The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 16 May 2019

PUBLIC SESSION

1	Minutes of the public Board meeting held on 21 March and matters arising	Min/March19/ public	10.30am **APPROVE**
2	Declaration of Interests		10.40am
3	Acting Chair's Report **Acting Chair**	A/01/19	10.45am **NOTE**

STRATEGIC ISSUES

4	Corporate Risk Assurance Framework Report **Chief Executive**	B/01/19	10.55am **APPROVE**
5	Corporate Performance Report, Quarter 4 **Chief Executive**	C/01/19	11.10am **APPROVE**
6	Standing Orders Review **Chief Executive**	D/01/19	11.25am **APPROVE**
7	Audit Committee Business **Committee Chairman** To include:	E/01/19	11.25am **NOTE**

- Approved minutes of meeting on 6 March 2019
- Verbal update on meeting on 2 May 2019
- Audit Committee Annual Report
- Draft Governance Statement

OPERATIONAL ISSUES

8	Chief Executive's Report **Chief Executive**	F/01/19	11.35am **NOTE**
9	RQIA Whistleblowing Policy and Procedure **Chief Executive**	G/01/19	11.50am **APPROVE**
10	Any other Business		12.10pm

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

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	Private Session Minutes
Agenda Item	2
Reference	Min/March19/Private
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To provide Board members with a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 21 March 2019
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting on 21 March 2019.
Next steps	The minutes will be formally signed off by the Chair.

The Regulation and Quality Improvement Authority

PRIVATE SESSION MINUTES

RQIA Board Meeting Boardroom, RQIA 21 March 2019 10.00am	
Present Lindsey Smith (Acting Chair) *(LS)* Gerry McCurdy *(GMcC)* Denis Power *(DP)* Robin Mullan *(RM)* Seamus Magee OBE *(SM)* Patricia O'Callaghan *(POC)* Sarah Havlin *(SH)* Dr Norman Morrow *(NM)*	**Officers of RQIA in attendance** Olive Macleod OBE (Chief Executive) *(OM)* Theresa Nixon (Director of Assurance) *(TN)* Dr Lourda Geoghegan (Director of Improvement and Medical Director) *(LG)* Jennifer Lamont (Head of Business Support) **(JL)** Hayley Barrett (Board and Executive Support Manager) **(HB)**

1.0   Agenda Item 1 - Welcome and Apologies

1.1   LS welcomed all members and Officers of the Board to this meeting. Apologies were noted from Professor Mary McColgan OBE and Malachy Finnegan.

1.2   LS welcomed Linda Greenlees, DoH, to the meeting as an observer.

2.0   Agenda Item 2 – Minutes of the private meeting of the Board held on 17 January 2019 and matters arising

2.1   DP raised concerns in relation to the presentation of the minutes of the private meeting of the Board held on 17 January 2019.

2.2   Board members **APPROVED** the minutes of the private meeting of the Board held on 17 January 2019, subject to minor amendments.

2.3   Board members noted that there were no matters arising.

3.0   Agenda Item 3 – Minutes of the Board Workshop held on Thursday 21 February 2019 and matters arising

3.1   Board members **APPROVED** the minutes of the Board Workshop held on Thursday 21 February 2019.

3.2   Board members noted that action 193 is due for completion by 16 May 2019.

4.0   Agenda Item 4 - Declaration of Interests

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

5.0   Agenda Item 5 – Chairs Confidential Brief

5.1   LS advised that there was no update from the Chair in the private meeting of the Board.

5.2   Board members **NOTED** the position in respect of the Chair's Confidential Brief.

6.0   Agenda Item 6 – Chief Executive's Confidential Brief

6.1   OM advised Board members that RQIA await a response from LRW Law solicitors in relation to a pre-judicial challenge of the decision to register Meadow View Residential Home (formerly Ashbrooke Nursing Home).

6.2   OM advised Board members that Meadow View Residential Home is operational with a small number of residents. OM informed Board members that TN visited Meadow View on Monday 19 March and TN provided positive feedback in respect of the home. TN advised that Meadow View are currently operating through a phased admission process

6.3   OM advised Board members that the Commissioner for Older People (NI), the Chief Executive and his Expert Panel from his recent investigation has requested a meeting with the acting Chair, MMcC and OM. OM advised that the meeting is in relation to RQIA's response to the Home Truths report and she has sought advice from the DoH as a collegiate HSC response was issued to COPNI.

6.4   SH queried if a communications strategy has been agreed in relation engaging with COPNI. OM advised that at a meeting in January RQIA were asked if the recommendations made relating to RQIA were accepted. RQIA has had no correspondence with COPNI following this meeting and is unaware of a collegiate communications strategy. She advised that she remained in contact with the Department's director of communications in respect of the matter as necessary.

6.5   The Board **ENDORSED** the actions that the Chief Executive has taken in relation to the correspondence received from COPNI.

6.6   OM informed Board members that she continues to liaise with Four Seasons Health Care regularly.

6.7 OM advised Board members that MMcC had requested that all media statements are approved by MMcC and one Board member. OM outlined the process for media statements that if it is a directorate query, the relevant Director with MF, Communications Manager would prepare a response that is then approved by OM.

6.8 LS advised that the proposed new arrangement was to enable the Board to share responsibility and support the Chief Executive and the organisation. LS advised that the Board member nominated is SM.

6.9 SH advised that MMcC as Chair is required to provide assurances to the Board that she has a close working relationship in relation to media interest, a shared responsibility for the media statements and is supporting the Chief Executive and the organisation.

6.10 LS advised that clarity in relation to the roles and responsibilities is required and suggested that OM meets with MMcC and SM to discuss.

6.11 **Resolved Action (197)**
A meeting with MMcC, SM and OM to be arranged to discuss the process surrounding issuing media statements to be arranged.

6.12 Board members **NOTED** the Chief Executive's confidential brief.

Date of next meeting:
16 May 2019

Signed

Professor Mary McColgan
Acting Chair

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
193	21 February 2019 (workshop)	The Corporate Risk Assurance Framework report should be reviewed to include RQIA's current risk environment	Chief Executive / Head of Business Support	2 May 2019	🟢
197	21 March 2019	A meeting with MMcC, SM and OM to be arranged to discuss the process surrounding issuing media statements to be arranged.	Board and Executive Support Manager	16 May 2019	🟢

Key

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

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	A/01/19
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable.

ACTING CHAIRS REPORT FOR BOARD MEETING ON 16 MAY 2019

RADaR workshop: I attended the 4th workshop on 3rd May to discuss progress to date in relation to the inspection framework. Prof Taylor was in attendance also offering reflections, guidance and encouragement to RQIA colleagues in utilising the model to underpin professional judgements about decision making. Senior inspectors facilitated presentations and discussions about the next stages of development. Mrs Nixon articulated the feedback on progress achieved and it was recognised that wider dissemination of the model would be included in future plans.

CPEA meeting: I attended a meeting on 18/4 with key representatives from CPEA, RQIA executive and senior staff and members to discuss how RQIA could engage in discussion about some core themes emerging from review. It was agreed that RQIA would be keen to participate in opportunities to reflect on and discuss the evidence base for the review, incorporating learning and contributing to future strategic direction of care for older people in N.Ireland.

IHRD workstreams: I have attended several meetings of the Board Effectiveness Group on 17/4 and 1/4 and 13/3. My contribution has focused on two subgroups : Board Effectiveness and RQIA. The work is moving forward and demonstrates the interconnectedness of the process as The Duty of Candour Group gave a presentation to the main worksteam on its definition of the concept, the implications for professional practice and the challenges faced. There is a website dedicated to providing progress reports on all nine workstreams and a regular news bulletin is produced also.

The RQIA subgroup was held in RQIA's premises and Jennifer Lamont provided an excellent presentation to subgroup about legal context for RQIA's role and functions as well as scope of regulatory duties.

NICON: I have attended the NICON Chairs Forum on 10/4 where Deborah McNeilly facilitated discussion about the new sponsorship ALB Code. She emphasised that the new 'Partnership between Departments and Arm's Length Bodies: NI Code of Good Practice' March 2019 would feed into discussions with ALB's relevant Sponsor Branch.

NICON conference is being held on 16 and 17 May and a special breakfast meeting on Duty of Candour for NED's in scheduled for 8-9 am on 17th.

The Governance and Leadership conference is scheduled for 27th November 2019.

NICON also facilitated a presentation on NI Budget Briefing held in Leadership Centre on 2/4/19. Details of the budget allocation were shared and provided some insight into the funding arrangements and challenges.

Additional Meetings were attended with BSO.

As part of participating in the IHRD workstreams, I have provided feedback on proposed SAI information leaflet which has been developed with service users.

Non-Executive Directors Attendance at Meetings: Dr Norman Morrow attended the IHRD Workstream 7, User Experience and Advocacy on 21 March 2019.


Mary McColgan

Acting Chair.

7/5/19

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	4
Reference	B/01/19
Author	Head of Business Support
Presented by	Head of Business Support
Purpose	The purpose of the corporate Risk Assurance Framework Report, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	There are currently six risks which sit on the Corporate Risk Assurance Framework Report. The Corporate Risk Assurance Framework Report was last reviewed by the RQIA Board in March 2019. A detailed change log is enclosed in the report.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Risk Assurance Framework Report.
Next steps	The next updated Corporate Risk Assurance Framework Report will be presented to the Board on 4 July 2019.

CORPORATE RISK ASSURANCE FRAMEWORK

Version Control:

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

INTRODUCTION

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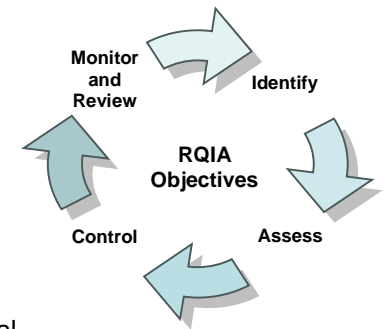
IDENTIFY

- What could go wrong?
- Ensure risks are structured
- What type of risk is it?
- What category is it?

- Use available documents, e.g. RQIA Strategy, Business Plan etc.
- **Strategic** – Financial, Information, Regulatory & Legal, Operational & Reputational
- **Operational** - Professional, Financial, Legal, Physical, Contractual, Technological, Environmental & Information

ASSESS

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

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

CONTROL

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

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

MONITOR AND REVIEW

2

- Are the controls effective?
- Have the actions implemented made a difference?
- Is further action required?

- Has the risk changed?
- Is there something new?
- Few risks remain static

- Existing risks may change
- New issues and risks may emerge
- New objectives or business actions may lead to new risks

EXECUTIVE SUMMARY

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

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

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

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

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

RISK SCORING MATRIX

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

Risk Log

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

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR1	Chief Executive	There is a risk that RQIA does not have the capacity (including financial resources, staff numbers, expertise, culture, risk tolerance, performance and capability) to deliver its organisational objectives and help the organisation improve.	• IIP accreditation; • Completion of appraisals and staff development plans; • Revised inspector recruitment procedures; • Active member of the Improvement Institute; • Membership of Q Community and Improvement Network NI; • Commencement of review of inspection methodology (regulated services); • Monthly monitoring meetings with BSO finance link person; • CP training delivered for all senior staff; • Quarterly meetings	• Staff vacancy, performance management and absence rates standing agenda item at weekly EMT; • EMT receive updates on local, regional and national improvement initiatives. • EMT and Board representation on project board of inspection review methodology; • Development of QI strategy; • Quarterly sponsorship meetings with DoH; • Monthly meetings between CEx & Head BSU and	L	M	M	• IIP re-accreditation; • Implementation of QI strategy; • Recruitment of QI officers; • Evaluation of RQIA transformation to date; • Updates on HR, finance and improvement activity to EMT and Board.	Chief Executive Director of Improvement Director of Assurance Head of Business Support	March 2020	Reviewed Quarterly

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

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
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Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR2	Chief Executive	There is a risk that RQIA does not demonstrate and evidence its performance and impact – when working individually and in partnership with others - against its agreed objectives in alignment with the Programme for Government.	• RQIA Business Plan and accompanying deliverables as described in directorate plans; • Corporate performance reporting; • Review of inspection methodology; • Comms and engagement strategy; • RQIA membership scheme.	• Links with critical friends in CQC & HIS; • MOUs with external stakeholders;	L	M	M	• RQIA reports included in review of inspection methodology; • Revised comms and engagement strategy.	Chief Executive Director of Improvement Director of Assurance	March 2020	Reviewed quarterly

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR3	Chief Executive	There is a risk that the public, HSC professionals, providers, DoH and politicians lose confidence in RQIA as the independent NI HSC regulator if we do not take appropriate action when evidence suggests it is necessary and the rational for our actions is not sufficiently clear.	•Comms and engagement strategy; •Membership scheme launched; •Enforcement Policy & Procedures; •Enforcement Decision Making process; •Use of social media.	• Feedback from stakeholders; • Media monitoring.	M	H	H	• Review of RQIA website; • Review of comms and engagement strategy; • Publication of stats and information bulletin for RQIA; • Principles of co-production embedded in all our work	Chief Executive

Head of Business Support | March 2020 | Reviewed quarterly |

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR4	Chief Executive	There is a risk that intelligent monitoring of the data and information supplied to RQIA fails to pick up the expected level of provider failure; and that RQIA does not use this monitoring to appropriately influence actions and provide an effective remedial response.	• Introduction of "state of the nation" reports; • Revision of concerns model on iConnect; • Implementation of RADAR.	• Introduction of safety huddles; • Assessment and evaluation of RADAR.	M	M	M	• Information team capacity increased with additional staffing; • Enhanced links with external data sources; • Roll out of safety huddle model across RQIA teams; • Extension of RADAR	Chief Executive Director of Improvement Director of Assurance Head of Business Support		

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR5	Chief Executive	There is a risk that inspection and review activity fails to pick up significant provider risk and failure and that RQIA does not act appropriately on the findings of this activity.	• Enforcement decision making policy and procedures; • Dedicated in-house solicitor for Neurology review work; • SCCG; • Duty desk; • Complaints guidance leaflet introduced.	• SCCG TOR and procedures revised and implemented; • iConnect concerns module revised to support duty desk.	M	M	M	• Review of inspection methodology to include enforcement decision making.	Chief Executive Director of Improvement Director of Assurance		

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
CR6	Chief Executive	There is risk of a cybersecurity incident which may result in RQIA's information, systems, and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3rd parties potentially causing significant business disruption and reputational damage.	• Technical infrastructure including security hardware (firewalls), security software, server/client patching, data and system back-ups, 3rd party remote secure access; • Policy and process controls; • User behaviours	• Self-assessment /substantive compliance against the Information Management Assurance Checklist; • SLA with BSO ITS to provide ICT service provision and security.	L	H	H		Chief Executive Head of Business Support		

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

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	Q4 Corporate Performance Report 2018-19
Agenda Item	4
Reference	B/01/19
Author	Board and Executive Support Manager
Presented by	Chief Executive
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21. The report presents a **cumulative** picture of corporate performance and summarises key achievements and issues.
Executive Summary	By the end of Quarter 4, 88% of the actions are delivered and 12% not delivered.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 1 will be presented to the Board on 4 July 2019.

RQIA Corporate Performance Report

2018-19

Quarter 4

January – March 2019

The Regulation and **Quality Improvement Authority**

Table of Contents

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 2019)

Traffic Light	Mar 2019	Actions that require exception reports
🔴	4	**Action 1.3** Fourteen of the twenty two identified actions arising from the internal review of Dunmurry Manor Care Home have been fully implemented as at the end of March 2019. Eight actions have not been delivered; three actions rely on a review of the 2003 Order and five actions have projects initiated to be completed during 2019/20.
🟠	0	
🟢	0	**Action 4.1** RQIA has recruited key posts (Deputy Directors) during 2018-19. However, RQIA continue to be challenged with delays in BSO recruitment arrangements in order to complete the Transformation, Modernisation and Reform framework. RQIA anticipates that new positions (Business Manager and Business Support Officers) will be advertised in the first quarter 2019/20. RQIA will seek to fill vacant posts (Administrators and Personal Assistants) during quarter 1 2019/20. A review of the administrative function in RQIA is planned for quarter 1 2019/20, with an expected report during quarter 2, 2019/20. **Action 4.5** We developed and implemented standards for telephony and set up systems for the handling of correspondence to the Chief Executive. However, the decision to move all admin tot eh BSU and the delays in recruiting a business manager and support staff impacted on achieving his target. The Head of BSU then commissioned a review of admin services and function from the HSC Leadership centre and this has commenced. The review will include customer service and will make recommendations in respect of best practice and training. The review is to be complete by the end of June 2019. **Action 5.9** Due to pressures on the Innovation Lab with other priorities, RQIA has deferred action 5.9 to 2019/20 and will be reflected in the quarter 1, Corporate Performance Report.
🔵		

Summary of Achievements

- A total of 2572 inspections were completed by the end of Quarter 4 which represents over 100% of year's scheduled inspections completed.
- 78 inspections were completed with lay assessor involvement by the end of Quarter 4.
- The RADaR database has been developed and is currently being piloted by the Care Homes Team. Work is ongoing on the development of the dynamic intelligence led model.
- The RQIA Membership Scheme was launched on 7 June 2018. The inaugural meeting was held in March 2019.
- An easy read report template has been developed and will be implemented across Domiciliary Care Agencies and Day Care Setting in April 2019.
- The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs. 208 separate information requests were responded to by the team between 01/06/2018 – 31/03/2019, 63% of which were responded to within one day. In May 2019, information team issued a customer satisfaction survey to 44 internal and external users.
- The Mental Health module of iConnect was launched in January 2019.
- During 2018-19, 24 (19.67%) members of staff left RQIA (including voluntarily, VES and retirement).
- During 2018-19, there was an average of 7.78% staff absence. The absence target for 2018-19 is 7.11%.

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.1 We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths. **Brag Rating:** Action delivered	Implementation of workstream 9 arising from the O'Hara report.				X	The independent assurance workstream is chaired by RQIA Chief Executive and co-chaired by the Director of Assurance. 60% of workstreams have presented their work plan to date to the assurance group.
Action 1.2 We will produce our first annual summary of the quality of services we inspected, audited and reviewed in 2017/18. **Brag Rating:** Action delivered	• First annual summary report of services we inspected, audited and reviewed				X	A self-service state of the nation reporting is now available by service type. A report for dental services has been created using this information and shared with Board members.

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.3 We will implement the steps outlined in our action plan arising from our internal review of steps taken in respect of Dunmurry Manor Care Home and consider recommendations made by the Commissioner in respect of actions arising for RQIA in the report of his investigation **Brag Rating:** 🔴 Not achieved	Implementation of the steps outlined in RQIA's action plan arising from our internal review of Dunmurry Manor				X	Many of these actions have been subsumed into the review of inspection methodology The Review of Inspection Methodology Programme was agreed at the March 2019 RQIA Board meeting, and the first Project Board meeting will be held on 22 May 2019. Background research is underway and the first three elements to be progressed are improved report formats, the use of information to inform scheduling and decision-making. The Dunmurry Manor Care Home Action Plan remains in place in the Assurance Directorate with fourteen actions completed to date.
Action 1.4 Where we identify gaps in the quality of services in care homes, we will support improvement, for example by providing or signposting to best practice guidance. **Brag Rating:** 🔵 Action delivered	Number of RQIA initiatives for supporting improvement to overcome gaps identified in the quality of services which RQIA inspects				X	Three Medicines Management Workshops to Care Home Providers were delivered in partnership with the NICE Implementation Facilitator for Northern Ireland. We continue to work seek opportunities to work with the NICE Implementation Facilitator for NI to increase awareness of NICE resources for the regulated sector. The information team is working to analyse requirements and recommendations a view to ascertaining key areas in which to focus for future projects. Providers have been notified that links are available on our website to IDDSI in relation to Adult Swallowing Difficulties.

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.1 We will develop and quality assure a range of relevant risk factors to inform the targeting of resources to nursing and residential home inspections. **Brag Rating:** Action delivered ●	• Complete detailed quality assurance on the 8 data sources identified as part of the Dynamic Data Workstream for RADaR • Complete a pilot using the above data sources in order to try and predict risk as set out in the RADaR model				X	NI Ambulance Service (NIAS) data and Hospital Admission Data have been evaluated and summary reports produced. The NIAS data has been used to produce a stand-alone report with analysis of the ambulance calls from nursing & residential homes during 2017/18. This has been shared with the HSC Trusts as a joint NIAS-RQIA publication. Information team will meet with the Care Homes team to discuss what information extracted from the NIAS data will best serve their intelligence needs. Once agreed, work will commence to establish a regular process for receipt of the data and to explore the possibility of recording on iConnect. There are a number of data quality issues with the hospital admission data and as such quality assurance is ongoing. Whilst an initial extract of data from the GP NHAIS system has been obtained, unfortunately there were a number of concerns over the data quality. As such we are not in a position to use the data at this stage. However, we are continuing to review the data, and other alternative options are also being explored. A preliminary analysis of RADaR risk scores was presented at an inspector workshop on 5 November 2018. Data collection will continue in 2019-20 with the database having been updated and developed further to also allow for recording of outcomes of the 3 monthly dynamic review element of RADaR.

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.2 We will ensure information collected centrally within RQIA is fit for purpose and delivers a consistently high standard of timely and appropriate analysis. **Brag Rating:** ● Action delivered	• Develop self service capability for validation, performance and quality reports • Deliver training in the use of self-service reporting			X X		The self-service reporting template is now in use within the Nursing, Residential and Independent Healthcare teams. The report will be introduced to the Children's Team in Quarter 1, 2019/20 A 'State of the Nation' report has been developed and tested, and will be introduced to teams in April/May 2019. This report is service type specific and will provide information on registrations, inspections, notifications and areas of improvement in services over a 5 year period. In addition to iConnect dashboards, a self-validation report will be developed in 2019/20 to enable staff to identify errors recorded on iConnect, and information outstanding or missing. This report is expected to be completed by the end of Quarter 2 2019/20.
Action 2.3 We will publish an annual summary of high level statistical information in relation to the regulatory activities carried out by RQIA. The publication will be in line with official statistics guidance and as such we will seek national statistics accreditation. **Brag Rating:** ● Action delivered	• Produce an agreed draft publication using information for the 2017/18 year by the end of 2018/19				X	The summary report has been collated by the information team and is currently undergoing final formatting with the communications team. It is anticipated to be finalised by the end of May 2019. A summary report of RQIA regulatory activity was also completed by the end of Quarter 4 in relation to the completion of our regulatory requirements. 100% of our inspections were completed at end of Q4.

STRATEGIC THEME 2 Use sources of information effectively						
Action	**Measures**	**Delivery**				**Performance**
		Q1	Q2	Q3	Q4	
Action 2.4 We will ensure that the work of the Information Team is in line with the Northern Ireland Statistics and Research Agency (NISRA) and Department of Health standards. **Brag Rating:** ⬤ Action delivered	• Information Team Business Plan to be incorporated within the NISRA DoH Business • Deliver training to the information team on DoH and NISRA standards Plan	X			X	The RQIA Information Team Business Plan has been incorporated within the NISRA DoH Business Plan. Refresher training in the National Statistics Code of Practice has been undertaken by the NISRA statistician/Head of Information and disseminated to the team.

STRATEGIC THEME 3

Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.1 We will increase the profile of RQIA with the public. **Brag Rating:** 🔵 Action delivered	Number and % of people who were surveyed in the Household Survey that are aware of RQIA's role and responsibilities			X		A number of questions in relation to the public's perception of RQIA's role and responsibilities were incorporated in to the (NISRA) Continuous Household Survey during 2017/18 and will be repeated in 2019/20. Results from the NISRA Survey were received at the end of September, they show that 32% of people surveyed were aware of RQIA, 27% were aware of RQIA's registration and inspection of HSC services function, 22% were aware of RQIA's responsibilities in relation to people with mental ill health or learning disabilities and 24% were aware of RQIA's responsibilities for carrying out investigations/reviews of HSC services. Further analysis by sex, age group and geographical areas has also been analysed. A stakeholder sentiment analysis was conducted on behalf of RQIA which has facilitated monitoring of the communication strategy.
Action 3.2 We will launch a membership scheme to involve service users, families and carers in our work. **Brag Rating:** 🔵 Action delivered	Successful launch of RQIA Membership Scheme			X		The Membership Scheme was launched on 7 June 2018. During Quarter 1 we asked for volunteers to join the scheme with a view to an event or series of events in the autumn to co-produce terms of reference and a work-plan for the group. At 31 December 2018, 71 people had signed up to RQIA's membership scheme. In Quarter 3 members will be invited to attend focus groups to develop and co-produce terms of reference and a work-plan for the group. This may include developing accessible information and guidance for members of the public; accessible report formats; and seeking views on other areas/issues that we should focus upon. During quarter 4, held its inaugural with the Membership Scheme forum, where we discussed how engage the public in our work; improve the accessibility of our reports to ensure they help to support the public when making choices about health and social care services; and how we can improve our website

STRATEGIC THEME 3

Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.3 We will actively develop partnerships with academia and service improvers to enhance our processes and procedures. **Brag Rating:** ⬤ Action delivered	• Analysis of RQIA's active involvement with academia and service providers • Number of inspections completed with student nurses involvement				X	RQIA has been engaging with Professor Brian Taylor (Ulster University), on the development and implementation of 'RADaR'. RQIA delivered a presentation on RADaR at the University of Ulster DARE Conference, on 3 July. RQIA has also met with representatives from the Association for Real Change (ARC), Independent Health and Care Providers (IHCP) for the purposes of information sharing and planning partnership working events. RQIA supported ARC at an event for registered Managers on 27 November focusing on monitoring quality across a range of social care settings. A training programme on rights of children has been developed with Queens University Belfast and the RQIA Children's Team which has been delivered in November. In Quarter 2, RQIA facilitated one week placement for two open university student nurses, 23 – 27 July 18. As part of this placement, two dental inspections were completed with student nurses involvement, 25 and 26 July 18. RQIA participates in HSC training days (to include infection prevention and control link nurse study days, Band 6 and 7 leadership study days). At the end of Quarter 3, four presentations were given, two to the Belfast (26 September 18, 21 November 2018) and one each to Northern (25 May 2018) and Southern Trust (25 September 2018). We contributed to five workshops with the HSC Quality Improvement Alliance (QIA) to support care home transformation,
Action 3.4 We will work collaboratively to report on the lived experience of users of health and social care. **Brag Rating:** ⬤ Action delivered	We will work with a range of representative groups to best assess lived experience.				x	In Quarter 3 RQIA engaged with the Voice of Young People in Care organisation (VOYPIC) to increase user involvement in children's homes inspections. Currently VOYPIC are preparing a plan which will include the recruitment of an intern who will oversee the training and induction of a team of ex care experienced young people (sessional workers) to assist in the inspection of children's services. In Quarter 4, RQIA agreed a proposal to work with VOYPIC and work is currently underway to recruit an intern. We will avail of information gathered by the 10,000 voices project relating to lived experience in Nursing Homes. This will be reported on when it is available.

STRATEGIC THEME 3 Engage and involve service users and stakeholders					
Action	**Measures**	**Delivery**			**Performance**

Action	Measures	Q1	Q2	Q3	Q4	Performance
Action 3.5 We will increase the involvement of lay assessors in our work programmes. **Brag Rating:** 🔵 Action delivered	Meaningful lay assessor involvement to increase in all work programmes				X	The target for 2018/19 is 70 inspections to include a lay assessor. During 2018-19, 78 inspections have been carried out with a lay assessor present: 48 at a nursing home; 25 at a residential care home; 4 within a MHLD service; and one as part of an independent health care inspection. Four lay assessors have been used across 10 days of inspection (11 – 25 October 2018) to HSC Outpatient Department services, as part of the inspection element of the DoH Commissioned Review of Governance Arrangements in Outpatients Services in the Belfast Trust.

STRATEGIC THEME 4				
Deliver operational excellence				
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.1 We will implement the actions set out in our Transformation, Modernisation and Reform framework. **Brag Rating:** Not delivered 🔴	Implementation of the actions set out in our Transformation, Modernisation and Reform framework				X	During 2018/19 we submitted job descriptions for a Business Manager (band 7), Business Support Officers (band 5) for banding to BSO Human Resources. A job description for the Inspector Assistant role has been submitted for banding during quarter 4. We submitted amendments to BSO Human Resources in relation to the RQIA Organisational Structure on HRPTS in order to advertise new positions. This is out with RQIA's control. All new job roles will be advertised during quarter one of 2019/20, when BSO Human Resources revise the organisational structure. . A paper was brought to the RQIA Board in March 2019 regarding the Project Board for the new inspection methodology for regulated services. A meeting date has been agreed for May 2019.
Action 4.2 We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform. **Brag Rating:** Action delivered 🔵	Implementation of the RQIA Organisational Development Plan				X	Senior staff have been offered opportunities for development including a CLM Level 7 course in leadership (2 staff), an executive development programme at QUB (1 staff), the Scottish Improvement Leader Programme (1staff) and the Leadership centre regional development programme (1 staff). Feedback will be collated to determine the most appropriate course or mix of courses for RQIA staff development. A planning day has been arranged with administrative staff in the Business Support Unit to develop an admin development plan for 2019/20.
Action 4.3 We will develop and implement a charter of RQIA's vision and values **Brag Rating:** Action delivered 🔵					X	RQIA recently revised its vision and values to define our culture and capture what we do when we are at our best, however when available RQIA will adopt the launch of the regional values framework. This will be completed during 2019/20.

STRATEGIC THEME 4

Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.4 We will develop and implement a suite of customer service standards. **Brag Rating:** 🔵 Action delivered	Development and implementation of a suite of customer service standards				X	During Quarter 1 a benchmarking exercise was undertaken to ascertain customer service standards in comparable organisations. Internal standards were issued in respect of telephony and duty calls. New systems for the quality assurance of correspondence have been put in place.
Action 4.5 We will align our range of provider guidance to ensure it reflects our vision, values and commitment to customer service. **Brag Rating:** 🔴 Not delivered	Aligned provider guidance which reflects our vision, values and commitment to customer service				X	This exercise will follow on foot of the development of customer service standards. This has been deferred to 2019/20
Action 4.6 We will pilot the risk-adjusted, dynamic and responsive (RADaR) model designed in 2017/18 to support a risk-based, intelligence-led approach to inspection planning for care homes and other services. **Brag Rating:** 🔵 Action delivered	Pilot and review RADaR with Nursing and Residential Care throughout 2018/19				X	Data from the Scaled Inspection Tool which was completed at all primary inspections in 2018-19 has been collated within a custom pilot database. Inspectors were also asked to complete a proposed timescale for the next inspection which allows for the modelling of future inspection frequencies and workload. Collection of data will continue in 2019-20 and also include the addition of dynamic review of RADaR. Inspectors will review data from the self-service report 3 monthly (or earlier in response to incoming intelligence) and record the outcome of these reviews on the pilot database against the latest risk score for the service.

STRATEGIC THEME 4						
Deliver operational excellence						
Action	**Measures**	**Delivery**				**Performance**
		Q1	Q2	Q3	Q4	
Action 4.7 We will improve the quality of our reports so they are meaningful, accessible and useful to all stakeholders. **Brag Rating:** ● Action delivered					X	A project is underway to test in day care and domiciliary care agency, inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs. The project has involved service users, staff and inspectors and feedback from these groups supports the need for RQIA to review the accessibility of inspection reports. Through co-production, a range of 'easy read' report template and other information about RQIA for service users who have communication needs was finalised in March 2019 for implementation in 2019/20 inspection year.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.1 We will exercise the Authority's powers to support and drive improvement in the services we inspect, review and audit **Brag Rating:** Action delivered					X	RQIA contributed to an Association for Real Change (ARC) workshop involving registered managers of services to develop a regional quality monitoring template for the completion of monthly reports. RQIA have initiated a project to review the inspection methodology; developed safety huddles (currently testing with care homes team) with a spread plan for quarter 1; RQIA are a member of the HSC QIA; there are regular liaison meetings with HSC Directors, and Trust Chief Executives. Bi-annual meetings are arranged with IHCP. RQIA provided a presentation at three workshops on Medicines Management with NISCC between January and March 2019.
Action 5.2 We will provide advice to the Department of Health on proposed policy and legislation affecting the regulation or quality of health and social care. **Brag Rating:** Action delivered					X	Three number of article four letters were issued to the DoH. RQIA, through quarterly liaison meetings with the DoH, advise and update DoH on all aspects of health and social care. The Chief Executive meets professional leads in the DoH on a quarterly basis to update and share information relating to the sector. A paper was prepared and shared highlighting the gap in service provision for young people requiring accommodation in unregistered accommodation. The 2018/2019 Review Programme has undergone re-prioritisation during 2018/2019 due to emerging reviews, commissioned by the DoH. Four thematic reviews are currently underway, with a further six review reports undergoing quality assurance.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.3 We will meet our statutory requirements in respect of the regulation, inspection, review and audit of health and social care. **Brag Rating:** ● Action delivered	• % of planned inspections, reviews and audits completed by year end				X	We planned to complete 2011 inspections in order to meet the statutory minimum in the regulated sector. We completed 2572 inspections by 31 March 2019 to include the regulated sector, MHLD and unregulated services (boarding department, residential family centres, young adult support accommodation and a voluntary adoption agency). Areas of improvement identified across the sector related to staffing and governance arrangements. Individual regulated services found areas for improvement in management of medicines, health and welfare of residents and care plans. 21 inspections have been carried out to HSC acute services. These include a one day re-audit to Causeway Hospital and a 10 day inspection to the Belfast Trust Outpatients Departments, as part of the Review of Governance Arrangements in Outpatients Services in the Belfast Trust. Five additional inspections were carried out to support regulated services. 29 of inspections was carried out to Mental Health and Learning Disability Hospitals this year including: Muckamore abbey Hospital, Gransha Hospital, Ward 27 in Downeshire Hospital. 1082 inspections were carried out to the independent sector, including dentists, medical agencies, hospitals and hospices.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.4 We will manage our resources effectively to ensure that we operate within allocated budget, operating within a breakeven tolerance where a deficit is not permissible and a surplus cannot exceed £20k. **Brag Rating:** ● Action delivered	• Produce the 2018/19 annual fee schedule and forward to BSO Finance in a suitable format to allow creation of invoices completed • Produce end of quarter pro-rata fee schedules and forward to BSO Finance in a suitable format to allow creation of invoices – ongoing (to be completed by year end) • Assist BSO Finance in recovering 98% of 2018/19 fee income by year end (ongoing) • Achieve Break even		X		X X X	The 2018/19 annual fee and quarter 1 pro-rata schedules were approved and forwarded to BSO Income for processing in July 2018, with quarter 2 invoices processed & issued in November 2018, quarter 3 in January 2019 & quarter 4 in March 2019. 2018/19 invoices have been issued to all providers. As at 31 March, over 99% of the 2018/19 income had been recovered and therefore our target was met. A small number of outstanding debtors will be referred to the operational teams for decision. RQIA staff restructuring has commenced following the outcome of the Workforce Review carried out in 2017/18 and as a result a number of posts have or will be advertised in the coming months. RQIA achieved break-even at the end of March 2019.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.5 We will adopt a targeted, proportionate and responsive approach to our programme of inspection, audit and reviews. **Brag Rating:** Action delivered					X	In addition to the regulated services where 'RADaR' is being piloted, RQIA continues to plan inspections and respond to concerns in a manner that is targeted and proportionate. A range of regulatory interventions are used to drive improvements in services including enforcement activity, signposting and compliance monitoring. We will hold a further workshop in May 2019. We have reviewed our approach to inspection of Neonatal and Critical Care areas. At the end of Quarter 4 we had met with both the DoH and relevant Clinical Networks to engage take forward a collaborative self-assessment and risk based approach to inspection. We have continued to review and re-prioritise our Review Programme to meet additional requests from the DoH for commissioned reviews. This has been discussed with DoH at Bi-monthly meetings on 26 September 2018 and 6 November 2018 and 11 January 2019 8% of the inspections carried out by RQIA during 2018/19 were partially or fully completed out of hours. The percentage was higher for certain service types, namely nursing homes (13%), residential care homes (11%) and children's homes (28%). 82.5% of the inspections carried out by RQIA were either Primary or Secondary inspections, with the remaining 17.5% completed for other reasons (including registration visits). 6% of inspections were either Follow ups, Enforcement Monitoring, Other Intelligence, PEI or Whistleblowing.
Action 5.6 We will develop and foster strategic alliances with other regulators and improvers. **Brag Rating:** Action delivered					X	Bi-annual liaison meetings are held between RQIA and the Northern Ireland Commissioner for Children and Young People (NICCY). RQIA met NICCY to exchange information around issues of mutual interest in respect of children's services in Northern Ireland. Two Memoranda of Understanding (MoUs) were signed off with the Northern Ireland Social Care Council and the Fire and Rescue Service and draft MoUs were sent to ETI, HSENI, SBNI and NIHE for approval. RQIA has regular liaison meeting with DoH, HSCB, trusts etc. All objectives outlined in the engagement plan have been achieved.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Q1	Q2	Q3	Q4	Performance
Action 5.7 We will recognise and share examples of good practice where we find it. **Brag Rating:** Action delivered					X	RQIA has shared good practice through workshops with providers on preparing for winter (x2); medicines management (x3) and raising awareness of human rights in residential homes and across the sector (x2).
Action 5.8 We will continue to actively participate in the work of HSC Quality Improvement. **Brag Rating:** Action delivered					X	RQIA is a member of the HSC Quality Improvement Alliance. The aim of the HSC QIA is to be recognised internationally, but especially in Northern Ireland as a leader of excellence in HSC. As a member, our role is to shape a dynamic network from what is known and from experiences. RQIA's Director of Improvement participates in meetings of the Design Collaborative progressing work of the Improvement Institute/System. We continue to use peer reviewers as part of inspection to HSC service. This supports the collaborative work and quality improvement across the region. We used have used 12 peer reviewers on inspections.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.9 We will work in partnership with the Innovation Lab to improve our engagement with users of health and social care services. **Brag Rating:** Not delivered 🔴					X	Due to pressures on the Innovation Lab, this has been deferred to 2019/20.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.10 We will deliver a minimum of (12) engagement events with providers of health and social care services. **Brag Rating:** ● Action delivered					X	During 2018-19 we delivered 18 events for service providers. From September to November we held five workshops across Northern Ireland to support care home providers and domiciliary care services prepare their services for the winter, in partnership with RCN, PHA, NI Ambulance Service and Multiagency Emergency Preparedness groups. We also held five workshops on medicines management, with input from NICE. RQIA's Mental Health and Learning Disability team held a stakeholder involvement workshop with service providers and managers. In December, we held a radiation safety workshop involving all trusts and independent organisations. Our workshop focused on the changes within the new Ionising Radiation (Medical Exposure) Regulations which came into operation in February 2018. We held a workshop involving all independent hospitals and hospices, to share information in relation to our revised inspection methodology, which will be implemented from January 2019. The providers were positive with respect to the new approach. In particular moving from an inspection process which was focused in the main on nursing care and practice, to one which is more multi-disciplinary in its approach. During January to March, RQIA held three joint workshops with NISCC and PHA for domiciliary care services relating to medicines management and frailty. We also held a joint workshop for mental health providers with the Royal College of Psychiatrists; and two joint human rights training workshop with the Independent Health and Care Providers for their members.
Action 5.11 We will implement Phase II of the project to integrate MHLD systems into iConnect. **Brag Rating:** ● Action delivered	• % of milestones successfully delivered on target				X	100% of milestones were successfully delivered on target. The iConnect MHLD information module went live on the 2 January 2019 as planned. All current risks have been assessed as low. The MHLD team are being supported by the development during the early implementation phase. The project closed down on 31 January 2019. Standard reporting and dashboard development is ongoing.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.12 We will implement and oversee central monitoring of all statistical information requests. **Brag Rating:** Action delivered ●	• Develop a database to record details of information requests including customer details, type of request and time taken to collate • Use the database to record all requests for information and review the information regularly at information team meetings.				X	The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs. A total of 208 separate information requests have been logged onto the database, The information team continues to review and discuss ongoing information requests at our bi-monthly team meetings. Information team will undertake an information request user's satisfaction survey during quarter 1 2019/20.
Action 5.13 We will develop strategic alliances with other organisations to promote the use of information collected and analysed internally within RQIA and work collaboratively where we can **Brag Rating:** Action delivered ●	• Attend and provide input to the Regional Strategic Information Group • Attend and provide input to Regional NMC Analyst Network Meetings				X	RQIA have been represented at all ISB meetings to date and have had input to the now agreed terms of reference for the group. RQIA have attended 3 meetings of the UK Healthcare Regulators Analyst Network to share best practice in data analysis with other UK Healthcare Regulators including CQC, HIW, NMC, GDC, GMC, HIS. RQIA information team facilitated a visit from HIW in November to share best practice RQIA attended the Northern Ireland launch of the Association of Public Healthcare Analysts (AphA) and have been allocated two funded memberships by the Information Standards Board. In Quarter 4, the Assistant Director for Care Homes attended the Regional Emergency Contingency Planning Group in respect of Brexit Planning.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.14 We will improve how we do our business to ensure that people trust and use our reports of inspection, audits and reviews to make informed choices and decisions about health and social care services. **Brag Rating:** ● Action delivered					X	RQIA produced a video called 'Geraldine's Story' where Geraldine shared her experience of finding a nursing home for her husband who was living with dementia. RQIA implemented all actions from the engagement strategy and plan. RQIA, in partnership with other organisations delivered presentations at workshops to the regulated sector. RQIA revised the corporate documents and guidance leaflets for use on all inspections during 2018-19. Location maps for care homes have been developed and shared with stakeholders (i.e. DoH & HSCB).

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	Standing Orders Review
Agenda Item	6
Reference	D/01/19
Author	Board and Executive Support Manager / Denis Power
Presented by	Chief Executive / Denis Power
Purpose	The purpose of this paper is to present a full revised version of Standing Orders to Board members.
Executive Summary	A review of the Standing Orders has been completed following approval of the Management Statement / Financial Memorandum in November 2019.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Standing Orders Review.
Next steps	The revised Standing Orders will be uploaded to RQIA website.

Regulation and Quality Improvement Authority

Standing Orders

April 2019

Contents

Foreword

The Standing Orders as outlined in this document provide the framework for the management and operation of the Regulation and Quality Improvement Authority (RQIA). They seek to ensure the maintenance of public service values and high standards of personal conduct of RQIA Board members, Executives, Management and staff and require to be strictly adhered to

The Standing Orders taken together with the combined Management Statement and Financial Memorandum (MS/FM) October 2018, as issued by Sponsor Branch, outline the terms and conditions in respect of the exercise of any individual functions, powers and duties of RQIA.

The MS/FM document sets out the broad framework within which RQIA will operate, as follows;

- RQIA's overall aims, objectives and targets in support of the Department's (DOH) wider strategic aims and the targets contained in the Programme for Government (PfG);
- The rules and guidelines relevant to the exercise of RQIA's statutory duties, functions and powers;
- The conditions under which any public funds are paid to RQIA; and
- How RQIA is to be held to account for its performance.

Both documents support Corporate Governance in RQIA, which is the system by which RQIA as an Arms-Length Body (ALB) of DOH, is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.

A robust internal control framework and a strong risk management culture ensure risks are effectively managed in RQIA. The documents fulfil the dual role of protecting RQIA's interests (ensuring, for example, that all transactions maximise the benefit to the public purse) and protecting Board members, Executives, Management and staff from any possible accusation that they have acted less than properly (provided of course that Board members, Executives, Management and staff have followed the correct procedures outlined in them).

Good governance demands that the Standing Orders and associated documents are rigorously adhered to. RQIA will ensure that this framework is communicated to everyone from Board members Executives and Management to the most junior of staff, to develop awareness and knowledge of the content, the range of coverage and how to access the instructions and guidance contained in them.

These updated Standing Orders were authorised for use by RQIA by the Board at its meeting on 16 May 2019

_____   _____
Professor Mary McColgan   Olive Macleod
Acting Chair   Chief Executive

16 May 2019

Glossary of Terms

Save as permitted by law, at any meeting the Chairperson of the Board shall be the final authority on the interpretation of Standing Orders (on which he / she shall be advised by the Chief Executive.

Any expression to which a meaning is given in the 'Interpretation' at Article 2 of the HPSS Quality, Improvement and Regulation (NI) Order 2003 shall have the same meaning in this interpretation and in addition:

"Accounting Officer" shall be the HSC manager responsible and accountable for funds entrusted to the Board. He / she shall be responsible for ensuring the proper stewardship of public funds and assets. For RQIA this shall be the Chief Executive as specified by the Permanent Secretary as Accounting Officer of DoH.

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

"Board" shall mean the Chairperson, and Board members, appointed by the Minister for DoH.

"Board and Executive Support Manager" means a person appointed by RQIA to have responsibility for the administration of Board Meetings.

"**BSO**" is the Business Services Organisation

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

"Chairperson" is the person appointed by the Minister to lead the Board and to ensure that it successfully discharges its responsibility for RQIA as a whole. The expression the 'Chairperson of the Board' shall be deemed to include the member of the Board deputising / acting for the Chairperson if he / she is absent from the meeting or is otherwise unavailable.

"Chief Executive" means the chief executive officer of RQIA.

"Clinical and social care governance" is about organisations taking corporate responsibility for performance and will provide guarantees for the standards of clinical and social care. It is the framework within which HSC organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.

Clinical and social care governance will help those planning and delivering services to identify and build on good practice; to assess and minimise risk of untoward events; to investigate problems as they arise and to ensure that lessons are learnt. It will help professionals by ensuring that lifelong learning through continuous professional development is addressed by and within their organisation.

"Committee" shall mean a Committee created by the Board.

"Committee members" shall be persons formally appointed by the Board to sit on or to chair specific Committees.

"Department" means the Department of Health.

"Deputy / Acting Chairperson" means a member who may be appointed by the Board to take on the Chairperson duties if the Chairperson is absent for any reason.

"DoH" is the Department of Health.

"Director" is the term applied to managers who report to the Chief Executive who are responsible for discrete areas of the work of RQIA.

"Directorate" is the term applied to the discrete areas of the work of RQIA managed by the Director

"Executive Team (EMT)" means the Chief Executive and Directors.

"Member" shall mean persons appointed by the Minister to RQIA Board but does not include the Chairperson.

"Minister" is the Minister responsible for DoH.

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

"Officer" shall mean an employee of RQIA. In certain circumstances, officer may include a person who is employed by another HSC organisation or by a third party contracted to RQIA who carries out functions on its behalf.

"Order" shall mean the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

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

"Public" means any person who is not a Board member or a member of staff servicing the Board meeting and shall include any person with the status of observer.

"RQIA" is the Regulation and Quality Improvement Authority.

"Sponsor Branch" means the Quality, Regulation, Policy and Legislation Branch in DoH which acts as the primary point of contact for RQIA

"Senior Management Team (SMT)" means the Chief Executive, Directors and Senior Management (Officers) as nominated by the Chief Executive

"SFIs" shall mean Standing Financial Instructions.

"SOs" shall mean Standing Orders.

"Virement" is the transfer of funds between budgets.

Standing Order One: Management Arrangements

1.1   Statutory Framework

1.2   Roles and Responsibilities

1.3   Accountability Framework

1.4   Governance Framework

1.5   Financial Performance Framework

1.6   Delegation of Powers

Standing Order One: Management Arrangements

1.1 Statutory Framework

The Regulation and Quality Improvement Authority (RQIA) is a body corporate, which came into existence on 1 April 2005. It was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The Order provides that RQIA has overall responsibility for monitoring and regulating a wide range of health and social care services delivered by, or on behalf of, Health and Social Care (HSC), and for monitoring the quality of care in the HSC. In particular:

Article 3 of the Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 established the Northern Ireland Health and Personal Services Regulation and Improvement Authority. This was formally renamed as the Health and Social Care Regulation and Quality Improvement Authority (RQIA) in accordance with Article 1 (2) of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

On the implementation of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (1 April 2009) the RQIA became responsible for carrying out the functions undertaken by the Mental Health Commission (MHC) as outlined in the Mental Health (Northern Ireland) Order 1986.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 makes provision for the duties and responsibilities of the RQIA. These can be summarised as 3 main aims:

a) Keeping the Department informed about the overall state and provision of health and social care services, and in particular, about their availability and their quality.

b) Encouraging improvement in the quality of services by conducting reviews of health and social care organisations' clinical and social care governance arrangements against quality standards; and thematic and service reviews; and specific investigations as directed by the Department.

c) Regulation of relevant establishments and agencies.

Article 25 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 made provision for the functions of the Mental Health Commission to be transferred to the RQIA. The combined powers and functions of the RQIA following this change built upon the functions set out in Article 86 of the Mental Health (Northern Ireland) Order 1986 and included:

a) Retention and further development of a focus on the individual and the rights of service users and carers under the current functions of the MHC whilst incorporating the powers of enforcement and improvement on organisations under the Health and Personal Social

Services Quality, Improvement and Regulation (NI) Order 2003.

b) Promotion of multi-professional and lay working in a manner not available to the MHC through the RQIA's programme of inspection and governance reviews.

c) Placement of an additional emphasis on the promotion and sharing of good practice across services.

d) Creation of an opportunity for wider promotion of mental health, advocacy, service user and carer engagement.

1.2   Roles and Responsibilities

RQIA is the registration authority responsible for formally approving and granting registration to persons or establishments or agencies providing or managing eligible services. Minimum care standards to be introduced by the DOH ensure that service providers have a benchmark against which to measure the quality of their services. Registration, inspection and enforcement are to be carried out to consistent standards across Northern Ireland by RQIA, with statutory and independent sector services treated the same way.

RQIA has a major role to play in encouraging improvement in the quality of services commissioned and provided by HSC and other organisations. It is to promote a culture of continuous improvement and best practice through clinical and social care governance arrangements monitoring and inspection/review.

Where serious and/or persistent clinical and social care governance problems come to light, it has a key role, in collaboration with other regulatory and inspectoral bodies, to play in the investigation of such incidents and works with these bodies and service providers to ensure that appropriate remedial and preventative action is taken.

It has a duty to report to the DOH on the provision of services, their availability and on the quality of care provided by HSC and other organisations delivering health and social care services.

As a statutory body, RQIA, subject to any directions given by the DOH, may do anything it considers necessary in the exercise of its functions and, in particular, to co-operate with other public authorities in the United Kingdom, acquire and dispose of land or property and enter into contracts in its own name.

RQIA Board comprises a Chairperson and other Non-executive members appointed by the Minister. The Chief Executive is a member of RQIA's staff and is responsible for the general exercise of its functions. The job descriptions of the Chairperson, Board members and the Chief Executive and an organisational chart are attached at Appendices A, B, C and D. RQIA may delegate its functions to a committee, sub-committee, member, members of

staff or any other person.

The principal place of business of RQIA is at:

9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

1.3 Accountability Framework

The Management Statement and Financial Memorandum (MS / FM) drawn up by the DOH in consultation with RQIA (October 2018) sets out a framework covering the operations, financing, accountability and control for RQIA. The main provisions are summarised below:

- **The Minister** is accountable to the Assembly or Parliament for the activities and performance of RQIA and his/her responsibilities include approving its strategic objectives, reporting on its performance to the Assembly, approving and securing funds for it, making appointments to the Board;

- **The Permanent Secretary DOH**, as the Departmental Accounting Officer, is accountable to Parliament for the funds provided to RQIA and designates the Chief Executive as RQIA's Accounting Officer (if he/she believes that the incumbent is no longer suitable for this role, the designation may be withdrawn);

- **The Quality, Regulation, Policy and Legislation Branch (Sponsor Branch)**, under the guidance of the Chief Medical Officer DOH, acts as the primary point of contact for RQIA. Sponsor Branch determines the RQIA's performance framework in light of the Programme for Government (PfG), the Department's wider strategic aims, and current PfG objectives, expected outcomes and targets. The key targets, standards and actions to be delivered by the RQIA are set out in its Corporate Strategy and Annual Business Plan;

- **The Chairperson** of RQIA is accountable to the Minister and ensures that RQIA's policies and actions support the wider strategic policies of the Minister and that its affairs are conducted with probity. In addition, he/she shares the corporate responsibilities of the Board with the other Board members and has a particular leadership responsibility on the following matters:

  - the Board's role in the formulation of RQIA's Corporate Strategy;
  - ensures the RQIA Board, in reaching decisions, takes proper account of guidance provided by the Minister or the sponsor Department and complies with directions issued by the Department and any requirements communicated to RQIA by the Department;

- o promotes the efficient, economic and effective use of staff and other resources;
- o encourages and delivers high standards of regularity and propriety;
- o represents the views of the RQIA Board to the general public;
- o ensures the RQIA Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate takes account of the views of individual RQIA Board Members and advice provided by the Chief Executive and members of the Executive Team;
- o ensures the dates of public Board meetings are advertised on the RQIA website.
- o ensures a Code of Practice for Board Members enshrining the Nolan 'seven principles of public life' is in place;
- o completes annual appraisals for all Non-Executive Directors.

- **RQIA Board** has corporate responsibility for ensuring that the aims and objectives set by DOH and approved by the Minister are fulfilled and promote the efficient, economic and effective use of staff and other resources as follows;

  - o appoint with Sponsor Branch's approval a Chief Executive to RQIA and in consultation with Sponsor Branch, set performance objectives and remuneration terms linked to those objectives, which give due weight to the proper management and use of public funds;
  - o work closely with the RQIA Chief Executive to establish the overall strategic direction of the RQIA, within the policy and resources framework determined by the Minister, the Department and Sponsor Branch;
  - o constructively support and challenge RQIA's executive team in their planning, target setting and delivery and reporting of performance;
  - o ensure that Sponsor Branch is kept informed of any changes which are likely to impact on the strategic direction of RQIA or on the attainability of its targets, and determine the steps needed to deal with such changes;
  - o ensure that any statutory or administrative requirements for the use of public funds are complied with and operates within the limits of its statutory authority and any delegated authority agreed with Sponsor Branch in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the RQIA Board takes into account all relevant guidance issued by Department of Finance and the Department;
  - o receives and reviews regular financial information concerning the financial management of RQIA; is informed in a timely manner about any concerns about the activities of RQIA; and provides positive assurance to Sponsor Branch that appropriate action has been taken on such concerns;
  - o maintain high standards of corporate governance at all times,

including the establishment of an independent Audit and Risk Committee, to oversee the key financial and other risks facing RQIA;

- **Non-Executive Board Members** shall act in accordance with their wider responsibilities as Members of the RQIA Board – namely to:

  o comply at all times with RQIA standing orders which seek to ensure the maintenance of public service values and high standards of personal conduct of board members
  o comply with the rules and guidance relating to the use of public funds and to conflicts of interest;
  o subscribe to the Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies
  o not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations; and to declare publicly and to the RQIA Board any private interests that may be perceived to conflict with their public duties;
  o comply with the RQIA Board's rules on the acceptance of gifts and hospitality, and of business appointments;
  o act in good faith and in the best interests of the RQIA.

- **The Chief Executive** is responsible for the day-to-day operations and management of RQIA. The Chief Executive is designated as RQIA's Accounting Officer and is accountable to the Permanent Secretary of the DOH. The Accounting Officer is personally responsible for safeguarding the public funds for which he/she has charge and for ensuring propriety and regularity in the handling of those public funds. In addition, RQIA's Accounting Officer, exercises the following responsibilities:

Planning and Monitoring -

- establishes, with approval of Sponsor Branch RQIA's corporate strategy and business plans in support of the Department's wider strategic aims and current PFG objectives and targets;
- informs the Sponsor Branch of the RQIA's progress in helping to achieve the Department's policy objectives and demonstrate how resources are being used to achieve those objectives;
- ensures that timely forecasts and monitoring information on performance and finance are provided to Sponsor Branch and that Sponsor Branch is notified promptly if overspends or underspends are likely and that corrective action is taken;
- that any significant problems, whether financial or otherwise, and whether detected by internal audit, NIAO or by other means, are notified to Sponsor Branch in a timely fashion.

Advising the Board -

- advises the RQIA Board on the discharge of its responsibilities as set out in the MS / FM and in any other relevant instructions and guidance that may be issued from time to time by DoF or Sponsor Branch;
- advises the RQIA Board on RQIA's performance compared with its aim[s] and objectives;
- ensures that financial considerations are taken fully into account by the RQIA Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately;
- takes action in line with Section 3.8 of Managing Public Money NI if the RQIA Board, or its Chairperson, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness;

Managing Risk and Resources –

- ensures that a system of risk management is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensures that RQIA makes effective/optimum use of modern technology in delivering its duties in an efficient, effective and economic manner.
- ensures that an effective system of programme and project management and contract management is maintained;
- ensures compliance with the Northern Ireland Public Procurement Policy;
- ensures that all public funds made available to RQIA [including any income or other receipts] are used for the purpose intended by the Assembly, and that such monies, together with the RQIA's assets, equipment and staff are used economically, efficiently and effectively;
- ensures that adequate internal management and financial controls are maintained by RQIA, including effective measures against fraud and theft;
- maintains a comprehensive system of internal delegated authorities that are notified to all staff, together with a system for regularly reviewing compliance with these delegations;
- ensures that effective personnel management policies are maintained;

Accounting for RQIA's activities –

- signs the Accounts and responsible for ensuring that proper records are kept relating to the Accounts and that the Accounts are properly prepared and presented in accordance with any directions issued by the Minister, Sponsor Branch, or DoF;
- signs a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- signs the Governance Statement regarding RQIA's system of internal control, for inclusion in the annual report and accounts, that details

significant internal control divergences;

- signs a mid-year assurance statement on the condition of RQIA's system of internal control.
- ensures that effective procedures for handling complaints about RQIA are established and made widely known within RQIA;
- acts in accordance with the terms of MS /FM and with the instructions and relevant guidance in *MPMNI* and other instructions and guidance issued from time to time by Sponsor Branch and DoF.
- gives evidence, normally with the Accounting Officer of DOH, if summoned before the Public Accounts Committee on the use and stewardship of public funds by RQIA;
- ensures that an Equality Scheme is in place and reviewed and that new policies are equality impact assessed as required by the Equality Commission and The Executive Office.
- ensures that the requirements of the General Data Protection Regulation 2018 (GDPR) and the Freedom of Information Act 2000 are complied with.

Additional Responsibilities

- reports on proportionate assurance and compliance with quality standards to the Department of Health;
- ensures that a business continuity plan is developed and maintained;
- ensures that effective procedures for handling adverse incidents are established and made widely known within RQIA;
- ensures that the Department is advised in a timely way on relevant issues arising from inspection, audit or review activity;
- ensures that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with;
- ensures that an acceptance and provision of Gifts and Hospitality Policy is in place that set out the principles and requirements under which gifts and hospitality can be received and in turn when such offers can be made;
- ensures that RQIA has effective processes in place to engage and involve stakeholders in its delivery of its programme of work.
  NOTE: For the purposes of Whole of Government Accounts, the Chief Executive of RQIA is normally appointed by DoF as RQIA's Consolidation Officer.

1.4 Governance Framework

The Management Statement and Financial Memorandum (MS/FM) October 2018 sets out the requirements for planning, budgeting, reporting of performance to the Department and control framework as follows;

- A three to five year corporate strategy and annual business plan, with effective reporting of its financial and non-financial performance against those plans to DOH;
- Budgeting procedures as set out in the Financial Memorandum;

- The publication of an annual report and audited annual accounts;
- The arrangements for internal audit and the setting up of an independent Audit and Risk Committee as a committee of the Board;
- External audit arrangements with the Northern Ireland Audit Office (NIAO) made by the Comptroller and Auditor General;
- Value for money examinations;
- The arrangements for terms of employment and remuneration of Executives and the setting up of an Appointment and Remunerations Committee as a committee of the Board; and
- The management of staff with provision for whistle-blowing procedures and a code of conduct for staff.

The Corporate Strategy

RQIA submits its Corporate Strategy to the Sponsor Branch covering an agreed period of normally three to five years. RQIA shall have agreed with Sponsor Branch the issues to be addressed in the Corporate Strategy and the timetable for its preparation, submission and approval.

The Corporate Strategy shall reflect RQIA's statutory duties and, within those duties, the priorities set from time to time by the Minister. In particular, the plan shall demonstrate how RQIA contributes to the achievement of DOH's strategic aims and PfG objectives and targets.

The Corporate Strategy sets out the following;

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

The Business Plan

Each year of the Corporate Strategy, shall inform the basis of the business plan for the relevant forthcoming year. The business plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives, can be readily identified by Sponsor Branch.

The Business Plan should include reference to SMART objectives that;

- Support the delivery of PfG commitments;
- Support the delivery of DOH policy and strategy;
- Deliver on the statutory functions / services etc. specified in RQIA's

founding legislation;
- Address known areas of underperformance, the findings of inquiries, reviews etc. and respond to particular events, serious adverse incidents and near misses;
- Include references to staff – training, development, learning etc.

Reporting performance to Sponsor Branch

- RQIA shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed corporate and business plans.
- RQIA shall take the initiative in informing Sponsor Branch of changes in external conditions, which make the achievement of objectives more or less difficult, or which may require a change to the budget or objectives as set out in the corporate or business plans.
- RQIA's performance in helping to deliver DOH policies, including the achievement of key objectives, shall be reported to the Department and reviewed by Sponsor Branch on a bi-monthly basis.
- The Department shall meet the RQIA Board formally each year to discuss RQIA's performance, its current and future activities and any policy developments relevant to those activities.
- Senior Departmental officials will hold biannual Ground Clearing meetings with RQIA, to discuss overall performance, its current and future activities, policy developments, safety and quality issues, financial performance and corporate control / risk management performance and any other issues as prescribed by the Department.
- RQIA's performance against key targets shall be reported in RQIA's annual report and accounts.
- A three to five-year corporate plan and annual business plan with effective reporting of its financial and non-financial performance against those plans to DOH;
- Budgeting procedures as set out in the Financial Memorandum;
- The arrangements for internal audit and the setting up of an independent Audit and Risk Committee as a committee of the Board;
- The publication of an annual report and audited annual accounts;
- External audit under arrangements made by the Comptroller and Auditor General;
- Value for money examinations; and
- The management of staff with provision for whistleblowing procedures and a code of conduct for staff.

1.5 Financial Performance Framework

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

It includes the requirements to:

- Break even on its Income and Expenditure Account year on year and to

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

1.6 Delegation of Powers

Schedule I of the founding legislation provides for the delegation of functions by RQIA. The management arrangements for RQIA have been established through the retention of some specified powers by the Board and through the delegation of other powers. These are set out as follows:

- Powers Reserved to the Board; and
- Powers Delegated by the Board

Standing Order Two: Powers Reserved to the Board

2.1   Strategic Direction

2.2   Monitoring Performance

2.3   Financial Stewardship

2.4   Corporate Governance and Personal Conduct

2.5   Appointment of Senior Executives

2.6   Effective Communication

2.7   Statutory Functions

Standing Order Two: Powers Reserved to the Board

The Management Statement agreed between the DOH and RQIA identifies the key corporate responsibilities of the Chairperson and members of the Board. These may be defined as follows.

2.1   Strategic Direction: to support the RQIA Chief Executive in establishing the overall strategic direction of the organisation within the policy and resources framework determined by Sponsor Branch, Minister and Department approve its annual and longer term objectives and agree plans to achieve them.

2.2   Monitoring Performance: to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken as necessary.

2.3   Financial Stewardship: to ensure effective financial stewardship through value for money, financial control and financial planning and strategy.

2.4   Corporate Governance and Personal Conduct: to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation.

2.5   Appointment of Senior Executives: to put in place systems to appoint, appraise and remunerate senior executives.

2.6   Effective Communication: to ensure that there is effective communication between RQIA and stakeholders both directly and through the media.

2.7   Statutory Functions: to oversee the discharge of the statutory functions of the organisation.

The 'Schedule of Powers Reserved to the Board' (see below) is designed to enable the Board to fulfil the seven key areas of corporate responsibility outlined above.

The matters specified shall not be interpreted so as to exclude any other issues which it might be appropriate, because of their exceptional nature, to bring to the Board.

The Chairperson shall determine, in consultation with the Chief Executive, whether matters other than those set out in the following schedule of powers reserved to the Board shall be brought to the Board for consideration.

Schedule of Powers Reserved to the Board

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.1 Strategic Direction			
Corporate Strategy	Approve objectives, key performance indicators and strategy for the period of the Corporate Strategy.	Reflect statutory duties and duties or priorities set by Department in line with the Programme for Government (PfG). Review of performance for previous 2-5 years per timetable agreed with DOH.	Chief Executive
Business Plan	Approve business plan.	Key targets and milestones for year ahead. Resources allocated to specific objectives and highlighted in budget. By 31 March each year.	Chief Executive

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.2 Monitoring Performance			
Annual Report with Annual Accounts	Approve report and accounts.	Operating and financial review of the performance of RQIA in the preceding financial year in relation to the objectives set by the Department and those contained in its own Business Plan. To be signed by Chairperson and Chief Executive. Provided to Auditor and submitted to Department in accordance with timetable for annual accounts.	Chief Executive / Head of the Business Support Unit
Staffing Levels	Monitor staffing levels and approve submission to Equality Commission.	Submission of three yearly returns to Equality Commission.	Chief Executive / Head of the Business Support Unit
Complaints Monitoring	Monitor complaints handling and approve annual report.	Annual report to Department.	Chief Executive / Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.3 Financial Stewardship			
Financial Plan – Revenue	Approve annual recurrent and non-recurrent budgeted expenditure.	In accordance with forecast income and grant-in-aid agreed with Department aligned to the Business Plan, objectives and key performance indicators. By 31 March each year.	Chief Executive / Head of the Business Support Unit
Financial Plan - Capital	Approve capital expenditure proposals.	Within capital funds approved by Department. Based on economic appraisals/business cases. By 31 March each year or as soon as possible after allocation is notified.	Chief Executive / Head of the Business Support Unit
Additions/Revision to Financial Plans In-Year	Approve any material revenue additions/revisions or capital proposals arising in year.	Within available revenue or capital resources as agreed with Department. Includes transfers in revenue budgets. Based on economic appraisals/business cases.	Chief Executive/Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Revenue and Capital Expenditure	Review Balance Sheet, revenue budget reports and capital expenditure statement.	Monthly.	Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Audit and Risk Committee Minutes	Consider and approve the minutes of Audit and Risk Committee.	Receive oral report from Chairperson of Committee following each Audit and Risk Committee meeting. Minutes submitted after endorsement by Committee at subsequent meeting.	Head of the Business Support Unit
Annual Accounts (and Summary in the Annual Report)	Approve for submission to Department and for inclusion in Annual Report.	Recommended for approval by Audit and Risk Committee (together with reconciliation to Financial Plan approved by Board for financial year reported in Accounts). In light of assurance on Internal Control. To meet Department's timetable for submission.	Chief Executive / Head of the Business Support Unit
External Audit Report to Those Charged With Governance	Consider recommendations in the Report to Those Charged With Governance . Approve action plan and response to External Auditor.	Recommendation by Audit and Risk Committee. By end October each year.	Chief Executive / Head of the Business Support Unit
Fraud Prevention and Detection	Approve Policy and Plan.	Recommended for approval by Audit and Risk Committee and Board. Three yearly.	Chief Executive / Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Value for Money (VfM)	Review areas for VfM investigation.	The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the RQIA has used its resources in discharging its functions. VfM investigation reports recommended for approval by Audit and Risk Committee.	Chief Executive / Head of the Business Support Unit.

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.4 Corporate Governance and Personal Conduct			
Annual Governance Statement	Receive assurance on adequacy and effectiveness of system of internal control.	From Audit and Risk Committee. Annually, with Accounts for approval. For signature by Chief Executive.	Chief Executive / Head of the Business Support Unit
Annual Risk Management Strategy	Approve Risk Management Strategy	Recommended for approval by Audit and Risk Committee to meet Department reporting timetable.	Chief Executive / Head of the Business Support Unit
Schedule of Matters Reserved to the Board	Approve new or revised versions.	Following consideration & approval by Audit and Risk Committee.	Chief Executive / Head of the Business Support Unit
Scheme of Delegation of Powers	Approve new or revised versions.	Following consideration & approval by Audit and Risk Committee.	Chief Executive / Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Scheme of Delegation of Specific Statutory Functions	Approve new or revised versions.	Within 3 months of new legislation being implemented.	Chief Executive / appropriate Director
Standing Financial Instructions	Approve new or revised versions.	Following consideration & approval by Audit and Risk Committee.	Chief Executive / Head of the Business Support Unit
Conduct of Board Meetings	Approve new or revised versions.	As required.	Chief Executive / Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Board Committees	Approve establishment, terms of reference, membership & reporting arrangements of Board Committees: • Audit and Risk Committee; • Appointments and Remuneration Committee; • Other	Following recommendation for approval by Audit and Risk Committee.	Chief Executive / Head of the Business Support Unit
Board Sub Committees (defined as a committee of a Committee)	Approve establishment, terms of reference, membership & reporting arrangements of Board Sub Committees	Following recommendation for approval by Audit and Risk Committee.	Chief Executive / Head of the Business Support Unit
Declaration of Chairperson and Members' Interests	Board Members' Interests to be declared and recorded in minutes	Within 4 weeks of a change or addition; to be entered in Register available for scrutiny by public in RQIA offices or at Board meetings. And on RQIA's website.	Chairperson and Board Members

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Code of Conduct	Approve measures to ensure that all RQIA members and staff are aware of the public service values which must underpin their conduct.	As required.	Chief Executive / Head of the Business Support Unit
Whistle-blowing Policy	Ensure arrangements are in place to guarantee that concerns expressed by RQIA members, staff and the public are fully investigated and acted upon as appropriate and that all RQIA members and staff are treated with respect.	As required.	Chief Executive / Head of the Business Support Unit

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.5 Appointment of Senior Executives			
Senior Executive Appointments	Ensure that adequate and effective arrangements are made for the composition of interview panels for the appointment of Senior Executives.	Panel composition, conduct of interviews and selection in accordance with selection and recruitment policies.	Chief Executive
Terms and Conditions	Approve decisions of the Appointments and Remuneration Committee.	In accordance with such terms and conditions of service as may be determined by the Department.	Chairperson of Board
Remuneration	Approve decisions of the Appointments and Remuneration Committee for the total remuneration package of Senior Executives to assure compliance with Ministerial / Departmental direction.	Annually in line with current approved terms including Salary review and Performance Related Pay arrangements and termination payments if applicable.	Chairperson of Board

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.6 Effective Communication			
Board Meetings	To hold meetings in public.	A minimum of five times per year as agreed by Board. Only exceptional categories of items to be considered in a section of the meeting not open to the public.	Chairperson
Communications and Engagement Strategy	Approve.	To be reviewed at least annually.	Chief Executive

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
2.7 Statutory Functions			
All functions of RQIA determined by Statute	Review of significant actions and decisions arising out of statutory functions as defined by HSC (Quality, Improvement and Regulation) Order 2003 and dependent Regulations and the Health and Social Care (Reform) Act (Northern Ireland) 2009 (1 April 2009).	Functions and powers delegated through Statutory Scheme of Delegation and reported upon as detailed in these Standing Orders.	Chief Executive / Directors
Annual Report of RQIA	Approve annual report to DOH.	In accordance with HSC (Quality, Improvement and Regulation) Order 2003 Article 7 (1). The way in which RQIA has exercised its functions in the preceding financial year. As soon as possible after the end of the financial year.	Chief Executive

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Returns on Registration of persons in respect of Establishments and Agencies	Statistical returns on registrations granted, refused or cancelled.	Schedule of activity of RQIA in relation to the provisions of HSC (Quality, Improvement and Regulation) Order 2003, Articles 12 – 20 inclusive. Quarterly at next convenient Board meeting.	Chief Executive / Head of the Business Support Unit
Reports on Urgent Procedures for Cancellation of Registration and Appeals to the Care Tribunal	Review cases involving emergency measures.	Reports on urgent cancellations of Registration under Article 21 of the Order. Reports on Appeals to the Care Tribunal. At first available Board meeting. In confidential section of meeting until matter is finalised.	Chief Executive / Panel of Members and Directors
Returns on Reviews, Inspections and Investigations.	Statistical returns on these functions.	Schedule of activity of RQIA in relation to the provisions of HSC (Quality, Improvement and Regulation) Order 2003, Articles 35 (1). Quarterly at next convenient Board meeting.	Chief Executive / Directors

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
Reports on Special Measures and Improvement Notices	Reports on any such cases.	Reports on recommendations to the Department concerning special measures to be taken by a body or service provider in relation to Article 35 paras (3) – (6) inclusive of the Order. Reports on Improvement Notices issued under Article 39 of the Order. At first available Board meeting.	Chief Executive / Directors

Standing Order Three: Powers Delegated by the Board

3.1   Arrangements for Delegation

3.2   Emergency Powers

3.3   Delegation to Committees

3.4   Delegation of Statutory Functions

3.4.1 Registration of Establishments and Agencies

3.4.2 Inspection of Establishments and Agencies

3.5   Delegation to Chief Executive

3.5.1 Chief Executive's Scheme of Delegation

3.5.2 Administrative Scheme of Delegation

3.5.3 Financial Scheme of Delegation

Standing Order Three: Powers Delegated by the Board

3.1   Arrangements for Delegation

Subject to such directions as may be given by the DOH and the powers reserved to itself, the Board may make arrangements for the exercise of any of its functions by a Committee or sub-Committee or by the Chief Executive, in each case subject to such restrictions and conditions as the Board thinks fit.

All delegated functions relating to financial matters are governed by Standing Financial Instructions.

Where functions are delegated: this means that although the carrying out of the function (i.e. day to day operation) is delegated, RQIA retains the responsibility for that function.

The arrangements made by the Board as set out in the "Powers Reserved to the Board and Powers Delegated by the Board" (SOs 2&3) as well as Standing Financial Instructions shall be considered as being incorporated in these Standing Orders.

3.2   Emergency Powers

An emergency is any situation where a decision or action is required to protect the reputation or finances of RQIA, or to ensure its proper operation, which, for genuine reasons of urgency, cannot be postponed until the next ordinary meeting of the Board. In such an emergency, the Chairperson and the Chief Executive in consultation with at least two other members may exercise the powers of RQIA. In the absence of the Chairperson and the Chief Executive, the powers of RQIA may be exercised by any two members of the Executive Team in consultation with at least two members (of the board). They should also take steps to inform as many members as possible by e-mail or other means within 48 hours. The exercise of such powers shall be reported to the next ordinary meeting of the board, together with an explanation of the need for the urgent action or decision.

3.3   Delegation to Committees

The Board shall agree any amendment to the delegation of executive powers to be exercised by Committees or sub-Committees which it has formally constituted, as part of the annual review of Standing Orders, or as required. The Board shall approve the constitution and terms of reference of these Committees or sub-Committees and their specific executive powers. (Standing Order 5).

3.4   Delegation of Statutory Functions

All the statutory powers and functions of RQIA shall be exercised by the Chief Executive in accordance with the HPSS (Quality,

Improvement and Regulation) (Northern Ireland), Order 2003, with the exception of those listed below which are delegated to panels appointed by the Board which include the Chief Executive:

- Refusal or Cancellation of Registration of persons in respect of establishments or agencies (including the urgent procedure);
- Recommendations to the Department for special measures in respect of a statutory body or service provider.

These arrangements are set out in the next section of this standing order.

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
3.4.1 Registration of Establishments and Agencies			
Registration of Establishments and Agencies	The power to grant registration, vary conditions of registration, impose additional conditions, issue registration certificates and charge fees.	HSC (Quality, Improvement and Regulation) Order 2003, Article 14 and dependent Regulations. Make a quarterly statistical return to the Board on registrations.	Chief Executive
Refuse or cancel the registration of Establishments and Agencies	The decision to refuse or cancel registration.	HSC (Quality, Improvement and Regulation) Order 2003, Articles 14 and 15. Report to the next Board meeting on any refusals or cancellations of registration.	A panel consisting of the Chief Executive (or a nominated deputy) and two Board members, one of the two Board members will be the Chair of the panel. The Director of Assurance (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.
Urgent cancellation of the registration of	Operation of the urgent procedure for cancellation of the registration of a person in respect of an establishment or agency, varying or removing a	The application to a Lay Magistrate shall be presented to the panel by the Director of Assurance and shall include:	A panel of two Board Members, the Chief Executive and a Director The panel is empowered to act

| Establishments or Agencies | condition of registration or imposing an additional condition. | • A copy of the most recent inspection report.
• The proposed application.
• Any legal opinion obtained.
The panel shall determine whether or not, it is/is not satisfied that there is a serious risk to a person's life, health or well-being.

If it is satisfied that such a risk exists, the panel shall authorise an application to be made to a Lay Magistrate on behalf of RQIA. In any event, it shall make a report to the next Board meeting on the circumstances, its deliberations and the outcome.

The Complaints and Representations Manager will provide administrative support to the Panel. | providing at least one Board Member and the Chief Executive or one Director is available. |

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
3.4.2 Inspection of Establishments and Agencies			
Inspection, review and	Carry out the functions set out in HSC (Quality, Improvement and	With the exception of paras (3) – (6) inclusive for which provision is made	Chief Executive

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
investigation in respect of statutory bodies and providers.	Regulation) Order 2003, Article 35.	below.	
Report to the Department on unacceptably poor quality or significant failings.	Take a view that the health and personal social services under consideration are of an unacceptably poor standard or that there are significant failings in the running of the services.	HSC (Quality, Improvement and Regulation) Order 2003, Article 35, paras (3) – (6) inclusive set out the circumstances in which a report must be made.	Chief Executive
Special measures	Make a recommendation that the Department take special measures.	HSC (Quality, Improvement and Regulation) Order 2003, Article 35 para 5 empowers RQIA to recommend, in a report to the Department under Article 35, that the Department take special measures. Information in support of the view taken shall be presented to the panel by the Chief Executive or (in his/her absence) the Director and shall include: 1. The inspection, review or investigation report. 2. Any proposed recommendation to the	A panel of two Board members and the Chief Executive. The relevant Director (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
		Department to take special measures. 3. Any legal opinion obtained. The panel shall determine whether or not, on the basis of the information received, it is/is not satisfied that the view taken is justified. If it is satisfied that the view is justified, the panel shall authorise the issue of the Report (including on behalf of RQIA). In any event, it shall make a report to the next Board meeting on the circumstances, its deliberations and the outcome. The panel shall be serviced by the Secretary nominated by the Directorate who shall: 1. Convene the panel 2. Make a record of the proceedings (verbatim if legally advised to do so) 3. Arrange for the report to be sent to the Department.	

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
		4. Forward the report of the panel's proceedings to the Board.	

3.5 **Delegation to Chief Executive**

Schedule I of the 2003 Order provides that the Chief Executive of RQIA "shall be responsible … for the general exercise of its functions".

The Chief Executive shall exercise all those functions of RQIA that are not reserved to the Board or delegated to a Committee, sub-Committee or panel by the Board.

The Chief Executive shall determine which of these remaining functions he / she shall perform personally and shall delegate to nominated officers the remaining functions. He / she shall retain accountability for them to the Board. The Director of Assurance and Director of Improvement and Medical Director shall report to the Chief Executive. This will be the Executive Team of RQIA. The Head of Business Support shall report to the Chief Executive.

3.5.1 The Chief Executive shall prepare a Scheme of Delegation identifying his / her proposals for delegation of powers to nominated officers. This Scheme and any subsequent amendments to it shall be considered by the Board, revised as necessary and approved by it. (See page 45)

3.5.2 The Chief Executive shall prepare an Administrative Scheme of Delegation (see page 47)

3.5.3 The Chief Executive shall prepare a Financial Scheme of Delegation (see page 48)

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
3.5.1 Chief Executive's Scheme of Delegation			
Corporate Operational Matters	Matters which impact on the corporate operational performance of RQIA.	Timely submission required from appropriate lead Director or Head of the Business Support Unit or joint submission.	Executive Team
Business plan – Preparation for submission to the Board	An accessible statement of RQIA's purpose, values and goals; and key actions to be undertaken by RQIA.	To be prepared annually in line with the Corporate Plan and Programme for Government.	Executive Team
Lead and Manage Individual Directorates/Departments	The operational management of individual directorates/departments including leadership and development.	Responsive to corporate needs.	Executive Team
Appointment of Staff	Individual Directorates / Departments to assess need for the appointment of staff and manage the selection and recruitment process consistent with agreed HR policies.	Confirmation of funding availability by Head of the Business Support Unit and approval to appoint by Chief Executive.	Executive Team
Financial Performance of Directorate's/Department's Operations	Management of individual Directorate's / Department's performance to achieve agreed targets within budget.	Individual budgets may be set and agreed with Chief Executive and approved annually by Board. Monthly reporting to budget	Executive Team

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
		holders by Head of the Business Support Unit	
Approval of RQIA policies and procedures	Executive Team to approve RQIA policies and procedures.	Board approval of specified policies is required as designated in the "Scheme of Delegation for RQIA Policies"	Executive Team

3.5.2 Administrative Scheme of Delegation

Custody of Seal

The Common Seal of RQIA shall be kept by the Chief Executive [or the Board and Executive Support Manager] in a secure place.

Sealing Documents

The Seal of RQIA shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board or of a Committee, thereof or where the Board has delegated its powers. Before any building, engineering, property or capital document is sealed it must be approved and signed by the Head of the Business Support Unit (or an officer nominated by her / him) and authorised and countersigned by the Chief Executive (or an officer nominated by her / him who shall not be within the originating department).

Register of Sealing

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing).

Signature of Documents

Where the signature of any document shall be a necessary step in legal proceedings involving RQIA, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authorisation to some other person for the purpose of such proceedings.

The Chief Executive or nominated officers shall be authorised, by resolution of the Board, to sign on behalf of the Board any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board or any Committee, sub-committee or standing Committee thereof or where the Board has delegated its powers on behalf of the Board.

ITEM	BOARD RESPONSIBILITY	CONSTRAINTS	LEAD PERSON
3.5.2.1 Delegation of Budgets			
Budgets for Pay and Non-Pay Expenditure	Commitment of expenditure within categories and amounts set out in budgets.	Within Limits laid down for categories of expenditure. Payroll budgets included costed staffing levels which become funded establishment when approved.	Chief Executive who may further delegate to Directors and Heads of Departments or Named Officers.

3.5.2.3   Procedure for Delegating Power to Authorise and Approve Non-Pay Expenditure

RQIA to initiate expenditure and approve payments

RQIA to initiate expenditure and to approve the payment of invoices is delegated to the Chief Executive who delegates it to Directors and Heads of Department. They in turn may delegate these powers to named officers in their directorates or departments.

Each Director or Departmental Head shall nominate appropriate officers and the Head of the Business Support Unit will compile a comprehensive list. The list (including specimen signatures) will be copied to BSO Procurement and Logistics Service and the payments section at BSO Finance. A copy shall be retained in each Directorate or Department for reference. The list shall be amended as necessary and reviewed at least annually; a revised version will be distributed.

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

The delegated officers shall observe the limits delegated to them on the list, which shall not be exceeded without express approval of the Chief Executive. They must also note their responsibilities in authorising expenditure to be incurred by RQIA.

Routine Expenditure

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

Expenditure Limits
None. Within budgets.

Non-Routine Expenditure

Definition
This is expenditure which occurs on a once-only or occasional basis for which a budget may be provided. It may include books, periodicals, courses, travel, and equipment costing less than £5000.

Expenditure limits

As provided by the Scheme of Delegation within the budget or approved funding.

No Budget or Approved Funding:

If no budget or specifically approved funding exists for any such proposed expenditure, a Director or Department Head is to consult the Head of the Business Support Unit to identify a possible source of funds. A submission may then be prepared for the Executive Team seeking the authorisation of the Chief Executive for the proposed expenditure and its funding.

Specific Items

Individual procedures apply for the following:
- Use of Management Consultants
- Use of Messenger Services
- Use of Taxis
- Direct Award Contracts (DACs)

Capital Expenditure

Definition

Capital expenditure is defined in The HSC Capital Accounting Manual as issued by DoH.

The essential elements are that there is a tangible asset capable of use for more than one year and that the expenditure exceeds £5,000.

Expenditure Limits

As provided by the Scheme of Delegation within the budget or approved funding.

3.5.2.4   Quotations and Tendering of Non-pay Expenditure

Delegated Expenditure Limit

These delegated expenditure limits have been agreed by DFP.

PURCHASING ALL GOODS AND SERVICES

Delegated limits for the Purchase of Goods and Services
(All costs exclude VAT)

THRESHOLDS	NUMBER / TYPE OF TENDER REQUIRED	AUTHORISATION
Up to £1,000	1 or 2 Oral Quotations depending on the need to have a price comparison (fax or e-mail confirmation should be obtained)	An officer of RQIA nominated by the Chief Executive
£1,000 - £10,000	3 Selected Tenders	An officer of RQIA nominated by the Chief Executive
>£10,000-£30,000	4 Selected Tenders	Chief Executive
£30,000 – EU thresholds	Publicly advertised open or restricted tender competition	Chief Executive

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, RQIA should undertake a comprehensive business case for all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

Where RQIA is unable to obtain a sufficient number of tenders, it must seek the advice of the Director of the Procurement and Logistics

Service.

CAPITAL PROJECTS (EXCLUDING IT)

The Chief Executive may authorise capital expenditure on discrete capital projects of up to £10,000. Capital projects over this amount require the approval of the Department, and may be subject to quality assurance by DFP if requested. Capital projects over the delegated limit for the Department (see DAO (DFP) 06/05) will require approval by the Department and DFP.

Capital projects over the delegated limit for DOH approval (see DAO(DFP) 06/05) may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the Department and DFP.

APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The purchase of IT equipment and systems should be in line with guidance contained in DAO (DFP) 33/03 and the subject of competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated arrangements for each IT project is set out in Table 2 below.

Delegation Arrangements for Information Technology Projects, System and Equipment
(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £10,000	The Chief Executive
£10,000-£500,000	The Chief Executive with prior approval from the Department
Projects over £500,000	The Chief Executive with prior approval from the Department and DFP

Engagement Of External Consultants

General
RQIA should follow, as required, The Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE), the HM Treasury Guide, The Green Book: Appraisal and Evaluation in Central Government and relevant Sponsor Department circulars as may be issued by DFP or the Department.

RQIA will provide the Department with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

All assignments expected to exceed £50,000 will also be subject to Ministerial approval, and those expected to exceed £75,000 will be subject to both Ministerial and DFP approval.

Economic appraisal

A full business case should be prepared for all consultancy assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold.

Disposal of Surplus Equipment

RQIA is authorised to dispose of by sale or otherwise any articles up to a value of £10,000 of any description, subject to the requirements set out in paragraphs 16-19.

Lease and Rental Agreements
Prior Departmental approval must be secured for all property and finance leases (see paragraphs 80 and 81).

Losses and Special Payments

Delegated limits to HSC bodies/Non-Departmental Public Bodies to write off losses and authorise special payments.

Limits of RQIA (per case)

The Chief Executive, with prior approval from the Department, will have RQIA to write off losses and make special payments up to:

Losses

1.	Cash losses	£10,000
2.	Losses of equipment or property in stores or in use	£10,000
3.	Constructive losses and fruitless payments.	£10,000
4.	Bad debts and claims abandoned or waived	£10,000

Special Payments

5. Compensation payments

    (a) made under legal obligation (court order)   Complete

    (b) where legal advice is that RQIA should not fight a court action because it is unlikely to win and all relevant guidance has been applied.   Inc costs £5,000

    (c) damage or loss of personal property of staff   £2,000

6. Ex-gratia payments:-

    (a) extra-contractual payments to contractor   Nil

    (b) maladministration where there was no financial loss by claimant   Nil

    (c) Other ex-gratia payments (including Personal Injury not covered at 5b)   £10,000

7. Extra-statutory payments   Nil

NOTE: All cases which result in repair work costing more than £2,000 should be notified to the Department.

For all cases outside these limits, the approval of the Department and, where appropriate, DFP, is necessary before any write-off or special payment can be action.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the Chief Executive and the Department where appropriate.

At the end of each financial year RQIA shall submit to the Department a statement of the annual losses incurred and special payments made.

3.5.3 Financial Scheme of Delegation

Procedure for Delegation of Budgets

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and accompanied by a clear definition of:
a) the amount of the budget;
b) the purpose of each budget heading;
c) individual and group responsibilities;
d) RQIA to exercise virement (transfer of funds) within total revenue or total capital;
e) achievement of planned levels of service; and
f) the provision of regular reports.
   (Standing Financial Instructions, para. 5.3)

Principles of delegation

Control of a budget shall be set at a level at which budget management can be most effective.

Whilst the Chief Executive retains overall responsibility for budgets, they may be delegated to directorates and departments. In turn, Directors, the Head of the Business Support Unit and Heads of Department may delegate the management of a budget to officers under their span of control.

A list of the officers so authorised shall be forwarded to the Head of the Business Support Unit.

General

All expenditure is to be included in the budgetary system and all items must be coded to a budget heading.

Where additional funding is required outside the budgetary framework for prospective expenditure the relevant director or department head shall prepare a submission to the Executive Team.

Timetable

The Head of the Business Support Unit shall have discussions with designated holders in February and March of each year and submit proposed budgets to the Chief Executive for approval in March of each year. The delegation of budgets shall be arranged before 1 April each year.

Virement

The rules governing virement are important. Virement powers cannot be unlimited as otherwise the initial budgetary decisions of the Board could be nullified. Virement rules which are too restrictive, however, will not then allow the freedom to manage. The Board wishes to permit the optimum flexibility through virement, subject to its own priorities and plans.

Virement is permissible except where expressly excluded as below:-·
- **no virement** between capital and revenue budgets is permitted except with the **written** permission of DOH;
- no virement from a non-recurrent to a recurrent purpose is permitted;
- all non-recurrent virements must be agreed within a period of account and certainly no longer than one year;
- locally planned savings are available to the budget holder on a recurring basis at the discretion of the Director or department head involved;
- savings arising from RQIA policy changes or from imposed cuts are not available to the budget holder;
- fortuitous savings are at the disposal of budget holders in the same way as planned savings;
- where timing delays, such as the late delivery of capital equipment, mean that expenditure is not incurred in one period of account, then the "savings" are not available for virement until the postponed expenditure in the following period of account has been committed;
- Both budget holders must confirm their agreement to the Head of the Business Support Unit in writing and the proposed virement must then be submitted to the Executive Team to be approved by the Chief Executive.

Overspends and Underspends

The consent of the Chief Executive must be obtained before incurring any overspends which cannot be met by virement. Any funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

Authorisation to initiate and approve PAYROLL Expenditure

The power to authorise payroll expenditure is delegated to the Chief Executive as determined by the framework approved by the Appointments and Remuneration Committee on behalf of the Board.

The power to appoint a member of staff is delegated to members of the relevant interview panel provided that approval has been obtained from the Chief Executive to initiate the recruitment process.

This applies to new posts or replacement staff for both permanent and temporary appointments.

Additional payroll costs such as overtime payments are delegated to Directors, the Head of the Business Support Unit and Department Heads to authorise, providing they remain within the total funds for the individual budget concerned.

Authorisation and Approval of NON-PAY Expenditure

The responsibility for the authorisation and approval of non-pay expenditure <£100K is delegated to the Chief Executive. He/she further delegates these powers to Directors and Heads of Department as set out in RQIA's Authorisation Framework which is subject to annual review.

The responsibility for the authorisation and approval of the Use of Professional Services Including Consultants is as per the extant Guidance issued by the Department of Finance.

Standing Order Four: Conduct of Board Business

4.1   Constitution and Remit of Board

4.2   Procedures for Meetings

Standing Order Four: Conduct of Board Business

4.1   Constitution and Remit of the Board

Constitution

All business shall be conducted in the name of RQIA.

All funds received in trust shall be held in the name of RQIA as corporate trustee.

Remit

The powers of RQIA established under statutory instruments shall be exercised by the Board.

RQIA shall define and regularly review the functions it exercises on behalf of the Minister.

RQIA has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in "Powers Reserved to the Board" (Standing Order 2) and have effect as if incorporated in the Standing Orders.

Composition of the Board

The Regulations for the appointment and tenure of the Chairperson and Members and their terms of office are determined by the DOH. Reference can be made to the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Schedule I.

The Chairperson and Members are appointed in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland and their appointment is approved by the Minister responsible for DOH. The composition of the Board is currently a Chairperson and up to twelve members.

If the Chairperson has ceased to hold office or is unable to perform his/her duties owing to illness, absence from Northern Ireland or any other cause, the Members of the Board may appoint one of their number as Acting Chairperson or Deputy Chairperson for a period until the Chairperson is able to resume his/her duties or a new Chairperson is appointed.

4.2   Procedures for Meetings

Code of Practice on Openness

The Board shall pursue the aims of the Codes of conduct for board members of public bodies (FD (DFP) 04/14) "to ensure that people may easily obtain an understanding of all services that are provided by the HSC and, particularly, changes to those services that may affect them or their families".

RQIA shall accept the duty imposed on it by the Code to be positive in providing access to information; the presumption shall be in favour of openness and transparency in all its proceedings.

Meetings of the Board in Public

The Board shall hold its meetings in public, although, in exceptional circumstances, certain matters may be dealt with in a confidential section of the meeting. Meetings shall be held every month, to exclude Easter, August and December. Arrangements for admission of the public and press shall be in accordance with the Code of Practice on Openness.

Conduct of Meetings

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

The proceedings of the Board shall not be invalidated by any vacancy in its membership; a quorum is one third of the full Board membership being present.

Calling of Meetings

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

A schedule of future Board meetings shall be provided and advertised in the press in January and June each year. In addition before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be provided and advertised on the RQIA website at least 5 clear working days before the meeting. On request from the press or a member of the public, a copy of the agenda as circulated to the Board shall be supplied but any items to be dealt with in a confidential part of the meeting shall be

omitted. RQIA shall pay particular attention to the requirements of its Equality Scheme when considering all matters concerning Board meetings.

The Chairperson may call a meeting of the Board for a special purpose (including in the event of an emergency) at any time. If requested in writing by at least one third of the number of members which comprise the Board, the Chairperson shall call a meeting of the Board for a special purpose.

If the Chairperson refuses to call a meeting or fails to do so within seven days after such a request, such one third or more members may forthwith call a meeting. In the case of a meeting called by Members in default of the Chair, the notice shall be signed by those Members and no other business other than that specified in the notice shall be transacted at the meeting. Failure to serve such a notice on more than three members of the Board shall invalidate the meeting. A notice shall be presumed to have been served one day after posting.

Setting the Agenda

The order of business at each routine scheduled Board meeting shall be:
- Welcome and Apologies
- Minutes of the previous meeting
- Matters arising out of minutes
- Declaration of Interests
- Chairperson's Report
- Chief Executive's Report
- Financial Report
- Reports and minutes committee meetings
- Notices of Motion
- Items for information
- Any other business

Petitions

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

Notice of Meetings

Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted at it, and any motions relating to it, signed by the Chairperson or by an officer of the Board

authorised by the Chairperson to sign on his behalf shall be sent to each member and to everyone on the Board meeting distribution list in accordance with the provisions for calling a meeting at 4.2.4 above.

Notices of Motion

With reference to matters included in the notice of meetings, a member of the Board may amend or propose a motion in writing at least 10 clear days before the meeting to the Chairperson. All notices so received, shall be inserted in the agenda for the meeting subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business on the agenda.

Deputations and Speaking Rights

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

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

Admission of the Public and Media

RQIA shall make arrangements that encourage and facilitate attendance of the public at Board meetings. Reasonable facilities shall be made available for representatives of the press and broadcasting media to report Board meetings.

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

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

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

Chairperson of Meeting

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

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

Quorum and Attendance of Employees and Others

No Board meeting may commence or continue unless at least one third of the total number (appointed or not) of its members are present.

If the Chairperson or a member has been disqualified from participating in discussion of any matter and/or from voting on any resolution by reason of having declared a conflict of interest, the Chairperson or member shall no longer count towards the quorum. If, as a consequence, a quorum no longer exists, the meeting must proceed to the next item of business, record what happened in the minutes and include the item that could not be discussed on the agenda for the next meeting of the Board.

The Chief Executive of RQIA and Directors shall attend Board meetings routinely by invitation of the Chairperson and participate in the business as required by the Chairperson. The Board and Executive Support Manager and other staff of RQIA shall attend meetings in order to provide administrative services. No-one other than Board Members shall have voting rights at Board meetings.

Record of Attendance

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

Confidential Section of Meetings

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

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

Motions

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

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

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business (*)
- The appointment of an ad hoc Committee to deal with a specific item of business
- That the motion be now put (*)
- A motion resolving to exclude the public (including the press).

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

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

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

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

Motion to Rescind a Resolution
Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding 6 calendar months, shall bear the signature of the member

who gives it and also the signatures of 4 other Board members.

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

<u>Chairperson's Ruling</u>
Contributions of members made at meetings of the Board must be material and relevant to the matter under discussion. The decision of the Chairperson of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

Voting

Every item or question at a meeting shall be determined by the Chairperson seeking the general assent of voting members or the expression of a wish to proceed to a vote. A vote shall be determined by the majority of the votes of the Chairperson of the meeting and members present and voting on the question; in the case of the number of votes for and against a motion being equal, the Chairperson of the meeting shall have a second or casting vote. No-one other than duly appointed Board members have voting rights. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

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

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

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

Suspension of Standing Orders

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

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

A separate record of matters discussed during the suspension of

Standing Orders shall be made and shall be available to the Chairperson and members of the Board.

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

Minutes

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

Agreed minutes providing a record of a public Board meeting shall be made available to the public or media upon request, as required by the Code of Practice on Openness in the HSC. RQIA is fully committed to compliance with the requirements of the Freedom of Information Act 2000 (FOI) and the Environmental Information Regulations 2004 (EIR) as per Department of Finance Access to Information Policy implemented on 1st September 2016.

Committee Minutes

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

At the Board meeting following the meeting of the committee the committee Chairperson will give a verbal update of the meeting in the absence of full minutes being available.

Variation and Amendment of Standing Orders –

These Standing Orders shall be amended only if:
- a notice of motion under the appropriate Standing Order has been given; and
- the proposed amendment is set out in a paper sent out with the Agenda for the meeting; and
- no fewer than half of the Board members present vote in favour of amendment; and
- at least two-thirds of the Board members are present; and
- the variation proposed does not contravene a statutory provision or direction made by the Department.

Potential Conflict of Interests

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

RQIA is therefore committed to the Conflicts of Interest A Good Practice Guide (NIAO) as issued in March 2015.

Subject to the following provisions of this Standing Order, if the Chairperson or a Board member has any potential conflict of interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he / she shall, at the meeting, and as soon as practicable after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision, and he / she shall withdraw from the meeting while the consideration or discussion of the contract or other matter and the vote is being taken.

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

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

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

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

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

   a) he / she, or a nominee of his / hers, is a director of a company

or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in any other matter under consideration; or

b) he / she is a business partner of, or is in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in any other matter under consideration; and in the case of persons living together the interest of one partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

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

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

b) of an interest of his as a person providing Family Health Services which cannot reasonably be regarded as an interest more substantial than that of others providing such of those services as he / she provides; or

c) of an interest in any company, body or person with which he / she is connected as mentioned in Standing Orders above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

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

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

Access to Documents
A member of the Board may, for the purposes of his or her duty as a member and no other, have access to any document in the possession of RQIA, which has or is to be considered by RQIA. However, a member of the Board shall not knowingly apply to have access to, or request a copy of, any document relating to a matter in which he/she has any potential conflict of interest.

Standing Order Five: Board Committees and Panels

5.1   Appointment of Committees

5.2   Committees

5.3   The Process for the Appointment of a Committee Chairperson

5.4   The Process for the Appointment of Committee Members

5.5   The Process for the Appointment of Sub-Committee Chairperson

5.6   The Process for the Appointment of Sub-Committee Members

5.7   Period of Appointment

5.8   Board Panels

Appendix 1: Terms of Reference – Appointments and Remuneration Committee

Appendix 2: Terms of Reference – Audit and Risk Committee

Appendix 3: Appointment of Part II medical practitioners and Second Opinion Appointed Doctors

Standing Order Five: Board Committees and Panels

5.1   Appointment of Committees

Subject to such directions as may be given by the Department, the Board may and, if directed by the Department, shall appoint Committees of the Board. These Standing Orders shall apply as appropriate to any committee established by the Board. The terms of reference for Board Committees are contained in Appendix 1 and 2 of these Standing Orders.

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

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

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

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

The Chairperson may also at any time establish short life working groups but these working groups should not have any delegated authority or they would require to be formally constituted in Standing Orders.

5.2   Committees

In order to fulfil its duties and promote good governance RQIA has established the following committees:
- Audit and Risk Committee
- Appointments and Remuneration committee

Appointments to committees will be made taking due consideration of the balance of roles of Board members, the duties involved and the skills / experience required and the diversity balance of the committee.

5.3   The Process for the Appointment of a Committee Chairperson

Following expressions of interest in writing, the Chairperson will nominate one Board member to act as Chairperson of the committee and seek approval from the Board for this appointment.

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

5.4   The Process for the Appointment of Committee Members

Following expressions of interest in writing, the Chairperson will, in consultation with the Chairperson of the respective committee, nominate Board members for appointment and seek approval from the Board for these appointments.

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

5.5   The Process for the Appointment of Sub-Committee Chairperson

Sub-committee members need not necessarily be members of the parent committee. Following expressions of interest in writing, the parent Committee Chairperson, in consultation with the Board Chairperson, will appoint a Chairperson of the sub-committee and will seek approval from the parent committee for this appointment. This will be conducted at a meeting of the committee and will be formally recorded in the minutes.

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

5.6   The Process for the Appointment of Sub-Committee Members

Sub-committee members need not necessarily be members of the parent committee. Following expressions of interest in writing, the parent Committee Chairperson, in consultation with the Board Chairperson, will nominate Board members for appointment and will seek approval from the parent committee for this appointment. This will be conducted at a meeting of the committee and will be formally recorded in the minutes.

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

The Chairperson of the Board will review the appointment of committee and sub-committee members when he/she is conducting the annual appraisal of Board members. The Chairperson is responsible for ensuring an equity of workload among the Board members.

5.7   Period of Appointment

The Board will review the membership of committees and sub-committees every two years.

The Chairperson should ensure that the periods of membership of Committees and sub-committees are consistent with the periods of appointment of Board members.

5.8   Board Panels

Board Panels will be constituted as required in line with the Policy and Procedure for the appointment, suspension or removal of Part II or Second Opinion Appointed Doctors (SOADs).

Standing Order Five: Board Committees and Panels

Appendix 1: Appointments and Remuneration Committee Terms of Reference

1.0   Remit and Constitution

    1.1   Introduction

    1.2   Background

    1.3   Role

    1.4   Terms of Reference

    1.5   Relationship with and Reporting to the Board

    1.6   Composition of the Remuneration and Appointments Committee

    1.7   Establishment of a Remuneration and Appointments Committee

2.0   Conduct of Business

    2.1   Attendance

    2.2   Frequency of Meetings

Standing Order Five: Board Committees and Panels

Appendix 1: Appointments and Remuneration Committee Terms of Reference

1.0   Remit and Constitution

1.1   Introduction

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

1.2   Background

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

1.3   Role

The primary responsibility of the Appointments and Remuneration Committee is to make recommendations to the Board on all aspects of remuneration and terms and conditions of employment for the Chief Executive and other Executive Directors.

1.4   Terms of Reference

The main functions of the Committee are:

- to advise the RQIA Board on the appropriate remuneration and terms of service for Executive Directors and Senior Executives to ensure that they are fairly rewarded for their individual contribution to the organisation, ensuring that any directions issued by the Department of Health (DoH) on pay are scrupulously observed. This would include having proper regard to the organisation's circumstances and performance.

    o to oversee the proper functioning of performance and appraisal systems

- to agree and monitor a remuneration stratey that reflects national agreements and Departmental policy; and

- to monitor the application of the remuneration strategy to ensure adherence to all equality legislation.

1.5   Relationship with and Reporting to the Board

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

1.6   Composition of the Remuneration and Appointments Committee

The Committee shall comprise the Chairperson of the Board and at least two Board members. None of these members should be members of the Audit and Risk Committee. A quorum shall be two.

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

The Chief Executive and a nominated HR Officer (from BSO) shall provide information, advice and support to the Committee.

1.7   Establishment of the Remuneration and Appointments Committee

The Committee shall be constituted as a Committee of the Board with the power to make recommendations to the Board and, in accordance with the Code of Accountability (April 2011) "will make recommendations to the Board on all aspects of remuneration and terms and conditions of employment for the Chief Executive…" and other Senior Executives.

The Terms of Reference are to be approved by the Board and recorded in the Board minutes.

Committee meetings shall be conducted formally and draft minutes submitted to the confidential section of the next Board meeting.

2   Conduct of business

2.1   Attendance

Only the Chairperson, members of the Committee and the Chief Executive and a nominated HR officer (from BSO) shall attend meetings as a matter of course. The Board Committee secretary shall be in attendance to record the business of the meetings.

Other Board members and officers may be invited to attend as required. The Director of Finance (BSO) shall have a standing invitation to attend all meetings.

The nominated HR Officer (from BSO) is responsible for the

implementation of remuneration and terms and conditions of service in RQIA. He / she shall deal with all matters affecting terms and conditions of service. He/ She shall be present at every meeting.

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

The Chairperson may request fuller explanatory information in papers. If there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.

2.2   Frequency of Meetings

One meeting is to be held each year and a further one if necessary; the specific remit as the core of each meeting is set out below, although any matters relating to staff and remuneration may be considered. Further meetings may be arranged at the discretion of the Chairperson, as necessary.

The following is the normal timetable, together with the core content for each meeting.

Meeting	Month	Core Content
1	April/May	To monitor and approve the result of the IPR/PRP process for the previous year. To establish the framework for any local pay negotiation for the forthcoming year, subject to National priorities.
2	October	To receive an update on progress of IPR process for the current year.

Standing Order Five: Board Committees and Panels

Appendix 2: Audit and Risk Committee Terms of Reference

1.0   Introduction

       1.1   Membership

       1.2   Quorum

       1.3   Secretariat

       1.4   Meetings

       1.5   Reporting

       1.6   Rights

       1.7   Access

2.0   Responsibilities

       2.1   Financial Reporting

       2.2   Internal Controls and Risk Management Systems

       2.3   Internal / External Audit

       2.4   Other

3.0   Information Requirements

Standing Order Five: Board Committees and Panels

Appendix 2: Audit and Risk Committee Terms of Reference

1.0   Introduction

The Board has established an Audit and Risk Committee (ARC) as a Committee of the Board to support it in its oversight and responsibility for risk control and governance. On behalf of the Board and the Accounting Officer the ARC 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 ARC has delegated responsibility for ensuring that there is a framework for accountability and oversight; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring that RQIA is complying with all aspects of the law, relevant regulations, good practice and governance.

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

1.1   Membership

The ARC Chairperson and members will be appointed to ARC as per Standing Orders 5.3 and 5.4.

ARC will have a Chairperson who is a non-executive Board member.

ARC will have 5 other members who are non-executive Board members.

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

1.2   Quorum

The quorum necessary for the transaction of business shall be any 3 of the 6 members of ARC. A duly convened meeting of ARC at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

1.3   Secretariat

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

1.4   Meetings

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

The Board or the Accounting Officer may also ask ARC to convene further meetings to discuss particular issues on which they may require ARC's advice.

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

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

ARC may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank consideration of any particular matter.

1.5   Reporting

The Chairperson of ARC will report formally to the Board after each meeting.

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

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

ARC will make whatever recommendations to the Board or to the Accounting Officer it deems appropriate in relation to any matter within its remit where action or improvement is needed.

ARC will provide the Board with an Annual Report, timed to support the finalisation of annual accounts and the Governance Statement, summarising its conclusions from the work and activities that it has

undertaken during the year.

1.6 Rights

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

ARC may commission specialist ad-hoc advice subject to budgets agreed by the Board.

1.7 Access

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

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

2.0 Responsibilities

ARC will provide the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority in relation to:

2.1 Financial Reporting

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

Reviewing and challenging where necessary:

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

2.2   Internal Controls and Risk Management Systems

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

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

2.3   Internal / External Audit

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

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

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

2.4   Other

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

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

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

3.0   Information Requirements

For each meeting ARC will be provided with:

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

A progress report from the Head of Internal Audit summarising:

- Work performed (and a comparison with work planned)
- Key issues emerging from Internal Audit work

- Management response to audit recommendations
- Changes to the Internal Audit Plan
- Any resourcing issues affecting the delivery of Internal Audit objectives
- The extent of implementation of agreed recommendations

A progress report from External Audit summarising:

- Work performed
- Key issues emerging
- Management response to audit findings

As and when appropriate ARC will be provided with:

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

Standing Order Five: Board Committees and Panels

Appendix 3: Appointment of Part II medical practitioners and Second Opinion Appointed Doctors

The power to appoint Part II medical practitioners and Second Opinion Appointed Doctors (SOADs) was vested in RQIA following the transfer of functions from the former Mental Health Commission, under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.

Part II and SOAD appointments are not automatic; the suitability of each applicant is considered by an Appointment Panel, which takes account of the relevant experience, training and professional standing of the medical practitioner.

Once appointed, all Part II medical practitioners and SOADs are required to comply with the general provisions set out in the Mental Health (Northern Ireland) Order 1986, or any revision thereof.

Membership

The Appointment Panel is made up of:

- Director of Improvement – Appointment Panel Chair
- Assistant Director of Mental Health and Learning Disability
- A Sessional Professional Officer
- Two RQIA Board members
- Appointment Panel Administrator

Quorate Requirements

To facilitate any Appointment Panel meeting to proceed, a quorum of four of the six Panel members is required, one of whom should be an RQIA Board member.

Meetings

The Appointment Panel meet on a monthly basis.

Policy

RQIA has separate Part II and SOAD appointment policies which set out the general principles and processes for appointing a consultant psychiatrist as either a Part II medical practitioner or a SOAD.

These policies should be read in conjunction with other associated documents;

- Procedure for Appointing Part II Medical Practitioners;
- Guidance for Appointing Part II Medical Practitioners;
- Procedure for Appointing Second Opinion Appointed Doctors;
- Guidance for Appointing Second Opinion Appointed Doctors.

Further information can be obtained from the Appointment Panel Chair, currently the Director of Improvement and Medical Director.

Standing Order Six: Code of Conduct

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Standing Order Six: Code of Conduct

6.1   Introduction

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

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

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

6.2   Public Service Values

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

- Accountability
- Probity or integrity
- Openness

These values are the responsibility of the Chairperson, Board Members, RQIA Members and all staff.

In addition to the above principles, the First Report of the Committee on Standards in Public Life (Nolan) emphasized a code of best practice, which shall be incorporated into all public bodies' codes of conduct. These are:

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

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

6.3 General Principles

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

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

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

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

6.4 Public Service Values in Management

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

It is unacceptable for the Board of any HSC organisation, or any individual within the organisation for which the Board is responsible, to ignore public service values in achieving results. The Chairperson, Board Members and all staff have a duty to ensure that public funds are properly safeguarded and that at all times RQIA conducts its business as efficiently and effectively as possible.

Proper stewardship of public monies requires value for money to be high on the agenda of the Board at all times. Employment, procurement and accounting practices within RQIA must reflect the highest professional standards.

Individuals are expected to:

- Ensure that the interests of patients and clients remain paramount at all times;

- Be impartial and honest in the conduct of their official business;
- Use public funds entrusted to them to the best advantage of the service as a whole always ensuring value for money in the procurement of goods and services.

Public statements and reports issued by RQIA, or individuals within RQIA, should be clear, comprehensive and balanced, and shall fully represent the facts. They shall also appropriately represent the corporate decisions of the Board, or be explicit in being made in a personal capacity, where this is considered necessary.

Annual and all other key reports shall be issued in good time to all individuals and groups in the community who have a legitimate interest in health and social services issues to allow full consideration by those wishing to attend public meetings on local health and social services issues.

6.5   Public Business and Private Gain

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

It is the responsibility of all RQIA members and staff to ensure that they do not:
- Abuse their official position for personal gain or to benefit their family or friends or to benefit individual contractors;
- Seek to advantage or further private business or other interests in the course of their official duties.

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

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

6.6   Anti-Fraud Policy

RQIA is absolutely committed to maintaining an honest, open and well-intentioned atmosphere. It is therefore also committed to the elimination of any fraud within RQIA and to the rigorous investigation of any such cases.

Managing the Risk of Fraud (NI): A Guide for Managers (DOF December 2011), a Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA, December 2014 and Managing the Risk of

Bribery and Corruption, NIAO, November 2017 are critical practice guides in use by RQIA in the management and prevention of Fraud.

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

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

ARC are provided with a quarterly report on Fraud incidents.

6.7   Hospitality

Providing Hospitality

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

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

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

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

Receiving Hospitality

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

Board members and staff shall decline all other offers of hospitality or entertainment. If a situation arises in which, whatever the scale of the hospitality, it could be perceived as likely to compromise their integrity, Board members and staff should politely decline the hospitality offered. If in doubt, advice shall be sought from their

immediate superior officer or the Head of the Business Support Unit.

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

NB See also SO6.12 on **Alcohol Policy**.

6.8   Gifts

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

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

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

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

6.9   Sponsorship

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

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

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

- Acceptance of commercial sponsorship of conferences, courses or other events run by RQIA may only be accepted if it can be demonstrated that:
- promotional material of the sponsor does not unduly dominate the venue;

- no particular product is being promoted or receiving an implicit endorsement by association with RQIA;
- other competing commercial bodies have been given an equal opportunity to sponsor and be associated with a particular event or other such events over a period of time.

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

6.10   Register of Hospitality, Gifts and Sponsorship

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

6.11   Declaration of Interests

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

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

a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.
c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the HSC.
d) A position of trust in a charity or voluntary organisation involving the field of health and social care.
e) Any connection with a voluntary or other organisation contracting for HSC services.
f) Any other commercial interest in a matter presented to the RQIA for decision.
g) Any other non-pecuniary interest, work, activity or membership of an organisation which could be affected by the actions and decisions of RQIA.

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

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

(**NB** there may be exceptional circumstances, and SO.4.2.21 shall be applied)

Register of Interests

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

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

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

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

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

6.12   Substance Abuse

RQIA discourages any form of substance abuse by its Board members and staff. Under the terms of individual contracts of employment, disciplinary action may be instituted if an employee is unable to perform the duties of his / her post as a result of any form of substance abuse or if the resulting actions of an employee brings RQIA into disrepute.

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

Alcohol policy

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

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

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

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

Drugs Policy

RQIA expects Board members and staff to observe the law both during and outside working hours.

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

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

Smoking Policy

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

6.13 Misuse of Internet Facilities

Staff, in the conduct of their work for RQIA, have access to the Internet for research and other work related activities. RQIA's IT security policy states that intentional misuse of the Internet by staff that can be deemed to be of an illegal, offensive or unethical nature is unacceptable and therefore may result in RQIA taking disciplinary action, e.g. in the case of:

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

6.14   Staff Policies and Procedures

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

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

6.15   Whistleblowing

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

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

ARC are provided with a quarterly update on Whistleblowing reports.

6.16   Powers and duties

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

The Chairperson and Board members shall pay particular regard to SO2 which sets out the main functions of the Board and those matters that are reserved to the Board.

When acting in the capacity of a member of a Board Committee, they shall pay regard to the appropriate Scheme of Delegation which sets

out those matters which have been delegated by the Board.

Those staff whose position is operational, that is the Chief Executive, Directors, Senior Professional Advisors, managers and other staff, shall pay regard to any appropriate Scheme of Delegation either by the Board or by the Chief Executive. This may delegate responsibility to the individual in a personal capacity or as a member of a group or team.

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

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

Standing Order Seven: Standing Financial Instructions

Foreword

1   **Introduction**

2   **Control Framework**

3   **Revenue Resource Limit and Expenditure Limit Control**

4   **Promoting Financial Stability**

5   **Funding, Business Planning, Budgets, Budgetary Control and Monitoring**

6   **Annual Report and Accounts**

7   **Bank Accounts**

8   **Income Systems, Fees and Charges Debt Recovery and Security of Cash, Cheques and other Negotiable Instruments**

9   **Recruitment, Terms of Service, Remuneration, Appointments and Payroll Processing**

10   **Non-Pay Expenditure for RQIA Administration including Procurement Procedures**

11   **Capital Expenditure, Fixed Asset Registers and Security of Assets**

12   **Stores and Receipt of Goods**

13   **Disposals and Condemnations, Losses and Special Payments**

14   **Gifts and Hospitality**

15   **Information Technology**

16   **Payments to Independent Contractors**

17   **Retention of Documents**

18   **Risk Management**

Standing Order Seven: Standing Financial Instructions

Foreword

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

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

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

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

Standing Order Seven: Standing Financial Instructions

1   Introduction

1.1   General

These Standing Financial Instructions (SFIs) are issued for the regulation of the conduct of RQIA in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of RQIA.

These SFIs detail the financial responsibilities, policies and procedures to be adopted by RQIA. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, economy, efficiency, effectiveness and accuracy of accounting.

These SFIs identify the financial responsibilities that apply to everyone working for RQIA. They do not provide detailed procedural advice. These statements shall therefore be read in conjunction with the detailed departmental and financial procedure notes. The Head of the Business Support Unit and /or the Director of Finance, BSO must approve all financial procedures.

Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Head of the Business Support Unit or a Senior Manager MUST BE SOUGHT BEFORE YOU ACT; FAILURE TO COMPLY WITH SFIs IS A DISCIPLINARY MATTER WHICH COULD RESULT IN DISMISSAL.

1.2   Responsibility

RQIA Board

The Board exercises financial supervision and control by:

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

RQIA shall delegate responsibility for the performance of its functions in accordance with the Schemes of Delegation adopted by the Board. (The Board shall keep the extent of delegation under review.)

Chief Executive

Notwithstanding the SFIs, the Chief Executive as The Accounting Officer is ultimately accountable to the Board for ensuring that RQIA meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for RQIA's activities and is responsible to the Board for ensuring that its financial obligations and targets are met.

The Chief Executive is nominated by the Department's Accounting Officer i.e. DOH Permanent Secretary who is ultimately responsible to the Minister, the Northern Ireland Assembly or Parliament.

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

It is a duty of the Chief Executive to ensure that existing Executives, Management and employees and all new appointees are notified of and understand their responsibilities within these instructions.

Head of the Business Support Unit

The Head of the Business Support Unit acting in conjunction with the Business Services Organisation is responsible for:

a) implementing RQIA's financial policies and for co-coordinating any corrective action necessary to further these policies;
b) maintaining an effective system of internal control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
c) ensuring that sufficient records are maintained to show and explain RQIA's transactions, in order to disclose, with reasonable accuracy, the financial position of RQIA at any time;

Without prejudice to any other functions of Executives, Management and employees of RQIA, the duties of the Head of the Business Support Unit acting in conjunction with the Business Services Organisation include:

d) the provision of financial advice to the Board, EMT and employees;
e) the design, implementation and supervision of systems of financial control; and
the preparation and maintenance of such accounts, certificates, estimates, records and reports as RQIA may require for the purpose of carrying out its statutory duties.

Directors and employees

All directors and employees, severally and collectively, are responsible for:
a) the security of the property of RQIA;
b) avoiding loss;
c) exercising economy and efficiency in the use of resources; and
d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Schemes of Delegation.

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

For any and all Directors and employees who carry out a financial function, the form in which financial records are kept and the manner in which directors and employees discharge their duties must be to the satisfaction of the Head of the Business Support Unit.

2.0 Control Framework

2.1 Independent Audit & Risk Committee (ARC)

In accordance with Standing Order 5, the Board shall establish an ARC. The ARC Terms of Reference are outlined in SO5, Appendix 2. ARC shall provide an independent and objective view of internal control by:

a) overseeing Internal and External Audit services;
b) reviewing financial systems;
c) ensuring compliance with Standing Orders and Standing Financial Instructions; and
d) reviewing schedules of losses and compensations and making recommendations to RQIA Board.

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

It is the responsibility of the Head of the Business Support Unit to ensure that an adequate internal audit service is provided by BSO Internal Audit. .

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

2.2 Head of the Business Support Unit

The Head of the Business Support Unit is responsible for:

a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control with the support of the independent internal audit function;
b) ensuring that the internal audit is adequate and meets the standards set out in the Internal Audit Plan;
c) deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities; and
d) ensuring that an annual audit report is prepared for the consideration of ARC on behalf of RQIA. The report must include:

   (i) a clear statement on the effectiveness of Internal Control
   (ii) progress against plan approved by the Audit and Risk Committee;
   (iii) major internal financial control weaknesses discovered;
   (iv) progress on the implementation of internal audit recommendations;
   (v) strategic audit plan covering the coming three years; and
   (vi) a detailed plan for the coming year.

The Head of the Business Support Unit and/or designated auditors are entitled without necessarily giving prior notice to require and receive:

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

2.3 Internal Audit

Internal Audit shall review, appraise and report upon:

a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

b) the adequacy and application of financial and other related

management controls;

c) the suitability of financial and other related management data; and

d) the extent to which RQIA's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
   (i) fraud and other offences;
   (ii) waste, extravagance, inefficient administration; and
   (iii) poor value for money or other causes.

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

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

The reporting system for internal audit is as follows:

- an urgent interim report is to be made orally or in writing to alert management to the need to take immediate action to correct a serious weakness in performance or control or whether there are reasonable grounds for suspicion of malpractice;

- on completion of an audit, a report is to be sent to the Director or Manager who has a direct responsibility for the activity being audited and who has responsibility to take action on recommendations;

- interim reports are also to be made where it is necessary to make a significant change in the scope of the assignment or where it is desirable to inform management of progress;

- the appropriate Director or Manager shall produce a timely management response to each internal audit report; and

- the internal audit reports and management responses must be submitted to the Audit and Risk Committee for consideration.

2.4   External Audit

The Comptroller and Auditor General (C&AG) audits RQIA's annual accounts and passes the accounts to the sponsor Department who shall lay them before the Assembly. For the purpose of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

The Northern Ireland Comptroller and Auditor General is the appointed External Auditor of RQIA, who may outsource the External Audit programme to appropriately qualified private sector organisations. The C&AG shares with the sponsor Department relevant information identified during the audit process including the report to those charged with governance at the completion of the audit.

3   Revenue Resource Limit and Expenditure Limit Control

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

The Head of the Business Support Unit through the Business Services Organisation shall:

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

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

4   Promoting Financial Stability

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

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

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

5.1 Funding

The Head of the Business Support Unit in conjunction with the Business Services Organisation of RQIA shall:

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

5.2 Preparation and Approval of Business Plans and Budgets

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

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

Prior to the start of the financial year the Head of the Business Support Unit in conjunction with the Business Services Organisation shall, on behalf of the Chief Executive, prepare and submit budgets for consideration by the Executive Team and approval by the Board. Such budgets shall:
a) be in accordance with the aims and objectives set out in the Financial Plan;
b) accord with workload and manpower plans;
c) be produced following discussions with any Third Party service

providers;
d) be prepared within the limits of available funds; and
e) identify potential risks.

The Head of the Business Support Unit in conjunction with the Business Services Organisation shall monitor financial performance against budgets, periodically review them, and report to the Executive Team and the Board. The Head of the Business Support Unit shall advise the Chief Executive on the need to apply any contingency reserve.

All budget holders shall ensure that the necessary Business Case preparation and approvals have been obtained from the Board **before** committing to recurrent revenue expenditure. Failure to obtain the required Departmental approvals will mean that the expenditure has been incurred without the required authority and is a serious matter (DAO (DFP) 06/12 refers).

RQIA budget holders should provide information and estimates as required by the Head of the Business Support Unit in conjunction with the Business Services Organisation to enable budgets to be compiled.

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

5.3 Budgetary Delegation

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
a) the amount of the budget;
b) the purpose(s) of each budget heading;
c) individual and group responsibility;
d) RQIA to exercise virement, only within total revenue or total Capital (NB no virement between revenue and capital);
e) achievement of planned level of service; and
f) the provision of regular reports.

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

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

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

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

5.4 Budgetary Control and Reporting

The Head of the Business Support Unit in conjunction with the Business Services Organisation shall devise and maintain systems of budgetary control. These shall include:

a) monthly financial reports to the Board in a form approved by the Board containing:
    (i) income and expenditure to date showing trends and forecast year-end position;
    (ii) movements in working capital;
    (iii) material capital project spend and projected outturn against plan;
    (iv) explanations of any material variances from the plan; and
    (v) details of any corrective action where necessary and the Chief Executive's and/or Head of the Business Support Unit view of whether such actions are sufficient to correct the situation.

b) the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;
c) investigation and reporting of variances from financial, workload and manpower budgets;
d) monitoring of management action to correct variations; and
e) arrangements for the authorisation of in-year budget transfers.

Each Budget Holder is responsible for ensuring that:

a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Chief Executive or Head of the Business Support Unit;
b) the amount provider in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
c) all estimated budgets are reviewed regularly especially where there is a projected impact of their delegated budget;
d) no new posts are to be filled without the approval of the Chief Executive and confirmation by the Head of the Business

Support Unit that sufficient funds are available within RQIA's budget to meet the full cost of employment; and

e) they have access to adequate management information and financial advice to ensure that they manage staffing and other budgets effectively within delegated limits.

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

5.5 Capital Expenditure

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

5.6 Economic Appraisal for Capital and Current Expenditure Projects

Where RQIA proposes to incur/commit expenditure it is essential that a robust evaluation and decision-making process is undertaken. The prescribed method is a proportionate economic appraisal. The detail of such appraisals is included in:

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

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

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

5.7 Capital Monitoring Returns

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

6 Annual Report and Accounts

The Chief Executive, on behalf of RQIA, shall:

  a) arrange for the preparation of annual accounts and financial reports in accordance with the most recent Government Financial Reporting Manual (FReM) provided by the Department annually, RQIA's accounting policies, and generally accepted accounting principles;

  b) certify and submit audited Annual Accounts to the Department in accordance with current prescribed guidelines and timetable; and

  c) submit the prescribed financial returns to the Department for each financial year in accordance with the prescribed timetable.

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

RQIA shall publish an Annual Report and Accounts and present it at a public meeting. Inter alia the document shall include or provide ready access to:

  a) a summary financial statement consistent with the Annual Accounts of RQIA supported by a statement from the External Auditor that this is so;

  b) a note stating whether the External Auditor's report to the annual accounts was qualified or unqualified and, if qualified, set out the report in full together with any further material needed to understand the qualification;

  c) a report from the Chairperson of the Board outlining RQIA's main activities and performance during the previous financial year and RQIA's forward plans set out in summary form;

  d) a report from the Chairperson of ARC outlining the performance of ARC, with a particular focus on the management of risks in RQIA and response to recommendations from Internal / External Audit reviews;

  e) remuneration of the Chairperson, the Chief Executive and other Senior Executives in accordance with current guidance from the Department;

  f) details of relevant directorships and other significant interests of Board members;

  g) composition of the Appointment and Remuneration Committee and the Audit and Risk Committee; and

  h) all other specified disclosures consistent with best practice in the publication of Annual Accounts for a public service body

7 Bank Accounts

7.1 General

The Head of the Business Support Unit through the Business Services Organisation is responsible for managing the banking arrangements and for advising RQIA on the provision of banking

services and operation of accounts. The advice shall take into account guidance/direction issued from time to time by the Department.

RQIA shall be notified of the banking arrangements put in place by the Chief Executive, on the advice of the Director of Finance, BSO.

7.2   Bank Accounts

The Director of Finance, BSO is responsible for:
a) bank accounts;
b) establishing separate bank accounts as appropriate for RQIA's non-exchequer funds;
c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and
d) reporting to the Chief Executive all arrangements made with the bankers for accounts to be overdrawn.

7.3   Procedures

The Director of Finance, BSO shall prepare detailed instructions on the operation of bank accounts, which must include;
a) the conditions under which each bank account is to be operated;
b) the limit to be applied to any overdraft; and
c) those authorised to sign cheques or other orders drawn on the accounts.

The Director of Finance, BSO must advise the bankers in writing of the conditions under which each account shall be operated.

7.4   Tendering and review

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

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

8.1   Income Systems

The Head of the Business Support Unit is responsible for managing a Service Level Agreement for the provision of Income Shared Services from BSO.

The Director of Finance, BSO is responsible for designing, maintaining and ensuring compliance with systems for the proper

recording, invoicing, collection and coding of all monies due, including 'HSC' transactions.

The Head of Shared Services, BSO is also responsible for the prompt banking of all monies received.

8.2 Fees and Charges

The Head of the Business Support Unit is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department or by Statute. Independent advice on matters of valuation shall be taken as necessary.

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

8.3 Debt Recovery

The Head of the Business Support Unit is responsible for ensuring that the Shared Services complies with appropriate recovery action on all outstanding debts.

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

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

8.4 Security of Cash, Cheques and other Negotiable Instruments

The Director of Finance, BSO is responsible for providing clarity to Shared Services on the systems for:

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

Public Funds shall not, under any circumstances, be used for the

encashment of private cheques.

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

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

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

9.1   Remuneration and Terms of Service

RQIA shall formally agree and record in the minutes of its meetings, the precise terms of reference of the Appointments and Remuneration Committee, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. Ref Standing Order 5: Appendix 1 Terms of Reference, Appointment and Remuneration Committee.

The Committee shall:

    a) advise the Board as to the appropriate remuneration and terms of service for the Chief Executive, directors and senior professional advisors (and other senior employees):
        i.   all aspects of salary (including any performance-related elements/bonuses);
        ii.   provisions for other benefits, including pensions and cars; and
        iii. arrangements for termination of employment and other contractual terms.
    b) such advice is intended to ensure the above are fairly rewarded for their individual contribution to RQIA – having proper regard to RQIA's circumstances and performance and to the provision of any national arrangements for such staff or Departmental guidance where appropriate;
    c) monitor the evaluation of the performance of individual directors and senior professional advisors (and other senior employees); and
    d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national or Departmental guidance as is appropriate.

The Committee shall report through its minutes to the Board the basis for

its recommendations. The Board shall use the minutes to note the basis for the Committee's decisions, but remain accountable for taking decisions on the remuneration and terms of service of Senior Executives and employees.

The Committee shall consider and approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for other employees.

RQIA shall remunerate the Chairperson and Members in accordance with the Payment of the Remuneration to Chairmen and Members Determination by the Minister or Sponsor Department as appropriate.

9.2   Funded Establishment

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

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

9.3   Staff Appointments

No director or employee may engage, re-engage, or regrade employees, either on a permanent or temporary basis, or hire agency staff, or agree to changes in any aspect of remuneration:
   a) unless authorised to do so by the Chief Executive; and
   b) within the limit of his approved budget and funded establishment as confirmed by the Head of the Business Support Unit.

9.4   Processing of Payroll

The Head of the Business Support Unit is responsible for managing a Service Level Agreement for the provision of Payroll Shared Services from BSO.

The Head of Shared Services, BSO is responsible for designing, maintaining and ensuring compliance with systems for the proper processing of payroll.

The Head of Shared Services, BSO is responsible for:
   a) specifying timetables for submission of properly authorised time records and other notifications;
   b) the final determination of pay;
   c) making payment on agreed dates; and
   d) agreeing methods of payments.

The Head of Shared Services, BSO shall issue instructions regarding:

   a) verification and documentation of data;

b) the timetable for receipt and preparation of payroll data and the payment of employees;
c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
d) security and confidentiality of payroll information;
e) checks to be applied to completed payroll before and after payment;
f) authority to release payroll data under the provisions of the Data Protection Act;
g) methods of payment available to various categories of employee;
h) procedures for payment by cheque, bank credit, or cash to employees;
i) procedures for the recall of cheques and bank credits;
j) pay advances and their recovery;
k) maintenance of regular and independent reconciliation of pay control accounts;
l) separation of duties of preparing records and handling cash; and
m) a system to ensure the recovery from leavers of sums of money and property due by them to RQIA.

Appropriately nominated managers have delegated responsibility for:

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

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

9.5   Contract of Employment

The Chief Executive through the Business Services Organisation, Human Resources shall make appropriate arrangements for:
a) ensuring that all employees are issued with a Contract of Employment in a form approved by RQIA and which complies with employment legislation; and
b) detailing variations to, or termination of, contracts of employment.

9.6 Staff Training

Training is available for all staff and aims to encourage and support the personal and professional development of staff. All staff are required to complete mandatory training annually. Training and personal development aims to create a learning culture and develop a competency-based approach. Individuals are encouraged to address their own training needs and the opportunity for this is within their annual performance appraisal meeting.

10 Non-pay Expenditure for RQIA Administration Including Procurement Procedures

10.1 Delegation of RQIA

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

The Chief Executive shall set out:
a) the list of managers who are authorised to place requisitions for the supply of goods and services; and
b) the maximum level of each requisition and the system for authorisation above that level.

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

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

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

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money (VFM) for RQIA. The concept of VFM remains central to the procurement policy.

Twelve guiding principles have been adopted as the basis of procurement policy, which are:
- Transparency;
- Integrity;
- Fair Dealing;
- Consistency;
- Purchasing by competition;

- Responsiveness;
- Informed decision making;
- Legality;
- Effectiveness;
- Efficiency;
- Integration; and
- Accountability

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

The Head of the Business Support Unit is responsible for managing a Service Level Agreement for the provision of Payments Shared Services from BSO.

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

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

The Head of the Business Support Unit shall:

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

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

The Head of the Business Support Unit through BSO Shared Services will ensure:

a) the account is arithmetically correct;
b) the account is in order for payment;
c) a timetable and system for submission of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment within Payments Shared Services;
d) instructions to employees regarding the handling and payment of accounts within Payment Shared Services;
e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

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

Official orders must:
a) be consecutively numbered;
b) be in a form approved by the Head of the Business Support Unit;
c) state the terms and conditions of trade; and

d) only be issued to, and used by, those duly authorised by the Chief Executive.

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

a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Head of the Business Support Unit in advance of any commitment being made;

b) contracts above specified thresholds are advertised and awarded in accordance with Procurement Guidance Notes as issued to DoH Arms' Length Bodies under HSC(F) circulars, Public Contract Regulations 2015 (other than specialist services sought from or provided by DoH) and for disposals, except where any of these goods and services are provided under existing contracts let by other Public Bodies which can properly be used by and are available to RQIA;

c) where consultancy advice is being obtained, the procurement of such skills must be in accordance with the current guidance issued by the Department, and must be within delegated limits outlined in the Financial Memorandum;

d) no order shall be issued for any item or items to any firm which has made an offer of reward or benefit to Members or employees, other than:

(i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; or

(ii) conventional hospitality, such as lunches in the course of working visits;

e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Executive or the Head of the Business Support Unit on behalf of the Chief Executive;

f) all goods, service, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;

g) verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. An official order clearly marked 'Confirmation Order' must confirm these;

h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

i) goods are not taken on trial or loan in circumstances that could commit RQIA to a future uncompetitive purchase;

j) changes to the list of managers/employees authorised to certify invoices are notified in a timely manner to the Head of the Business Support Unit;

k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Head of the Business Support Unit;

l) petty cash records are maintained in a form as determined by the Head of the Business Support Unit.

The Chief Executive **must** ensure that RQIA's Standing Orders are compatible with the requirements issued by the Department in respect of

building and engineering contracts (the Estates procurement Manual and Capital Investment Manual and published Procurement Guidance Notes), and land and property transaction (Land Transaction Handbook).   The technical audit of these contracts shall be the responsibility of the Head of the Business Support Unit. The Head of the Business Support Unit shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

11   Capital Expenditure, Fixed Asset Registers and Security of Assets

11.1   RQIA's Capital Expenditure

The Chief Executive or delegated officer:

    a)   shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the commissioning plans;

    b)   is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

    c)   shall ensure that the capital investment is not undertaken without the resources to finance all revenue consequences, including capital charges; and

    d)   is required to seek Departmental approval of all capital projects.

For every capital expenditure proposal the Chief Executive or his/her nominee shall ensure:

    a)   that a **business case** is produced in accordance with Departmental Instruction as outlined in the Capital Accounting Manual and the Green Book: Appraisal and Evalutaion in Central Government. The business case should include:

       (i)   an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and

       (ii) appropriate project management and control arrangements; and

    b)   that the Head of the Business Support Unit is satisfied with the reliability of the estimated costs and resource consequences detailed in the business case;

    c)   that Departmental approval is obtained for projects costing more than RQIA's delegated limit for capital schemes;

    d)   schemes requiring Departmental approval are re-submitted to the Department for re-consideration if any of the conditions specified in the Capital Accounting Manual and the Green Book: Appraisal and Evaluation in Central Government apply.

For capital schemes where the contracts stipulate stage payments, the Chief Executive shall issue procedures for their management, incorporating the

recommendations of 'Estatecode'.

The Head of the Business Support Unit shall issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.

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

The Chief Executive shall issue to the manager responsible for any scheme:
a) RQIA to commit expenditure;
b) RQIA to proceed to tender; and
c) approval to accept a successful tender.

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

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

11.2 Asset Registers

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

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

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

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

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

The Director of Finance, BSO Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

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

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

The Director of Finance, BSO shall calculate and pay capital charges as specified in the Capital Accounting Manual, issued by the Department.

11.3   Security of Assets

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

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

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

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

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

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

Where practicable, assets shall be marked as RQIA property.

12   Stores and Receipt of Goods

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

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

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

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

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

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

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

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

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

the recharge.

13   Disposals and Condemnations, Losses and Special Payments

Disposals and Condemnations

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

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

All unserviceable articles shall be:
   a) condemned or otherwise disposed of by an employee authorised for that purpose by the Head of the Business Support Unit; and

   b) recorded by the Condemning Officer in a form approved by the Head of the Business Support Unit which shall indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Head of the Business Support Unit.

The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Head of the Business Support Unit who shall take the appropriate actions.

13.2   Losses and special payments

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

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

The Head of the Business Support Unit must notify the Department of all frauds.

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

a) ARC; and
b) BSO's Counter Fraud and Probity Services.

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

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

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

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

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

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

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

14.0   Gifts and Hospitality

All Board members, RQIA staff and other staff contracted to work on behalf of RQIA have a responsibility, in the interest of public confidence, to exhibit high standards of propriety and carry out their role with dedication and commitment to the RQIA's core values of independence, inclusiveness, integrity, accountability, professionalism and effectiveness.

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

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

15   Information Technology

15.1   The Director of Finance, BSO , who is responsible for the accuracy and security of the computerised financial data of RQIA, shall in accordance with HSC IT Security Policy:

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

b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

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

15.3   In the case of computer systems which are proposed General Applications (i.e. normally those applications which HSC organisations wish to sponsor jointly) all responsible directors and employees shall send to the Director of Finance, BSO:

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

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

15.5   Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance, BSO shall periodically seek assurances that adequate controls are in operation.

15.6   Where computer systems have an impact on corporate financial systems the Director of Finance, BSO shall be satisfied that:

a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Communications and Technology Strategy (ICT);
b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
c) Finance staff have access to such data;
d) such computer audit reviews as are considered necessary are being carried out; and
e) an outturn statement comparing actual with forecast performance. Special reference shall be made to any supplementary funding requirements.

16   Payments to Independent Contractors

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

16.2   The Chief Executive shall:

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

16.3   The Head of the Business Support Unit shall:

a) ensure that only contractors included in RQIA's approved lists receive payments;
b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
c) ensure that regular independent verification of claims is undertaken, to confirm that:
    (i) rules have been correctly and consistently applied;
    (ii) overpayments are detected (or preferably prevented) and recovery initiated by BSO Shared Services; and
    (iii) fraud is detected (or preferably prevented).
d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further

investigation; and

e) ensure that a prompt response is made to any query raised by either the Business Services Organisation or Counter Fraud Unit regarding claims from contractors submitted directly to them.

17   Retention of Documents

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

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

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

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

The Department's Guidelines for managing records, Good Management, Good Records, and the regular updates give an overview of the key issues and solutions, and best practice for HSC organisations to follow when preparing a records management strategy. It represents the joint DoH and PRONI view of how records should be administered and set the standards required of the HSC. The Disposal Schedule in Good Management, Good Records has been approved by PRONI. It sets out minimum retention periods for HSC records of all types, except for GP medical records, and indicates which records are most likely to be appropriate for permanent preservation. It consolidates the guidance contained in Departmental circulars such as Retention of Personal Health Records (for Possible use in Litigation) – HSSE (sc) 3/96 and Preservation and Destruction of Financial and Associated Records – HSS (F) 14/2003. It is also explains the reasoning behind the determination of minimum retention periods, including legal requirements where relevant.

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

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

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

18   Risk Management

The Chief Executive shall ensure that RQIA has a systematic programme of risk identification, assessment and management, which shall be approved and monitored by ARC on behalf of RQIA. ARC together with the Executive Management Team complete an annual horizon scanning exercise to facilitate the completion and review of the Corporate Risk Register.

The risk management programme shall include:

a) a process for identifying and quantifying risks and potential liabilities;
b) engendering among all levels of staff a positive attitude towards the identification and control of risk;
c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control;
d) contingency plans to mitigate the impact of adverse events;
e) audit arrangements including internal audit, clinical and social care audit, health and safety review;
f) arrangements to review the risk management programme on an

annual basis, as stipulated by the Departmental Controls Assurance programme.

g) A corporate risk register must be maintained and reviewed at least once quarterly.

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

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	Audit Committee Business
Agenda Item	7
Reference	E/01/19
Author	Hayley Barrett
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 2 May, the minutes of the meeting of 6 March 2019 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 2 May 2019.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 14 June 2019.

MINUTES

RQIA Audit Committee Meeting, 6 March 2019
Boardroom, 9th Floor, Riverside Tower, Belfast, 10:00am

Present	In attendance
Denis Power (Chair)	Olive Macleod (Chief Executive)
Patricia O'Callaghan	Rosemary Peters Gallagher (Moore Stephens (NI)
Robin Mullan	LLP)
Gerry McCurdy	David Charles (Assistant Head of Internal Audit)
	Stephen Knox (Northern Ireland Audit Office)
	Dennis Rocks (Department of Health)
	Hayley Barrett (Board & Executive Support Manager)

Apologies
Seamus Magee
Lindsey Smith
Catherine McKeown (Head of Internal Audit)
Jennifer Lamont (Head of Business Support)

1.0   Welcome and Apologies

1.1   The Chair welcomed all members and officers to the Audit Committee meeting. The Chair welcomed Dennis Rocks and David Charles to the meeting. Apologies were noted from Seamus Magee, Lindsey Smith, Catherine McKeown and Jennifer Lamont.

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
   - **Timetable for Audit Committee 2019/20**
   - **Timetable for 2018/19 Final Accounts**

3.1   The Chair advised following approval of the Management Statement and Financial Memorandum he has been working with the Board and Executive Support Manager to complete a full review of the Standing Orders that is anticipated to be presented to Audit Committee in May 2019.

3.2   The Chair advised that the Board and EMT members met to complete a horizon scanning exercises and the updated PESTLE analysis has been shared.

3.3   The Chair advised Committee members that the timetable for RQIA Audit Committee meetings 2019/20 has been included in the papers. The Audit Committee meetings have a revised time of 10.00am. In order to follow the timeline of Final Accounts, Committee members agreed to change the date of the June Audit Committee meeting to 14 June 2019 at 2.00pm.

3.4   The Chair shared the timetable for 2018/19 Final Accounts for information. The Chair advised that he would liaise with RQIA to review the draft final accounts.

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

4.0   Minutes of previous meeting (AC/Min18/Oct)
   - **Matters Arising**
   - **Notification of AOB**
   - **Action List Review**

4.1   Subject to minor spelling amendments, Committee members **APPROVED** the minutes of the meeting of 18 October 2018, for onward transmission to the Board on 21 March 2019.

4.2   **Resolved Action (386)**
Board & Executive Support Manager to bring the Audit Committee minutes of 18 October 2018 to the March meeting of the Board for noting.

4.3   The Chair noted that actions 381, 382, 385 are all completed. In relation to action 383 the Board and Executive Support Manager advised that the Policy Group are due to meet on Wednesday 12 March to approve the Records Management Policy. The Board and Executive Support Manager advised that in relation to action 384 regarding the National Fraud Initiative Review, there were five matches within RQIA that have all been closed with no issues.

5.0   Chief Executive Update on key risks

5.1   The Chief Executive informed members that since the last Audit Committee she has been in regular contact with Four Seasons Healthcare in relation to their financial restructure. The Chief Executive advised that the standstill arrangement ended on 5 March 2019, however additional finance was pending. The Chief Executive advised that Four Seasons Healthcare anticipate that the sale is imminent.

5.2   The Chief Executive informed members that there are no current concerns with the quality of care provided by any of the Four Seasons Nursing or Residential Homes within Northern Ireland.

5.3   The Chief Executive informed members that Drumclay Nursing Home, Enniskillen, was unable to recruit nursing staff to deliver safe care and therefore withdrew their registration. The Chief Executive advised that the Western HSC Trust may take over the management of this home. An

update will be provided at the next meeting.

5.4 **Resolved Action (387)**
The Chief Executive to provide an update in relation to Drumclay Nursing Home, Enniskillen at the meeting of Audit Committee on 2 May 2019.

5.5 The Chief Executive advised that since the last meeting RQIA submitted their response to COPNI in relation to the recommendations outlined in the report. The Chief Executive advised that the DoH has commissioned CPEA to complete a further examination of Dunmurry Manor Care Home. RQIA has met with the CPEA Team on three occasions. The Chief Executive attended a meeting of the oversight group recently, it is anticipated that a report will be made available to the Department of Health in May 2019.

5.6 The Chief Executive advised of legal action being taken against RQIA and Runwood Homes, by one family from a deceased resident in Dunmurry Manor. The Chief Executive advised that there has been no other correspondence from the family's solicitor.

5.7 The Chief Executive advised that she has been notified of a pre judicial review relating to the registration of Meadowview Residential Home (formerly Ashbrooke Nursing Home). The Chief Executive advised that the registration procedures for Meadowview Residential Home were followed.

5.8 The Chief Executive advised the WHSCT have commissioned the 21 beds available in this home and that there are currently three residents in the home. The WHSCT and Meadowview Residential Home have agreed a phased admission plan, admitting two residents per week. The Chief Executive confirmed that there are currently no concerns with the care provided with any of the Runwood Homes.

5.9 The Chief Executive advised that in relation to Residential Beds in Nursing Homes, the DoH advice is in line with legal advice provided to RQIA. The Chief Executive advised that there are a small number of providers remaining to separately register, RQIA are working with these providers.

5.10 GMcC asked what the next step is if the remaining providers do not separately register the relevant beds. OM advised that RQIA will continue to work with the providers to reach a resolution.

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

6.0   Update on Audit Action Plan

6.1 The Board and Executive Support Manager presented the Update on Audit Action Plan to members and noted that the document will be updated after this meeting to incorporate the recommendations from the recently completed financial review audit which received a satisfactory level of

assurance.

6.2   The Board and Executive Support Manager noted that RQIA are currently behind target on three recommendations; one priority two and two priority three recommendations.

6.3   The Board and Executive Support Manager noted that in relation to action 6, the action is partially implemented. The Standing Orders are currently being reviewed in line with the revised Management Statement and Financial Memorandum, which will be presented to the Audit Committee meeting on 2 May 2019.

6.4   The Board and Executive Support Manager advised that in relation to staff training it is anticipated to have all present staff complete the information governance training by year end, it is currently at 86%. The Board and Executive Support Manager advised that SIRO training has been sourced externally and has a revised target date of the end of May 2019. The Board and Executive Support Manager IAO training will be completed by the end of the financial year.

6.5   GMcC queried if Audit Committee could be advised quarterly of the progress of all mandatory training. OM advised that a HR Report is produced annually and shared with the Board.

6.6   The Board and Executive Support Manager advised of the revised date of March 2019 for the completion of the Records Management Policy. The Board and Executive Support Manager advised that this will be presented to the Policy Group prior to onward submission to the Board in March 2019.

6.7   The Board and Executive Support Manager advised that all other actions are implemented or on target for completion.

6.8   POC queried that in relation to action 3, whether RQIA management are reviewing that the pre-inspection assessments are completed in advance of each inspection. OM advised that RQIA has moved to a live risk based approach and each team meets weekly to discuss their challenges. OM advised members that a pre-inspection analysis of notifications is completed prior to the inspection.

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

7.0   Corporate Risk Assurance Framework Report

7.1   The Chair of Audit Committee advised members and Officers that the Board and the Executive Management Team met at the Board Workshop on 21 February 2019 to discuss Horizon Scanning. The Chair advised that the updated PESTLE analysis has been shared with all members for noting.

7.2   The Board and Executive Support Manager presented the Corporate Risk Assurance Framework report and advised that there has been one amendment since the last Audit Committee meeting in October 2018.

7.3   The Board and Executive Support Manager advised that EMT have agreed that CR15 is a managed risk and will be managed on the Improvement Directorates' risk register.

7.4   Committee members agreed to the removal of CR15 to the Directorate risk register.

7.5   GMcC queried the status of corporate risks on the current Corporate Risk Assurance Framework Report.

7.6   The Chair asked that the Corporate Risk Assurance Framework Report is reviewed and revised to reflect the current risk environment and format prior to the next Audit Committee meeting on 2 May 2019.

7.7   Committee members **NOTED** the Corporate Risk Assurance Framework Report

7.8   **Resolved Action (388)**
The Corporate Risk Assurance Framework Report to be reviewed and revised to reflect the current risk environment

8.0   Internal Audit Update
To include:
  • Progress Report
  • Shared Service Audit Briefing

8.1   The Assistant Head of Internal Audit, David Charles, presented the Internal Audit Progress Report. The Assistant Head of Internal Audit advised that this is his first involvement with RQIA Audit Committee.

8.2   The Assistant Head of Internal Audit advised that the internal audit, audit plan is on target for completion. The Assistant Head of Internal Audit advised that the audit of inspections is currently underway and the financial review audit has been completed.

8.3   The Assistant Head of Internal Audit advised of a satisfactory level of assurance from the financial review audit completed in February. The Assistant Head of Internal Audit advised that the audit generated one

priority two and three priority three weaknesses which RQIA Management have accepted.

8.4   Committee members **NOTED** the Internal Audit Progress Report.

8.5   Head of Internal Audit presented the Shared Service Audit Briefing and noted that Payroll Shared Services has received limited assurance and Recruitment Shared Services has received satisfactory assurance.

8.6   Audit Committee members queried the level of assurance received following RQIA's recent issues with BSO Recruitment Shared Services.

8.7   Committee members **NOTED** the Shared Service Audit Summary.

8.8   The Assistant Head of Internal Audit advised that the Institute of Internal Audit, London conducted an audit on BSO Internal Audit last week. This audit is completed every five years.

9.0   External Audit Update
**   To include:**
*   **Letter on Contracting out External Audits**
*   **External Audit Strategy**

9.1   Stephen Knox, NIAO, advised that the procurement process was completed. Moore Stephens did not enter into the process but will commit to their current contract arrangements and will complete the audit for two years. The successful company to continue the RQIA audit were informed in February 2019.

9.2   Rosemary Peters Gallagher presented the External Audit Strategy to Committee members. Rosemary Peters Gallagher noted that the overall account materiality is £141,000, there are no significant risks identified however, a presumed significant risk of material misstatement owing to fraud arising from management override of controls has been included.

9.3   Rosemary Peters Gallagher advised Committee members of the other risk factors to include: budgetary pressures, use of shared services and associated impact on key financial controls and regularity.

9.4   Rosemary Peters Gallagher advised that the audit will commence when the draft accounts are available from 13 May 2019.

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

10.0   Update on Controls Assurance Standards

10.1   The Board and Executive Support Manager informed Committee members that the Head of Business Support met with Internal Audit on 5 March 2019 to discuss the Audit of Controls Assurance Standards.

10.2   The Board and Executive Support Manager advised that Internal Audit are undertaking an audit to ascertain how RQIA has / intends to provide assurances to the Chief Executive and Board on the issues covered by the Controls Assurance Standards (CAS) which have been rescinded by the Department of Health.

10.3   The Board and Executive Support Manager informed Committee members that a paper was presented to Audit Committee in June 2018 setting out the plans for this work with much of the assurance coming through the arrangements for the oversight of the SLA with BSO Shared Services. The Board and Executive Support Manager advised that Internal Audit are not seeking to review the evidence and oversight arrangements, however are seeking to confirm that they are in place.

10.4   The Board and Executive Support Manager advised that the two relevant Controls Assurance Standards that will be audited are Human Resources and Fire Safety. The Head of Business Support is the lead and contact for this audit.

10.5   The Assistant Head of Internal Audit advised that six checklists have been issued by the Department of Health to all HSC / ALB organisations. Internal Audit advised that the audit is to seek assurance that the governance arrangements of Controls Assurance Standards are in place.

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

11.0   Write-off of Fees 2017/18 – 2018/19

11.1   The Board and Executive Support Manager advised that the purpose of this paper was to seek Audit Committee's approval for the write-off of fees relating to 2017/18 – 2018/19.

11.2   The Board and Executive Support Manager informed Committee members that the 2017/18 debt relates to two providers who are no longer registered, debt recovery procedures have been followed and have been unsuccessful. The total amount relating to this debt is £357.29.

11.3   The Board and Executive Support Manager advised Committee members that debt relating to 2018/19 is a dental invoice of £27.22 who is no longer registered and an overpayment of £39.02 to a former employee.

11.4   Committee members **APPROVED** the Write-off of Fees 2017/18 – 2018/19.

11.5   The Board and Executive Support Manager advised that BSO are currently pursuing debt of £2940 relating to a duplicate payment made in 2015. A small claims case is being pursed against the debtor.

12.0 Standing Reports to Audit Committee
To include:
- **Whistleblowing Report**
- **Fraud and Bribery Report**
- **Direct Award Contracts (DAC's) & External Consultancy**
- **Update on DoH Circulars**

12.1 The Board and Executive Support Manager informed Committee members that no concerns have been raised under the Whistleblowing Policy to date during 2018/19.

12.3 Committee members **NOTED** the Whistleblowing Report.

12.4 The Board and Executive Support Manager informed Committee members that no acts of Fraud of Bribery have been identified to date during 2018/19.

12.5 Committee members **NOTED** the Fraud and Bribery Report.

12.6 The Board and Executive Support Manager informed Committee members that to date in 2018/19 that RQIA has not engaged External Consultants in this period.

12.7 The Board and Executive Support Manager advised Committee members that one DAC has been out in place with ICSA Boardroom Apps Limited for a one year period until 26 March 2019 for the online application BoardPad. The DAC is for the value of £10,610 excluding VAT.

12.8 Committee members **NOTED** the Direct Award Contracts (DAC's) and External Consultancy Reports.

12.9 The Board and Executive Support Manager asked members to note the Circulars issued by DoH which have no impact on RQIA Audit Committee.

12.10 The Board and Executive Support Manager advised that the circulars presented to the October Audit Committee meeting was incomplete, therefore the paper presented reflects circulars dating back to the July Audit Committee meeting. .

12.13 Committee members **NOTED** the Update on DoH Circulars.

13.0 Any Other Business

13.1 As there was no further business the Chair of the Audit Committee brought the Audit Committee meeting to a close and thanked all for their participation.

Date of Next Meeting: **Thursday 2 May 2019, RQIA Boardroom, 10:00am**

ACTION LIST

RQIA Audit Committee Meeting 6 March 2019

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
383	6.9 (19 October 2019)	The Records Management Policy will be presented to the Policy Sub Group for approval prior to onward submission to the Board.	Board and Executive Support Manager	2 May 2019	🟠
384	10.5 (19 October 2019)	A summary paper of the results from the National Fraud Initiative will be presented to the next meeting of Audit Committee in May 2019.	Board and Executive Support Manager / Head of Business Support Unit	2 May 2019	🟠
386	4.2	Board & Executive Support Manager to bring the Audit Committee minutes of 18 October 2018 to the March meeting of the Board for noting.	Board and Executive Support Manager	21 March 2019	🟢
387	5.4	The Chief Executive to provide an update in relation to Drumclay Nursing Home, Enniskillen at the meeting of Audit Committee on 2 May 2019.	Chief Executive	2 May 2019	🟢

388	7.7	The Corporate Risk Assurance Framework Report to be reviewed and revised to reflect the current risk environment	Board and Executive Support Manager / Head of Business Support	2 May 2019	🟢

Key

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

AUDIT COMMITTEE ANNUAL REPORT 2018/19

Introduction

This report highlights some of the key activities of the Audit Committee during 2018/19.

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 2019 was:

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

The Audit Committee met on four occasions during 2018/19. Meetings were held on 3 May 2018, 21 June 2018, 18 October 2018 and 6 March 2019. 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, 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 18 October 2018.

Corporate Risk Assurance Framework Report

During 2018/19, 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 21 February 2019 and was attended by Members of the RQIA Board, the Chief Executive, Directors and Head of Business Support Unit. The current Risk Register with 12 Corporate Risks was considered by Audit Committee at its meeting on 6 March 2019 and an updated Risk Register will be presented to the Board on 16 May 2019.

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 2018/19, a total of five internal audits were conducted. A Satisfactory Level of Assurance[1] was achieved in Performance Management, Financial Review, Compliance with DoH Permanent Secretary's Instructions Regarding Travel and Risk Management. A Limited Level of Assurance[2] was achieved

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[1] Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of the system objectives.
[2] There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.

in a review of Inspections. There was one priority one[3] weakness in quality assurance control identified in this review. 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 2019/20.

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

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

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

Report on Controls Assurance Standards

The Audit Committee receives assurance on RQIA's systems and processes through the compliance levels achieved on the arrangements post Controls Assurance Standards. In 2018/19, RQIA completed seven self-assessments against the previous Controls Assurance Standards, two of which were externally verified by BSO Internal Audit, namely; Human Resources and Health and Safety.

RQIA achieved substantive compliance in all of these areas.

External Audit Reports

The Draft Report to those Charged with Governance was presented to the June 2018 Audit Committee, stating that the 2017/18 financial statements would be certified with an unqualified audit opinion. The final RTTCWG was presented to Audit Committee in October 2018 with no amendments.

Moore Stephens LLP are the appointed Independent Auditors by NIAO. An audit of the 2018/19 financial statements will be conducted by NIAO in May / June 2019 and will be discussed at the June 2019 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 2018/19, RQIA reported to the Audit Committee that there were no instances when external consultancy had been used.

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

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

Update on DOH Circulars

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

Reports to the Audit Committee

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

The Chief Executive provides a verbal report to the Audit Committee on current key risk issues impacting RQIA at each meeting.

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 June 2018 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 2018/19. Audit Committee will further consider its effectiveness at its meeting in May 2019.

The Chair of Audit Committee hosted an annual Bi-Lateral meeting with Head of Internal Audit and NIAO on 2 May 2018. A further Bi-Lateral meeting will be scheduled in June 2019. 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, Planning and Corporate Governance Manager and Secretariat to the Committee for their invaluable assistance to the Audit Committee.

DENIS POWER
Chair of Audit Committee

GOVERNANCE REPORT
GOVERNANCE STATEMENT

1.   Introduction / Scope of Responsibility

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

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

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

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

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

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

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

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

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

The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:
- a schedule of matters reserved for Board decisions;
- a scheme of delegation, which delegates decision making authority, within set parameters, to the Chief Executive and other officers;
- standing orders and standing financial instructions;
- the establishment and operation of an effective audit committee; and
- the establishment and operation of an effective appointments and remuneration committee.

The system of internal financial control is based on a framework of production of regular financial information, robust administrative procedures including the segregation of duties and a system of delegation and accountability, supported by key management oversight processes. In particular, it includes:
- comprehensive budgeting systems with an annual budget;
- regular reviews by the Board of periodic financial reports which indicate financial performance against the forecast;
- setting and monitoring targets of financial and other performance measures;
- clearly defined capital investment control guidelines;
- as appropriate, formal budget management disciplines;
- production of RQIA's Property Asset Management Report; and
- production of RQIA's Annual Report and Accounts.

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

RQIA's Board
- With the Chief Executive, establishes strategic direction of RQIA
- Informs the department of any changes which are likely to impact on the strategic direction
- Ensures that statutory or administrative requirements for the use of public funds are complied with
- Receives and reviews regular performance management information, ensuring strategic targets are met
- Active engagement in development of RQIA's Corporate Strategy and Business Plan
- Ensures that key strategic risks are being effectively managed

Executive Management Team
- Production of RQIA's Corporate Strategy every 4/5 years to align with the draft Programme for Government
- Production of RQIA's Annual Business Plan ensuring key corporate actions are identified against the organisations strategic objectives
- Advises the Board on the performance of RQIA, compared with its aims and objectives
- Ensures that adequate internal management and financial controls are maintained
- Ensures that the Corporate Risk Assurance Framework is produced quarterly and Risk Management Strategy annually

Audit Committee
- Oversees internal/external audit and the compliance with the arrangements post Controls Assurance Standards (CAS)
- Advises the Board on the strategic processes for risk management
- Oversees the production of the annual accounts and annual report

Internal Audit
Provides independent assurance through the production of internal audit reports and verification of the arrangements post CAS

External Audit
RQIA receives an opinion from NIAO and obtains any recommendations for improvement in the RTTCWG

RQIA assessed its compliance with best practice in Corporate Governance using the following tools:
- Audit Committee Self-Assessment
- The Board Governance Self-Assessment Tool
- Accountability process and sponsorship function
- Assurance Framework
- Mid-Year Assurance and Governance Framework
- Independent Assurance – BSO Internal Audit
- Management Statement / Financial Memorandum
- Arrangements post controls assurance standards

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

3. Governance Framework

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

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

RQIA's Responsibility

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

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

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

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

Board Responsibility

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

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

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

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

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

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

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

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

- some decisions are reserved exclusively for the Board;

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

A total of six Board meetings were held during 2018/19 with an average of 85% of Board Members in attendance. In addition, four Board workshops took place in 2018/19, addressing strategic issues facing the organisation. The Board met on 29 November 2018 to complete the Board Governance Self-Assessment Tool, assessing the performance of the Board. This assessment concluded that RQIA can provide assurance in relation to the various leading indicators of effective Board governance.

Attendance at 2018/19 Board Meetings and Workshops		
	Board Meetings (Total 6)	Board Workshops (Total 4)
Prof. Mary McColgan	5	4
Denis Power	6	4
Lindsey Smith	6	4
Patricia O'Callaghan	5	4
Dr Norman Morrow	4	3
Seamus Magee	6	4
Robin Mullan	6	4
Gerry McCurdy	6	4
Sarah Havlin	3	2

Audit Committee Role and Performance

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

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

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

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

The Audit Committee met four times during 2018-19 with an average of 88% in attendance. The Audit Committee completed the Audit Committee self-assessment checklist on 21 June 2018 for 2018-19, which will conclude that RQIA can provide assurance of compliance with the good practice principles in the checklist.

Attendance at 2018/19 Audit Committee Meetings	
Board Member	**Audit Committee Meetings** (Total 4)
Denis Power	4
Patricia O'Callaghan	4
Lindsey Smith	3
Robin Mullan	3
Gerry McCurdy	4
Seamus Magee	3

The Appointment and Remuneration Committee Role and Performance

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

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

The Appointments and Remuneration Committee met once during 2018-19 with three out of three Board Members (100%) in attendance.

Chief Executive and EMT Responsibility

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

4.   Business Planning and Risk Management

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

RQIA is actively scoping the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the Department. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly

Across the HSC sector it is expected that the significant financial challenges faced will intensify. However as with other financial years, RQIA remains committed to achieving financial break even. RQIA are aware of the underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, mean that budgetary challenges will continue in 2019/20. Budget planning work to support the 2019-20 financial plan is ongoing. Along with other HSC organisations, RQIA also continues to face real challenges in the recruitment of key professional staff which may impact on RQIA's capacity to deliver its objectives. These challenges are also, where necessary, proportionately and appropriately reflected in RQIAs risk registers.

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

The diagram below demonstrates how RQIA's four year strategy is delivered through the annually produced Risk Management Strategy and Business Plan which sets out how RQIA intends to deliver its strategic objectives through time bound business actions and also details how it intends to use the resources at its disposal. The status of the Business Plan actions, measures of success and current financial positions are presented quarterly to RQIA's Board for approval.
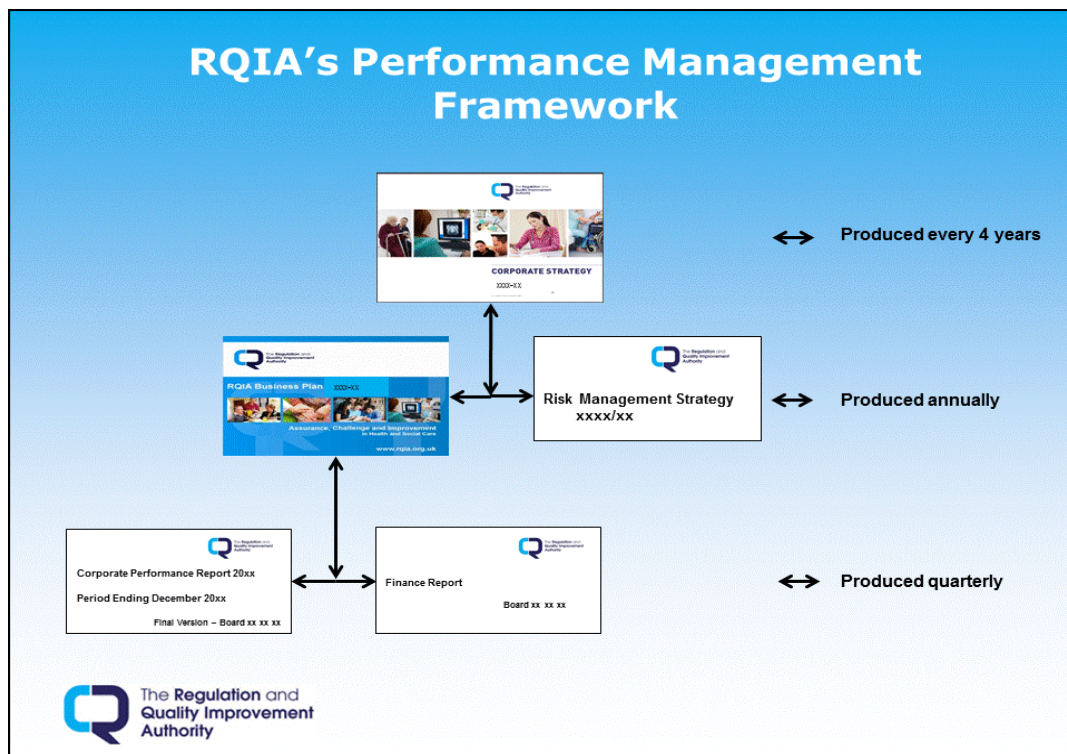
The Corporate Performance Report enables the Board to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Board for discussion and approval. It is also made available to RQIA's stakeholders on RQIA's website.

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

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

During 2018-19 two new risks were added to the Corporate Risk Assurance Framework report and five risks were de-escalated to the appropriate Directorate Risk Registers. Each risk added to the Corporate Risk Assurance Framework Report is assessed to determine the likelihood and impact of the risk occurring and appropriate mitigating actions were agreed with the EMT and Board.

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

5. Information Risk

The management and control of the risk of loss of electronic information is safeguarded by the provision of secure remote access to a protected ICT environment. Staff adhere to the corporate security policies for ICT and Data Protection. RQIA also achieved substantive compliance with the HSC arrangements post CAS in Information Management and ICT during 2018/19.

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

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

In 2018-19 there were no incidents or breaches which required reporting to the ICO.

RQIA has in place a suite of information and ICT policies which are reviewed every three years, including:
- Information and ICT Security Policy
- Use of Electronic Mail (E-mail) Policy
- Use of the Internet Policy
- Use of ICT Equipment Policy
- Records Management Policy
- Retention and Disposal of Documents Schedule
- Version Control Policy and Guidelines for Electronic Documents
- Information Incident Reporting Policy

RQIA has the following reporting and accountability mechanisms in place
- Reporting to DoH Information and Analysis Unit on statutory processing of DPA and FOI requests
- DoH Controls Assurance Standards
- Internal Audit
- Governance Statement

6. Fraud

RQIA takes a zero tolerance approach to fraud in order to protect and support our key public services. Zero-tolerance also means that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven in line with RQIA's Fraud Response Plan. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO counter Fraud and Probity

Services team and provides advice to personnel on fraud reporting arrangements. A report on Fraud incidents is presented to meetings of Audit Committee. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every three years.

7.   Public Stakeholder Involvement

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

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

8.   Assurance

Since the cessation of Controls Assurance Standards (CAS) from 1 April 2018 RQIA have processes in place to monitor compliance with the required standards, policies, legislation etc. for providing assurance to its Chief Executive and its Board. The HIA annual report attests to this this and Internal Audit review the RQIA processes for assurance that replaced the Controls Assurance Standards and found them adequate to provide the appropriate level of assurance in 2018-19.

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

- An audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports is regularly reviewed by RQIA's EMT and Audit Committee.

Controls Assurance Standards

RQIA assessed its compliance with the applicable Controls Assurance Standards and against which a degree of progress is expected in 2018/19.

RQIA achieved the following levels of compliance for 2018/19:

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

9. Sources of Independent Assurance

NIAO
The financial audit of RQIA was undertaken by the Northern Ireland Audit Office (NIAO). NIAO's approach to the 2018/19 Audit was delivered in accordance with the Audit Strategy and presented to the Audit Committee in March 2019. The date for issue of the report for those charged with Governance is to be confirmed by NIAO.

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

In 2018-19 Internal Audit reviewed the following systems:
- Performance Management – satisfactory level of assurance received
- Financial Review - satisfactory level of assurance received
- Compliance with DoH Permanent Secretary's Instructions Regarding Travel 2018/19 – satisfactory level of assurance received
- Risk Management 2018/19 – satisfactory level of assurance received
- Assurance Process Post-Controls Assurance Standards
- Inspections 2018 / 19 -limited level of assurance received

There was one priority one weaknesses in control identified in relation to the 2018/19 Audit Programme, Inspections 2018/19 The focus of the audit was on the Inspection process in RQIA including compliance with statutory requirements, appropriate planning, review and reporting.

The audit was based on the risk that services are not appropriately regulated if there is not an effective inspection service in place which is compliant with legislation
The objectives of the audit were as follows:

- To ensure that there is an effective inspection /regulation service in place within RQIA
- To ensure that RQIA are effectively using the information team in the inspection process.

Fieldwork conducted during this audit focused solely on the care sector.

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

10. Review of Effectiveness of the System of Internal Governance

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

11. Significant Internal Control Issues

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

Issue

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

Response

All actions to address the recommendations from the audit have either been delivered or are on target for implementation. The progress of the implementation of the recommendations and associated actions are monitored through RQIA's EMT and Audit Committee.

Issue

BSO is responsible for providing RQIA with a range of services through Service Level Agreements (SLAs). The Head of Internal Audit presented the HIA Annual Report on the system of internal control for the year ended 31 March 2018 to the RQIA Audit Committee. However, to date, significant weaknesses in control continue to be identified in the audits relating to Payroll Shared Services.

Response

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

Identification of New Issues

Issue

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

Response

RQIA management have accepted the recommendation. RQIA will develop an action plan in order to review progress of all recommendations of the Inspections 2018/19 report. The recommendation will inform development of our new QA process. The peer review procedure will be enhanced to reflect the following:

- For reports reviewed by an SI or AD, the reviewer will select the reports to be reviewed
- For peer review reports, reports will be selected by the relevant SI and allocated to a colleague
- Reports will be reviewed against an agreed template
- 1/3 of QA'd reports will be reviewed by a relevant reviewer from another team
- The review will correlate report findings with inspection record content

12. Conclusion

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

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

Olive Macleod   **Date:**
Chief Executive

RQIA Board Meeting	
Date of Meeting	16 May 2019
Title of Paper	Chief Executive's Update
Agenda Item	8
Reference	F/01/19
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 21 March 2019 and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last Board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Chief Executive's Update.
Next steps	A further update will be provided at the March meeting.

BUSINESS SUPPORT UNIT

Media Interest

RQIA has responded to media queries relating to: enforcement action at Parkanaur College Residential Care Home; the current legislative framework for children's services and RQIA's role in respect of unregulated services for 16-17 year olds; and the appointment of a permanent Chief Executive. Following challenge from RQIA, he Belfast Telegraph published an apology after the publication of story on what were described as "current" concerns in respect of a care home in greater Belfast, which in fact related to enforcement action taken in September 2018 and where the service had achieved compliance in October 2018.

Engagement

RQIA's inaugural Membership Scheme forum took place in late March, with 20 members in attendance. We discussed how we can better involve the public in our work, and improve the accessibility of our information to ensure this can help to support people making choices about health and social care services. Feedback from attendees was very positive and we are currently considering next steps which will include involving membership focus groups to help shape our inspection reports and improvements to our website.

Political Engagement

I met representatives of Sinn Fein to discuss RQIA's approach to inspection in mental health hospitals.

Complaints

We are currently managing two complaints against RQIA. One is subject to a Stage 1 investigation; while a Stage 2 review has been completed in respect of the second. Learning from the review panel has been shared with the Executive Management Team for dissemination to relevant staff. There is also an ongoing Ombudsman investigation in respect of a complaint against RQIA dating from 2016.

Chief Executive Key Meetings

- 12 March - Meeting with Health Care Ireland

- 22 March - Implementation Programme Management Group (IPMG)

- 25 March - Membership Scheme Event

- 29 March - Meeting with Neil Gray re: Mental Health Criminal Justice System Key findings

- 10 April - Quarterly Liaison Meeting with DOH (formally Bi-monthly)

- 29 April - Meeting Sinn Fein Representatives

Memoranda of Understanding

Seven MOUs are currently under review – HSCB, NI Housing Executive, General Dental Council, General Medical Council, Health and Care Professions Council and the Safeguarding Board NI

Current Legal Actions

At present there is legal action in respect of the registration of Meadow View Care Home, Enniskillen and relating to patient care at Dunmurry Manor Care Home.

Workforce

Two (of three) successful applicants for the Assistant Director positions are now in post. The third successful applicant is due to start employment with RQIA in July.

The advertisement for Inspectors, Band 7 closed on 30 April. Shortlisting took place on Tuesday 6 May and interviews are scheduled for Saturday 18 May.

Advertisements for a Business Manager, two Business Support Officers, three Personal Assistants, one Information Analyst and one Admin Supervisor to facilitate the work of the Business Support Unit, are due to be live in the coming weeks.

HSC Staff Survey 2019

The biannual regional HSC Staff Survey closed and the response rate from RQIA was 62.9%. The overall HSC results of the survey and results for RQIA will be available later in the year when action plans will be developed to take forward the recommendations.

Financial Allocation 2019-20

RQIA achieved breakeven in 2018-19. DoH has confirmed our opening allocation for 2019-20 as £6,529,941. This represents a 2% reduction on last year's opening allocation, but this is somewhat offset by the recurrent allocation of additional funding in respect of pay increases for medical and AfC staff. The material reduction to our opening allocation is £42,925. We have advised DoH that this saving can be made by not filling the vacant Planning and Corporate Governance Manager post. The duties of this post will be subsumed into the new Business manager and Support Officer posts.

ASSURANCE DIRECTORATE

Care Homes Team

Residential Care Beds in Nursing Homes

Position as at 26 April 2019	
Services still undecided	**5**
Application forms issued and still to be returned	**1**
Application forms received and being processed	**2**
Certificates issued	**104**
Applications withdrawn	**2**

Enforcement Action

Two failure to comply notices were issued to a residential home (Wood Green) on 7 March 2019 and refer to medicines management arrangements. The date for compliance was 8 May 2019 and a follow up inspection undertaken on this date found that some progress towards compliance had been made however full compliance had not yet been achieved. Both notices have been extended and a further inspection is planned for June 2019.

A serious concerns meeting was held with the provider of a nursing home to discuss medicines management arrangements. Satisfactory assurances were received from the provider during the meeting and these matters will remain under review.

RADaR (Risk Adjusted Dynamic and Responsive)

RADaR continues to be developed and there has now been further progress and development into the Dynamic section of the tool. This dynamic intelligence will also be reviewed by inspectors on a three monthly cycle and will inform the inspection frequency.

A further workshop was held with care homes staff on 3 May 2019.

Four Seasons Health Care

I remain in contact with FSHC, the HSCB and DOH regarding this matter and the potential impact on the care home sector in Northern Ireland.

Regional Contingency Planning Group – Care Homes

A further meeting is scheduled for 13 August 2019. RQIA will be represented.

Registration

The Cedars (residential home) in Belfast has applied to de-register and will cease operations by 10 July. This will result in the reduction of 26 residential beds.

We were informed on 10 April by the Director of Tamlaght (Nursing Home) Carrickfergus that the home has entered administration. The current registered individual who is not the provider, but the registered manager, will remain in post through this process. We carried out an inspection of this home on 18 April 2019 and are assured that the patients and staff of Tamlaght are not affected by this process. A report was submitted under Article 4 (2) of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 report to DOH on 25 April regarding these changes.

Day Care, Agencies, Estates, Finance & Pharmacy

Day Care Settings – 'Satellite Units'

We have received applications for the separate registration of 14 'satellite units' which are currently being processed.

Domiciliary Care

The registration status of several domiciliary care agencies remains under review and on 16 April 2019, RQIA issued notices of proposal to impose a condition on the registrations of Parkanaur Supported Living Service and Angels Recruitment Agency Ltd.

These agencies have not become operational since becoming registered and the condition will require the provider to notify us in advance of becoming operational. We will then undertake an inspection to ensure that the agency will operate in accordance with the standards and regulations.

We have participated in Providing Care - Community Services Workstream meetings on 22 March and 2 May with HSC Board and Trust colleagues. We also attended a Reform of Adult Care and Support Project Board meeting on 28 March. The proposed new model for the provision of domiciliary care has been outlined during these meetings and RQIA will continue to advise DoH of any potential changes required to the regulations and standards.

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

We have worked closely with BHSCT colleagues who have made application to register a supported living service which will be offered to individuals with a learning disability who are currently experiencing a delay in their discharge from hospital.

We are also in the process of registering a supported living service in the NHSCT area which will be offered to people with dementia.

Nursing Agencies

The registration status of several nursing agencies remains under review and a Notice of Decision was issued to Peniel Nursing Care Services on 8 April.

As above, a Notice of Proposal to impose a condition on the registration of Angels Recruitment Agency Ltd (nursing agency) was issued on 16 April.

These agencies have not become operational since becoming registered and the condition will require the provider to notify us in advance of becoming operational. We will then undertake an inspection to ensure that the agency will operate in accordance with the standards and regulations.

There are a further four nursing agencies that have not become operational since registration and these remain under review.

Adult Safeguarding Joint Protocol

We participated in a two day review of the Protocol for Joint Investigation of Adult Safeguarding Cases on 24 and 25 April alongside colleagues from PSNI and HSC Trusts.

Medicines Management

We have been advised by the HSC Board of revised arrangements for community pharmacy services providing compliance support aids to service users in their own homes and for residents in Trust managed residential settings. We will keep this under review and advise HSC Board and DoH colleagues of any issues arising.

Children's Services

Enforcement Action

One FTC notice was issued with a compliance date of 31 May 2019.

Unregistered Facilities Accommodating Young People

The Jointly Commissioned Projects inspections will be completed by the end of May and an overview report of their compliance against standards will be submitted to the HSCB and DoH.

A meeting with VOYPIC on 25 April progressed the intention to recruit a care experienced individual via an apprenticeship. The successful candidate will assist RQIA in the assessment of the quality of care provided in our children's homes and hospital facilities, while at the same time gaining a relevant qualification. It is anticipated the successful candidate will be inducted into RQIA and VOYPIC prior to the start of the college course in September.

Monthly Monitoring Reports

We have reviewed the monthly monitoring reports submitted to RQIA from children's homes and have made some changes to the current proforma. This should ensure providers have a clear guide in relation to what information must be submitted to RQIA.

IMPROVEMENT DIRECTORATE

Healthcare Inspections

Northern Ireland Ambulance Service (NIAS)

Action plans have been received from NIAS to address the current Improvement Notice, relating to staff training. Compliance is required by 30 June 2019.

Acute Hospitals – Unannounced Inspection Programme (HIP)

We undertook an unannounced of the Royal Belfast Hospitals for Sick Children between the 1 and 5 April. A number of areas for improvement have been identified and work continues with the trust to address these.

Phase 3 Hospital Inspection Programme (Outpatients)

Planning is currently underway to progress Phase III of HIP which will include unannounced inspections in outpatients departments.

Adult and Neonatal Critical Care

A new collaborative model for assurance of best practice in adult Critical Care and Neonatal Units has been agreed with Trusts. These arrangements commenced in April. Schedules for the completion of self-assessments have been provided and RQIA will work in partnership with Trusts and Networks to support implementation. Outcomes will be reported through Trusts' governance arrangements and then shared with RQIA.

Mental Health and Learning Disability

An inspection of Muckamore Abbey Hospital took place between 15 and 17 April. This was a follow up to a previous inspection from the 26 - 28 March.

The Department of Health has informed HSC Chief Executives that the Mental Capacity Act will be partially implemented from 1 October. This joint Department of Justice and Department of Health legislation relates to a new statutory framework related to the deprivation of liberty. RQIA will be making significant preparations to facilitate the implementation of this part of the act and ensure the execution of related functions.

Two unannounced inspections have been carried out since the last Board meeting, other than Muckamore Abbey Hospital.

Independent Hospitals, Hospices

In the period since the previous Board meeting, 19 inspections took place in Dental Practices and 10 inspections took place took place within Independent Hospitals. This included an announced inspection to Marie Curie Hospice on the 21 March.

Reviews

I. Governance review of outpatient services in the Belfast Trust, with a particular focus on neurology and other high volume specialties

The report of this review is currently in drafting and will be shared with DoH in due course.

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

Scoping continues on the various phases of this sensitive and complex review. We are currently discussing the potential for participating in this work with experts who have been involved in similar work at a national level.

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

The terms of reference for this review have been agreed with DoH. The expert review team met on 2 May to consider questionnaire returns from hospitals and hospices and to agree key lines of enquiry. This work will be being complemented by inspections of independent healthcare establishments.

IV. Review of Serious Adverse Incidents (SAIs)

DoH are considering the terms of reference for this review. Our expert review team is now complete, with an additional lay person and psychology input now secured. Our experts have agreed our methodology and we are presently finalising the plans for patient/family engagement within this review.

V. Inquiry into Hyponatraemia-Related Deaths (IHRD)

We continue our work in leading and facilitating the regional IHRD Assurance Working Group. DoH is holding a stocktake event for stakeholders on the 28 May.

Audit, Guidelines and Quality Improvement Projects

2018/2019 Programme

Six pieces of work were funded (3 audits and 3 quality improvement projects) and have completed. The draft reports are undergoing external review prior to submission to RQIA.

The report of the Planning Home Births in Northern Ireland Guideline is being prepared for publication along with an accompanying patient information booklet.

2019/2020 Programme

Six of the eleven applications received will be completed in 2019/20.

RQIA Board Meeting

Date of Meeting	16 May 2019
Title of Paper	RQIA Whistleblowing Policy and Procedure
Agenda Item	9
Reference	G/01/19
Author	Board and Executive Support Manager
Presented by	Chief Executive
Purpose	The purpose of this paper is to present the proposed change of RQIA whistleblowing advocate.
Executive Summary	The previous whistleblowing advocate was the Director of Corporate Service who has left the organisation. The Chief Executive recommends that the whistleblowing advocate is the Head of Business Support.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the change to the RQIA Whistleblowing Advocate.
Next steps	The RQIA Whistleblowing Policy and Procedure will be amended to reflect the change of Whistleblowing Advocate and shared with staff.