



The Regulation and
Quality Improvement
Authority

Minutes of Authority Meeting

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| Date of Meeting | 9 September 2021 |
| Title of Paper | Public Session Minutes |
| Agenda Item | 2 |
| Reference | Min / Aug21 / public |
| Author | Hayley Barrett, Business Manager |
| Presented by | Christine Collins MBE, Interim Chair |
| Purpose | To provide a record of the meeting of the Authority held on 12 August 2021. |
| Executive Summary | The minutes contain an overview of the key discussion points and decisions from the Authority meeting on 12 August 2021. |
| FOI Exemptions Applied | None |
| Equality Impact Assessment | Not applicable |
| Recommendation/ Resolution | The Authority is asked to APPROVE the minutes of the meeting on 12 August 2021. |
| Next steps | The minutes will be formally signed off by the Interim Chair. |

PUBLIC SESSION MINUTES

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| <p>RQIA Authority Meeting Via Zoom Thursday 12 August 2021, 5.38pm</p> | |
| <p>Present Christine Collins MBE (Interim Chair) (CC) Neil Bodger (NB) Bronagh Scott (BS) Jacqui McGarvey (JMcG) Suzanne Rice (SR)</p> <p>Apologies: Alan Hunter (AH) Prof. Stuart Elborn (SE) Lynn Long (LL)</p> | <p>RQIA Staff in attendance Briege Donaghy (Chief Executive) (BD) Emer Hopkins (Acting Director of Improvement) (EH) Karen Harvey (Professional Advisor Social Work / Project Lead for Assurance) (KH) Francis Rice (Professional Advisor Nursing) (FR) Jacqui Murphy (Acting Head of Business Support Unit) (JM) Malachy Finnegan (Communications Manager) (MF) Julie-Ann Walkden, Deputy Director of Assurance (JAW) Hayley Barrett (Business Manager) (HB)</p> |

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 5.38pm.
- 1.2 CC welcomed all Authority Members and RQIA staff to this meeting. Apologies were noted from AH, SE and LL.

2.0 Agenda Item 2 – Minutes of the meeting of the Authority held on 8 July 2021 and matters arising

- 2.1 The Authority Members **APPROVED** the Minutes of the meeting held on 8 July 2021.
- 2.2 The Authority Members noted that there were no matters arising.

3.0 Agenda Item 3 - Declaration of Interests

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

4.0 Agenda Item 4 – Members Activity Report

- 4.1 Authority Members **NOTED** the Members Activity Report.

5.0 Agenda Item 5 – Performance Activity Report (PAR): Quarter 1, 2021/2022

- 5.1 JM presented the Performance Activity Report (PAR): Quarter 1, 2021/2022 and advised that the report is continually being improved following feedback from Authority Members. JM noted that progress relating to the Management Plan is included on pages 35-42.
- 5.2 In relation to Mandatory Training, JM highlighted a number of technical issues with the Mandatory Training system following the fire, and courses becoming available again in June 2021. JM advised that RQIA has discovered a number of anomalies with the data and a data cleansing exercise is ongoing. KPI's in respect of Complaints, Media and Staff Absence have been met.
- 5.3 JAW provided an update relating to registration activity, advising of the volume of work and types of registration required, which related to manager applications, manager absences and new services. JAW noted that all cases do not have the same complexities. JAW advised that there is a significant delay in a number of registration activities and an improvement project is included within the Management Plan. Commitments through the Winter Pressures Plan will result in additional staff to help address the delays.
- 5.4 CC noted a concern due to the delays and the volume of work required to be completed. KH added that there is a plan to address the delayed cases, with the allocation of additional non-recurrent funding , policies and procedures being reviewed and updated, and training being provided. KH noted that this is on the RQIA Principal Risk Document.

- 5.5 CC expressed concern that customers must be demoralised from the service that they are receiving from RQIA; and staff also feel under pressure from not being able to clear the backlog. JAW advised that she understood the concerns relating to this high level data, however provided assurances that this is monitored on a daily basis with key areas of focus to be addressed. A Project Board, chaired by the Chief Executive, will meet regularly to review progress of the actions to reduce the delays.
- 5.6 Authority Members discussed the fees relating to registered establishments and asked what the basis of the charging regime is; and if RQIA was charging enough to recover costs.. BD said that consideration of this could be taken forward as part of the Project Board and will need engagement with Sponsor Branch. CC asked that a monthly report relating to the delayed cases of registration activity is presented to the Authority Board.
- 5.7 **Resolved Actions (235)**
Monthly report on delayed registration activity to be presented to Authority Meetings.
- 5.8 JMcG commented that if the Authority Board had a better understanding of Registration Activity and Processes they would be able to provide more support. CC asked that a seminar on Registration is arranged for Authority Members.
- 5.9 **Resolved Action (236)**
Seminar on Registration Activity to be arranged for Authority Members.
- 5.10 KH highlighted that the KPI relating to Out of Hours Inspections within the Assurance Directorate has been exceeded during Quarter 1. KH noted that there is ongoing engagement with COPNI in relation to an intelligence / risk based approach to inspection.
- 5.11 EH explained that, within the Improvement Directorate, that a lot of work has been diverted to Kingsbridge Private Hospital, Intensive Care Unit registration. In additional, the CQC have been providing expert assistance. This is costly, CC noted that this raises again the issue of whether fees are currently set at the appropriate level; and asked for this to be considered as an approach to the Department might be required. EH advised that, during Quarter 1 there were no inspections to Independent Hospitals due to sickness within the team, however, a mitigation plan is being developed.
- 5.12 JMcG queried if there was a plan in place to address the under delivery in inspections against targets. KH advised that a number of the teams are working with a number of vacancies while staff are being taken off waiting lists; and bank staff is depleted. This reflected the overall pressure on staff throughout the system.
- 5.13 BS noted an increase in Serious Adverse Incidents (SAIs) and queried if this related to good governance or issues within the services. EH advised that these can fluctuate on a monthly basis so it is difficult to comment on the reasons. EH advised that a number of improvements are being taken forward

across the system relating to SAIs by the HSC Board.

- 5.14 NB queried if there was an overspill from Enforcement Decision Making (EDM) meetings and other enforcement meetings. EH advised that there could be duplicated services. KH added that there have been fewer EDMs due to early intervention with providers.
- 5.15 BD said that the PAR is beginning to show the value which enables us to reflect on performance and link the issues to risks and investment planning. BD noted a number of challenges for the organisation relating to the Nicholl Report, Governance Arrangements and the Partnership Agreement with DoH. BD expressed concerns in relation to the organisation's capacity to delivery against all our required responsibilities and that part of our winter planning is connected to seeing what we can do to increase capacity, even if some of that may be short term. Connecting PAR and our risk management is also critical.
- 5.16 CC noted the importance of understanding the pressures affecting the capacity within RQIA. CC thanked all staff involved for the comprehensive report and noted its usefulness for Authority Members.
- 5.17 Authority members **APPROVED** the Performance Activity Report (PAR): Quarter 1, 2021/202.

6.0 Agenda Item 6 – Finance Performance Report (Month 3)

- 6.1 Due to timetabling constraints, Agenda Item 6 was discussed at the beginning (2.10 pm) of the Business in Confidence session of the Authority meeting.
- 6.2 At this point, Lesley Mitchell (LM) joined the meeting (2.10pm).
- 6.3 LM advised that, at the workshop on 3 June 2021, the 2021/2022 Financial Plan was presented to outline how RQIA planned to breakeven at year end. LM noted a deficit of £4K at year-end within the 2021/2022 Financial Plan.
- 6.4 LM informed Members that the projected £91K deficit, due to an increase in the Business Services Organisation (BSO) SLA charge, was indeed an error on the BSO's part and has been rectified.
- 6.5 LM advised that there has been an increase in income to £677K which includes additional RRL of £227K for the Deceased Patients Review, £70K for a new inspector position for the children's team and administrative support, and £154K assumed pay award funding.
- 6.6 LM noted that the income of annual fees is increased to date by £25K. LM advised that at the end of Month 3 there is a £199K surplus and a year-end breakeven position of £4K.
- 6.7 JMcG thanked LM for the report advising that it is showing a clear position at Month 3. CC added that there is now the ability to notify trends.

6.8 NB queried if RQIA sets the fees for establishments. JAW advised that the fees are set out in legislation. NB noted an increase in manager fees. JAW advised that manager fee income is one of the largest elements of additional income for RQIA.

6.9 NB asked for a breakdown of all BSO SLA costs by area. JM confirmed that she would send this to all Authority Members.

6.10 **Resolved Action (237)**
JM to forward a breakdown of SLA costs by area to Authority Members.

6.11 BD advised that RQIA has an in-year spending plan and that a process has been introduced to put forward proposals for in-year spending on a non-recurrent basis. BD advised that, to date, there has been an approval of £100K non-recurrent expenditure.

6.12 Authority members **NOTED** the Finance Performance Report (Month 3).

6.13 At this point, LM left the meeting (2.45pm).

7.0 Agenda Item 7 – Audit and Risk Assurance Committee Update

7.1 NB, Chair of the Audit and Risk Assurance Committee, presented the minutes of the Audit and Risk Assurance Committee of 24 June 2021 for information.

7.2 Authority members **NOTED** the Audit and Risk Assurance Committee Update.

8.0 Agenda Item 8 - Part II / SOADs Panel Update

8.1 This item was deferred to the next meeting of the Authority on 9 September 2021.

9.0 Agenda Item 9 – Chief Executive’s Update

- **Ethical Advisory Group Terms of Reference**

9.1 EH presented the Ethical Advisory Group’s Terms of Reference advising that it is an ethical framework outlining the ethical principles underpinning the Deceased patients Review’s work.. EH advised that she would like to ensure that the Authority are able to hold the work of the review Team to account against a firm ethical basis..

9.2 CC thanked EH for this information, advising that there has been a lot of thought gone into the production of this framework. CC suggested writing to the Ethical Advisory Group thanking them for their work, and showcasing it through the RQIA website and other meetings.

9.3 Authority members **NOTED** the Chief Executive’s Update.

10.0 Agenda Item 10 – Any Other Business

10.1 As there was no other business, the Interim Chair brought the meeting to a close at 6.16pm.

**Date of next meeting:
Thursday 9 September 2021**

Signed 

**Christine Collins MBE
Interim Chair**

Date 9 September 2021

Authority Action List

| Action number | Authority meeting | Agreed action | Responsible Person | Date due for completion | Status |
|---------------|-------------------|--|------------------------------|------------------------------|---|
| 235 | 12 August 2021 | Monthly report on delayed registration activity to be presented to Authority Meetings. | Deputy Director of Assurance | 9 September 2021 and ongoing |  |
| 236 | 12 August 2021 | Seminar on Registration Activity to be arranged for Authority Members. | Deputy Director of Assurance | 7 October 2021 |  |
| 237 | 12 August 2021 | JM to forward a breakdown of SLA costs by area to Authority Members. | Acting Head of BSU | 9 September 2021 |  |

Key

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|--------------------------------|---|
| Behind Schedule |  |
| In Progress |  |
| Completed or ahead of Schedule |  |