

## AGENDA

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**RQIA Board Meeting**  
**Boardroom, RQIA, 9<sup>th</sup> Floor, Riverside Tower, Belfast**  
**5 July 2018, 11.20am**

### **PUBLIC SESSION**

<b>Item</b>	<b>Paper Ref</b>	
8 Minutes of the public meeting of the Board held on 30 April 2018 and matters arising	Min/April18/ public	11.20am <b>APPROVE</b>
9 Declaration of Interests		11.30am
11 Chair's Report <b>Acting Chair</b>	Chair/rep/ July18	11.35am <b>NOTE</b>
12 Meetings attended by RQIA Non-Executives <b>Acting Chair</b>		11.45am <b>NOTE</b>

### **STRATEGIC ISSUES**

13 Risk Management Strategy <b>Planning and Corporate Governance Manager</b>	C/05/18	11.50am <b>APPROVE</b>
14 Corporate Risk Assurance Framework Report <b>Planning and Corporate Governance Manager</b>	D/05/18	12.00pm <b>APPROVE</b>
15 Corporate Performance Report <b>Planning and Corporate Governance Manager</b>	E/05/18	12.10pm <b>APPROVE</b>
16 Audit Committee Business <b>Committee Chairman</b> To include:		12.20pm <b>NOTE</b>
• Approved Minutes of Meeting of 3 May 2018	F/05/18	
• Audit Committee Annual Report 2017/18	G/05/18	
• Update on Board Effectiveness Review		

### **OPERATIONAL ISSUES**

17 Chief Executive's Report <b>Chief Executive</b>	H/05/18	12.30pm <b>NOTE</b>
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| 18 | RQIA ICT / Digital Roadmap Update<br><b>Planning and Corporate Governance<br/>Manager</b> | I/05/18 | 12.40pm<br><b>NOTE</b> |
| 19 | Any Other Business  |         | 1.00pm                 |

**Date of next meeting: 20 September 2018, Boardroom, RQIA**

RQIA Board Meeting	
Date of Meeting	5 July 2018
Title of Paper	Public Session Minutes
Agenda Item	8
Reference	Min/April18/public
Author	Saoirse Wilson
Presented by	Prof. Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 30 April 2018.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>APPROVE</b> the minutes of the Board meeting of 30 April 2018
Next steps	The minutes will be formally signed off by the Chair and will be uploaded onto the RQIA website.

## PUBLIC SESSION MINUTES

<b>RQIA Board Meeting</b> <b>Boardroom</b> <b>30 April 2018, 10.00am</b>	
<b>Present</b> Prof Mary McColgan OBE (Acting Chair) ( <i>MMcC</i> ) Lindsey Smith ( <i>LS</i> ) Gerry McCurdy ( <i>GMcC</i> ) Denis Power ( <i>DP</i> ) Robin Mullan ( <i>RM</i> ) Seamus Magee OBE ( <i>SM</i> )	<b>Officers of RQIA in attendance</b> Olive Macleod OBE (Chief Executive) ( <i>OM</i> ) Theresa Nixon (Director of Assurance) ( <i>TN</i> ) Dr Lourda Geoghegan (Director of Improvement) ( <i>LG</i> ) Malachy Finnegan (Communications Manager) ( <i>MF</i> ) Saoirse Wilson (Acting, Board and Executive Support Manager)
<b>Apologies</b>  Dr Norman Morrow OBE, Sarah Havlin and Patricia O'Callaghan	

- 1.0 **Agenda Item 1 - Minutes of the public meeting of the Board held on Thursday 22 March 2018 and matters arising**
- 1.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 22 March 2018.
- 1.2 The Board noted that action 176 will be presented today.
- 2.0 **Agenda Item 2 – Declaration of Interests**
- 2.1 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.
- 3.0 **Agenda Item 3 – Acting Chair's Report**
- 3.1 MMcC informed the Board the Care Tribunal Appeal lodged by Runwood Homes Ltd had been withdrawn. The Chairman of the Care Tribunal dismissed proceedings on 13 April 2018.

- 3.2 COPNI have informed the Review of Dunmurry Manor is progressing to the final stage of investigation, publication is anticipated by mid-June 2018.
- 3.3 MMcC advised she and DP attended the evening session of the NICON conference facilitated by Sir Steven Dorrell on 17 April 2018.
- 3.4 MMcC informed she will present details of the RADAR project, its progress and anticipated outcomes at the International Biannual DARE Conference in July 2018.
- 3.5 MMcC attended a Makaton training workshop and advised the training had reinforced her understanding of oppression for people whose language is not mainstreamed. OM informed RQIA will make contact with the training providers and will invite her to provide training for RQIA staff.
- 3.6 Board members held an open discussion about the Board Development Programme facilitated by HSC Leadership Centre and noted a lack of planning and structure and no quality assurance of content. Board members acknowledged this was a pilot programme but voiced their concerns about the reputational risk of being associated with this programme. The Board agreed not to proceed with the final part of the programme.
- 3.7 **Resolved Action (185)**  
MMcC and OM to provide feedback to HSC Leadership Centre and advise the Board are withdrawing from the Board Development Programme.
- 3.8 MMcC advised Board members they do not need to provide information feedback forms when the event attended has been documented within the Acting Chair's report.
- 3.9 The Board **NOTED** the Acting Chair's Report.
- 4.0 **Agenda Item 4 – Meetings attended by RQIA Non-Executives**
- 4.1 LS and GM attended the NICON conference on 17 April. The key emphasis appeared to be on working collaboratively and engaging in co-production and co-design strategies. LS stated once the restructuring has been completed that she would like to see OM representing RQIA on this platform.
- 4.3 The Board **NOTED** the Meetings attended by RQIA Non-Executives.

## **5.0 Agenda Item 5 – Chief Executives Report**

- 5.1 The Chief Executive presented her report and welcomed feedback in relation to content.
- 5.2 The Chief Executive received a complimentary letter from a relative of a patient who lived in Ashbrooke Care Home. The relative thanked RQIA for moving her father to another care home and detailed how well he has been doing since the move. This letter has been shared with the Western Trust. DP advised of complimentary remarks made by representatives of the Patient Client Council commending the work of RQIA in relation to the closure of Ashbrooke Care Home.
- 5.3 OM provided an update in relation to ongoing legal actions. GM asked if there was any movement in the Wylie case relating to financial mismanagement in Bawn Cottage and Hebron House. OM advised this has again been deferred. DP queried if any further financial inspections had been undertaken in Bawn Cottage and Hebron House. OM advised there had not been any further RQIA inspections, and explained RQIA are working very closely with SHSCT who are currently in the process of completing a piece of work in relation to back payments.
- 5.4 OM advised a band 8a Senior Children's Inspector has been appointed and will commence work on 8 May 2018. An appointment has also been made to the band 7, Children's Inspector post.
- 5.5 An advertisement will be placed in the Belfast Telegraph for all inspector vacancies, including three within the Nursing Team. A generic band 7 job description will be used. This will allow staff to work across directorates.
- 5.6 The Trust Chief Executive Forum have invited OM to join them on scheduled occasions throughout the year. OM noted this is positive step towards building trust and respectful relationships.
- 5.7 RQIA's budget allocation has been received and a 2% reduction has been applied. OM stated she is satisfied this can be achieved without impacting on our services. DP acknowledged as Chair of Audit Committee that a 2% reduction was a good result, but noted that RQIA have exhausted opportunities to find savings and next year could prove more difficult.
- 5.8 OM advised dual registered homes have been reduced from 110 to 5. OM has written to the two providers of the five homes that remain dually registered and offered to meet with them in order to reach a mutually agreeable solution.
- 5.9 The Assistant Director of Children's Services and the Director of Assurance met with the HSCB to agree terms of reference to take forward a joint piece of work exploring how best to move forward with unregistered facilities accommodating Looked After Children. TN explained the process of trying to identify the full extent of the risk is ongoing. TN has contacted Trusts to

ensure this is noted on their risk registers. A meeting with the Department on 25 May 2018 has been scheduled to discuss findings at a senior level.

- 5.10 OM advised the Improvement Notice placed on NIAS has been extended for six months. NIAS are subject to a special measure, placed by the Department, and have had their first enhanced accountability meeting. OM and LG met with new Chief Executive of NIAS and the Senior Nurse seconded from PHA. RQIA will support the Chief Executive to improve governance and assurance. An improvement plan was shared with RQIA and substantial feedback about the plan was provided to the Department.
- 5.11 An editorial assistant has been employed on a trial basis to facilitate report writing and quality assurance of writing styles. GMcC queried if RQIA will move towards including standard phraseology in reports. LG advised there would be some standard phraseology in reports but it will be limited to ensure inspections are accurately described and risks are clear. The editorial assistant will be provided with analysis and findings to turn into a report.
- 5.12 In relation to dental inspections RQIA will move to shorter and more focused inspections. OM advised of a positive reception at a recent meeting with the GDC Local Committee.
- 5.13 The Review of Implementation of Clinical Guideline CG174 Intravenous Fluid Therapy in Adults in Hospital commissioned by the Department is nearing the end of the fieldwork stage, this review examined governance in relation prescription and management of fluid in adults. Themes are emerging and have been discussed with the Chief Medical Officer. LG advised there is a very significant interface with Hyponatremia.
- 5.14 The review of GP Out of Hours service is also nearly completed fieldwork and is in the analysis stage. This is an important review in terms of service transformation going forward.
- 5.15 LG advised the Clinical Audit on TVT is complete and will be published on 8 May 2018. Media interest is expected.
- 5.16 An inspection of Maghaberry was undertaken from 20 to 23 April 2018 conjointly with HMIP, CJI and ETI. TN informed she was very encouraged by improvements made in relation healthcare provision and credited all involved. Costing of this inspection will be completed. MMcC acknowledged the immense amount of work undertaken triangulating information and gathering evidence as part of this inspection.
- 5.17 RQIA and Royal College of Psychiatrists are organising a further joint workshop on 6 June 2018 to address issues of consent and information sharing between professionals and families. This workshop will be attended by the five trusts. Board members were advised they could also attend.

- 5.18 OM provided an update in relation to the organisational restructure and advised MHL D functions are now part of the Quality Improvement Directorate. Two Deputy Director posts are currently being banded by BSO. Staff training and development needs along with performance management and appraisal were discussed.
- 5.19 DP acknowledged the creation of the Deputy Director posts are linked to learning from the workforce review and voiced his support for how the Chief Executive is developing the structure of the organisation.
- 5.20 OM advised a further update in relation to workforce review will be shared at the July Board Meeting.
- 5.21 The Board **NOTED** the Chief Executives Report.

## **6.0 Agenda Item 6 – Finance Update**

- 6.1 OM informed RQIA had received their financial allocation and have earmarked savings. RQIA's yearend position will report a surplus of a £50k. OM discussed slippage that accrued as a result of holding posts while developing the new organisational structure as part of the Workforce Review. OM advised that an attempt to surrender £67k to the Department at the beginning of March was unsuccessful. A portion of this slippage was used through the Voluntary Exit Scheme. Accounts will not be qualified due to underspend.
- 6.2 OM informed the Board that budget holders and slippage will be monitored through the monthly finance section of EMT meetings. This will enable slippage to be controlled throughout the organisation rather than held in allocated directorates.
- 6.3 DP advised of a meeting he attended with the Chief Executive and BSO's Senior Client Accountant and acknowledged the effort made to achieve targets. RQIA's yearend position will be discussed at Audit Committee with internal and external audit.
- 6.4 DP advised he would like grievance noted against the HR report detailed in the finance paper to avoid confusion with the investigation commissioned by RQIA's Board.
- 6.5 DP advised he is happy to support the financial report as presented.
- 6.6 The Board **NOTED** finance update.



- 7.0 Agenda Item 7 – Approved Audit Committee Minutes of meeting held on 19 October 2017.**
- 7.1 DP, Chair of Audit Committee, advised a further Audit Committee meeting has taken place in March. The 19 October 2017 minutes have been approved at Audit Committee and are presented for Board members to note.
- 7.2 Board members **NOTED** the approved Audit Committee Minutes of meeting held on 19 October 2017.
- 8.0 Agenda Item 8 – Draft RQIA Information Team Work Plan**
- 8.1 OM advised the Board of a focus on the use of information. This work plan details how the information team will discharge their responsibilities OM discussed the make-up of the team and advised a permanent information analyst post will be advertised.
- 8.2 DP queried if outcomes of this information team work plan would be monitored. OM informed the action plan will be implemented and outcomes will be monitored by the new team manager.
- 8.3 The Board **NOTED** the Information Team Work Plan
- 9.0 Agenda Item 9 – Quarterly Communications Report**
- 9.1 OM sought feedback on first quarterly communications report presented to the Board. Board members advised they were happy with the format and detail of information.
- 9.2 GM queried if key themes emerging from engagement could be captured in this report. OM agreed.
- 9.3 MMCC noted the opportunity for Board members to have more involvement with community engagement.
- 9.3 Board members **NOTED** the Quarterly Communications Report.
- 10.0 Agenda Item 10 – Proposed changes to the procedure for Appointment to RQIA's List of Part II Medical Practitioners**
- 10.1 RQIA consulted with the Royal College of Psychiatrists (RCP) regarding consultant psychiatrist's views on RQIA's process for applying for Part II status. Feedback from NIMDATA and RCP indicated RQIA could streamline its application process. Criteria for appointing Doctors has been revised. The Appointment Panel propose that Trust Clinical Directors provide RQIA with assurances that the applying medical practitioner has been approved to practice and under take Part II work following revalidation, and confirm that they already meet the revised criteria.

- 10.2 MMcC questioned what systems would be in place to get assurances from Clinical Directors in the Trusts.
- 10.3 TN advised that checklists currently used will be provided to Clinical Directors but the onus is on them to provide assurances. Current policies and procedures would require updating to reflect the proposed changes subject to the agreement of the five Trusts.
- 10.4 SM advised if RQIA move to this process we must ensure Clinical Directors fill in documentation as fully as possible. SM used one word references as an example. TN agreed the format of references varied across the Trusts and there was no standardised approach. TN agreed to raise this issue.
- 10.5 GMcC noted appointment of a Doctor includes input from; four Board Members, a senior medical person, a director and two members of staff. GMcC advised he appreciates seriousness of this type of appointment however does not believe the level of resource is necessary. TN agreed to review this.
- 10.6 MMcC informed a final decision will be deferred to the next Board meeting. Existing procedures will be amended and resource required for the panel will be reviewed.
- 11.0 Agenda Item 11 – Annual Report of Appointment Panel April 2018**
- 11.1 TN presented the Annual Report of Appointment Panel and asked the Board to consider if another Board member should be co-opted to the Appointment Panel following the resignation of Stella Cunningham
- 11.2 TN advised of decreasing interest in the application for Part II Medical Practitioners. Advertisements have been placed on RCP website and HSC Recruit.
- 11.3 TN discussed raising the enhanced fee from £156 to £180 in line with CQC and other regulators. If required this will be raised with the Department at the Bi Monthly meeting.
- 11.4 Board members **NOTED** the Annual Report of Appointment Panel.

**Date of next meeting:**  
**5 July 2018, RQIA Boardroom**






**Signed**

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**Professor Mary McColgan**  
**Acting Chair**

**Date**

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### **Board Action List**

<b>Action number</b>	<b>Board meeting</b>	<b>Agreed action</b>	<b>Responsible Person</b>	<b>Date due for completion</b>	<b>Status</b>
176	6 November 2017	Paper to be presented to the Board outlining developments in the use of ICT.	Director of Corporate Services (MA)	30 April 2018	
179	11 January 2018	Power to People – Proposal to Reboot Adult Social Care and Support in NI by Expert Advisory Panel	Director of Mental Health, Learning Disability and Social Work (TN)	22 March 2018	Verbal updated provided and paper shared with Board.
180	11 January 2018	HR report to be devised regarding the movement of people, sickness, litigation, grievances, and basic statistics.	Chief Executive (OM)	5 July 2018	
181	22 March 2018	RQIA specific Equality Action Plan to be devised based on BSO agreed policy.	Chief Executive (OM)	5 July 2018	
182	22 March 2018	Health and Wellbeing Hub to be referenced in the Equality and Disability Action Plan.	Chief Executive (OM)	5 July 2018	
183	22 March 2018	Audit Committee Minutes of meeting held on 19 October 2017 to be circulated to Board members and added to the next Board meeting	Board and Executive Support Manager	30 April 2018	

		agenda.			
185	30 April 2018	The Chair will provide feedback to HSC Leadership Centre and advise the Board are withdrawing from the Board Development Programme	Acting Chair (MMcC)		

### Key

<b>Behind Schedule</b>	
<b>In Progress</b>	
<b>Completed or ahead of Schedule</b>	



## RQIA Board Meeting

Date of Meeting	5 July 2018
Title of Paper	Acting Chair's Report
Agenda Item	11
Reference	Chair/Rep/July18
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 <b>NOTE</b> this report.
Next steps	Not applicable.

Acting Chair's Report for Board meeting on 5<sup>th</sup> July 2018.

1. End of Year Accountability Meeting.

CEO and I attended the RQIA End of Year Accountability meeting on 20<sup>th</sup> June.

2. Royal College of Nursing event

CEO and I attended the Annual RCN event on 7<sup>th</sup> June. Focus of the evening is on the celebration of nursing achievements and prospective candidates are nominated by the colleagues. It was a wonderful opportunity to see the recognition awarded to front line staff in the Health service for innovation and high quality care.

3. Joint RQIA /Royal College of Psychiatrists Seminar

This was a follow up seminar from the workshop held earlier in the year to address the issue of consent and confidentiality in cases when suicide occurs. Several thoughtful presentations facilitated wide ranging discussion about the ethical issues involved in consent as well as the constructive statement which enables service users to consent to family/relative involvement in their care. Attendees at the seminar, committed to progressing work on a province wide basis.

4. NICON Chairs meeting

Gerry and I attended the NICON Chairs meeting on 24/5/18 and also attended a medical data seminar which was aimed to help NED's understanding of how statistical data could be presented to support the challenge function of the NED role. Further discussion ensued about developing a regional approach to NED development and the autumn meeting will focus on this specific issue. On this occasion, an invitation had been extended to Chair and another member of Board; it was a very useful opportunity to broaden understanding of roles and responsibilities. On behalf of RQIA, I presented a brief paper inviting NED's an opportunity to participate in reviews and inspections and this will be progressed after the summer.

5. Hyponatremia work-streams.

Three RQIA NED'S will participate in the groups being established by DoH; briefing sessions will be held over the summer with TOR's to be finalised and work commencing in autumn.

## 6. Sustaining Collaborative Partnerships.

This seminar was held on 15/6 with representatives from HSCT's and facilitated by Dr Geoghan. It was aimed at enhancing understanding of respective roles and responsibilities; participants agreed to ongoing work to strengthen partnerships and communication.

## 7. Hospital Inspection

I participated in an unannounced review visit to Causeway Hospital on 27<sup>th</sup> June. RQIA colleagues, peer reviewers including the Adapt Fellow and another medical representative participated in the one day review. From my perspective, witnessing the inspection methodology in operation alongside the thorough preparation and focused assessment and analysis of the areas identified for the inspection, illustrated how professional colleagues were in evidencing their observations, collating and analysing the information and forming professional judgements about areas of improvement and development. Relatives and patients were interviewed as well as holding focus groups with junior doctors, senior medical and management staff. The thoroughness of the process balanced observations with professional assessments and collated the different perspectives of the inspection team. Feedback sessions were held for the respective ward staff and senior management.

## 8. RADaR project.

As part of the ongoing progress of the project, I attended a review meeting with Prof Taylor, CEO, Ms Theresa Nixon, RQIA staff and inspectors to reflect on a number of operational issues and hear feedback from staff about the domains and intervals. Given the stage of development, it will be useful to present it at Professor Taylor's International conference next week and I will then be in a position to let the Board know about the external response to this important initiative.

Mary McColgan

Acting Chair

28/6/18





## RQIA Board Meeting

Date of Meeting	5 July 2018
Title of Paper	Risk Management Strategy
Agenda Item	13
Reference	C/05/18
Author	Planning and Corporate Governance Manager
Presented by	Planning and Corporate Governance Manager
Purpose	The purpose of this document is to outline an overall approach to risk management that addresses the risks facing RQIA in pursuing its strategy and which will facilitate the effective recognition and management of such risks.
Executive Summary	<p>As per the letter received from the Permanent Secretary, titled Risk Management (ref RP2484), we have removed all reference to the Australian New Zealand Risk Management Standard and have ensured that we meet the requirements set out by the HM Treasury 'The Orange Book Management of Risk'.</p> <p>The Risk Management Strategy was considered by the Audit Committee on 21 June 2018 and is being presented to the Board for approval.</p>
FOI Considerations	None
Equality Screening Completed and Published	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>APPROVE</b> the Risk Management Strategy.
Next steps	Not applicable

# Risk Management Strategy 2018-19

<b>Policy Type:</b>	Strategy
<b>Directorate Area:</b>	Business Support Unit
<b>Policy Author / Champion:</b>	Planning & Corporate Governance Manager
<b>Equality Screened:</b>	N/A
<b>Date Approved by Audit Committee:</b>	21 June 2018
<b>Date Approved by RQIA Board:</b>	
<b>Date of Issue to RQIA Staff:</b>	
<b>Date of Review:</b>	June 2019

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## **1.0 Introduction**

Managing Public Money states that 'embedded in each public sector organisation's internal systems there should be arrangements for recognising, managing and tracking its opportunities and risks'<sup>1</sup>. The Regulation and Quality Improvement Authority (RQIA) and all other Non-Departmental Public Bodies (NDPB) are required by Government to have in place a policy and strategy for the management of risk.

The Regulation and Quality Improvement Authority (RQIA) is committed to delivering a robust and effective system of risk management. This Risk Management Strategy has been developed to ensure good governance arrangements are in place to identify, manage and mitigate against risks in all aspects of RQIA's business. This Risk Management Strategy has also been developed to reflect the principles set out in the HM Treasury 'The Orange Book Management of Risk - Principles and Concepts'.

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

Risk Management is about:

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

### **1.1 Purpose**

The purpose of this document is to outline an overall approach to risk management that addresses the current and potential risks facing RQIA in pursuing its corporate strategy and business objectives and will also facilitate the effective recognition and management of such risks.

### **1.2 Defining Risk**

**Risk** is the chance of something happening that will have an impact on RQIA's business or objectives. It includes consideration of what, when, where and how events and or activities could prevent, degrade, delay or enhance the achievement of organisational objectives.

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<sup>1</sup> Managing Public Money Northern Ireland (June 2008), Section 4.3 'Opportunity and Risk'

**Risk management** is the process by which risks are identified, evaluated and prioritised followed by the coordinated application of resources to minimise, the probability or impact of the event or near miss.

***Risk is the chance of something happening that will have an impact on RQIA's business or objectives***

### **1.3 Policy Statement on Risk Management**

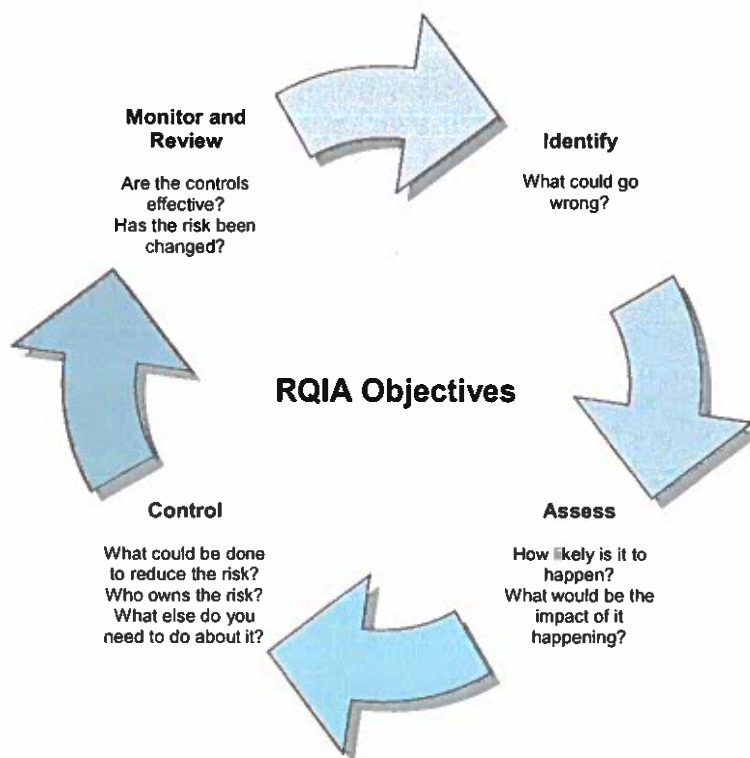
RQIA is committed to its vision, which is to provide independent assurance about the quality, safety and availability of health and social care services in Northern Ireland. In achieving this vision, RQIA will face risks to its corporate strategy, operational risks and risks associated with the protection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

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

In order to minimise risks, RQIA is committed to ensuring that appropriate systems, processes and controls are in place and are subject to continuous review.

## 2.0 RQIA's Risk Management Cycle

RQIA have adopted four fundamental steps for the management of risk within RQIA. Risk management in RQIA, will be implemented in a systematic manner which makes best use of existing expertise and structures, and which provides clear direction, guidance and support through all levels of the organisation.



### Step 1: Risk Identification

Risk identification sets out to identify an organisation's exposure to uncertainty. This requires an intimate knowledge of the organisation, the sector in which it operates, the legal, political, cultural environment in which it exists, as well as the development of a sound understanding of its strategic and operational objectives. This includes factors critical to its success and the threats and opportunities related to the achievement of these objectives. The linking of risks to RQIA's strategic themes 2017-21 is inherent in the way RQIA plans and manages its business. RQIA's Strategy Map 2017-21 detailing the organisations corporate objectives is included in **Appendix 1**.

Risk identification should be approached in a methodical way to ensure that all significant actions within RQIA have been identified and all the risks flowing from these activities defined. Understanding the breadth of risks facing RQIA will help all staff with identifying all the potential risks associated with providing our services efficiently and effectively. Subdividing risks into the following categories provides a useful checklist:

At **Strategic level** – risks that need to be taken into account in judgements about the medium to long-term goals and objectives of RQIA. Managing corporate risks through the Corporate Risk Assurance Framework is a core responsibility of the Board and Audit Committee in cooperation with the Executive Management Team (EMT) in liaison with other key stakeholders.

At **Directorate level** - managers and staff identify potential risks which may hinder the achievement of directorate objectives. All Directorate Risk Registers should identify the key risks faced by individual service areas in achieving their objectives as well as any measures and actions to manage these risks.

At **Partnership / 3<sup>rd</sup> Party Level** – The successful delivery of our objectives also often depends on our partnership work (such as HSC Trusts, Department of Health (DOH) and organisations with agreed Memorandums of Understanding (MoUs) and Service Level Agreements (SLAs)) whilst supporting the implementation of our policies on the ground. We must therefore; look beyond the boundary of RQIA to identify risks to our objectives from these sources and recognise that good risk management requires stakeholder involvement.

A checklist for identifying risks at strategic / directorate level is included in **Appendix 2**.

## **Step 2 – Risk Assessment**

When risks are systematically assessed, it is common to find more problems than can be fixed at once. It is important to prioritise and tackle the biggest risks first. Two factors need to be considered when analysing risks.

### **Likelihood/Probability of Occurrence**

The likelihood of the risk occurring is estimated on the basis of historic evidence or experience that such situations have materialised or are likely to. The following table gives example details of how the likelihood is assessed. Likelihood needs to be assessed in terms of has it happened before and is it expected to happen in the near future.

#### **Impact Criteria**


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

### **Impact/Consequences**

Impact is assessed on a scale of low (1) to very high (5) indicating increasing seriousness. The impact is assessed looking at credible scenarios (taking prevailing circumstances into consideration) and evaluating the impact of the risks that arise from these scenarios. A table with examples against each category are detailed in **Appendix 3** as a guide.

Each risk is placed on a risk rating matrix to show their relative positions. Further analysis for each risk is required including:

- the business impact,
- the controls currently in place to mitigate the risk, and
- any additional actions considered necessary by management.

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

### Step 3 – Risk Control

There are numerous ways by which risks can be controlled, many of which require little or no financial outlay such as producing up-to-date policies and procedures and ensuring that management and staff know about and understand them by improving communication, training and induction.

Most risks present four possible courses of action (not exclusive):

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.

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



#### **Step 4 – Monitor and Review**

The prime responsibility for ensuring there are adequate and effective controls to manage risk lies fully with all staff. Managers at all levels need, therefore, to ensure that monitoring of processes and systems that act as early warning signals takes place to highlight problems or changes in risks.

Risk management is not a one off exercise, it needs to become an integral part of the way we work. To achieve this, the following monitoring frequency has been agreed:

**At a Corporate Level** - The EMT will review and progress the Corporate Risk Assurance Framework on a quarterly basis, with the actions continuing to progress monthly. RQIA's Board will receive and review the updated Corporate Risk Assurance Framework report quarterly and the Audit Committee will receive the reports when the timing of their meetings permits it.

**At a Directorate Level** - Monitoring is undertaken by individual directorate management teams supported by the directorate risk coordinator. The Directorate management teams will meet monthly to review and progress the Directorate Risk Registers. Directorate Risk Registers will also be reviewed by RQIA's EMT on a bi-monthly basis.

**Annual Reviews** – The Risk Management Strategy will be subject to annual review and approval from RQIA's Audit Committee and Board.

**External Reviews** - Assurance on the effectiveness of the risk management process will be sought through RQIA's Internal Audit Plan and the compilation of RQIA's Governance Statement and Mid-Year Governance Statement.

### **3.0 Risk Appetite**

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

As part of managing risk it is important to clearly formalise and articulate RQIA's risk appetite. Risk appetite may be defined as the amount of risk an organisation is willing to accept in pursuit of its strategic objectives.

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

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

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

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

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

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

## 4.0 Inter-relationship between the Corporate and Directorate Risk Registers


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

1. If the risk is categorised as "low" or "medium" it should be placed on a Directorate Risk Register.
2. If the risk is categorised as "high" or "extreme" it should be considered for escalation to the Corporate Risk Assurance Framework.

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

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

The Risk Scoring Matrix on the next page is used to demonstrate where a risk should be placed:

IMPACT	Risk Scoring Matrix				
5 - Very High (VH)			Corporate Risk		
4 - High (H)	Corporate Risk				
3 - Medium (M)	Directorate Risk unless authorised				
2 - Low (L)				by EMT	
1 - Very Low (VL)	Directorate Risk				
	A Very Low (VL)	B Low (L)	C Medium (M)	D High (H)	E Very High (VH)
	Likelihood 				

## **5.0 Roles and Responsibilities**

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

### **Accounting Officer:**

- Retains ultimate responsibility for RQIA's system of internal control and ensures that an effective risk management process is in place and is regularly reviewed.
- Provides clear direction to staff.
- Establishes, promotes and embeds an organisational risk culture.
- Reports to the Board and Audit Committee.

### **Board:**

- Approves the risk management strategy annually.
- Ensures appropriate monitoring and management of significant risks within RQIA.
- Challenges the Executive Management Team (EMT) to ensure that all key risks have been identified and managed appropriately.
- Receives and approves the Corporate Risk Assurance Framework Report quarterly.
- Ensures that an effective internal audit function is established and maintained.

### **Audit Committee:**

- Reports to the Board on the effectiveness of the system of internal control and alerts the Board to any emerging issues.
- Recommends the Risk Management Strategy for approval by the RQIA Board.
- Takes responsibility for the oversight of the risk management process.
- Oversees internal audit, external audit and the implementation of the Controls Assurance Standards (CAS).
- Reviews and recommends the Corporate Risk Assurance Framework Report for approval by the RQIA Board.
- Engages with EMT to conduct annual horizon scanning of risk environment impacting on services of RQIA.

### **Executive Management Team:**

- Ensures risk management is embedded into all processes and manages / reviews the Risk Assurance Framework Report on behalf of the Board and Audit Committee.
- Implements policies on risk management and internal control.
- Identifies issues that significantly affect RQIA's risk profile or exposure.
- Continually monitors the identification and management of significant risks and ensure that actions to remedy control weaknesses are implemented.
- Annually reviews RQIA's approach to risk management and recommends changes or improvements to key elements of its processes and procedures to RQIA's Board and Audit Committee.

- Engages with Audit Committee to conduct annual horizon scanning of risk environment impacting on RQIA.

**Directorates:**

- Ensures risk management is embedded into all processes and activities.
- Identify and assess individual risks.
- Ensures that actions to manage risks are carried out within their designated area and is adequately reflected in the directorate risk register with an appropriate risk rating.
- Ensures that risks are captured and monitored appropriately on Directorate Risk Registers.

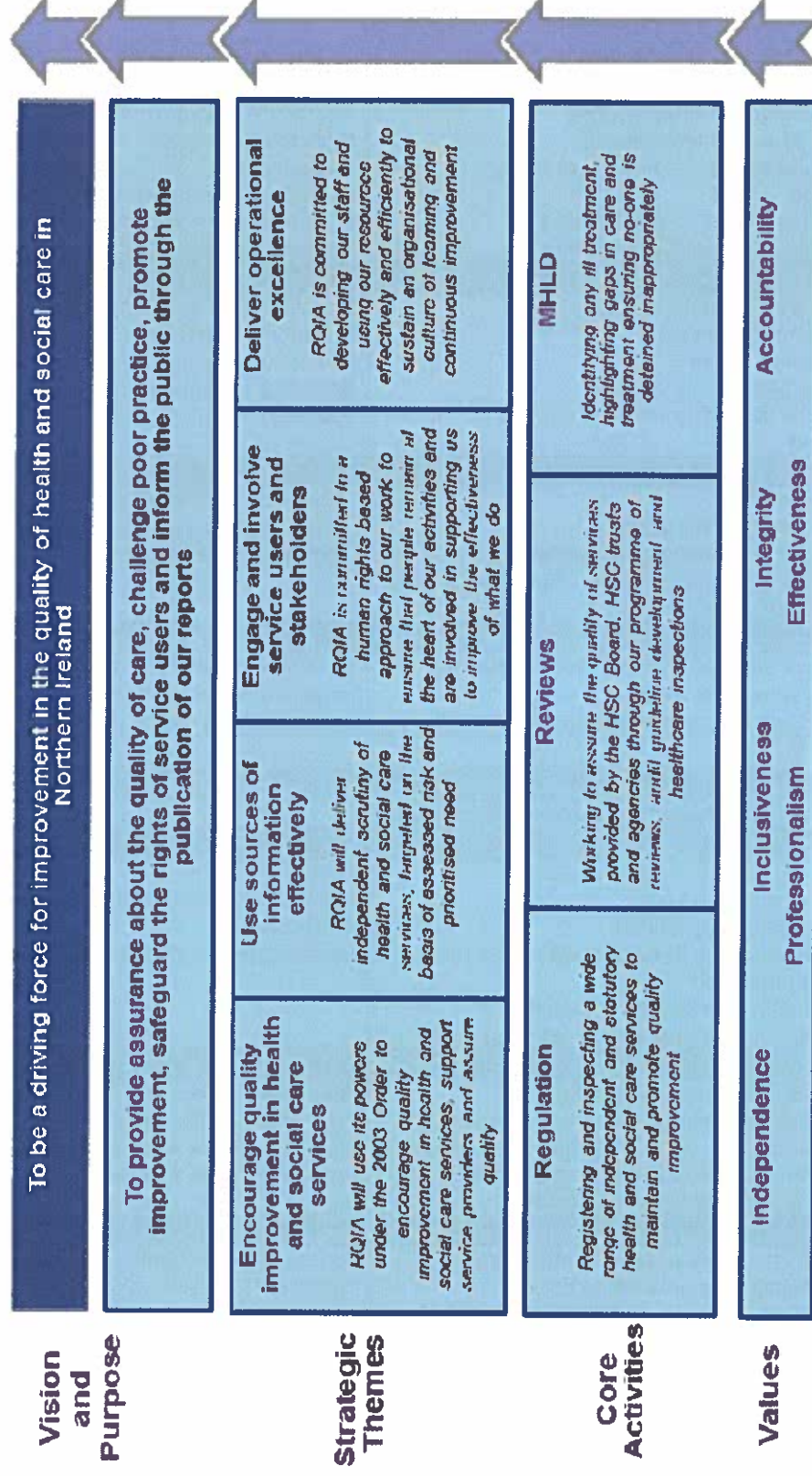
## **6.0 Training and Development**

Knowledge of risk management is essential to successfully embedding and maintaining the risk management process. General awareness training will continue to be provided to all staff and board members at staff briefings, board workshops, during induction of new recruits and also through e-learning risk awareness training. A summary of RQIA's Risk Management Process (Risk-On-A-Page) **Appendix 4** has also been produced and provided to all RQIA staff. The Audit and Risk Assurance Committee Handbook (NI) 2018 has also been issued to all Board and Audit Committee members and RQIA's Executive Management Team.

## **7.0 Review**

The Risk Management Strategy is subject to annual review and board approval.

## RQIA Strategy Map 2017-21



## Appendix 2

### Checklist for Identifying Risks

<b>Risks – Strategic</b>	
<b>These are examples of risks under each category</b>	
<b>Political</b>	<b>Financial/Economic</b>
Wrong strategic priorities Not meeting government agenda Too slow to innovate/modernise Decisions based on incomplete or faulty information Unfulfilled promises to stakeholders Community planning oversights/errors	General economic problems Regional economic problems High costs of capital Treasury risks Missed business and service opportunities Failure of major project(s) Failure to deliver within budget
<b>Social</b>	<b>Technological</b>
Impact of demographic changes Employment challenges Lack of development Failures in partnership working Problems in delivering life-long learning Civil unrest	Obsolescence of technology Security policies: prevention of hacking, denial of use or corruption of data Breach of confidentiality Failure in communications
<b>Legislative</b>	<b>Environmental</b>
Judicial review Human Rights Act Breaches Inadequate response to new legislation Intervention by regularity bodies and inspectorates (Ombudsman, NIAO etc.)	Noise, contamination and pollution Impact of planning and transportation policies Domestic/Trade Waste
<b>Competitive</b>	<b>Customer</b>
Takeover of services by government/agencies Failure to show best value Failure of bids for government funds	Lack of appropriate consultation Impact of social policies Bad public and media relations

<b>Risks - Directorate/Operational</b>	
<b>These are examples of risks under each category</b>	
<b>Professional</b>	<b>Financial</b>
Failure to recruit/retain qualified staff Lack of training Over reliance on key officers Inefficient/ineffective management processes Inability to implement change Lack of employee motivation/efficiency Bad management of partnership working	Failure of project Failure to prioritise, allocate appropriate budgets and monitor Inefficient/ineffective processing of documents
<b>Legal</b>	<b>Physical</b>
Not meeting statutory duties/deadlines Breach of confidentiality/Data Protection Act Failure to comply with European Directives on procurement of works, supplies and services Failure to implement legislative change	Attacks on personnel Loss of intangible assets Non-compliance with health and safety legislation Loss of physical assets
<b>Contractual</b>	<b>Technological</b>
Over reliance on key suppliers/contractors Failure of outsource provider to deliver Quality issues Non-compliance with procurement policies	Failure of big technology-related project Crash of IT systems affecting service delivery Breaches of security of network and data Bad management of intranets and web site
<b>Environmental</b>	<b>Information</b>
Crime and Disorder Act implications Noise, contamination and pollution	Systems and management data not up to date Ineffective prediction of trends and forecasting of service needs



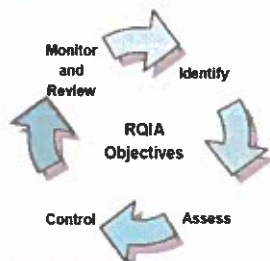
## Appendix 3

### Example Risk Impact Criteria

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

## RISK-ON-A-PAGE

### RISK MANAGEMENT CYCLE



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

### IDENTIFY

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

### ASSESS

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

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

### CONTROL

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

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

### MONITOR AND REVIEW

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

### RISK DOCUMENTATION

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

## RQIA Board Meeting

Date of Meeting	5 July 2018
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	14
Reference	D/05/18
Author	Planning and Corporate Governance Manager
Presented by	Planning and Corporate Governance Manager
Purpose	The purpose of the Corporate Risk Assurance Framework Report, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	<p>There are currently thirteen risks which sit on the Corporate Risk Assurance Framework Report.</p> <p>The Corporate Risk Assurance Framework Report has been extensively revised and was considered by the Audit Committee on 21 June 2018.</p> <p>A detailed change log is enclosed in the report.</p>
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should <b>APPROVE</b> the Corporate Risk Assurance Framework Report.
Next steps	The next updated Corporate Risk Assurance Framework Report will be presented to the RQIA Board on 22 November 2018.



# CORPORATE RISK ASSURANCE FRAMEWORK

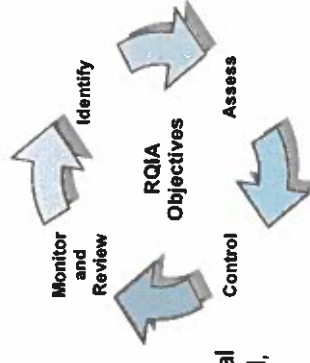
RQIA Board Meeting July 2018

## Version Control:

Date of Review of Risk Register	Risk Coordinator
20/10/2017 (following Audit Committee on 19 October 2017)	Stuart Crawford
05/12/2017 (populated ISO template)	Stuart Crawford
25/01/2018 (revised template)	Stuart Crawford
23/02/2018 (Amended for EMT)	Stuart Crawford
01/03/2018 (Amended for Audit Committee)	Stuart Crawford
14/03/2018 (Amended for Board meeting)	Stuart Crawford
05/06/2018 (Amended for EMT)	Stuart Crawford
14/06/2018 (Amended for Audit Committee)	Stuart Crawford
28/06/2018 (Amended for RQIA's Board)	Stuart Crawford

## 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. 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	High	High	High	High	High	High	High	High	High
High (H)	High	High	High	High	High	High	High	High	High	High	High
Medium (M)	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
Low (L)	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
Very Low (VL)	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low	Very Low
		Likelihood		Likelihood		Likelihood		Likelihood		Likelihood	
		Very Low (VL)		Low (L)		Medium (M)		High (H)		Very High (VH)	

### CONTROL

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

Response	
<b>Transfer</b>	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.
<b>Treat</b>	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.
<b>Terminate</b>	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.
<b>Tolerate</b>	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 2017/18.

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

RISK LOG				
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS
0	9	3	1	13
Ref No.	Details of Change(s)			Date Changed Risk Rating
CR2 Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	<p>Action implemented and moved to current controls</p> <ul style="list-style-type: none"> <li>• Communications and Engagement planned approved by RQIA Board in March 2018</li> </ul> <p>One action with a revised date (March 2019)</p> <ul style="list-style-type: none"> <li>• Media analysis, surveys of stakeholders (customers, employees, focus groups, and public opinion polls)</li> </ul> <p>Three new controls added</p> <ul style="list-style-type: none"> <li>• Complaints leaflets published and issued</li> <li>• RQIA Information Posters produced and issued to service providers</li> <li>• Launched RQIA membership scheme</li> </ul>			05/06/18 Unchanged L/H


<b>CR6</b> Risk RQIA does not have the knowledge and skills to present high quality written reports relating to our work	<p>Action implemented and moved to current controls</p> <ul style="list-style-type: none"> <li>Phase 1 of the Workforce Review and Transformation Plan implemented</li> </ul> <p>Action added</p> <ul style="list-style-type: none"> <li>Implementation of Phase 2 the Workforce Review and Transformation Plan</li> </ul> <p>One action with revised dates (March 2019)</p> <ul style="list-style-type: none"> <li>Peer review work with colleagues in Healthcare Improvement Scotland</li> </ul>	08/06/18	Unchanged L/M
<b>CR7</b> Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	<p>Action implemented and moved to current controls</p> <ul style="list-style-type: none"> <li>Reporting of RQIA duty desks concerns / queries provided to the Serious Concerns and Complaints Group</li> </ul> <p>Two actions with revised dates (March 2019)</p> <ul style="list-style-type: none"> <li>Continue to develop our intelligence and analytical capability</li> <li>Delivery of the RQIA Information Team Business Plan</li> </ul>	05/06/18	Unchanged M/M
<b>CR8</b> Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	<p>Action implemented and moved to current controls</p> <ul style="list-style-type: none"> <li>iConnect amended to record all concerns received including complaints, issues raised by HSC staff, relatives etc.</li> </ul> <p>Action wording amended to</p> <ul style="list-style-type: none"> <li>Develop a robust tool to enable a risk based and targeted model of inspection through the pilot of RADaR</li> </ul>	05/06/18	Unchanged L/M
<b>CR9</b> Risk we are not developing a high performance culture or embedding our values across the organisation	<p>Two actions reworded with revised date (March 2019)</p> <ul style="list-style-type: none"> <li>Continue to develop the RQIA Organisational and Development Plan with support from the HSC Leadership Centre</li> <li>Continue to develop and design a Transformation Modernisation Plan for RQIA</li> </ul>	14/08/18	Unchanged M/M

<b>CR10</b> Risk we do not meet our obligations to encourage quality improvement	<p>Three actions implemented and moved to current controls</p> <ul style="list-style-type: none"> <li>Establishment of 'Lunch &amp; Learn' Programme</li> <li>Re-focus of Reviews and Inspection Programmes</li> <li>Peer reviewer programme refined and training delivered</li> </ul> <p>Two actions combined with a revised implementation date (March 2019)</p> <ul style="list-style-type: none"> <li>Appointed an Adept fellow to lead the organisation wide QI self-assessment and to building internal capacity in improvement science</li> </ul> <p>One current control added</p> <ul style="list-style-type: none"> <li>Junior Doctor Reviewer Group established</li> </ul>	08/06/18	Unchanged M/M
<b>CR11</b> Risk to effective governance in discharging RQIA's responsibilities	<p>One action with a revised date (Sept 2018)</p> <ul style="list-style-type: none"> <li>Continue to implement agreed actions from the governance review</li> </ul>	05/06/18	Unchanged M/M
<b>CR12</b> Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	<p>One action with a revised date (March 2019)</p> <ul style="list-style-type: none"> <li>Monthly monitoring of expenditure vs. budget and projected end-of-year position</li> </ul> <p>Actions implemented</p> <ul style="list-style-type: none"> <li>The VES allocation for 2018-19 was utilised by the end of March 2018.</li> </ul> <p>Action removed (DoH accepted part of the easement amount from RQIA)</p> <ul style="list-style-type: none"> <li>2nd non-recurring easement to DoH to be agreed</li> </ul>	05/06/18	Unchanged M/L
<b>CR13</b> Risk of cyber security incident which may result in RQIA's information, systems and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3rd parties potentially causing significant business disruption and reputational damage	<p>One action with a revised date (March 2019)</p> <ul style="list-style-type: none"> <li>Implementation of the 2017-18 HSC Cyber Security Programme by BSO designed to put in place a range of improved ICT security controls to improve the effectiveness in countering present day cyber-attacks from internal and external threats</li> </ul>	14/06/18	Unchanged H/V/H



<b>CR14</b> There is a risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home and the resulting recommendations may adversely affect RQIA's reputation	Risk reworded to reflect the publication of the investigation report.	28/06/18	M/M
<b>CR16</b> There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software will be out of support in 2020	New Risk	08/06/18	M/H
<b>CR17</b> The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded. This will result in •the need to re-engage the supplier directly or via a market competition. the need to identify significant recurring revenue	New Risk	08/06/18	M/H

## RISK SCORING MATRIX

IMPACT	RISK SCORING MATRIX				
Very High (VH)					CR13
High (H)		CR2		CR16, CR17	
Medium (M)		CR6, CR8, CR9, CR12		CR7, CR10, CR11, CR14, CR15	
Low (L)					
Very Low (VL)					
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood 				

Risk Reference	Description	Date Added
CR2	Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	May 2017
CR6	Risk RQIA does not have the knowledge and skills to present high quality written reports relating to our work	Sept 2017
CR7	Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	Sept 2017
CR8	Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	Sept 2017
CR9	Risk we are not developing a high performance culture or embedding our values across the organisation	Sept 2017
CR10	Risk we do not meet our obligations to encourage quality improvement	Sept 2017
CR11	Risk to effective governance in discharging RQIA's responsibilities	Sept 2017
CR12	Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	Sept 2017
CR13	Risk of cyber security incident which may result in RQIA's information, systems and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3rd parties potentially causing significant business disruption and reputational damage	Sept 2017
CR14	There is a risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home and the resulting recommendations may adversely affect RQIA's reputation	March 2018
CR15	Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA	March 2018

<b>CR16</b>	There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software will be out of support in 2020	<b>June 2018</b>
<b>CR17</b>	<p>The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded. This will result in</p> <ul style="list-style-type: none"> <li>•the need to re-engage the supplier directly or via a market competition.</li> <li>•the need to identify significant recurring revenue</li> </ul>	<b>June 2018</b>

# CORPORATE RISK ASSURANCE FRAMEWORK RISK REGISTER

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.	
Strategic Theme 2: Use sources of information effectively										
2.4 - Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections										
CR2	Chief Executive	Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	<ul style="list-style-type: none"><li>Proactive media engagement</li><li>Regular media monitoring</li><li>Governance framework, with Board-level oversight</li><li>Engagement with Department of Health in relation to Transformation / Programme for Government</li><li>Communications and Engagement planned approved by RQIA Board in March 2018</li><li>Complaints leaflets published and issued</li><li>RQIA Information</li></ul>	<ul style="list-style-type: none"><li>Communications work-plan in place and managed by the Communications Manager</li><li>Delivery of communications plan reported through the Corporate performance Report</li><li>Implications of media coverage reported through the Chief Executives Report to RQIA Board</li></ul>	L H H	H	<ul style="list-style-type: none"><li>Media analysis, surveys of stakeholders (customers, employees, focus groups, and public opinion polls)</li></ul>	Chief Executive	March 2019	





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.
<b>Strategic Theme 2: Use sources of information effectively</b>									
<b>2.1 - Develop and implement a prioritised Plan aligned to the Information Scoping Exercise completed in 2016/17</b>									
CR7	Chief Executive	Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	<ul style="list-style-type: none"> <li>Mapping information flows, including optimising the use of iConnect</li> <li>Information sharing agreements-MOUs</li> <li>External engagement</li> <li>Quality of inspection reports and recommendations</li> <li>RQIA duty desk operates 5 days a week</li> <li>Employed a statistician</li> <li>Centralised point of contact for reporting concerns</li> <li>Provider web portal to collect provider information in place</li> <li>Reporting of RQIA</li> </ul>	<ul style="list-style-type: none"> <li>The review and sign off of MoUs are managed through the EMT and reported through the Corporate performance Report</li> <li>Dedicated duty desk operates 5 days a week</li> </ul>	M M M	<ul style="list-style-type: none"> <li>Continue to develop our intelligence and analytical capability</li> <li>Delivery of the RQIA Information Team Business Plan</li> </ul>	Chief Executive  Business Support Unit	March 2019  March 2019	

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.
			duty desks concerns / queries provided to the Serious Concerns and Complaints Group						
<b>Strategic Theme 1: Encourage quality improvement in health and social care services</b>									
<b>1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits</b>									
CR8	Chief Executive	Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	<ul style="list-style-type: none"> <li>Enforcement Policy &amp; procedures</li> <li>Legal advice available from BSO</li> <li>Serious Concerns Group</li> <li>Schemes of delegation</li> <li>Training development and supervision</li> <li>Manned duty desk in operation</li> <li>Escalation procedures in our inspection process</li> <li>Re-designed our questionnaires to capture stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Enforcement policy and procedures approved by RQIA Board</li> <li>Serious Concerns Group terms of reference and procedures in place</li> </ul>	L M M	<ul style="list-style-type: none"> <li>Develop a robust tool to enable a risk based and targeted model of inspection through the pilot of RADaR</li> </ul>	Director of Assurance	March 2019	

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.
			views <ul style="list-style-type: none"> <li>Collaborated with QUB to review and evaluate the evidence for an assessment framework in facilitating improvement</li> <li>iConnect amended to record all concerns received including complaints, issues raised by HSC staff, relatives etc.</li> </ul>						
<b>Strategic Theme 4: Deliver operational excellence</b>									
<b>4.2 - Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IIP) assessment</b>									
CR9	Chief Executive	Risk we are not developing a high performance culture or embedding our values across the organisation	<ul style="list-style-type: none"> <li>IIP accreditation</li> <li>Appraisals completed annually</li> <li>Monthly Staff meetings</li> <li>Values based recruitment</li> </ul>	<ul style="list-style-type: none"> <li>IIP accreditation through external assessment.</li> <li>The completion of appraisals and mid-year follow up reported through EMT</li> </ul>	L M M	<ul style="list-style-type: none"> <li>Continue to develop the RQIA Organisational and Development Plan with support from the HSC Leadership Centre</li> <li>Continue to develop and</li> </ul>	Director of Quality Improvement	March 2019	
							Chief Executive	March 2019	



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.
						design a Transformation Modernisation Plan for RQIA			
<b>Strategic Theme 1: Encourage quality improvement in health and social care services</b>									
<b>1.2 - Review and evaluate the evidence for an inspection assessment framework in facilitating improvement</b>									
CR10	Chief Executive	Risk we do not meet our obligations to encourage quality improvement	<ul style="list-style-type: none"> <li>Corporate performance reports</li> <li>Provider engagement during inspection and review</li> <li>Annual quality report</li> <li>Bi-monthly meeting with DoH</li> <li>Membership of Q Community and Improvement Network NI</li> <li>Active member of the Improvement Institute</li> <li>Appointment of a Quality Improvement Lead</li> <li>Establishment of 'Lunch &amp; Learn' Programme</li> </ul>	<ul style="list-style-type: none"> <li>Corporate performance Reports reported to and approved by RQIA's Board quarterly</li> <li>Annual Quality Reported approved by RQIA Board and DoH annually</li> </ul>	M M M	M	<ul style="list-style-type: none"> <li>Appointed an Adept fellow to lead the organisation wide QI self-assessment and to building internal capacity in improvement science</li> <li>Continue to participate in work to develop an improvement and innovation system in NI</li> </ul>	EMT	March 2019
							EMT	March 2019	

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.
			<ul style="list-style-type: none"><li>Re-focus of Reviews and Inspection programmes</li><li>Peer reviewer programme refined and training delivered</li><li>Junior Doctor Reviewer Group established</li></ul>						
Strategic Theme 4: Deliver operational excellence									
4.1 - Implement the Workforce Plan aligned to the Workforce Review carried out in 2016-17									
CR11	Chief Executive and RQIA Board	Risk to effective governance in discharging RQIA's responsibilities	<ul style="list-style-type: none"><li>Governance review</li><li>Board and Audit Committee self-assessment</li><li>Commitment to Corporate Values</li><li>Internal Audit</li><li>External Audit</li><li>Board Committees</li><li>Accountability meetings with DoH</li><li>MSFM and Standing Orders</li><li>Policy and Procedures</li></ul>	<ul style="list-style-type: none"><li>Governance statement and Mid-Year Assessment approved by RQIA's Board and DoH annually.</li><li>3 Year Audit Plan and Annual Plan approved by EMT and Audit Committee.</li></ul>	M M M	<ul style="list-style-type: none"><li>Continue to implement agreed actions from the governance review</li></ul>	Chief Executive	September 2018	

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.
<b>Strategic Theme 4: Deliver operational excellence</b>									
<b>4.4 - Achieve financial balance and implement zero based budgeting</b>									
CR12	Chief Executive	Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	<ul style="list-style-type: none"> <li>Revenue Resource Limit (RRL) 2017-18 received from DoH</li> <li>Process in place for the recovery of fees</li> <li>Finance reporting structures are in place</li> <li>Savings plan 2017-18 developed</li> <li>2017-18 budget developed and uploaded on to Collaborative Planning (CP) system</li> <li>The Executive Management Team and two managers have been given access to Collaborative Planning (CP)</li> <li>The VES</li> </ul>	<ul style="list-style-type: none"> <li>Annual finance audit</li> <li>Assessment and audit of finance controls assurance standard</li> </ul>	L	M	M	EMT	March 2019
						<ul style="list-style-type: none"> <li>Monthly monitoring of expenditure vs. budget and projected end-of-year position</li> </ul>			

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.
			allocation for 2018-19 was utilised by the end of March 2018.						
<b>Strategic Theme 4: Deliver operational excellence</b>									
CR13	Chief Executive	Risk of 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 <sup>rd</sup> parties potentially causing significant business disruption and reputational damage	<ul style="list-style-type: none"> <li>Technical infrastructure including security hardware (e.g. firewalls), security software, server/client patching, data and system back-ups, 3rd party secure remote access</li> <li>Policy/Process controls e.g. regional/local ICT Security Policies, Data Protection Policy, Business Continuity/Disaster Recovery Plans, regional and local incident management and reporting policies</li> </ul>	<ul style="list-style-type: none"> <li>Self-assessment / substantive compliance against the ICT Management Controls Assurance Standards achieved annually.</li> <li>SLA with BSO ITS to provide ICT service provision and security</li> </ul>	H VH VH	<ul style="list-style-type: none"> <li>Implementation of the 2017-18 HSC Cyber Security Programme by BSO designed to put in place a range of improved ICT security controls to improve the effectiveness in countering present day cyber-attacks from internal and external threats</li> </ul>	Business Services Organisation (BSO)	March 2019	



Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment	Actions and 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.
			<ul style="list-style-type: none"> <li>User Behaviours including induction policy, mandatory training, Contract of Employment, 3rd party contracts/Data Access Agreements, HR Disciplinary Policy</li> </ul>						
<b>Strategic Theme 1: Encourage quality improvement in health and social care services</b>									
<b>1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits</b>									
CR14	Chief Executive	There is a risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home and the resulting recommendations may adversely affect RQIA's reputation	<ul style="list-style-type: none"> <li>Oversight arrangements in place to manage all recommendations accepted by RQIA from external reviews and investigations</li> <li>RQIA's communication flow arrangements are in place</li> </ul>	<ul style="list-style-type: none"> <li>Governance framework, with Board-level oversight</li> </ul>	M M M	Working group established and action plan in place to address learning from internal review	Chief Executive and EMT	Ongoing	
						Member of working group with DoH and Trusts to address system wide learning	Chief Executive	Ongoing	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment	Actions and 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.
<b>Strategic Theme 1: Encourage quality improvement in health and social care services</b>									
<b>1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits</b>									
CR15	Chief Executive	Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA	<ul style="list-style-type: none"> <li>Oversight arrangements in place to manage all recommendations accepted by RQIA from external reviews and investigations</li> </ul>	<ul style="list-style-type: none"> <li>Governance framework, with Board-level oversight</li> </ul>	M M	Working group established and action plan in place to address learning from internal review	Chief Executive and EMIT	Ongoing	
<b>Strategic Theme 4: Deliver operational excellence</b>									
CR16	Chief Executive	There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software will be out of support in 2020	<ul style="list-style-type: none"> <li>Listed in RQIAs Digital Roadmap</li> <li>Issue raised with Sysco and ITS</li> <li>Raised with DoH</li> <li>Raised with E-Health Programme (no regional solution in place yet)</li> <li>Bid submitted for devices, reimaging and deployment via round 11 submitted (includes new</li> </ul>		M	<ul style="list-style-type: none"> <li>Confirm with ITS if RQIA can procure licenses through Regional Enterprise Agreement</li> <li>Submit an Outline Business Case (OBC) and funding application to DoH</li> <li>Upgrade the software used by iConnect</li> <li>Reprogramming</li> </ul>	Head of Information	July 2018	Additional risks
							Head of Information	Sept 2018	
							Head of Information	Subject to approval of OBC	
							Head of	Subject to	

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.
			software)			<ul style="list-style-type: none"> <li>of iConnect for new software</li> <li>Produce OBC to request approval to procure tablets with newer versions of Windows and Office</li> <li>Produce Digital Roadmap (detailing what is required) and present to RQIA's Board</li> </ul>	Information Head of Information	approval of OBC Sept 2018  July 2018	
<b>Strategic Theme 4: Deliver operational excellence</b>									
CR17	Chief Executive	<p>The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded.</p> <p>This will result in</p> <ul style="list-style-type: none"> <li>the need to re-engage the</li> </ul>	<ul style="list-style-type: none"> <li>Listed in RQIAs Digital Roadmap</li> <li>Issue raised with Sysco, ITS and PALs</li> <li>Procurement options provided by Pals</li> <li>Indicative ongoing Costs proposed by Sysco</li> </ul>		M  H  H	<ul style="list-style-type: none"> <li>Review and decide options for funding the future support of iConnect</li> </ul>	Chief Executive	Sept 2018	

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.
		supplier directly or via a market competition. <ul style="list-style-type: none"> <li>the need to identify significant recurring revenue</li> </ul>							



# 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
CR1	Chief Executive	There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its current functions or provide the required level of assurances	<ul style="list-style-type: none"> <li>RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements.</li> <li>RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities.</li> </ul>		M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12

<b>CR3</b>	Chief Executive	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.	<ul style="list-style-type: none"> <li>Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078).</li> <li>Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes.</li> <li>EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's core business.</li> <li>Financial Scenario Plan for 2017/18 produced in relation to 2/5/10/15% savings targets</li> <li>Workforce review completed in June 2017.</li> </ul>	<ul style="list-style-type: none"> <li>Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.</li> <li>Regular review by the EMT of key vacancies at senior and mid-level.</li> </ul>	M	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12
<b>CR4</b>	Chief Executive	There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and or emotional harm.	<ul style="list-style-type: none"> <li>Implementation of the actions/guidance from relevant bodies for RQIA staff carrying out inspections.</li> <li>Regular contact with key stakeholders for information on any identified risk to staff.</li> </ul>		M	M	M	This risk is now managed at a Directorate level and is removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored monthly through the Directorate Risk Registers
<b>CR5</b>	Chief Executive	There is a risk that RQIA will not achieve its financial target as set by the DoH.	<ul style="list-style-type: none"> <li>Finance reporting structures are in place.</li> </ul>	<ul style="list-style-type: none"> <li>Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.</li> <li>Submitted bid for VES monies for 2017/18.</li> </ul>	L	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12



## RQIA Board Meeting

Date of Meeting	5 July 2018
Title of Paper	Q4 Corporate Performance Report 2017-18
Agenda Item	15
Reference	E/05/18
Author	Planning and Corporate Governance Manager
Presented by	Planning and Corporate Governance Manager
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 <b>cumulative</b> picture of corporate performance and summarises key achievements and issues.</p>
Executive Summary	By the end of Quarter 4, 85% of the actions were completed on target.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should <b>APPROVE</b> the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 4 will be presented to the Board on 20 September 2018.

# **RQIA**

## **Corporate Performance Report**

### **Quarter 4 - 2017-18**



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## **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 2018)**

<b>Traffic Light</b>	<b>March 2018</b>	<b>Actions that require exception reports</b>
	15% (3)	<b>Action 1.1</b> Guidelines and Audit programme delivered on target with the exception of one audit which is deferred until June 2018.
	0	Review programme delivered on target with the exception of one review which is due to be published in Quarter 1 2018-19.
	0	<b>Action 1.4</b> A working Group commenced in Quarter 1 2018-19 to produce an Annual Summary of the Quality of Services inspected by RQIA and will be produced in Quarter 2.
	85% (17)	<b>Action 4.4</b> Zero based budgeting is deferred until RQIA's restructure is completed in 2018-19.




## **Summary of Achievements**



- 100% of planned inspections of regulated services were completed.
- 100% of planned Healthcare Inspections were completed.
- 100% of planned inspections of MHL D Wards were completed.
- 27 actions from the Information Action Plan that were due to be implemented by the year end were achieved.
- A pilot Risk Adjusted, Dynamic and Responsive RADaR inspection framework was developed, which will be tested and refined during 2018-19.
- The Mental Health and Learning Disability Information System Outline Business Case was approved by the Department of Health. A formal project was initiated in Quarter 4.
- RQIA's Communications and Engagement Strategy 2018-2021 was approved by RQIA's Board.
- Inspections involving lay assessor involvement increased in 2017-18 by 26%.
- 100% of service providers have signed up to exchange draft reports and Quality Improvement Plans (QIPs) electronically via RQIA's Web Portal.
- RQIA successfully achieved Investor in People (IiP) status using the new standard "Generation 6".
- RQIA achieved ISO9001:2015 certification.


The following table details the performance and delivery of the actions within the RQIA Business Plan 2017-18.



STRATEGIC THEME 1															
Encourage quality improvement in health and social care services															
Action	Measures	Performance													
		Q1	Q2	Q3	Q4										
Action 1.1 Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits	Number of inspections completed versus planned				X										
	Planned Guidelines and Audit and Review activity successfully delivered														
	Number of Areas for improvement stated once and restated on further occasions														
	<p>100% of planned inspections of regulated services completed.</p> <p>100% of planned Healthcare inspections completed.</p> <p>100% of inspections completed in MHL D in-patient wards.</p> <p>92% of Guidelines and Audit programme were delivered on target with the exception of one audit (How Current Practice of Prostate Specific Antigen (PSA) Testing Fits with Local and National Guidelines) which is deferred until June 2018.</p> <p>Review programme delivered on target with the exception of one review (Governance Arrangements for Child Protection in the HSC in Northern Ireland: Phase 1) which is due to be published in Quarter 1 2018-19.</p> <p><b>Number and percentage of areas for improvement stated once and restated on further occasions</b></p> <table><caption>Number and percentage of areas for improvement</caption><thead><tr><th>Category</th><th>Q4 2016-17</th><th>Q4 2017-18</th></tr></thead><tbody><tr><td>Stated once</td><td>96</td><td>34</td></tr><tr><td>Stated twice</td><td>100</td><td>100</td></tr><tr><td>Stated more than twice</td><td>6955</td><td>5351</td></tr></tbody></table> <p>The number of areas for improvement (Regulation and Nursing and MHL D) stated twice or more in 2017/18 decreased by 13% on last year to 758.</p>				Category	Q4 2016-17	Q4 2017-18	Stated once	96	34	Stated twice	100	100	Stated more than twice	6955
Category	Q4 2016-17	Q4 2017-18													
Stated once	96	34													
Stated twice	100	100													
Stated more than twice	6955	5351													
<p><b>Brag Rating:</b> <span style="color: red;">●</span></p> <p>Guidelines &amp; Audit and Review Activity behind target</p>															




STRATEGIC THEME 1						
Encourage quality improvement in health and social care services						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.2</b> Review and evaluate the evidence for an inspection assessment framework in facilitating improvement	Submission of a proposal to the Project Board based on the findings of the review and agreement of a way forward for the inspection methodology		X			Evidence for an inspection assessment framework in facilitating improvement was reviewed and evaluated through a partnership work with Queen's University, Belfast.  The project also reviewed the evidence for an inspection assessment framework in facilitating improvement. The project findings will inform the further development of RQIA's inspection methodology framework.
<b>Brag Rating:</b>  Achieved						
<b>Action 1.3</b> Develop proposals for the Review Programme post-2018	Develop proposals for the Review Programme post-2018		X			A proposal for the review programme was submitted to, and approved by, the RQIA Board in September 2017. This included development of a shadow programme of reviews for the time period from September 2018-September 2019.
<b>Brag Rating:</b>  Achieved						
<b>Action 1.4</b> Develop a template report to enable the publication of an annual summary of the quality of services inspected, reviewed and audited by RQIA (the first report will be produced in relation to 2017-18)	Approval of a report template and methodology by the RQIA Board and the Department				X	The template report was not completed in 2017/18. A working group commenced in Quarter 1 2018-19 to produce an Annual Summary of the Quality of Services inspected by RQIA. This report will be produced by the end of Quarter 2 2018-19.
<b>Brag Rating:</b>  Template not produced. Revised date for completion of report is Quarter 2 2018-19.						

STRATEGIC THEME 1						
Encourage quality improvement in health and social care services						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.5</b> Provide advice and guidance to service providers on quality improvement systems					X	<p>Service providers are provided with comprehensive verbal and written feedback in relation to areas for quality improvement during and after inspections.</p> <p>RQIA has published a range of service provider advice documents which are published on RQIA's website.</p> <p>RQIA dedicates a duty inspector during business hours which is the point of contact to deal with all service provider enquiries.</p> <p>During 2017-18 the children's team and RQIA's statistician worked collaboratively with one trust to pilot the revision of the template for monthly reporting on the operation of their children's homes. All relevant staff from the trust participated in this exercise, which resulted in more timely, effective and efficient reporting by the trust. RQIA's information and intelligence system has been tailored to facilitate analysis of this information to produce improved qualitative and analytical data.</p> <p>The analysis of this information will be shared with providers to enhance their governance and oversight of practice in children's homes and consequently bring about improvements in care provision for children. RQIA will replicate this process with the remaining four trusts during the 2018-19 inspection year.</p>
<b>Brag Rating:</b>  Achieved						
<b>Action 1.6</b> Participate as an active partner in the design and development of an Improvement Institute / System for Northern Ireland					X	<p>RQIA is a member of the Critical Friends Group which was established to critically challenge and provide senior guidance and governance oversight to the design process of improvement.</p> <p>RQIA's Medical Director participates in meetings of the Design Collaborative progressing work of the Improvement Institute/System.</p>
<b>Brag Rating:</b>  Achieved						

STRATEGIC THEME 1						
Encourage quality improvement in health and social care services						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.7</b> Produce a proposal for the consideration by the RQIA Board regarding the independent evaluation of the Hospital Inspection programme	Proposal to RQIA Board Produced		X			An independent external review of the Hospital Inspection Programme was completed in 2016 by an European Foundation of Quality Management (EFQM) assessor in 2016.  The review examined the process against 12 key themes and reported that the: <ul style="list-style-type: none"> <li>• The approach taken by the inspection team was professional and thorough;</li> <li>• The use of a range of skilled health practitioners who peer reviewed colleagues in a structured, sample based approach, was sound and robust;</li> <li>• Team members could benefit from more in-depth preparation pre-inspection;</li> <li>• The approach to sampling evidence appeared sound and reasonable, with both random and judgemental sampling techniques used.</li> <li>• Note taking was methodical, with suggestions to move to an electronic approach making this more effective; and</li> <li>• Detailed and regular meetings were effective in enabling robust decisions to be made.</li> </ul> It was agreed during the RQIA Board meeting on 6 July 2017 that a further external review was not required at this time.
<b>Brag Rating:</b>  Achieved						

## STRATEGIC THEME 2



### Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 2.1</b> Develop and implement a prioritised Plan aligned to the Information Scoping Exercise completed in 2016/17  <b>Brag Rating:</b>  Achieved	Number of actions fully implemented in the Information Action Plan by target				X	All 27 actions from Information Action Plan that were due to be implemented by the year end were achieved
<b>Action 2.2</b> Foster strategic alliances with other system regulators and improvement bodies both regionally and nationally  <b>Brag Rating:</b>  Achieved	Number of information sharing agreements and Memorandums of Understanding (MoUs) in place				X	RQIA progressed a range of Memoranda of Understanding (MoUs) with a number of partners including the Northern Ireland Public Service Ombudsman, HSC Honest Broker Service and Nursing and Midwifery Council.  RQIA has continued to work closely with other system regulators and system bodies and has collaborated in a number of joint events and workshops.
<b>Action 2.3</b> Review and revise RQIA's Inspection Planning Tool (IPT) in the context of changes in Fees and Frequency of Inspection Regulations  <b>Brag Rating:</b>  Achieved					X	The pilot 'Risk Adjusted, Dynamic and Responsive (RADaR)' inspection framework was developed in 2017-18.  RADaR will be piloted and tested throughout 2018-19 with Nursing and Residential Care Service Providers with the aim of rolling out the new risk assessment framework in 2019-20.



## STRATEGIC THEME 2

### Use sources of information effectively

Action	Measures	Performance			
		Q1	Q2	Q3	Q4
<b>Action 2.4</b> Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections	Evaluation of the effectiveness of engagement activities to capture the voice of service users				X
<b>Brag Rating:</b>  Achieved					
<b>Action 2.5</b> Commence implementation of a project to develop and implement an integrated MHL D information system to replace the existing legacy systems following approval of the Outline Business Case from DoH	% of milestones achieved on target from the Integrated MHL D Information System project plan				X
<b>Brag Rating:</b>  Achieved					




RQIA has engaged with the Voice of the Young People in Care (VOYPIC) to explore how both organisations could work collaboratively to promote the voice of young people in children's services in Northern Ireland. A workshop will be hosted by RQIA in 2018/19 to develop a three-year participation strategy to secure young people's involvement in all relevant aspects of our work.

Posters for display in care homes (residential and nursing) were distributed to all providers to highlight RQIA's role in inspecting these services, and to encourage service users and visitors to tell RQIA about their experience in these homes.

The MHL D Information System Outline Business Case was approved by the Department of Health in November 2017. A PRINCE2 project was initiated in Quarter 4 2017/18.





### STRATEGIC THEME 3

#### Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 3.1</b> Develop and implement a Communications and Engagement Strategy taking account of HSC PPI Standards to increase the public's awareness of the role and function of RQIA					X	RQIA's Communications and Engagement Strategy 2018-2021 was approved by RQIA's Board in March 2018.
<b>Brag Rating:</b>  Achieved						
<b>Action 3.2</b> Increase the number of stakeholders and lay assessors actively designing / participating in our programmes of work	Number of inspections completed with Lay Assessor involvement				X	Inspections involving lay assessor involvement in 2017-18 increased by 26% from the previous year.
<b>Brag Rating:</b>  Achieved						
<b>Action 3.3</b> Partner with the Innovation Lab (Department of Finance) to explore opportunities to work with our stakeholders to collaboratively redesign our activities					X	The Innovation Lab partnered with RQIA to host a joint workshop with RQIA staff in October 2017.  Further Collaborative work is planned in 2018/19.
<b>Brag Rating:</b>  Achieved						

## STRATEGIC THEME 3




### Engage and involve service users and stakeholders


Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 3.4</b> Examine and explore opportunities to use technology to facilitate feedback from service providers, service users and their families / carers e.g. pilot the use of e-questionnaires	% increase in the use of the web portal by service providers				X	<p>% of notifications received via web portal in Quarter 4  65%</p> <p>% of services signed up to receive their reports and QIPs via web portal  100%</p> <p>% of services with portal log ins  100%</p>
<b>Brag Rating:</b>  Achieved						100% of service providers have signed up to exchange draft reports and QIPs with 99.8% of service providers with portal log ins by the end of 2017/18.



## STRATEGIC THEME 4

### Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 4.1</b> Implement the Workforce Plan aligned to the Workforce Review carried out in 2016-17  <b>Brag Rating:</b>  Achieved	% of actions in the Workforce Plan implemented on target				X	RQIA has restructured the organisation into two Directorates: <ul style="list-style-type: none"> <li>Quality Improvement</li> <li>Assurance</li> </ul> A Business Unit has been established to provide the support services to the two Directorates.
<b>Action 4.2</b> Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IIP) assessment  <b>Brag Rating:</b>  Achieved	Level of IIP accreditation achieved				X	RQIA successfully achieved IIP status using the new standard "Generation 6" during 2017/18.  The HSC Leadership Centre has commenced the development of an RQIA Organisational Development Plan.
<b>Action 4.3</b> Implement a project to prepare for ISO 9001:2015 assessment and achieve accreditation  <b>Brag Rating:</b>  Achieved	% of milestones achieved on target from the ISO9001:2015 Project Plan  Achieved ISO9001:2015 accreditation			X		All milestones from the ISO9001:2015 Project Plan were implemented on target.  RQIA achieved ISO9001:2015 certification in December 2017.

STRATEGIC THEME 4						
Deliver operational excellence						
Action	Measures	Delivery			Performance	
		Q1	Q2	Q3	Q4	
<b>Action 4.4</b> Achieve financial balance and implement zero based budgeting	Projected and actual end-of-year financial position / Break-even				X	At year end there was an underspend of £36,825, which fell outside the breakeven target of £20,000. During the year RQIA carried out a Workforce Review which necessitated holding a number of vacant posts unfilled in order to ensure flexibility in restructuring the organisation and achieving the benefits of the review. This coupled with non-pay slippage resulted in RQIA incurring a significant in-year underspend.
<b>Brag Rating:</b>  Zero based budgeting deferred until restructure completed						Zero based budgeting deferred until RQIA's restructure is completed in 2018-19.

## AUDIT COMMITTEE MINUTES

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**RQIA Audit Committee Meeting, 03 May 2018**

**Boardroom, 9th Floor, Riverside Tower, Belfast, 14:00pm**

**Present**

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

**In attendance**

Olive Macleod (Chief Executive)  
Stuart Crawford (Planning and Corporate Governance  
Manager)  
John Murray (Business Services Organisation, Internal  
Audit)  
Stephen Knox (Northern Ireland Audit Office)  
Rosemary Peters Gallagher (Moore Stephens)  
Catherine McKeown (Business Services Organisation,  
Internal Audit)  
Saoirse Wilson (Board & Executive Support Manager)

**1.0 Welcome and Apologies**

- 1.1 The Chair welcomed all members and officers to the Audit Committee meeting. The Chair offered condolences to Patricia O'Callaghan on the loss of her father and thanked her for attending the audit committee.

**2.0 Declaration of Interests**

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

**3.0 Chairman's Business**

- 3.1 The Chair informed members that RQIA has received an updated version of the Audit and Risk Committee Effectiveness checklist and are planning to undertake a review of audit and risk committee effectiveness before the next audit committee on 21 June 2018.
- 3.2 The Chair advised there is an update of the Audit and Risk Assurance Committee Handbook 2018 which will be shared with audit committee members. There will be a brief discussion on this at the next Audit Committee meeting.
- 3.3 **Resolved Action (370):**  
**Audit and Risk Committee Effectiveness review to be completed at pre-meeting on 21<sup>st</sup> June 2018**

**Resolved Action (371):**

**Audit and Risk Assurance Committee Handbook (NI) 2018 to be sent to Audit Committee members.**

- 3.4 The Chair advised that he attended a meeting with the Chief Executive and finance officer, Lesley Kyle, to discuss the current financial position with a view to providing an update to the Board meeting on 30 April 2018.
- 3.5 The Chair informed members that he held a bi-lateral meeting with Catherine McKeown, Stephen Knox and Rosemary Peters Gallagher on 02 May 2018. A full update of that meeting will be provided at the next audit committee meeting. The Chair acknowledged good working relationships with internal and external audit with RQIA staff. The Chair also noted a letter from Liam McIvor, Chief Executive of BSO, which provided a provisional assurance for 2017/18 which will be circulated to Audit committee for information. Internal Audit has advised that this letter will be noted at the next audit committee meeting.
- 3.6 **Resolved Action (372):**  
**Minutes of bi-lateral meeting on 02 May to be shared with Audit Committee members.**
- 3.7 **Resolved Action (373):**  
**Provisional assurance from BSO to be shared with Audit Committee members and added to next audit committee agenda for noting.**
- 4.0 **Minutes of previous meeting (AC/Min18/Mar)**
- **Matters Arising**
  - **Notification of AOB**
  - **Action List Review**
- 4.1 Committee members discussed and **APPROVED** the minutes of the meeting of 08 March 2018, for onward transmission to the Board on 05 July 2018.
- 4.2 **Resolved Action (364):**  
**Audit committee minutes of 08 March to be submitted to Board on 05 July for approval.**
- 4.3 The Chief Executive advised that in relation to action 353 RQIA are on the DoH Risk Register and the DoH have recognised that Brexit and financial break-even are the main risks.
- 5.0 **Chief Executive Update on Key Risks**
- 5.1 The Chief Executive discussed Ashbrooke Care Home in Enniskillen and confirmed that Runwood Care Homes Ltd have withdrawn their action against RQIA from the Care Tribunal. RQIA will not be seeking reimbursement from Runwood for legal fees incurred.
- 5.2 The Chief Executive updated members on the COPNI investigation of Dunmurry Nursing Home. COPNI has confirmed they will be releasing their report in mid-June. RQIA CEO and EMT will prepare an agreed response to the report's findings with the agreement of the Chair and RQIA Board. RQIA will also liaise with the HSC Board and Trusts to agree next steps.

- 5.3 The Chief Executive provided an update on RQIA's role as instructed by DoH in response to the O'Hara report into Hyponatraemia.
- 5.4 The Chief Executive provided an update regarding Four Seasons and confirmed that their accounts have been published and their standstill position has been extended to the middle of July. Four Seasons liaise with RQIA on a weekly basis to confirm their position.
- 5.5 The Chief Executive provided an update on the look-back exercise of the Neurology issues in Belfast Trust. The Chair in response voiced concerns regarding any possible reputational risk to RQIA and believed that the Chief Executive and Executive Management Team are well equipped to deal with the additional workload. The Chair advised that ongoing developments should be shared with the Board and Audit Committee. The Chief Executive advised that RQIA are well equipped to deal with this workload.
- 5.6 The Chair noted that there have been further inspection reports of the Northern Ireland Ambulance Service who have been placed in special measures.
- 5.7 Audit Committee members **NOTED** the Chief Executive's Update on Key Risks.
- 6.0 **Update on Audit Action Plan**
- 6.1 The Planning and Corporate Governance Manager presented the Update on Audit Action Plan to members and discussed the actions. The Planning and Corporate Governance Manager advised that all actions from 2017/18 have now been cleared.
- 6.2 The Planning and Corporate Governance Manager confirmed there are no recommendations from the finance internal audit, and there are no current recommendations from external audit.
- 6.3 The Planning and Corporate Governance Manager noted the audits on Governance and Board Effectiveness and Information Governance. The Audit Committee noted the recommendations from the Governance and Board Effectiveness Audit and that they have been implemented. The Audit Committee noted the recommendations from the Audit on Information Governance. The Planning and Corporate Governance Manager discussed the recommendations and how they are being implemented.
- 6.4 The Chief Executive advised that all managers receive an update on their staff's completion of mandatory training and confirmed that only staff with a business need now have access to certain folders, to comply with GDPR guidelines.
- 6.5 The Action Plan will be further discussed during the internal Audit Update.

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

## 7.0 **Draft Governance Statement**

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

7.2 The Chair acknowledged the work of the Planning and Corporate Governance Manager and the Chief Executive in completing this document.

7.3 Audit Committee members **APPROVED** the Draft Governance Statement.

## 8.0 **Internal Audit Update**

### **To include:**

- Internal Audit Progress Report
  - A. Information Governance Audit
  - B. Governance and Board Effectiveness Audit
- HIA Annual Report
- Shared Services Audit
- Final RQIA Year End Follow up - Revised

8.1 John Murray, Business Services Organisation Internal Audit, presented the Internal Audit Progress Report and advised that the programme was complete. Internal Audit issued 71% of reports with 4 weeks. John Murray advised that limited assurance was provided regarding Information Governance. Key findings included training of staff and data access agreements were not up to date. The Chair thanked Internal Audit for this report and advised that he is pleased that the Chief Executive is leading the rectification of the identified failings.

8.2 John Murray provided satisfactory assurances on the Audit on Governance and Board Effectiveness. John Murray confirmed that the Board and Sub-committees have operated under the standing orders in respect of terms of Reference. Audit Committee members noted that the Board has held 3 workshops regarding Board Effectiveness and the Governance self-assessment has been completed and sent to Department of Health. There was clear indication in the comments that there were significant improvements in clarity of roles. John Murray confirmed that Internal Audit are content that the 3 recommendations in the previous report have been acted on. Communication and engagement was discussed and will be progressed to ensure continued learning.

8.3 The Chair advised that the Audit Committee had been disappointed with the initial report and noted that the workshops have helped to facilitate open and transparent dialogue. The Chair noted that the Chair of the Board and the Chief Executive will meet with Department of Health bi-annually at the accountability meeting and noted that additional meetings are no longer required.



- 8.4 **Resolved Action (374) :**  
**A copy of the Internal Audit Progress Report on Governance and Board Effectiveness to be sent to all Board Members**
- 8.5 John Murray discussed the Controls Assurance Standards and verified the substantive outcome in the 4 areas assessed by BSO. The Chair acknowledged this report.
- 8.6 The Chair thanked the Chief Executive and RQIA staff for implementing all 49 recommendations from internal audit.
- 8.7 Committee members **NOTED** the Internal Audit Progress Report.
- 8.8 Catherine McKeown, Business Services Organisation, Internal Audit, discussed the year end annual report and identified successes in 2017/18. Catherine McKeown advised that satisfactory assurance was given to the framework of governance and risk management and control in RQIA.
- 8.9 The Chair acknowledged the satisfactory assurance outcome for the year and extended thanks to the Chief Executive and staff for this result. The Chair extended further thanks to Internal Audit for their support.
- 8.10 Committee members **NOTED** the HIA Annual Report.
- 8.11 Catherine McKeown presented on the shared services audits briefing note and advised that the payroll shared services report provided limited assurance. However there were improvements in the payroll project and overpayment scheme.
- 8.12 The Chair advised that RQIA have received a draft Governance Statement from the BSO Chief Executive. This letter should be referred to in RQIA's Governance Statement.
- 8.13 Committee members **NOTED** the Shared Services Audits.
- 8.14 John Murray advised that the Year End Follow Up is with the papers for information.
- 8.15 Committee members **NOTED** the Internal Audit Update.
- 9.0 **External Audit Update**  
**To include:**
- Update on preparation of annual financial statements
- 9.1 Stephen Knox, NIAO, advised Audit Committee members that there are currently no issues in regard to external audit. RQIA's Audit Strategy indicated that turnover should be in the region of £8 million. External Audit advised that RQIA can be 2.5% over or under the RRL budget however RQIA is currently underspending at £46,000 and external audit may require to comment on this in their report. The Chair acknowledged that the Board

have received a full update from the Chief Executive and Finance Officer on the financial position.

9.2 **Resolved Action (375) :**

**The Chief Executive will send Moore Stephens the action plan regarding the financial position of RQIA.**

9.3 Audit Committee members **NOTED** the update on preparation of annual financial statements.

10.0 **Review of Controls Assurance Standards post 2018/19**

10.1 The Planning and Corporate Governance Manager provided an update on the Review of Controls Assurance Standards post 2018/19. In March 2018, RQIA received a draft report from the Department of Health providing a summary of what will be replacing the controls assurance standards going forward. The Planning and Corporate Governance Manager discussed the changes required by RQIA. RQIA will continue to complete the previous Controls Assurance Standard until a new way forward has been agreed.

10.2 The Chief Executive advised that this is a first draft and is a work in progress and further to DoH guidance the paper will be updated. The Chief Executive advised that the next draft of the paper will come to the next Audit Committee meeting.

10.3 **Resolved Action (376) :**

**Update on the Review of Controls Assurance Standards to be presented at Audit Committee meeting on 21 June 2018.**

10.4 Committee members **NOTED** the Review of Controls Assurance Standards post 2018/19.

11.0 **Single Tender Action and External Consultancy**

11.1 The Planning and Corporate Governance Manager advised that there is no update on the single tender actions and external consultancy.

11.2 Committee members **NOTED** the Single Tender Action and External Consultancy

12.0 **Update on DoH Circulars**

12.1 The Chair advised Audit Committee members of the update on DoH circulars and noted that it is a useful tool for Audit Committee members.

12.2 Committee members **NOTED** the update on DoH Circulars

13.0 **AOB**






13.1 The Chair advised that there are no items to be discussed under AOB.







Date of Next Meeting: Thursday 21 June 2018, RQIA Boardroom, 2.00pm




## ACTION LIST

### RQIA Audit Committee Meeting 03 May 2018

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
353	8.4	The Chief Executive will enquire with the DoH in relation to their Risk Register to identify risks that may impact RQIA.	Chief Executive	03 May 2018	
364	4.2	Audit committee minutes of 08 March to be submitted to Board on 30 April for approval.	Director of Corporate Services	05 July 2018	
370	3.3	Audit and Risk Committee Effectiveness review to be completed at pre-meeting on 21 <sup>st</sup> June 2018	Board and Executive Support Manager	21 June 2018	
371	3.3	Circular on audit risk assurance committee handbook to be sent to Audit Committee members.	Board and Executive Support Manager	21 June 2018	
372	3.6	Minutes of bi-lateral meeting on 02 May to be shared with Audit Committee members.	Board and Executive Support Manager	21 June 2018	

373	3.7	Provisional assurance from BSO in relation to GDPR to be shared with Audit Committee members and added to next audit committee agenda for noting.	Chair of Audit Committee	21 June 2018	
374	8.4	A copy of the Internal Audit Progress Report on Governance and Board Effectiveness to be sent to all Board Members	Board and Executive Support Manager	21 June 2018	
375	9.2	The Chief Executive will send Moore Stephens the action plan regarding the financial position of RQIA.	Chief Executive	21 June 2018	
376	10.3	Update on the Review of Controls Assurance Standards to be presented at Audit Committee meeting on 21 June 2018.	Planning and Corporate Governance Manager	21 June 2018	

**Key**

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

## **AUDIT COMMITTEE ANNUAL REPORT 2017/18**

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### **Introduction**

This report highlights some of the key activities of the Audit Committee during 2017/18.

### **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 Committee membership as at 31 March 2018 was:

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

The Audit Committee met on four occasions during 2017/18. Meetings were held on 4 May 2017, 22 June 2017, 19 October 2017 and 8 March 2018. 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, Director of Corporate Services, Planning and Corporate Governance Manager and the Board and Executive Support 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 3 May 2018.

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 19 October 2017.

### *Corporate Risk Assurance Framework Report*

During 2017/18, 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 March 2017 and was attended by Members of the Audit Committee, the Chief Executive and the Director of Corporate Services. An updated Risk Register was presented to the Board on 15 May 2017.

Further significant changes to the presentation and content of the RQIA Risk Register were undertaken by the Chief Executive and Chair Audit Committee in Q3 2017. At its October meeting, Audit Committee members welcomed the revised Report and recommended 9 Corporate Risks. The Board approved the 9 Corporate Risks at its meeting on 6 November 2017.

The Corporate Risk Register was further discussed at Audit Committee in March and took account of financial pressures in the Health & Social Care Sector, reputational risks impacting RQIA and uncertainties created by the O'Hara Report and the COPNI Report of Dunmurry Manor.

### *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 2017/18, a total of four internal audits were conducted. A Satisfactory Level of Assurance was achieved in a Financial Review, Regulated Services – Inspection of Nursing Homes and Governance and Board Effectiveness. An Audit of Information Governance received limited assurance. Follow-up of identified weaknesses in this area are currently being actively followed up by EMT and progress in implementing recommendations will be monitored by the Audit Committee during 2018/19.

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 Controls Assurance Standards. In 2017/18, RQIA completed ten self assessments against the Controls Assurance Standards, four of which were externally verified by BSO Internal Audit, namely; Financial Management, Governance, Risk Management and Fire Safety.

RQIA achieved substantive compliance in all these areas.

#### *External Audit Reports*

The Draft Report to those Charged with Governance was presented to the June 2017 Audit Committee stated that the 2016/17 financial statements would be certified with an unqualified audit opinion.

Moore Stephens were appointed Independent Auditors following completion of a tender exercise by NIAO. An audit of the 2017/18 financial statements will be conducted by NIAO in May / June 2018 and will be discussed at the June 2018 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*

In 2017/18, 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 this comprehensive suite of reports provides the Audit Committee with a high level of assurance that RQIA has a satisfactory system of internal control and this was confirmed by Internal Audit in its year-end report. The Chief Executive provides a verbal report to the Audit Committee on current key risk issues impacting RQIA at each meeting.

### **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 2017 which concluded that RQIA 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 2017/18.

The Chair of Audit Committee hosted an annual Bi-Lateral meeting with Head of Internal Audit and NIAO on 2 May 2018. 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, Director Corporate Services, Planning and Corporate Governance Manager and Secretariat to the Committee for their invaluable assistance to the Audit Committee.

Maurice Atkinson Director Corporate Services retired in March 2018. Audit Committee extend our good wishes to Maurice in his retirement.

**DENIS POWER**

Chair of Audit Committee

## RQIA Board Meeting

<b>Date of Meeting</b>	5 July 2018
<b>Title of Paper</b>	Chief Executive's Update
<b>Agenda Item</b>	17
<b>Reference</b>	H/05/18
<b>Author</b>	Chief Executive
<b>Presented by</b>	Chief Executive
<b>Purpose</b>	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 30 <sup>th</sup> April and to advise Board members of other key developments or issues.
<b>Executive Summary</b>	This paper provides an update to the Board of the key developments for RQIA since the last board meeting.
<b>FOI Exemptions Applied</b>	None
<b>Equality Impact Assessment</b>	Not applicable
<b>Recommendation/Resolution</b>	It is recommended that the Board should <b>NOTE</b> the Chief Executive's Update.
<b>Next steps</b>	A further update will be provided at the September Board meeting.



## **Office of the Chief Executive**

### **1 RQIA Publications**

On 15 May 2018, RQIA published the findings of its Review of the Governance Arrangements for Child Protection in the HSC in Northern Ireland, which assessed the effectiveness of governance arrangements to support child protection across the five health and social care (HSC) trusts and the HSC Board. We also wished to report on progress in implementing recommendations from RQIA's 2011 review of child protection arrangements. RQIA noted significant progress to support improvement in outcomes for vulnerable children and their families in Northern Ireland. We found evidence of strong leadership and a committed workforce, but noted concerns in relation to workload, which includes often complex cases, and the management of unallocated cases. The review makes 14 recommendations to support further improvement in child protection arrangements across health and social care.

Also in May, RQIA published the findings of a regional clinical audit of the use of mid-urethral tapes for management of stress urinary incontinence in Northern Ireland. The audit, led by Dr Robin Ashe, assessed the short-term outcomes for 340 patients in receipt of this treatment during 2013, and considered a number of factors including pre-operative care, consent, and surgical workload. The audit team found: 80% of women reported an overall improvement of stress incontinence symptoms following their surgery; a high level of input by senior medical staff, with 86% of procedures undertaken by a consultant or specialty doctor; and the quality of information given to women during the consent process was variable. This audit makes seven recommendations to improve performance and outcomes for patients.

Both publications received online, print and broadcast coverage. Dr Lourda Geoghegan was interviewed by Downtown/Cool FM in relation to the findings of the child protection review; while Dr Robin Ashe provided interviews to Radio Ulster's Good Morning Ulster and BBC Newsline 630 on the findings of the audit.

### **2 Other Media Interest**

Since the last board, we responded to a range of online, print and broadcast media queries relating to enforcement and public concerns in respect of regulated services; and RQIA's role in the neurology review. Following the publication of COPNI's investigation into Dunmurry Manor care home, RQIA responded to a significant number of media enquiries. Two statements have been issued by RQIA. We are currently preparing further engagement with the media: to clarify RQIA's role in this matter; to highlight the steps we are taking to increase our visibility in care settings, to ensure we hear and take account of the voices of service users and their families; and to assure the public that when problems arise that RQIA will intervene on their behalf.

### **3 Engagement**

This year, RQIA is participating in the 2018 Pensioners' Parliaments programme organised by Age Sector Platform. These events provide RQIA with an opportunity to engage directly with older people and their representative organisations. Since

the last Board meeting, RQIA has attended events in Enniskillen, Cookstown, Ballymena, Newry, Derry, Coleraine and Lisburn.

In early June RQIA launched its Membership Scheme, inviting users of health and social care services, their families and friends to join our scheme to help us design and deliver the best ways of sharing the information we gather. Around 1,000 posters and 10,000 business reply postcard advertising the scheme were distributed to GP surgeries, libraries and care homes across Northern Ireland. We also received considerable coverage of the scheme on U105's Frank Mitchell Show and also in Anne Haile's features page in the Irish News. Anyone with an interest can sign up to the scheme via RQIA's website, [www.rqia.org.uk](http://www.rqia.org.uk), or by returning a postcard to RQIA.

As part of our ongoing political engagement in partnership with GMC, NISCC, Pharmaceutical Society, NICON and the PCC, RQIA attended the Sinn Féin Ard Fheis in June. This provided RQIA with an opportunity to engage directly with MPs, MLAs, councillors, political advisors and party members on our work. RQIA also attended NIMDTA's Dare to Excel Educational Excellence Day, where RQIA engaged with delegates, and Dr Chris Allen presented an overview of his contribution to the work of RQIA as our ADEPT Clinical Leadership Fellow.

#### **4 Complaints/ Compliments**

Three formal complaints were received about RQIA since the last Board meeting. Two were resolved at Stage 1: Early Resolution. The third was an anonymous complaint, which was investigated in line with the Policy and Procedure on the Management and Handling Complaints against RQIA, and the allegations were not upheld.

#### **5 Stakeholder Engagement**

The Chief Executive, Director of Assurance and Chairman met with the relatives of Dunmurry Manor Care Home on 22<sup>nd</sup> June 2018. A series of meetings will be held with the relatives of other residents of Runwood Homes.

The Chief Executive attended an inspection of Maghaberry prison on 17<sup>th</sup> April 2018 with Director of Assurance and Director of Improvement.

The Chief Executive attended a meeting with Professor Brian Taylor to discuss the Risk Adjusted, Dynamic and Responsive Inspection Framework (RADaR).

The Chief Executive and the Director of Improvement attended a meeting with Dr McCorry of Queen's University to discuss PhD fellowships in Healthcare Improvement Studies.

The Chief Executive and the Director of Improvement attended NHSCT Causeway Hospital twice in light of the Hospital Inspection Programme (HIP), once on 1<sup>st</sup> May 2018, and the second on 27<sup>th</sup> June 2018.

The Chief Executive and the Director of Improvement attended BHSCT Royal Victoria Hospital with a view to visit the wards and obtain an update.

The Chief Executive attended a 'Critical Friends' meeting in Castle Buildings, Stormont. Attendees included members of the Department including Dr Paddy Woods (DCMO) and Brian Godfrey (Safety Strategy Unit) and Chief Executives of the Trusts.

The Chief Executive visited Cedar Mews supported living service on 18<sup>th</sup> May 2018.

The Chief Executive and the Director of Improvement attended the SEHSCT Ulster Hospital to discuss the RQIA Reviews Programme 2017-18.

The Chief Executive and the Director of Improvement attended a workshop titled 'Why Trust is a must' hosted by the Chief Executive's Forum. Professor Buckley from the Trust Research Team at Dublin City University Business School led an interactive workshop aimed at understanding how trust works in organisational settings.

The Chief Executive hosted a meeting in RQIA with members of Age NI including Paschal McKeown, Head of Policy and Influencing.

The Chief Executive attended the Chief Executives' Forum quarterly meeting.

The Chief Executive attended the Royal College of Nursing N.I Nurse of the Year Awards.

The Chief Executive and Director of Improvement hosted a meeting in RQIA with NIAS to assess its improvement plan.

The Chief Executive attended the Collective Leadership Working Group

The Executive Team and the Chairman attended the Building Sustainable Partnerships workshop in Bellaghy. The purpose of this workshop was to continue to build sustainable partnerships between RQIA, Trusts, Commissioners and the DoH.

The Chief Executive hosted a meeting with Mr Richard Pengelly, Permanent Secretary and Mr David Sterling, Head of Civil Service at the RQIA offices on 18<sup>th</sup> June 2018.

The Chief Executive and the Director of Assurance held a meeting with Lesley McGarrity and JP Watson of Domestic Care NI regarding residential beds in nursing homes.

The Chief Executive attended the RQIA End of Year Accountability meeting in Castle Buildings on 20<sup>th</sup> June 2018.

The Chief Executive and the Director of Improvement attended the Permanent Secretary Assurance Group RQIA update meeting on 25<sup>th</sup> June 2018.

The Chief Executive attended the first Regulation and Oversight Forum meeting on 27<sup>th</sup> June 2018. Membership includes the Commissioner for Children and Young People and the interim Prisoner Ombudsman.

## **6 Current Legal Actions**

Litigation has been ongoing in relation to Owenvale Residential Home since June 2017.

## **7 Workforce Review**

A senior inspector commenced work on 8<sup>th</sup> May 2018.

Three vacancies exist on the nursing home team. An advertisement was placed in the Belfast Telegraph for inspection vacancies and a recruitment exercise will be undertaken on Saturday 30<sup>th</sup> June 2018.

## **8 Trust Chief Executives Forum**

The first meeting with the Trust Chief Executives' Forum took place on 4 June 2018.

## **9 Governance and Board Effectiveness Audit**

Internal audit have completed the Governance and Board Effectiveness Audit. This was noted at Audit Committee on 21<sup>st</sup> June 2018.

## **10 Financial Allocation 2018-19**

RQIA's budget allocation has been received and a 2% reduction (£134k) has been applied.

## **11 Four Seasons Healthcare**

FSHC continue to provide regular updates to RQIA in respect of their process of refinancing of debt which has received ongoing media attention. The previously agreed standstill arrangement has been extended until 31 July 2018.

## **ASSURANCE DIRECTORATE**

### **12 Home Truths: A Report on the Commissioner's Investigation into Dunmurray Manor Care Home**

The Commissioner for Older People's report into Dunmurray Manor Care Home was published on 13 June 2018. Following publication there has been significant media interest. We are currently preparing a response to the 59 recommendations contained within the report.

### **13 RADaR**

We held a RADaR workshop, on 19 June 2018 at the Innovation Factory in Belfast, to review the implementation of Phase one of the project. The workshop was successful with positive input for the nursing and residential care homes teams. A small working group has been established to take forward the actions from the workshop and a further workshop will be held in November 2018 to evaluate progress.

## **14 Runwood Homes**

On 8 May 2018, whistleblowing information was received which highlighted concerns in respect of the robustness of quality monitoring visits, level of management support for staff, poor staff recruitment practices, and an allegation that the responsible individual was undertaking external business in a number of Runwood Homes. Following review of the information, unannounced inspections were undertaken to 11 Runwood Homes on 11 May 2018. The allegations were not substantiated.

On 16 May 2018 a further whistleblowing letter was received containing the same concerns as the letter of 8 May 2018. This was shared with Mr Sanders, Chief Executive of Runwood Homes who was asked to investigate the issues highlighted within both letters and provide an assurance that Runwood Homes NI is operating with a stable and effective management team. On 24 May 2018 a third whistleblowing letter was received, this was shared with Mr Sanders who was asked to include this information in his investigation. On 31 May 2018 Mr Sanders report into the investigation was received. A meeting has been arranged with Mr Sanders on 4 July 2018 to discuss the outcome.

## **15 Residential Care Beds in Nursing Homes**

<b>Position as at 22 June 2018</b>	
Services still undecided (3 providers)	<b>5</b>
Application forms issued and still to be returned (1 provider)	<b>1</b>
Application forms received and being processed	<b>14</b>
Certificates issued	<b>92</b>
Applications withdrawn (homes closed)	<b>2</b>

The project team are reviewing the updated information received and will agree next steps. We continue to work with the remaining three providers, who have not yet indicated a decision, to reach a mutually agreeable solution.

## **16 Review of Regional Children and Young People's Facilities including Lakewood Secure Care Centre; Beechcroft Child and Adolescent In Patient Unit; Donard, Glenmona Resource Centre and Woodlands Juvenile Justice Centre**

A review of Children's and Young People's regional facilities was commissioned and completed by the HSCB in March 2018. The Director of Assurance and the RQIA Children's team met with DoH on 23<sup>rd</sup> May 2018 to discuss next steps. RQIA will be a part of the advisory group planning the way forward. A further meeting will be held with DoH in September 2018.

## **17 Looked After Children (LAC) Consultation Workshops**

The Children's Team attended a consultation workshop regarding the Department of Health and Department of Justice joint strategy for Looked after Children on 12<sup>th</sup> June 2018. RQIA also prepared a response and submitted this to DoH for their consideration.

## **18 Unregistered Facilities Accommodating Looked After Children**

The Director of Assurance and Assistant Director of Children's Services met with the HSCB to agree terms of reference to take forward a joint piece of work exploring how best to move forward with unregistered facilities accommodating Looked After Children. Further information has been sought from the Trusts regarding the type of placements they have put in place and their governance arrangements. This will be analysed further at the next joint meeting on 4<sup>th</sup> July 2018.

## **19 Inspection**

RQIA met their statutory minimum number of inspections for the first quarter of 2018/19 inspection year across all registered services.

## **20 Enforcement Action**

RQIA publish details of all enforcement (with the exception of children's services) on our website.

Since the last Board meeting, we have held 25 enforcement meetings with service providers.

These include:

Seven serious concerns meetings were held with nursing home providers since the previous report to discuss issues arising from inspection. In each case RQIA received assurance from the registered providers on their action plan to deliver improvement. RQIA will follow up progress at each service at the next inspection.

Two serious concerns meetings were held with a children's service provider. One was regarding the care arrangements and transition planning for a child who requires a specialist placement. RQIA have asked for follow up action reports weekly and progress in this service will be reviewed at the next inspection. The second was in response to whistleblowing information around safeguarding concerns. The information related to an incident 12 months previously and RQIA was assured that the provider had taken the necessary retrospective measures in response to the incident.

Intention meetings were held with five nursing home providers with a view to issuing notices of failure to comply with regulations. This resulted in two 'failure to comply' notice being issued in relation to governance and oversight in one home and care and treatment in the second. In relation to the three other providers, RQIA received assurance from them during the meetings and with the submission of their action plans that the improvements were being delivered. In addition an intention meeting to serve an Improvement notice was held with a provider, again RQIA received assurance from the registered provider on their action plan to deliver improvement and the notice was not served. RQIA will follow up progress at each service at the next inspection.

An intention meeting will be held with one children's provider on Friday 29<sup>th</sup> June 2018 with a view to issuing 'failure to comply' notices. These related to hygiene and

environmental issues and concerns around the experience, qualifications and levels of staffing. The Board will be updated on the outcome of this meeting in due course.

An intention meeting was held regarding non-compliance with day care settings regulations. This resulted in the issuing of two 'failure to comply' notices to SCA-Montague regarding the environmental concerns and the quality of the monthly monitoring report. A follow up meeting was also held with the Belfast Trust on 22<sup>nd</sup> June 2018 regarding their monitoring of the contract with this provider.

An intention meeting took place with the WHSCT with the Oak Tree Day Centre regarding environmental concerns and quality of the monthly monitoring report. Two 'failure to comply' notices were issued to the provider on 27<sup>th</sup> June 2018.

Two 'failure to comply' notices were also issued to Extra Care Domiciliary Care Agency in relation to safeguarding and staff supervision. RQIA was presented with a detailed and robust action plan and assurance by the service provider resulting in other enforcement notices not being served. RQIA will continue to monitor this service closely to ensure ongoing compliance with regulations.

A follow up meeting was also held with the Northern Trust on 20<sup>th</sup> June 2018 regarding their monitoring of the contract with this provider.

Enforcement action is currently ongoing at two regulated services. These are:

Leabank Nursing Home, Ballycastle: one improvement notice relating to patient records on 26 February, with compliance required by 12 June 2018. Following an inspection on 12<sup>th</sup> June 2018, the home was deemed to be compliant with the notices.

TW Care Services Ltd. domiciliary care agency, Ballymena: one failure to comply notice relating to recruitment practices and AccessNI checks, with compliance required by 7 May 2018. A follow up inspection was undertaken on 8<sup>th</sup> May 2018 and compliance was achieved with the notices.

#### **Article 4 reports to the DoH**

Four reports under Article 4 (2) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 were sent to DoH in respect of 1) death of a young person in the Barnardos Young Adult Accommodation in Ballymena, 2) the death of a resident by choking in a nursing home, and 3 & 4) two in respect of the death of a resident in 2014 in Seeconnell Private Village through choking. This case has resulted in a court prosecution for charges of failure by the employer to protect non-employees from risk. A court hearing was held on 27<sup>th</sup> June where more evidence was presented. A court date has been set for 5<sup>th</sup> July 2018 for sentencing.

RQIA staff attended a feedback session hosted by DfC regarding a review of schemes funded by 'special needs management allowance' (SNMA). (See attached for inclusion in bi-monthly report). RQIA will continue to monitor the impact of this review.



RQIA have met with two individuals who have established web based businesses for the purposes of connecting a range of regulated services (mainly care homes) with a pool of potential staff. These services are subscription or licence-based and have the potential to significantly streamline and support timely recruitment of a range of staff. In the course of examining recruitment practices during inspections, RQIA will monitor the usage of these platforms and ensure that all recruitment is undertaken in accordance with the relevant regulations and standards.

RQIA cancelled the registration of a domiciliary care agency in May 2018 following receipt of an application for voluntary cancellation of registration. Prior to this, the Belfast HSC Trust had alerted RQIA to concerns regarding recruitment practices which were subsequently substantiated during inspection.

## **Quality Improvement Directorate**

### **HSC Healthcare Team**

#### **21 Northern Ireland Ambulance Service**

Three Improvement Notices in relation to Broadway, Bangor and Craigavon Stations against the Corporate Leadership and Accountability quality standard remain in place and have been extended to the end of October 2018.

On 11 June 2018, we met with the NIAS Chief Executive, Public Health Agency secondee (in place as a result of special measure) and two paramedics to discuss NIAS's progress in relation to areas for improvement. It was a positive meeting with good input from the paramedics who have been engaged in ongoing NIAS improvement work.

We will meet again with NIAS in September 2018 to receive a further update in relation to implementation of their improvement plan.

#### **22 Acute Hospital – Unannounced Inspection Programme (HIP)**

Inspection reports for South West Acute, RBHSC (2<sup>ND</sup> inspection) and Causeway are in the QA process. Publication of these inspection reports is planned for 2<sup>nd</sup> week in July 2018.

On 01/05/2018, a second follow-up meeting was held with the Belfast Trust in relation to improvements required following the second unannounced inspection of RBHSC in December 2017. Progress in relation to Barbour Ward (layout, environment and patient mix) and the Short Stay Paediatric Assessment Unit (SSPAU) (governance arrangements) has been slower than expected. The Belfast Trust subsequently submitted an overall governance model for SSPAU which was not considered to be robust. A further follow-up meeting will be held with the Trust in early September 2018.

On 01/05/2018, a third follow-up meeting was held with the Northern Trust to discuss progress in relation to improvement required following an unannounced inspection of Causeway Hospital in November 2017 – it was a positive meeting and progress appears to be good in relation to the five key areas being addressed which were:

- Ward model of care
- Multidisciplinary team working
- Concerns relating to junior doctors
- Risk management at ward level
- Antimicrobial stewardship

We will be validating trust information/feedback during a further inspection which will take place in late June 2018.

## **23 Phase 3 HIP**

On 08/06/18, a meeting was held with DoH sponsor branch, during which forward planning for the HIP and augmented care inspection programmes was discussed. It was a very positive meeting and DoH agreed with our approach for HIP3 and augmented care inspection programmes. A policy letter will be issued by DoH in due course.

## **24 Augmented Care Inspection Programme**

**Neonatal Care – Year 3:** As we are seeing reliability in systems and processes in these settings (having reached the end of our 3-year inspection programme) we have agreed to re-orientate our approach in this area. We will now work collaboratively with HSC to move from a compliance-dominant approach to a collaborative approach to assurance of good and best practice – this will mean that (i) we will emphasise the responsibility of Trust Boards and Executive Teams to ensure and assure best practice in their own neonatal care settings, (ii) we will work with the Neonatal Network NI (as a key enabler) to agree our inspection tools as self-assessment tools and to support transition of the overall approach, (iii) we will continue to spot-check neonatal units to maintain a watching brief on systems and processes of good/best care, and (iv) we will reserve the right to visit and independently assess/inspect any neonatal unit at any stage should particular circumstances require this. On 22/06/18, the Healthcare Team met with the Neonatal Network which supports this approach.

**Adult Critical Care – Year 3:** six inspections carried over from the 2017/2018 programme are planned for the first quarter, which will complete the adult critical care programme, which began in 2014. It is planned to adopt an approach in line with that taken in neonatal care, of self-assessment developed in conjunction with the Critical Care Network Northern Ireland. We will meet with the Critical Care Network in September/October 2018.

**All other Augmented Care areas** this programme will recommence on completion of the adult critical care programme using a risk based approach. Based on results of inspections carried out in 2016/2017 this will initially focus on outpatient services including renal oncology.

## **25 Unannounced Hygiene Inspection Programme**

A risk based programme is continuing using intelligence from PHA reports, whistleblowing, complaints etc. An inspection took place on 3 May 2018, in Altnagelvin Hospital. This was a follow up of an initial inspection of 1 October 2017.

The follow up inspection showed improvements in the areas of ward environment, equipment and sharps management.

On 19/06/18, in conjunction with the children's team an unannounced inspection was carried out in Rainbow Lodge - a Praxis home for children with a learning disability. Significant infection control /cleanliness issues were identified in the home which have been escalated to Northern trust senior staff. On 25/06/18, a second Praxis home was inspected with no identified issues.

## **Review Programme**

### **26 Neurology Patient Recall, Belfast Trust**

RQIA will lead/facilitate two of the four strands of work requested by DoH – specifically (i) a governance review of outpatient services in Belfast Trust with attention to neurology and other high volume specialties and (ii) an expert review of clinical case notes of deceased patients. Briefing on progress wrt this work has been provided in separate briefing to DoH. The RQIA Chief Executive and Director of Improvement are members of DoH Assurance Group.

### **27 Inquiry Into Hyponatraemia Related Deaths (IHRD/O'Hara)**

RQIA will lead and facilitate an Assurance Working Group which will be part of the DoH-led programme on implementation of IHRD Recommendations. A draft assurance framework has been developed by RQIA and submitted to DoH (w/c 7<sup>th</sup> May). RQIA has established a formal IHRD Assurance Working Group at a later stage, expected to be mid-Summer to early autumn.

We have reviewed all Trust responses With reference to IHRD Recommendations 10-30 (recommendations relating to clinical and paediatric practice) and we have developed a model Trust return/response for same – both the analyses of Trust returns and the draft model return have been submitted to DoH (w/c 7<sup>th</sup> May).

### **28 Review of Serious Adverse Incidents (SAIs) to inform IHRD Working Group on SAIs**

DoH has commissioned RQIA to undertake a review of up to 60 SAIs identified and reported across HSC since November 2016; this work will be undertaken to inform the work programme of the IHRD SAI Working Group. Initial work has commenced and members of our Expert Review team are currently being recruited.

### **29 Review of Governance Arrangements in Independent Hospitals.**

In parallel with the Neurology Patient Recall, as a number of patients who were affected were treated in the private sector, DoH has commissioned RQIA to undertake a review of Governance Arrangements in Independent Hospitals. Work has commenced to map out existing arrangements for regulation of Independent Healthcare which will inform planning for this review.

### **30 Review of Governance Arrangements for Child Protection**

The report of the Review of Governance Arrangements for Child Protection in the

HSC in Northern Ireland was published on 15 May 2018.

The review made 14 recommendations to support further improvement, with three recommendations requiring attention now. These relate to the performance and risk management arrangements for unattended cases. Also, given the service changes that are anticipated, we highlighted the need to clearly describe responsibilities relating to commissioning and delivery of child protection services into the future.

### **31 Other review work**

We have completed fieldwork for the reviews of GP Out of Hours (RQIA Initiated) and the Review of the Implementation of Clinical Guideline CG174 Intravenous Fluid (IV) Therapy in Adults in Hospital (DoH Commissioned). In relation to the IV Fluids Review, a letter has been forwarded to DoH outlining our concerns in relation to the regional oversight of NICE guidance in Northern Ireland.

### **Audit**

### **32 2018/19 Programme**

We are funding six pieces of work – 3 audits and 3 quality improvement initiatives during 2018/19:

1. Quality Improvement project, to standardise physical and mental health monitoring and recording in line with shared care guidance, for those with a diagnosis of adult ADHD and on stimulants in Belfast outpatient clinics.
2. Quality Improvement project to reduce the delays in medication administration and improve communication in the committal process in HMP Maghaberry.
3. Quality Improvement Project to implement an electronic method to improve the quality of physical health monitoring in patients with mental health conditions.
4. Performance audit of ultrasound imaging systems within Northern Ireland.
5. Asthma Audit - to assess ED, GP, Out of Hours, inpatient, outpatient and ambulatory care services for adults with asthma against Scottish Intercollegiate Guidelines Network (SIGN) /British Thoracic Society (BTS) guidelines and Respiratory Service Framework standards.
6. Audit of Healthcare Providers in community (including residential care or care to patients in their own home) identifying that providers have systems in place to facilitate compliance with the practices set out by NICE CG 139 (Healthcare-associated Infections: prevention and control in primary and community care 2012/2017)

### **Independent Healthcare Team**

### **33 Dental Regulation**

Good links have now been re-established with the dental profession and the British Dental Association. A very positive meeting was held with new BDA Director on

08/05/2018 during which, among a number of things, our intention to have a more quality improvement focus was discussed. We will meet with the BDA General Practice Committee on 04/07/18.

### **Independent Medical Agencies (IMAs)**

We are reviewing our position in relation to regulation of IMAs. We had planned to report on our regulatory position by the end of March 2018; however we have now become involved in a wider piece of work examining safety of online services across the UK, as part of a UK wide Forum which is hosted by CQC. We are also now liaising with pharmacy colleagues in Northern Ireland to scope out the position in relation to assuring the safety of patients accessing online services and the safety of online prescribing in Northern Ireland. A position paper has been drafted and will be available in July 2018.

### **34 Independent Hospitals and Hospices**

We are developing a refreshed inspection methodology for Independent Hospitals and Hospices during 2018/19; this will be largely based on the methodology underpinning our acute hospital inspection programme (HIP).

### **Mental Health and Learning Disability**

#### **35 Prison Healthcare**

The report of the announced inspection in November 2017 of Woodlands Youth Agency involving joint CJI, ETI and RQIA was published in June 2018. The report of the unannounced inspection to Maghaberry has been sent to SEHSCT for factual accuracy and is due back 29 July 2018. The timescale for publication will be late summer/early autumn.

#### **36 DoH Short life working group**

DoH had commissioned a short life working group to review business cases for the funding of acute mental health facilities. The work of this group was concluded in May 2018 in relation to business cases for acute mental health facilities which were submitted by Northern, South Eastern and Western trusts. The working group comprised of DoH representation as well as input from RQIA, HSCB and PHA. The final proposals were to be presented at Transformation Implementation Group (TIG) in June 2018 and an outcome is currently awaited.

### **Letter of Concerns issued**

#### **37 Waterside Hospital**

One letter of serious concern was issued to the Western Trust in relation to medical cover and the input from a locum psychiatrist regarding documentation and patient reviews. There were also issues in relation to drug kardexes and signatures. RQIA met with the Medical Director during this inspection feedback, and an improvement plan was discussed and agreed. RQIA have requested an action plan to address these issues by 6 July 2018 and will follow up progress at the next inspection of Waterside Hospital.

### **38 Gillis Ward**

Following an inspection of Gillis Ward on 5 and 6 June 2018, RQIA identified an area for improvement which will be stated for the third time. The area of concern is that the Trust's Clinical Supervision Policy and Complaints Policy require to be updated. This finding and our recommendation was discussed at inspection feedback on 6 June 2018. This required to be stated for the third time. In line with escalation procedures a teleconference was held with senior management from Southern Trust who will forward updated policies to RQIA by 20 July 2018.

### **39 Tobernaveen Centre**

Following an unannounced inspection of Tobernaveen Centre, Holywell Hospital in February 2018 RQIA issued a letter of concern in relation to the mixed model of care and the age range of patients on the ward (age range 21- 86 years). RQIA requested that NHSCT review this and provide an action plan to RQIA to address this. NHSCT established a working group to review this and a meeting was held to discuss options on 26 June 2018 where a range of options were presented by the trust.

### **40 Confidentiality & Information Sharing in Acute Mental Health Assessments workshop Wednesday 6 June 2018 Clifton House**

RQIA and Royal College of Psychiatrists facilitated a joint workshop on 6 June 2018 to address issues of consent and information sharing between professionals and families. This workshop was attended by the five trusts as well as representatives from voluntary organisations and learning from a recent SAI was disseminated.

### **41 MHL D iConnect Information System**

Work continues on system build for iConnect MHL D Project. Project board met for the second time on 14 May 2018. A number of issues required to be addressed, including use of the web portal for uploading prescribed forms etc.

The project is on track for completion by December 2018. There are currently six open risks identified, all risks have been identified as low/medium and are being appropriately managed.

### **42 RQIA Restructure**

Work continues on the restructure of RQIA. Staff have been advised that the Business Support Unit will include the registration team and MHL D forms team and all engagement activity. The Head of Unit post will be advertised shortly. Internal office moves are being planned with a view to completion in early July. Work continues on amending job descriptions for phase two of the programme. We are working closely with BSO HR in this process.

## RQIA Meeting

Date of Meeting	Audit Committee 21 <sup>st</sup> June 2018 Board Meeting 05 <sup>th</sup> July 2018
Title of Paper	RQIA ICT / Digital Roadmap Update
Agenda Item	18
Reference	I/05/18
Author	Sandra McElhinney
Presented by	As above
Purpose	<p>To inform RQIAs Audit Committee and Board about</p> <ul style="list-style-type: none"> <li>• Two new ICT Risks (appendix 1)</li> <li>• Digital Roadmap (appendix 2) to address risks</li> <li>• RQIAs preferred procurement option (appendix 3) to replace current iConnect Support Contract.</li> </ul>
Executive Summary	<p>Two new ICT risks have been added to the corporate risk register (see appendix 1). Both risks include the need to secure business case approvals which will also identify the level of recurring revenue required.</p> <p><b>CR16</b> outlines the requirement to upgrade all of the iConnect, Office and Windows software by 2020.</p> <p><b>CR17</b> outlines the requirement to replace the existing iConnect support contract by either one more years extension in May '19-'20 or by a longer-term contract. PALs have advised the available procurement options for RQIA (appendix 3) and option 2, a Direct Award Contract (DAC), would provide the best mechanism to secure ongoing support from the current supplier.</p> <p>A Digital Roadmap (appendix 2) has been designed to resolve these risks and programme manage agreed priorities including the replacement of support contract, upgrade of software, exploration of mobile apps and extension of webportal use for MHL D functions.</p> <p>The risks and roadmap are being flagged early so that procurement options can be agreed and pursued asap whilst there is internal resource available in house to initiate the relevant business cases for the licenses, devices and rewriting of iConnect (which will be necessary to enable iConnect to work with new software) etc.</p>



	The board is being asked to approve the roadmap and recommended procurement route to address these risks and priorities.
FOI Exemptions Applied	None
Equality Impact Assessment	None
Recommendation/Resolution	To be noted
Next steps	

# APPENDIX 1 ICT RISKS WHICH HAVE BEEN ADDED TO THE CORPORATE RISK REGISTER

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.

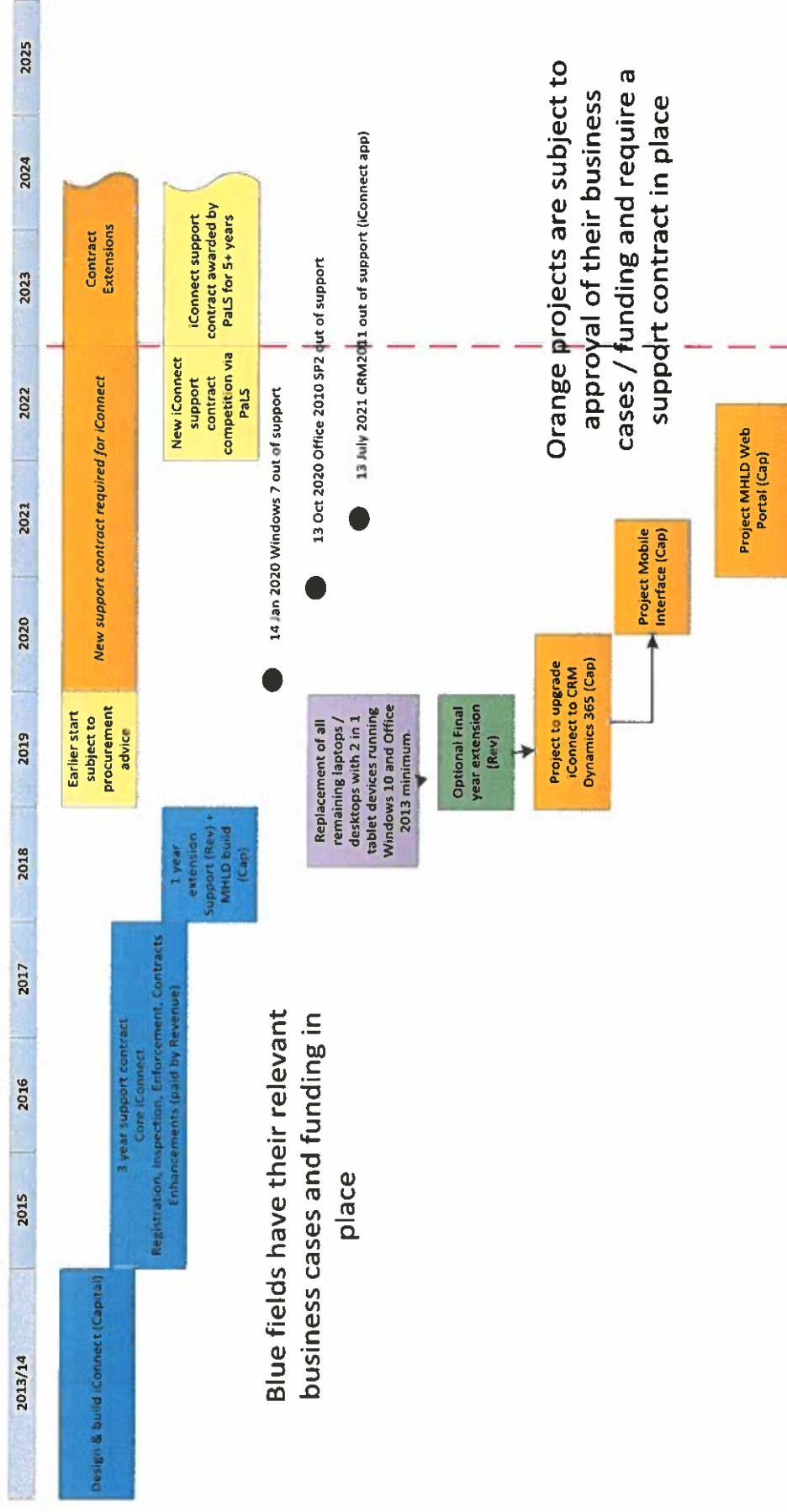
## Strategic Theme 4: Deliver operational excellence

CR16	Chief Executive	There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software will be out of support in 2020	<ul style="list-style-type: none"> <li>Listed in RQIAs Digital Roadmap</li> <li>Issue raised with Sysco and ITS</li> <li>Raised with DoH</li> <li>Raised with E-Health Programme (no regional solution in place yet)</li> <li>Bid submitted for devices, reimagining and deployment via round 11</li> <li>submitted (includes new software)</li> </ul>		M	H	H	<ul style="list-style-type: none"> <li>Confirm with ITS if RQIA can procure licenses through Regional Enterprise Agreement</li> <li>Submit an Outline Business Case (OBC) and funding application to DoH</li> <li>Upgrade the software used by iConnect</li> <li>Reprogramming of iConnect for new software</li> <li>Produce OBC to request approval to procure tablets with newer versions of Windows and Office</li> <li>Produce Digital Roadmap (detailing what is required) and present to RQIA's Board</li> </ul>	Head of Information	Head of Information	July 2018	Sept 2018	Additional risks
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Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment t	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.
								Head of Information	Subject to approval of OBC
								Head of Information	Subject to approval of OBC
									Sept 2018
								Head of Information	July 2018

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.
CR17	Chief Executive	<p>The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded.</p> <p>This will result in</p> <ul style="list-style-type: none"><li>the need to re-engage the supplier directly or via a market competition.</li><li>the need to identify significant recurring revenue</li></ul>	<ul style="list-style-type: none"><li>Listed in RQIAs Digital Roadmap</li><li>Issue raised with Sysco, ITS and PALs</li><li>Procurement options provided by Pals</li><li>Indicative ongoing Costs proposed by Sysco</li></ul>		M H H		Chief Executive	Sept 2018	

## APPENDIX 2 RQIA DIGITAL ROADMAP 2018-20



Each Project will require 6-12 months lead in for Business Case and Funding approvals

### APPENDIX 3 PROCUREMENT OPTIONS PROVIDED BY GAIL WATTS (PALS)

#### Corporate Information Management Solution Project (TPAQ-3317)

Sub Contractor = Sysco Software (NI) Ltd

#### Background

TPA Contract utilised.

#### Period

Initial Agreement Period expires automatically on 31<sup>st</sup> May 2018 (5 years)

#### Extension Option(s)

Extension of Initial Period = period not exceeding 2 years (therefore up to 31<sup>st</sup> May 2020)

If extending RQIA must enter into negotiations to agree a variation in the Agreement Charges (within 6 months prior to expiry of Initial Agreement Period Formula to be applied to determine the Agreement Charges in relation to the extension (variation)

**Note. Current Agreement has been extended to 2019 (Variation No.1)**

#### Options for Consideration on Conclusion of Collateral Agreement

Option 1	Technology Framework Agreement (TFA) – replaces previous TPA Contract
Note	<ul style="list-style-type: none"><li>• Anticipated to be in place by December 2018</li><li>• Mini competition must be undertaken</li></ul>
Pros	<ul style="list-style-type: none"><li>• Sufficient time remaining within current Agreement to enable TFA to be in place and embedded</li><li>• Compliant Procurement route</li></ul>
Cons	<ul style="list-style-type: none"><li>• No guarantee that current provider will be awarded the Contract</li><li>• Provider may need to be a Microsoft Reseller?</li><li>• Clear output specification must be developed by RQIA</li></ul>
Option 2	Direct Award Contract (STA)
Note	<ul style="list-style-type: none"><li>• RQIA would be responsible for preparation of the STA</li></ul>

	<ul style="list-style-type: none"> <li>DACs only to be considered where there is clear justification or on the basis that a competition is planned in the near future</li> </ul>
Pros	<ul style="list-style-type: none"> <li>Continuation of Agreement with current service provider</li> </ul>
Cons	<ul style="list-style-type: none"> <li>Business Case required – DoH approval?</li> <li>Clear justification required by RQIA <ul style="list-style-type: none"> <li>Considerations such as demonstration of VFM?</li> <li>Use of Regulation 32 of The Public Procurement Regulations?</li> <li>DOH approval</li> </ul> </li> </ul>

Option 3 National Frameworks	
Note	<ul style="list-style-type: none"> <li>Investigation of Options via Crown Commercial Services (email from Peter Wilson to Saoirse Wilson refers) <ul style="list-style-type: none"> <li>CCS – Technology Products 2</li> <li>CCS – Technology Services 2</li> <li>CCS – Digital Marketplace</li> <li>CCS – G-cloud</li> </ul> </li> <li>Investigation of Shared Business Services Framework</li> <li>Mini Competition must be undertaken</li> </ul>
Pros	<ul style="list-style-type: none"> <li>Compliant Procurement Route</li> </ul>
Cons	<ul style="list-style-type: none"> <li>RQIA must prepare an output specification</li> <li>No guarantee that current provider will be awarded the Contract</li> <li>Must be considered in the context of PaLS workload</li> </ul>

Option 4 Local Tender undertaken by PaLS	
Note	<ul style="list-style-type: none"> <li>EU Tender</li> </ul>
Pros	<ul style="list-style-type: none"> <li>Compliant Procurement Route</li> </ul>
Cons	<ul style="list-style-type: none"> <li>RQIA must prepare an output specification</li> </ul>



	<ul style="list-style-type: none"> <li>• Timeframes associated with EU Tender – Pre Tender, Advertisement etc = approx., 9 months</li> <li>• No guarantee that current provider will be awarded the Contract</li> <li>• Must be considered in the context of PaLS workload</li> </ul>
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### **Recommendation**

All Options except Option 2 require a tender to be undertaken and there is a risk that Sysco will not win the competition, resulting in RQJA having to move iConnect support to a new supplier and the subsequent programme of projects.

Option 2 (Direct Award Contract) is a Single Tender Action (STA) and would require RQJA to

- Obtain DoH approval for the STA
  - Commitment to run a tender as soon as practical to reduce the timeframe the DAC will be in place.
    - This is expected to be 3 years to allow RQJA to complete their upgrade of iConnect, Mobile Applications and MHLD Web Portal.
- This option would allow RQJA to continue to engage with Sysco who have an intimate knowledge of the design and customisation of iConnect and the business process behind the system. Once the system is in a steady state, the market can be tested by a tender process to see which supplier would offer RQJA best value for money.