification. The final RTTCWG was presented to Audit Committee in October 2019 with no amendments.

Moore Stephens LLP are the appointed Independent Auditors by NIAO. An audit of the 2019/20 financial statements will be conducted by NIAO in May / June 2020 and will be discussed at the June 2020 Audit Committee meeting.

RQIA can be assured that NIAO complies with relevant ethical requirements regarding independence and has developed important safeguards and procedures in order to ensure its independence and objectivity.

Report on the use of External Consultants

¹ Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of the system objectives.

² Failure to implement the recommendation is likely to result in a major failure of a key organisational objective, significant damage to the reputation of the organisation or the misuse of public funds.

In 2019/20, RQIA reported to the Audit Committee that there were no instances when external consultancy had been used.

The Committee receives these reports in order to be assured that if RQIA seeks the use of external consultancy that this is done in line with DOH guidance on the use of external consultants and procurement.

Update on DOH Circulars

The Audit Committee receives updates at each meeting of the relevant DOH Circulars and the appropriate action required by RQIA to ensure that these are implemented.

Reports to the Audit Committee

Overall, a comprehensive suite of reports presented to Audit Committee, provides the Audit Committee with a high level of assurance that RQIA has a satisfactory system of internal control. This was confirmed by the Head of Internal Audit in her year-end report.

The Chief Executive provides a verbal report to the Audit Committee on current key risk issues impacting RQIA at each meeting. This report provides Audit Committee with information of potential risks and updates in areas of concern in the HSC.

Assessment of Effectiveness

In order to assess its effectiveness, the Audit Committee completed the National Audit Office self-assessment checklist as mandated by DoH in October 2019 which concluded that RQIA Audit Committee can provide assurance of compliance with the good practice principles in the checklist.

The Committee considered this a useful exercise and key learning points were progressed throughout 2019/20. Audit Committee will further consider its effectiveness at its meeting in October 2020.

The Chair of Audit Committee hosted an annual Bi-Lateral meeting with Head of Internal Audit and NIAO on 14 June 2019. A further Bi-Lateral meeting will be scheduled in June 2020. The Audit Committee arrange other meetings outside of the normal schedule should any other matters arise.

Acknowledgement

I wish to record my thanks to the Audit Committee Members for their support and active engagement at meetings. My thanks to the Chief Executive, Head of Business Support and Secretariat to the Committee for their invaluable assistance to the Audit Committee.

DENIS POWER

Chair of Audit Committee

RQIA Board Meeting

Date of Meeting	21 May 2020
Title of Paper	Draft Governance Statement
Agenda Item	6
Reference	D/05/20
Author	Hayley Barrett
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the Draft Governance Statement to the Board.
Executive Summary	<p>The draft Governance Statement brings together in one place all disclosures about matters relating to an organisation's governance, risk and control. The document was produced using the 'On the preparation of the Governance Statement Guidance' as set out in 'Managing Public Money'.</p> <p>RQIA await suggested wording from the Department of Finance and for RQIA Board to approve the Corporate Risks associated to Covid-19 for inclusion.</p> <p>The approved Governance Statement will be incorporated into RQIA's Annual Report and Accounts 2020-21.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Draft Governance Statement
Next steps	None.

GOVERNANCE REPORT GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

The Board of RQIA is accountable for internal control. As Accounting Officer and Chief Executive of RQIA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's strategic priorities, statutory obligations and business objectives, whilst safeguarding the public funds and assets for which I am responsible, in accordance with the responsibilities assigned to me by the Department of Health (DoH).

As Chief Executive I am accountable to RQIA's Board for the day-to-day operations and management of RQIA and as the designated Accounting Officer I am accountable to the Permanent Secretary of DoH. I am personally responsible for safeguarding the public funds for which I am responsible and for ensuring propriety and regularity in the handling of those funds. As Chief Executive and Accounting Officer, I establish, in agreement with the Department and RQIA's Board, the corporate strategy and business plan in the context of the Department's wider strategic aims, Departmental Requirements and current Public Sector Agreement (PSA) objectives and targets.

The Chief Executive provides a formal report to RQIA's Board covering matters of strategic importance, including updates on key targets and business objectives, information on enforcement actions, progress in respect of planned and commissioned reviews, serious incidents, complaints and whistleblowing. Board meetings are held at least six times a year.

The Chief Executive chairs a weekly meeting of the Executive Management Team which provides strategic oversight of all operational issues impacting on the day to day management of the organisation.

RQIA is Northern Ireland's independent regulator of health and social care services. Our ongoing work programme aims to provide assurance about the safety, quality and availability of these services through: our planned programme of announced and unannounced inspections of regulated services, mental health and learning disability wards, hospitals, and places of detention across Northern Ireland; and our reviews of both health and social care services and independent establishments and agencies. In carrying out its role RQIA has developed strong and effective partnerships with other health and social care systems regulators, inspectorates, professional regulatory bodies. Arm-Length Bodies, Trusts and HSCB.

The Chair and Chief Executive attend bi-annual accountability reviews with the Permanent Secretary.

The Chief Executive and Directors attend quarterly liaison meetings with DoH to discuss matters of strategic importance relating to regulation and quality improvement across the health and social care.

2. Compliance with Corporate Governance in Central Government Departments: Code of Good Practice NI 2013

RQIA applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements. RQIA does this by undertaking continuous assessment of its compliance with corporate governance best practice by the RQIA Board's assessment against the Board Governance Self-Assessment Tool and by ensuring that it has proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

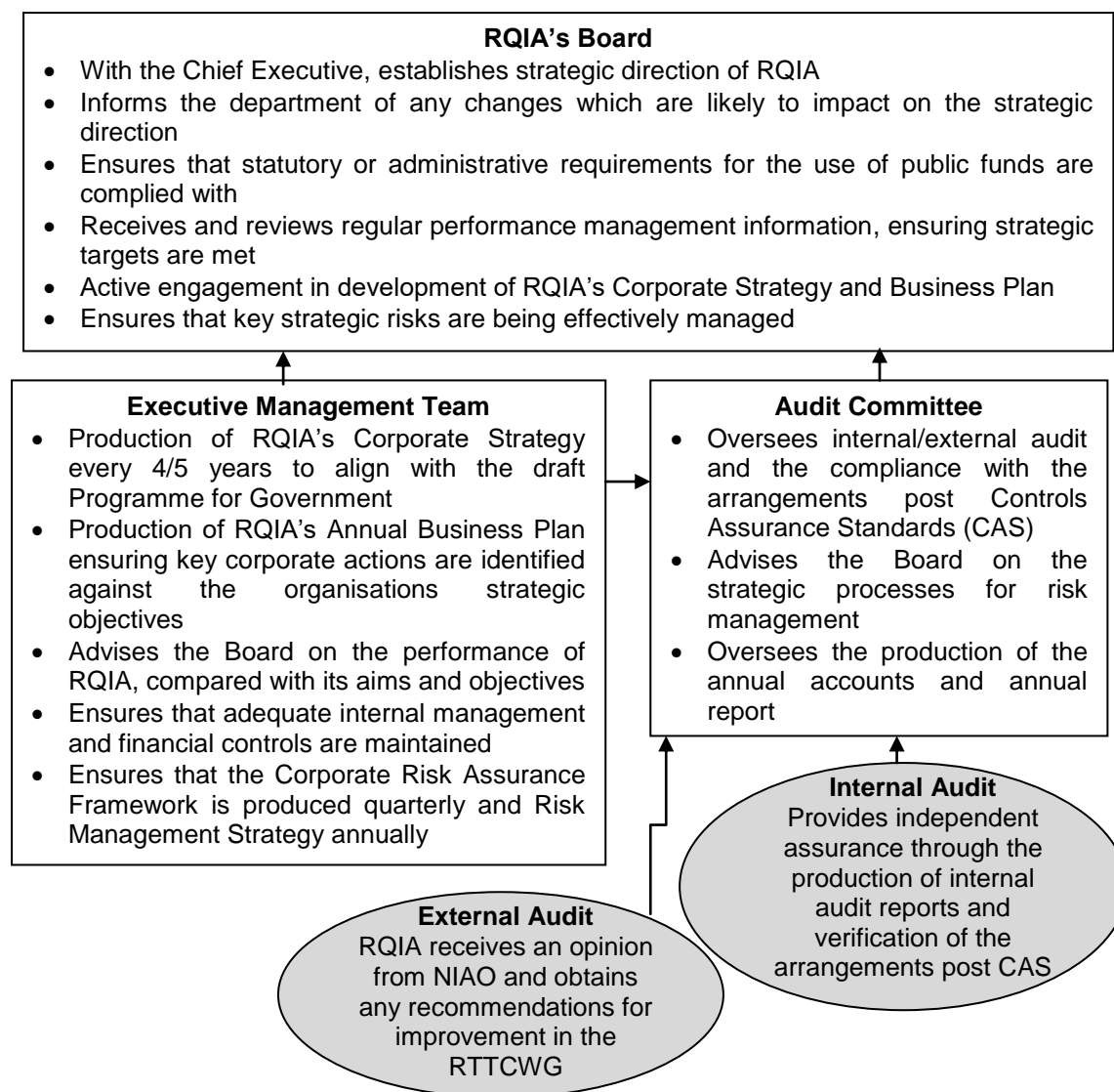
The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- a schedule of matters reserved for Board decisions;
- a scheme of delegation, which delegates decision making authority, within set parameters, to the Chief Executive and other officers;
- standing orders and standing financial instructions;
- the establishment and operation of an effective audit committee; and
- the establishment and operation of an effective appointments and remuneration committee.

The system of internal financial control is based on a framework of production of regular financial information, robust administrative procedures including the segregation of duties and a system of delegation and accountability, supported by key management oversight processes. In particular, it includes:

- comprehensive budgeting systems with an annual budget;
- regular reviews by the Board of periodic financial reports which indicate financial performance against the forecast;
- setting and monitoring targets of financial and other performance measures;
- clearly defined capital investment control guidelines;
- as appropriate, formal budget management disciplines;
- production of RQIA's Property Asset Management Report; and
- production of RQIA's Annual Report and Accounts.

A robust structure of accountability and responsibility is required as part of a control environment (i.e. governance, risk management and internal control). The respective responsibilities in relation to corporate governance are detailed in the following chart and sections.



RQIA assessed its compliance with best practice in Corporate Governance using the following tools:

- Audit Committee Self-Assessment
- The Board Governance Self-Assessment Tool
- Accountability process and sponsorship function
- Assurance Framework
- Mid-Year Assurance and Governance Framework
- Independent Assurance – BSO Internal Audit
- Management Statement / Financial Memorandum
- Arrangements post controls assurance standards

The outcomes of the self-assessments post controls assurance standards showed that RQIA continues to follow best practice in Corporate Governance.

3. Governance Framework

RQIA recognises that to deliver its strategic aims, objectives and priorities successfully, it needs sound corporate governance arrangements in place. Corporate governance is founded in statute, policies, processes, systems, organisational culture and behaviours, and together they provide a system for the way in which an organisation is directed, administered, controlled and goes about its business.

RQIA's governance framework sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business. As an Arms-Length Body (ALB) RQIA is committed to governance excellence and is accountable for its decisions and activities.

RQIA's Responsibility

RQIA is a non-departmental public body, and provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA is also responsible for encouraging improvements in the quality of these services.

RQIA works within a robust statutory framework. The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, provides a statutory mandate to RQIA, and defines its roles and functions. RQIA has a statutory duty to conduct inspections, investigations and reviews of services and to report its findings to DoH.

As an ALB, RQIA's approach to governance mirrors the Seven Principles of Standards in Public Life - the 'Nolan Principles'.

RQIA demonstrates accountability to DoH through:

- twice yearly accountability meetings with DoH
- RQIA's Annual Report which is laid before the NI Assembly;
- annual auditing of RQIA's accounts by the NIAO;
- independent scrutiny of RQIA's procedures and processes through BSO Internal Audit;
- publicly reporting performance in respect of its corporate goals and business targets;
- consulting before introducing major new policies or operational practices;
- Board meetings open to the public;
- publishing information regarding the operation of the Board, and where appropriate minutes of meetings and reports;
- quarterly production of RQIA's Corporate Risk Assurance Framework;
- having a robust and accessible complaints process; and
- production of an annual Quality Report.

Board Responsibility

RQIA has an independent board of ten non-executive members including the acting Chair and one vacancy. Each board member is appointed by the Minister for Health, for an initial four-year term. Board members can serve a maximum of two terms.

The Board is ultimately responsible for all that RQIA does. In order for RQIA to discharge its responsibilities appropriately and effectively, day-to-day and operational management is delegated to the Chief Executive. A number of matters, however, remain reserved to the Board. These are:

- ensuring that RQIA fulfills its statutory objectives, general functions and duties and appropriately exercises the legal powers vested in it, under the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 and other legislation;
- determining the overall strategic direction of RQIA within resource limits;
- active engagement in the development of the Corporate Strategy and Business Plan;
- monitoring the performance of the Chief Executive and her team, holding them to account for the exercise of their delegated powers and delivery against plans and budgets;
- promoting and protecting RQIA's values, integrity, and reputation; and
- ensuring high standards of governance which command the confidence of all of RQIA's staff and stakeholders.

In fulfilling its responsibilities, the Board pays particular attention to:

- maximising the impact and effectiveness of RQIA;
- identifying and managing risks and harnessing opportunities;
- listening and responding to stakeholders;
- ensuring its independence;
- ensuring the prudent use of public funds; and
- ensuring RQIA acts fairly, responsibly, transparently, proportionately and ethically.

In exercising the responsibilities set out above, Board members are required to meet the following obligations:

- the Board acts collectively in making decisions;
- the Board actively pursues learning and self-development opportunities;
- the Board expects the Executive Management Team (EMT) to provide appropriate, accurate and timely information and advice to enable informed decision making;
- the Board seeks to achieve consensus on major decisions. However, where this is not possible, collective decisions will be based on a majority vote with the Chair holding a casting vote; and
- the Board delegates authority through the Chief Executive to the EMT and staff, for the efficient and effective operation of RQIA and prudent use of public funds.

The Board has established clear levels of delegated authority within which:

- some decisions are reserved exclusively for the Board;

- the Chief Executive is empowered to make decisions and delegate authority to the EMT and staff for the day-to-day operation of RQIA; and
- the Chief Executive is required to escalate high risk and / or high impact issues for the timely attention and consideration of the Board.

A total of seven Board meetings were held during 2019/20 with an average of 90.5% of Board Members in attendance. In addition, four Board workshops took place in 2019/20, addressing strategic issues facing the organisation. The Board met on 26 September 2019 to complete the Board Governance Self-Assessment Tool, assessing the performance of the Board. This assessment concluded that RQIA can provide assurance in relation to the various leading indicators of effective Board governance.

Attendance at 2019/20 Board Meetings and Workshops		
	Board Meetings (Total 7)	Board Workshops (Total 4)
Prof. Mary McColgan	7	4
Denis Power	7	4
Lindsey Smith	7	1
Patricia O'Callaghan	6	4
Dr Norman Morrow	5	4
Seamus Magee	7	4
Robin Mullan	7	3
Gerry McCurdy	6	3
Sarah Havlin	5	2

Audit Committee Role and Performance

The Audit Committee, as a Committee of the Board, assist in discharging its responsibilities for issues of risk control and governance. The Audit Committee reviews the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs, and reviews the reliability and integrity of these assurances.

The Audit Committee comprises six non-executive Board members, including the Audit Committee Chairman. The Audit Committee Chairman and members are appointed to the Audit Committee as per Standing Orders 5.3 and 5.4.

The Audit Committee advises the Board and Accounting Officer on:

- the strategic processes for risk management, internal control, governance and the mid-year Assurance Statement and the Governance Statement;
- the adherence to accounting policies, the preparation of annual accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit and the extent of adjustments arising from audit findings;
- the planned activity and recommendations of both internal and external auditors;

- adequacy of management response to issues identified by internal audit activity, and those included in the external auditor's report to those charged with governance;
- assurances relating to the corporate governance requirements for the organisation;
- anti-fraud policies, whistleblowing processes, and arrangements for special investigations;
- the extent to which processes and procedures provide value for money;
- a periodic review of its own effectiveness and an annual review of its own terms of reference; and
- consideration of write-off of losses and authorisation of special payments before submission to the Board for approval.

The Audit Committee met four times during 2019-20 with an average of 92% in attendance. The Audit Committee completed the Audit Committee self-assessment checklist on 17 October 2019 for 2019-20, which will conclude that RQIA can provide assurance of compliance with the good practice principles in the checklist.

Attendance at 2019/20 Audit Committee Meetings	
Board Member	Audit Committee Meetings (Total 4)
Denis Power	4
Patricia O'Callaghan	4
Lindsey Smith	3
Robin Mullan	3
Gerry McCurdy	4
Seamus Magee	4

The Appointment and Remuneration Committee Role and Performance

The main functions of the Committee are:

- Consider and agree the broad policy for the appointment and pay (remuneration) of the Chief Executive and second tier officers. This will include the basic pay principles and overall approach to remuneration including governance and disclosure.
- In considering this policy, take account of all factors, which it decides are necessary, including the provisions of any national agreements for staff where appropriate. The objective of this policy shall be to ensure that the senior management of RQIA are:
 - remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose; and
 - provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation.
- Consider and recommend to RQIA, the framework or broad policy for the pay (remuneration) of staff below second tier level, including the policy or broad approach for pay uplifts for RQIA staff and pension policies.
- Be informed of, and review any major changes in employee benefit structures, including pensions, throughout RQIA.

- Monitor and evaluate the performance of the Chief Executive and agree targets for pay progression and any performance related pay schemes operated by RQIA.
- Within the terms of the agreed policy, receive reports from the Chief Executive on the total individual remuneration package of each Director including, where appropriate, bonuses and incentive payments. These packages shall be determined within the framework or policy set by the DoH.
- Agree the framework or broad policy for the terms and conditions of service for Directors, including termination payments and compensation commitments, taking account of such national guidance as is appropriate.
- Consider and recommend to RQIA disciplinary and grievance procedures applicable to and possible disciplinary action involving the Chief Executive including the dismissal of the post-holder.

The Appointments and Remuneration Committee met once during 2019-20 with three Board Members (100%) in attendance.

Chief Executive and EMT Responsibility

The Chief Executive has delegated authority for the day-to-day management of RQIA. The Chief Executive is responsible for leading the EMT and staff in:

- fulfilling RQIA's statutory responsibilities including the general functions and duties specified in the Management Statement and Financial Memorandum;
- developing plans, programmes and policies for Board approval including the Corporate Strategy, Review Programme and Annual Business Plan;
- delivering RQIA's services in line with targets and performance indicators agreed by the Board;
- developing RQIA's relationships with key stakeholders;
- communicating RQIA's plans and achievements to stakeholders, RQIA's staff, DoH and the general public;
- acting as RQIA's Accounting Officer, reporting to the DoH on the use of public funds and with personal accountability and responsibility for RQIA's:
 - propriety and regularity;
 - prudent and economical administration;
 - avoidance of waste and extravagance;
 - efficient and effective use of available resources; and
 - the organisation, staffing and management of RQIA.
- ensuring that the EMT:
 - acts within the levels of authority delegated by the Board, escalating any high risk and /or high impact issues for the timely attention and consideration of the Board;
 - provides accurate and timely information to enable the Board to fulfill its governance responsibilities effectively; and
 - supports the Board in fulfilling its role and responsibilities as set out in this governance statement.

4. Business Planning and Risk Management

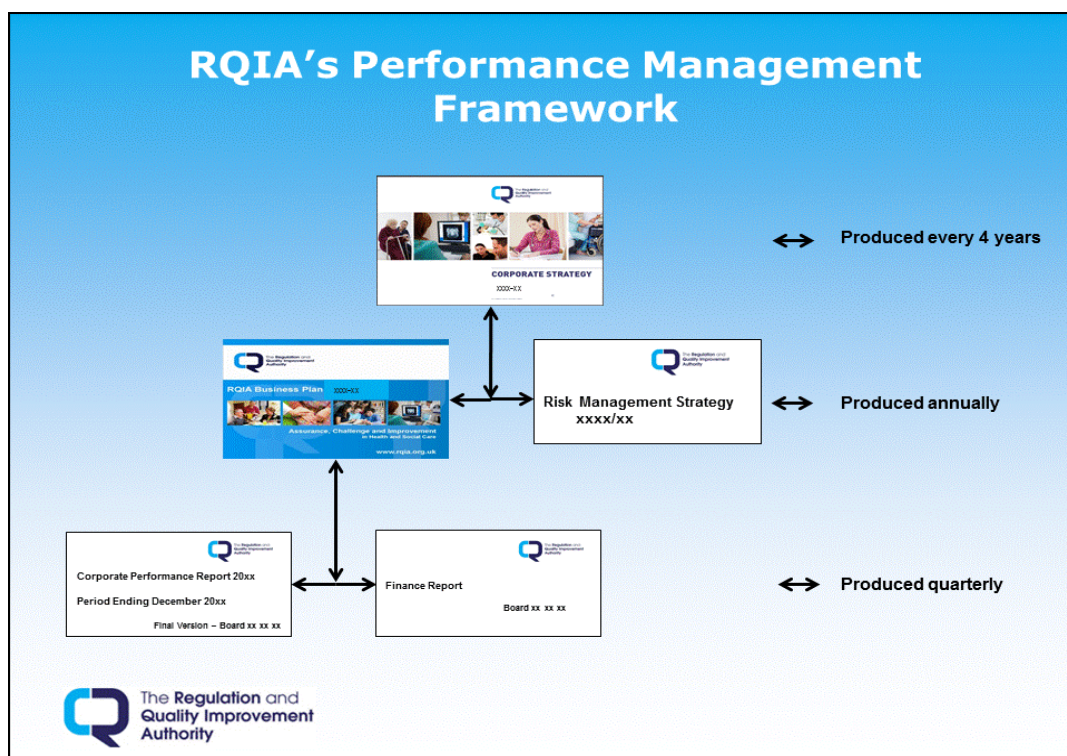
Business planning and risk management are at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within RQIA.

[waiting DoF wording on finance]

Across the HSC sector it is expected that the significant financial challenges faced will intensify. However as with other financial years, RQIA remains committed to achieving financial break even. RQIA are aware of the underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, mean that budgetary challenges will continue in 2020/21. Budget planning work to support the 2020-21 financial plan is ongoing. Along with other HSC organisations, RQIA also continues to face real challenges in the recruitment of key professional staff which may impact on RQIA's capacity to deliver its objectives. These challenges are also, where necessary, proportionately and appropriately reflected in RQIA's risk registers.

RQIA's Performance Management Framework brings together the Corporate Strategy, Annual Business Plan, Risk Management Strategy and Corporate Performance Reports.

The diagram below demonstrates how RQIA's four year strategy is delivered through the annually produced Risk Management Strategy and Business Plan which sets out how RQIA intends to deliver its strategic objectives through time bound business actions and also details how it intends to use the resources at its disposal. The status of the Business Plan actions, measures of success and current financial positions are presented quarterly to RQIA's Board for approval.



The Corporate Performance Report enables the Board to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Board for discussion and approval. It is also made available to RQIA's stakeholders on RQIA's website.

The Risk Management Strategy outlines an overall approach to risk management that addresses the current risks facing RQIA in pursuing its strategy, which will also facilitate the effective recognition and management of such risks.

Leadership for risk management is provided by the Board, Audit Committee and EMT. The EMT has developed a Corporate Risk Assurance Framework report which is reviewed, updated and reported upon regularly. Directorates within RQIA develop and regularly review directorate specific risk registers which provide a clear linkage between directorate and corporate risks. RQIA Board provides leadership through its governance arrangements, annual reviews, approval of the Risk Management Strategy and Corporate Risk Assurance Framework reports with a specific focus on a review and challenge of the corporate risks on a quarterly basis, and has oversight of the risk management process through the Audit Committee.

During 2019-20 the Corporate Risk Assurance Framework was revised and six risks identified. Each risk added to the Corporate Risk Assurance Framework Report is assessed to determine the likelihood and impact of the risk occurring and appropriate mitigating actions were agreed with the EMT and Board.

The Risk Management Strategy and Risk-On-A-Page procedures are available to all staff to support them with understanding their risk management roles and responsibilities. Compulsory Risk Awareness E-learning is completed by all staff every three years.

5. Information Risk

The management and control of the risk of loss of electronic information is safeguarded by the provision of secure remote access to a protected ICT environment. Staff adhere to the corporate security policies for ICT and Data Protection. RQIA also achieved substantive compliance with the HSC arrangements post CAS in Information Management and ICT during 2019/20.

RQIA has a nominated Personal Data Guardian, Senior Information Risk Owner, Information Asset Owner and Information Asset Assistants.

All RQIA officers are provided with induction and annual training in information and ICT policies and procedures and have relevant clauses in their contracts of employment. RQIA is committed to the principles of the DoH Code of Confidentiality and the Protocol for Information sharing and is a registered data controller with the Information Commissioners Office (ICO).

In 2019-20 there were no incidents or breaches which required reporting to the ICO.

RQIA has in place a suite of information and ICT policies which are reviewed every three years, including:

- Information and ICT Security Policy
- Use of Electronic Mail (E-mail) Policy
- Use of the Internet Policy
- Use of ICT Equipment Policy
- Records Management Policy
- Retention and Disposal of Documents Schedule
- Version Control Policy and Guidelines for Electronic Documents
- Information Incident Reporting Policy

RQIA has the following reporting and accountability mechanisms in place

- Reporting to DoH Information and Analysis Unit on statutory processing of DPA and FOI requests
- DoH Controls Assurance Standards
- Internal Audit
- Governance Statement

6. Fraud

RQIA takes a zero tolerance approach to fraud in order to protect and support our key public services. Zero-tolerance also means that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven in line with RQIA's Fraud Response Plan. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. A report on Fraud incidents is presented to meetings of Audit Committee. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every three years.

7. Public Stakeholder Involvement

RQIA engages with a wide range of members of the public and other stakeholders as part of its routine inspection and review programmes. RQIA engages with services users and carers using a variety of methods (as appropriate) including, one to one meetings, questionnaires and focus groups. RQIA gathers information from a user / carer / stakeholder perspective for the purpose of making clear and informed judgments when assessing associated risks.

As part of our ongoing engagement programme, RQIA has met with a range of stakeholder representative groups to discuss our ongoing work programme and we have also attended a number of Pensioner Parliament Events. In March 2018, RQIA Board approved our Communications and Engagement Strategy 2018-21, which sets out our future priorities.

8. Assurance

Since the cessation of Controls Assurance Standards (CAS) from 1 April 2018 RQIA have processes in place to monitor compliance with the required standards, policies, legislation etc. for providing assurance to its Chief Executive and its Board. The HIA annual report attests to this and Internal Audit review the RQIA processes for assurance that replaced the Controls Assurance Standards and found them adequate to provide the appropriate level of assurance in 2019-20.

The key elements of assurance in relation to the effectiveness of the system of internal control are:

- Senior managers review performance regularly against the actions and measures of success within RQIA's Annual Business Plan.
- Seven post controls assurance standard self-assessments / checklists are reviewed annually
- Internal audit services are provided by the Internal Audit Unit of BSO. There is continued coverage of the financial systems through RQIA's corporate risk-based and governance audits.
- A Service Level Agreement (SLA) exists with the Business Services Organisation to provide human resources, organisational development, equality, internal audit, H&S, facilities, information governance, ICT, finance, legal and procurement services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive.
- In relation to the SLA annual monitoring meetings are held. Meetings are held with the service leads to discuss requirements and feedback about performance provided through the annual customer service questionnaires.
- The report to those charged with governance issued by the external auditor.
- An audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports is regularly reviewed by RQIA's EMT and Audit Committee.

Controls Assurance Standards

RQIA assessed its compliance with the applicable Controls Assurance Standards and against which a degree of progress is expected in 2019/20.

RQIA achieved the following levels of compliance for 2019/20:

Standard	Level of Compliance
Management of Procurement & Supply	Substantive
Health & Safety	Substantive
Security Management	Substantive
Fire Safety	Substantive
Information Management	Substantive
Information Communications Technology	Substantive
Human Resources	Substantive

9. Sources of Independent Assurance

NIAO

The financial audit of RQIA was undertaken by the Northern Ireland Audit Office (NIAO). NIAO's approach to the 2019/20 Audit was delivered in accordance with the Audit Strategy and presented to the Audit Committee in March 2020. The date for issue of the report for those charged with Governance is to be confirmed by NIAO.

Internal Audit - Business Services Organisation (BSO)

BSO Internal Audit's primary objective is to provide an independent and objective opinion to the Accounting Officer, Board and Audit Committee on the adequacy and effectiveness of the risk, control and governance arrangements. The basis of this independent and objective opinion is the completion of the Annual Internal Audit Plan.

In 2019-20 Internal Audit reviewed the following systems:

- Complaints and Whistleblowing – satisfactory level of assurance received
- Financial Review - satisfactory level of assurance received
- Follow Up – Inspections 2019 / 20 – satisfactory level of assurance received
- IT Security – satisfactory level of assurance received

There were no one priority one weaknesses in control identified in relation to the 2019/20 Audit Programme.

In the annual report the Head of Internal Audit reported that there is a satisfactory system of internal control designed to meet the Authority's objectives.

10. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within RQIA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit Committee and a plan, to address weaknesses and ensure continuous improvement to the system, is in place.

11. Significant Internal Control Issues

Update on prior year control issues which were reported in the Mid-Year Statement and are now resolved

Issue

In the RQIA inspection process, the quality assurance process should be enhanced to include a full review of the inspection file in addition to the draft report. This review should be evidenced. Records to be reviewed should be selected by the reviewer in all instances.

Response

Following a BSO Internal Audit it was confirmed that this priority one recommendation had been implemented. The quality assurance in respect of this review process has been strengthened; for example:

- A review of the summary of findings is undertaken to ensure that the draft report is fully reflective of all findings noted. This review is now formally evidenced and retained in the inspection file.
- A record of reviews undertaken by each reviewer is also made in iConnect and records to be reviewed are now selected by the reviewer rather than by the inspectors themselves.

Update on prior year control issues which were reported in the Mid-Year Statement and continue to be considered control issues

Issue

A BSO Internal Audit of Information Governance achieved a limited level of assurance. Limited assurance was provided on the basis that since the transfer of some Information Governance services to BSO, RQIA has not taken appropriate ownership for the management and handling of information. This has included ensuring that information assets are identified, owners allocated, risks assessed and all details subsequently recorded on a comprehensive Information Asset Register.

Response

All actions to address the recommendations from the audit have either been delivered, one action remains outstanding. RQIA awaits a response from BSO PALs to achieve implementation. The progress of the implementation of the recommendations and associated actions are monitored through RQIA's EMT and Audit Committee.

Issue

BSO is responsible for providing RQIA with a range of services through Service Level Agreements (SLAs). The Head of Internal Audit presented the HIA Annual Report on the system of internal control for the year ended 31 March 2019 to the RQIA Audit Committee. However, to date, significant weaknesses in control continue to be identified in the audits relating to Payroll Shared Services.

Response

BSO's Management have accepted all of the recommendations in the Payroll Shared Services audit report and have agreed a range of actions to address these control weaknesses. BSO Internal Audit completed a further audit of Payroll Shared Services in 2018/19 and its findings will be reported to the RQIA Audit Committee.

Identification of New Issues**Issue**

COVID 19 – awaiting agreed wording from risk register

Response**12. Conclusion**

RQIA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI).

Further to considering the accountability framework within RQIA and in conjunction with assurances given to me by the Head of Internal audit, I am content that RQIA has operated a sound system of internal governance during the period 2018/19.

Dermot Parsons
Interim Chief Executive

Date:

RQIA Board Meeting

Date of Meeting	21 May 2020
Title of Paper	Chief Executive's Update
Agenda Item	5
Reference	F/05/20
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 19 March 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 May meeting.

RQIA RESPONSE TO CORONAVIRUS (COVID-19)

On 13 March, EMT met and agreed an approach to our response to the ongoing and developing issues in respect of Coronavirus (Covid-19). We agreed essential functions to be maintained unless and until we are directed otherwise and non-essential functions that could be stood down as necessary.

RQIA Chief Executive received correspondence from Dr McBride, Chief Medical Officer, Department of Health (DoH) on 23 March to direct RQIA to reduce the minimum frequency of inspections as part of the HSC system response to the Covid-19 pandemic. RQIA continue to work with providers to take a pragmatic approach to queries and seek assurances that all risks have been considered and mitigated in these extraordinary times.

A further letter was received from Sean Holland, Chief Social Worker, DoH on 25 March confirming that RQIA set up a Service Support Team to act as the point of contact for providers of adult residential and nursing homes, domiciliary care and supported living services who have questions and issues arising from the current pandemic.

On 30 March, the Chief Executive was seconded to the Public Health Agency (PHA) and Dermot Parsons, Director of Assurance was appointed the role of Interim Chief Executive. Further secondments to the Department of Health include the Head of Business Support Unit and the Information and Intelligence Manager. An inspector has been seconded to the Northern Ireland Ambulance Service (NIAS).

Service Support Team (SST)

Since mid-March, RQIA has established a Service Support Team to offer guidance support and problem resolution to adult residential and nursing homes, domiciliary care and supported living services. The service is supported by inspectors from the Care Homes and Agencies Team. The service is available through telephone or a mobile / PC app which operates from 8am to 6pm, 7 days per week and is supported by BSU colleagues.

App responses and telephone calls are assessed and contact made to services where there are challenges. Since 26 March, there have been 3,098 contacts from and to adult residential and nursing homes, domiciliary care and supported living services. Of these, around 1,755 have been raised with RQIA as concerns and issues, while approximately 1,340 contacts have been initiated proactively from inspectors to offer support and guidance. RQIA are working with DoH, PHA and Trusts to provide data on the adult residential and nursing homes to ensure that supports are directed to them if required.

The themes emerging include handling visitors to homes, availability of Personal Protective Equipment (PPE), confusion in relation to guidance on PPE and challenges relating to depleted staffing levels and the implications of caring for people with possible covid-19 infection.

Our Review Programme Manager is overseeing all external reporting to stakeholders across the system in relation to COVID-19. This includes the production of daily reports, establishment of a PPE suppliers list for independent providers, and reports on notifications of deaths received by RQIA from care homes.

Our Reviews and Audit Team are overseeing a system for issuing guidance to the independent sector. This ensures the latest guidance and advice from the Department of Health and other HSC organisations are issued to the relevant providers.

I received a letter from Dr McBride, Chief Medical Officer, DoH on 23 April requesting that RQIA make inspection staff available to independent sectors nursing homes, residential care homes and supported living services where the stability of services is threatened through staff shortages whilst maintaining adequate inspection staff to allow necessary risk related inspections to be carried out.

In response to this request, we have developed an approach to increase the support to adult residential and nursing homes, domiciliary care and supported living services to include:

- Video support activities
- On-site response

Preparation in relation to video support and inspections is currently underway. On-site support has been developed and we are currently in the implementation phase. Alongside this, onsite inspections have taken place in situations where the potential risk to service users exceeds the potential risk from carrying out inspections, and where assurance could not be gained remotely. Remote inspections have occurred in other situations where assurance could be gained without going onsite.

Service Response / On-site Response

We decided to initially focus on residential care homes without active infection in order to strength infection prevention and control practices to prevent / minimise as far as possible further Covid-19 outbreaks. In subsequent phases on on-site support, depending on staff availability, support to services with depleted staffing or management shortages will be considered. The support is prioritised on a risk based approach in conjunction with the Trust and DoH Colleagues.

On-site support visits commenced on 11 May initially to 2 homes, 1 nursing and 1 residential care. Two other homes were identified in conjunction with the HSC Board, but they decided not to accept support from RQIA. A further 24 homes are to receive an enhanced support phone call.

Inspections

Between 1 April and 14 May we have undertaken 12 inspections to registered establishments or services. Nine of the inspections were conducted on site and three were remote inspections.

We continue to focus on notifications, concerns and other intelligence and will respond as necessary.

Co-Production with HSCB Colleagues

The pharmacists have also been working with HSCB colleagues to develop procedures for care homes in specific areas of medicines management. A process is now in place to enable care homes to have anticipatory packs of palliative care

medicines. This programme is being currently being rolled out to approximately 150 homes. The oxygen supply chain has been reviewed and from next week care homes will be able to obtain oxygen directly from BOC. We have also ensured that HSCB information in relation to the management of medicines has been escalated to all care homes.

BUSINESS SUPPORT UNIT

Media Engagement

Since the last Board Meeting, RQIA's Communications team has responded to around 80 media queries - from print, broadcast and online media outlets. This compares to an average of around 12-15 requests per month prior to the Covid-19 pandemic. These have included requests for information on the ongoing work of RQIA during the pandemic; the impact of Covid-19 on care homes; the profile of the care home sector in Northern Ireland; arrangements for the provision of personal protective equipment (PPE); and background on current guidance for care home management and staff. During this time, we have liaised closely with counterparts in communications teams at the Department of Health, HSC Board and trusts, Public Health Agency and with independent providers. On 15 May Dermot Parsons was interviewed by BBC Radio Ulster Evening Extra on the role of RQIA and the impact of Covid -19 on the care sector.

Media Monitoring

On a daily basis the Communications team monitors the local (and national) media (print, online and broadcast). During this period there are 400 health articles in the print media each week. These are monitored on a daily basis for any relevance to the work of RQIA and are shared with relevant colleagues for their information or follow up as required. We also monitor the main broadcast news and current affairs and discussion programmes in a similar manner.

Political Engagement

On 14 May, RQIA appeared before the Health Committee to provide an overview of the role of RQIA and our key priorities at this time. RQIA was represented by Dermot Parsons, Interim Chief Executive, Emer Hopkins, Interim Director of Improvement and Elaine Connolly, Assistant Director, Assurance. The panel also responded to a range of questions from committee members on our ongoing activities.

The Communications team also monitors relevant health committee hearings and NI Assembly debates to ensure we are fully up to date on political commentary and issues affecting the work of RQIA. RQIA has also responded to correspondence from a number of MLAs in respect of the current situation in a specific care home and RQIA's role in supporting care home services at this time.

Provision of Covid-19 Guidance to Regulated Services

Since the start of the pandemic period, on behalf of the Department of Health, HSC Board Public Health Agency and Clinical Education Centre RQIA distributes Covid-19 related guidance, support documents and training resources to health and social care services. Since the last Board meeting the Communications team have issued around 150

separate Covid-19 related circulars, direction and guidance documents to care providers. This compares to an average of around 10-15 circulars per month prior to the Covid-19 pandemic.

RQIA Website

A new section has been added to RQIA's website to provide advice and guidance to support care providers in their management of Covid-19 and separate guidance for the public. In addition, bespoke guidance has also been added in respect of our responsibilities around IR(ME)R.

On behalf of the Department of Finance procurement team, on a twice daily basis RQIA has provided updated information for services to support their procurement of PPE.

Chief Executive Key Meetings

- 6 March NHSCT Innovation & quality improvement (IQI) Celebration Event Mossley Mill
- 9 March MAH Parents & Family Society Meeting
- 10 March IPMG in the PRONI Offices
- 11 March Meeting with 'Care opinion' new Online User Feedback System- Thelma Swann -James Munroe
- 11 March Meeting with Sean Holland and Mark Lee re Contingency Plan for Nursing Homes in light of the experience with Valley
- 12 March Covid-19 call with UK & Ireland Chief Executives
- 16 March Review of SAls - Family Engagement
- 18 March Deputy Director Interviews
- 19 March RQIA Board meeting

Interim Chief Executive Key Meetings

- 2 April - Meeting with Donna Ruddy (DoH, Sponsor Branch) - Statutory roles
- 3 April – NI Social Care Council – Landscape Review
- 8 April - UK & Ireland Chief Executives, Regulators – Covid-19
- 15 April – Call with Acting Chair, Mary McColgan
- 17 April – HSC Board Directors
- 20 April – UK & Ireland Chief Executives, Regulators – Covid-19
- 22 April – HSCB Directors
- 22 April – Call with Mark Lee, DoH
- 22 April – Call with Acting Chair, Mary McColgan & Chair of Audit and Risk Committee, Denis Power
- 23 April – DoH Support for Care Homes
- 24 April – HSCB Directors
- 1 May – Sean Holland re Four Seasons Health Care
- 1 May – HSCB Directors
- 1 May – Gavin O'Hare-Connolly Glenabbey Care Home
- 4 May – Patricia Higgins re NISCC Landscape Review
- 5 May – UK and Ireland Chief Executives, Regulators – Covid-19
- 5 May – Richard Humphries NISCC Landscape Review
- 6 May – Jeremy Richardson, CEO Four Seasons Healthcare
- 6 May – Directors of Adult Social Care / Older People – Covid-19
- 6 May – Tom Frawley re Professional Standards
- 8 May – HSCB Directors
- 13 May – Covid-19 Directors of Adult Social Care/Older People
- 14 May – Health Committee

Legal Action

There is no update following the receipt of two 'statements of claim' for the next stage of proceedings in relation to McVicker and Bell (deceased) v Runwood Homes and RQIA.

A Certificate of Urgency was served in the High Court of Justine, Northern Ireland, Queens Bench Division (Judicial Review) on 19 April. The challenge relates to the suspension of inspections of care homes during the present pandemic in the matter a decision made by the Department of Health and the Regulation and Quality Improvement Authority. The application by Briege Evelyn Gray (acting by her son and next friend Keith Gray) for leave to apply for judicial review was heard on 7 May. A full hearing is scheduled for 29 May.

Finance

RQIA achieved breakeven in 2019-20. DoH has confirmed our opening allocation for 2020-21 as £7,013,201. This includes recurrent funding for increased Employer's Superannuation costs and BSO recharges.

Enforcement Update: 21 May 2020			
Name of Service	Dates	Action	Details of issues
333. Western HSC Trust (Dr A Kilgallen)	22 July 2019 Compliance required by 22 October 2019 5 February 2020 Notice Extended. Compliance required by 22 June 2020	1 x IN	(01). Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS. (Quality Standards, 2006: Standard 5.1)
347. TW Care Services Ltd DCA, Ballymena FTC000085	16 December 2019 Compliance required by 1 May 2020	1 x FTC	(85). Medical governance (Reg 23(1), (4). (ONGOING: EDM held to discuss NOP to cancel registration)
Extra Care (Domiciliary Care Agency)	09 April 2020 Compliance required by 09 July 2020	3 x FTC	safety and wellbeing of service users, staffing and management oversight.
The Croft Community, Bangor (Domiciliary Care Agency)	13 May 2020 Compliance required by 27 May 2020	1 x FTC	Infection prevention and control / noncompliance with personal protective equipment (PPE) guidance.
Clifton Nursing Home, Belfast (Runwood Homes Ltd))	20 May 2020 Compliance required by 3 June 2020	1 x FTC	Governance, Management and Leadership

Compliance Achieved since last Meeting

23 March 2020: Ulster Independent Clinic, Belfast (Ms Diane Graham) (1x FTC)
 14 April 2020: Muckamore Abbey Hospital (Belfast Health and Social Care Trust) (2 x IN)
 15 April 2020: NI Ambulance Service Headquarters (NIAS, Mr Michael Bloomfield) (1 xIN)
 23 April 2020: Flaxfield Children's Home, Lisburn (SEHSCT) (1xCOR)
 28 April 2020: Potens Domiciliary Care Agency, Derrygonnelly (Mr Nicki Stadames) (2xFTC)
 13 May 2020: Greenhaw Lodge Care Centre, Derry (Larchwood Care Homes NI Ltd) (2xFTC)

Conditions of Registration

Peniel Nursing Care Services, Belfast (Stella Law): 10 May 2019

(1) The registered provider is required to notify RQIA when they are proposing to become operational

Angels Recruitment Agency Ltd. DCA, Londonderry (DJ Duddy) 27 June 2019:

(1) the registered provider to notify RQIA when they are proposing to become operational (Reg 18(4))

Angels Recruitment Agency Ltd. Nursing Agency, Londonderry (DJ Duddy) 27 June 2019:

(1) the registered provider to notify RQIA when they are proposing to become operational (Reg 18(4))

Fortview RCH, Dromore, Co Tyrone, 20 December 2019

(1) There will be no admission in a residential category of care without the approval of RQIA.

Pine Lodge, Belmont Road, Belfast (BHSCT) 3 January 2020

(1) There will be no admission in a residential category of care without the approval of RQIA.

ASSURANCE DIRECTORATE

RADaR (Risk Adjusted Dynamic and Responsive)

RaDAR assessments have been paused due to current Covid19 Pandemic as routine inspections have not been undertaken. However the “Dynamic” information held in the system has been used to identify services at risk and ensure we retain an overview of nursing and residential care homes. Given the repurposing of RQIA access to this information by inspectors aligned to the Service Support Team has been valuable.

Four Seasons Health Care

I remain in contact with FSHC, HSCB, DoH and Trusts regarding the ongoing financial stability of the organisation. During the Covid19 crisis progress has stalled in relation to the transfer of ownership in respect of the services operated where a landlord owns the property. The Senior Team continue to work with the registration team and the new operators in terms of application for registration received.

Inspection Methodology Project

A new Service Development Officer has commenced in post. She is currently engaged in the SST and will recommence the inspection methodology as soon as is practically possible.

Valley Nursing Home

We continue to progress the application to register a new provider in respect of Valley Nursing Home, the new provider whilst not yet registered continues to operate the home on a day to day basis, under a management contract arrangement, with the current registered person. This provides some assurance as an inspection undertaken to the Valley Nursing Home on 4 March noted improvements.

Recovery Plan

During 2019-20, it was identified that there was a risk that we would not meet the statutory target of inspections within the Care Homes team, as at 31 March, the statutory target of inspections were not completed. During 2019-20, 872 inspections out of 964 were completed relating to statutory target. Overall, 980 inspections were completed to Care Homes.

Day Care, Agencies, Estates, Finance & Pharmacy

Gosna Care Agency Ltd

There is no update in relation to the appeal that was lodged with The Care Tribunal regarding our decision to cancel the registration of the Responsible Person for Gosna Care Agency Ltd.

TW Care Services

The Failure to Comply Notice issued to TW Care Services, Ballymena on 16 December 2019 had a compliance date of 16 March. This related to the quality monitoring systems at this domiciliary care agency. The legislation does not allow for an extension of a Failure to Comply Notice beyond three months.

In normal circumstances, where compliance with the actions outlined in the FTC Notice are not achieved by the compliance date, consideration would be given to the escalation of enforcement activity. However, in seeking, to take a pragmatic, flexible and proportionate approach due to the Covid-19 pandemic, in accordance with current correspondence from the Department of Health, we sought advice from Legal Services in relation to this.

As a result, we have provided TW Care Services a further period of time to achieve compliance with regulations. In order to gain assurances that safe care is provided, RQIA have required an action plan to be submitted by the responsible person, outlining in detail, the steps being taken to implement the measures contained in the FTC Notice.

The registered person was also required to confirm to RQIA that the agency is adhering to the recent Department of Health Guidance (COVID-19: Guidance for Domiciliary Care Providers, 10 April 2020).

The Failure to Comply Notice remains in place

Recovery Plan

Pharmacist, estates and finance inspectors continued to support the inspection process until the routine inspection activity was suspended. Care inspectors, who are registered nurses, in the agencies team have also been undertaking inspections in care homes to support the recovery plan.

Children's Services

Supported Lodgings Review

Following the review in January, the Department of Health (DoH) has decided to extend Supported Lodgings to all trusts. RQIA has been asked to contribute to the development of this service.

Unregistered Children's Care

Due to COVID 19 the Care Inspectorate Wales cancelled the meeting of regulators to discuss children being placed in unregistered services scheduled on 30 March. RQIA will contribute to this discussion when it is rescheduled.

Monthly Monitoring Reports

Improving the quality of information provided in monthly monitoring reports is on hold. RQIA's focus on the reports have been scaled down due to COVID 19 however they are still an essential source of data to measure safe care.

Engagement with young people

Inspectors are developing a process for remote inspections to respond to concerns but reduce footfall in the Children's Homes. We have been exploring a range of ways to gather young people's views and will engage with the Voice of Young People in Care (VOYPIC) to assist in this regard.

Admission of Young People to Adult Wards

The number of under 18s reported to RQIA as admitted to adult wards has continued to be low.

SEHSCT

Improvement work commenced with SEHSCT in May in relation to safe care of children and young people looked after in the trusts children's homes. This will include regular meetings to monitor the trusts action plan and being involved in a trust review.

Recovery Plan

Due to COVID 19 inspections for the 2019/2020 were not completed as planned. Two Children's homes did not receive their second statutory inspections in 2019/2020. The schedule for 16+ services and trust offices non-statutory inspections were not completed as planned in April.

IMPROVEMENT DIRECTORATE

Hospitals Programme

Northern Ireland Ambulance Service (NIAS)

We issued an Improvement Notice to NIAS on 21 December 2018 following the organisation failing to demonstrate a robust training and competency based assessment framework and programme to support staff in implementing the NIAS Infection Prevention and Control (IPC) Policy and Procedures (2018) across the organisation. Compliance was required by 31 March.

We met with the senior management team of NIAS on 24 February in relation to their progress towards compliance with the Improvement Notice. At this meeting, NIAS demonstrated the significant progress which the organisation has made providing us with additional information regarding audit and governance arrangements and the numbers of staff who had completed training and competency assessments.

We reviewed and considered all information provided during our ongoing engagement with NIAS, including the commitment demonstrated by the Chair of the Board and members of the senior management team. We determined that all of the improvements necessary to achieve compliance with the actions outlined in the Improvement Notice have been achieved. We lifted all aspects of the Improvement Notice on 15 April.

Ulster Independent Clinic

We issued a Failure to Comply (FTC) addressing medical governance (systems and processes) to Ulster Independent Clinic (UIC) on 23 December 2019. Compliance was required by 23 February. During an inspection on 24 February we noted progress towards compliance had been made. However, not all the actions as set out on the notice had been achieved. We extended the FTC notice until 23 March. We undertook a remote inspection on 23 March. We considered the previous inspection findings, all information provided by UIC during the period of the notice and determined that UIC had addressed all the actions as set out in the notice to comply with the regulations. We lifted the remaining aspects of the FTC on 26 March.

Belfast Health and Social Care Trust

Muckamore Abbey Hospital

On 2 April we met with the Belfast Health and Social Care Trust (BHSCT) senior management team regarding progress towards compliance for two Improvement Notices relating to Financial Governance and Adult Safeguarding arrangements within Muckamore Abbey Hospital. At this meeting the BHSCT confirmed completion of a full satisfactory financial audit of the arrangements in place for patient's monies and valuables. During the meeting we also received additional information on improvements made regarding adult safeguarding processes. From 2 to 20 April we sought and received further evidence from the BHSCT with regard to adult safeguarding.

We analysed and reviewed all of the information provided during and after the meeting. We also reviewed the progress that had been achieved following our most recent inspection in December 2019 and determined that all of the improvements necessary to achieve compliance with the actions outlined in the Improvement

Notices have now been met. We lifted the remaining aspects of the Improvement Notice relating to Financial Governance on 14 April and remaining aspects of the Improvement Notice relating to Adult Safeguarding arrangements on 20 April.

We continue to meet regularly with the PSNI and BHSCT in accordance with Adult Safeguarding Joint Protocol arrangements in relation to historic adult safeguarding concerns. We continue to receive information from MAH about any current safeguarding incidents and seek assurances about effective management of these.

Valencia Ward

We undertook an intelligence-led focused inspection of Valencia ward on 10 and 11 February. We wrote to the BHSCT and requested they provide an action plan in accordance our Serious Concerns procedures by 24 April. We have additionally invited the Trust to a Serious Concerns meeting in May, in line with our enforcement procedures. We are seeking assurances on the Trust plans to deliver the required improvements on this ward.

Western Health and Social Care Trust

Acute Mental Health Inpatient Wards

The Improvement Notice in respect of the recognition and management of adverse incidents and near misses across the Directorate of Adult Mental Health and Disability Services remains in place. Compliances required by 22 June.

Since our previous inspection in November 2019 we continue to receive information regarding the management of incidents within Adult Mental Health and Disability Services in the Western Health and Social Care Trust (WHSCT). From the information received we are not assured that the WHSCT has yet made the required progress to achieve compliance with the actions as outlined in the Improvement Notice.

We continue to engage with the Trust regarding their plans to review the model for the delivery of Psychiatric Intensive Care (PICU) in order to address the concerns we identified with the current PICU operating model. We received a commitment that an independent review of the model to be completed over the coming months. We have plans to meet with the Trust to monitor the Trusts delivery of this review to ensure required improvements are realised.

Independent Hospitals

We have been involved in a significant piece of work to support the repurposing of a number of our independent hospitals in response to COVID-19. RQIA have been instrumental in supporting the independent hospitals to ensure they met the regulatory requirements of medical governance and facilitated a fast track process to permit this work to commence as a matter of urgency. In addition we have been engaged in working with colleagues from BHSCT, Health and Social Care Board and Directorate of Legal Services to ensure the contracts were drawn up and agreed and were in line with the requirements of the Independent Health Care Regulations (Northern Ireland) 2005. Contracts are now in place with Ulster Independent Clinic, North West Independent Hospital and Kingsbridge Private Hospital. This has been a positive piece of work to enable routine surgery and care and treatment for patients to continue during the COVID-19 period.

Prison Health Care

We acted as core partners in a recent multiagency inspection of Hydebank Wood Collage and Ash House Women's Prison in November. The report of this inspection is currently being finalised for publication

Police Custody Health Care

We undertook joint inspections with the Criminal Justice Inspectorate of police custody suites across Northern Ireland during November 2019. Feedback has been provided to the PSNI and the report is being finalised with the Criminal Justice Inspectorate.

Independent Healthcare Programme

Following direction from the DOH on 20 March to reduce RQIA's statutory inspection activity, the inspectors from our Independent Healthcare Team have been reallocated to support other key functions to support RQIA in its Covid-19 response. We continue to undertake our statutory functions under the Ionising Radiation (Medical Exposure) Regulations 2018 and other non-inspection related activity.

General Dental Practices, following direction from the DoH and Chief Dental Officer, were advised to cease all aerosol generating procedures (AGP) and restrict face to face contact with patients to urgent or emergency care where advice, pain relief or antimicrobials was unable to manage the patient's condition. The dental practices were advised to remain open and contactable by telephone to screen and triage patients and where necessary refer them to one of the five urgent dental care centres, operating in each trust area, if the treatment required could involve an AGP or if the patient is COVID-19 positive.

Some other IHC services have temporarily suspended their activity in light of the pandemic including IVF, refractive eye surgery and cosmetic lasers. Some independent clinics have also scaled back their services depending on the type of service offered.

Reviews

Following direction from the DoH on 20 March to cease RQIA's Review Programme activity, the Reviews and Audit Team have been reallocated into key work streams in relation to RQIA's COVID-19 response.

Review of Governance Arrangements in Independent (Private) Hospitals and Hospices in Northern Ireland

We have completed the drafting of this review report which is currently being progressed through our internal quality assurance process.

Review of Serious Adverse Incidents (SAIs)

In February we commenced Phase III of this review, the engagement with patients / families. We issued letters inviting patients / families to come forward to meet members of the review team. Due to outbreak of COVID19 we determined that Phase III of this review will be delayed until further notice.

Audit, Guidelines and Quality Improvement (QI) Prototypes

2019-2020 Programme

We have commenced the quality assurance process of two audit initial findings reports received as a result of audits and quality improvement projects, completed during 2019-2020.

2020-2021 Programme

Due to the impact of Coronavirus (COVID-19) we have agreed with all project leads to delay the commencement of the three audits and four quality improvement projects approved for funding.