The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting Boardroom, RQIA 11 June 2020; 10.30am	
Present Christine Collins MBE (Interim Chair) (**CC**) Chris Matthews **(CM)** Brigitte Worth **(BW)** **Apologies:** Dermot Parsons (Interim Chief Executive)	**Officers of RQIA in attendance** Emer Hopkins (Acting Director of Improvement) **(EH)** Lynn Long (Acting Deputy Director of Improvement) (**LL**) Jacqui Murphy (Acting Head of Business Support Unit) **(JM)** Malachy Finnegan (Communications Manager) **(MF)** Hayley Barrett (Business Manager) **(HB)**

1.0   Agenda Item 1 - Welcome and Apologies

1.1   CC welcomed all members and Officers of the Board to this meeting. Apologies were noted from Dermot Parsons.

1.2   CC noted that this was the first meeting of the newly appointed Interim RQIA Board.

2.0   Agenda Item 2 - Appointment of the Interim Chief Executive

2.1   CC presented a proposal for the appointment of the Interim Chief Executive, Dr Tony Stevens for a six month period. CC advised that he would commence on his Medical Director salary pro-rated 4 days a week.

2.2   Board members **APPROVED** the Appointment of the Interim Chief Executive.

3.0   Agenda Item 3 – Minutes of the public meeting of the Board held on 11 June 2020 and matters arising

3.1   CC presented the minutes of the public meeting of the Board held on 11 June 2020, advising that no current members of the Board where at the meeting and assume that it is an accurate reflection of the meeting.

3.2   Board members **NOTED** the public minutes of the Board held on 11 June 2020.

3.3   Board members noted that action 217 and 218 are completed. Action 221 remains ongoing and will be presented in September.

4.0   Agenda Item 4 –Declaration of Interests

4.1   CC asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders.

4.2   CC declared an interest due to her position of Chair of the Patient Client Council (*Annex A)*, however, DoH have confirmed that as the position is time bound and that they are actively seeking to recruit a Chair therefore CC should recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective role as Non-Executive Chair of the PCC.

4.3   BW declared that as Director of Finance DoH, any decision regarding RQIA finances would not be made by her whilst in the interim position of RQIA Non-Executive Member. BW will recuse herself from any matters considered a conflict of interest.

4.4   CW declared that as Director of Primary Care, DoH, if any matters arise for discussion that may be considered a conflict of interest he will withdraw from the discussion.

5.0   Agenda Item 5 - Chair's and Members Report

5.1   CC advised that since her appointment on 18 June, she has met with the Minister and other stakeholders including COPNI, Mr Edwin Poots and other DoH officials.

5.2   CC noted the ongoing work of the appointment of the Interim Chief Executive and other outstanding vacancies.

5.3   CC noted that the CPEA Report is due to be published in September / October and may have adverse publicity impacts on RQIA. CC advised that she has engaged Mackle Communications to help the RQIA Communications Team.

5.4   Board members **NOTED** the Chair's and Members Report.

6.0   Agenda Item 6 - Risk Management Strategy

6.1   JM advised that all ALBs must have a Risk Management Strategy as part of good governance. The Strategy is reviewed on an annual basis and the Board is asked to approve the strategy.

6.2   JM noted that in 2019 the Risk Management Strategy was reviewed and rewritten to reflect RQIA adopting the ISO 31000:2018 standard. JM advised that the strategy for 2019-20 clearly outlines the Risk Management process for RQIA and is the responsibility of all staff.

6.3   JM noted that risk management is included as part of the Internal Audit Plan for 2020-21 and that it would be a good opportunity to review and ensure that it is meeting its purpose.

6.4   CM commented that the Risk Management Strategy was well written and easy to understand.

6.5   CC asked that on page 13, the phrase 'taking risks' was reworded. It was agreed that it would read "take informed and proportionate risks, and where relevant in line with the principles of good regulation".

6.6   **Resolved Action (222)**
HB to amend the Risk Management Strategy, page 13, wording as agreed by members.

6.7   Board members **APPROVED** the Risk Management Strategy.

7.0   Agenda Item 7 - Corporate Risk Assurance Framework Report

7.1   JM presented the Corporate Risk Assurance Framework Report to members advising that it was last approved by the Board in March 2020 and reviewed by EMT in July 2020.

7.2   JM noted that there were nine risks on the Corporate Risk Assurance Framework Report, five risks categorised as high and four medium. JM advised that the likelihood and impact ratings are to be reviewed. JM informed members that internal audit are due to complete a risk management audit in quarter three.

7.3   EH advised that the Risk Register was at a point In time, and some risks may be required to be removed.

7.4   BW expressed that it would be beneficial for Board members to gain an understanding of where the risks originated from and to review the register together. CC confirmed that a Risk Workshop would be beneficial.

7.5   **Resolved Action (223)**
HB to confirm dates with Board members and Officers of the Board for a Risk Workshop.

7.6   Board members **NOTED** the Corporate Risk Assurance Framework Report.

8.0 Agenda Item 8 - Head of Internal Audit Annual Report

8.1   CC welcomed David Charles (DC), Assistant Head of Internal Audit to the meeting.

8.2   DC presented the HIA Annual Assurance report to Board members advising that this is the close out of the 2019/20 year as is issued as part of the year end governance arrangements.

8.3   DC advised that there were four audits completed during 2019/20 and all audits received a satisfactory level of assurance. The status of recommendations at the year-end follow up inspection was 69% full implemented and 31% partially implemented. DC noted that the Head of Internal Audit has advised that there are satisfactory governance arrangements in place.

8.4   DC advised of shared services audits and noted a satisfactory level of assurance in payroll, for the first time since its creation. BW advised that this was good for payroll shared services and noted the plans in place. DC advised that it is the role of the BSO to take forward recommendations relating to shared services.

8.5   Board members **APPROVED** the Head of Internal Audit Annual Report.

9.0 Agenda Item 9 - RQIA 3 Year Audit Plan

9.1   DC presented the Internal Audit Plan 2020/21. DC advised that the Head of Internal Audit met with CC, JM and HB to agree the plan.

9.2   DC advised that the 3 Year Audit Plan proposal for 2020/21 is:
- Finance Audit (completed)
- Intelligence Monitoring (Quarter 2)
- Risk Management (Quarter 3)
- Board Effectiveness (Quarter 4)

9.3   DC informed members that a further meeting during quarter 4 will be arranged to agree the Audit Plan for 2021/22.

9.4   JM noted that if the Board Effectiveness audit does not go ahead in quarter 4 it would be replaced with absence management and / or recruitment.

9.5   DC confirmed that any amendments made to the plan must be agreed and approved by the Audit and Risk Committee or Board.

9.6   Board members **APPROVED** the RQIA 3 Year Audit Plan.

9.7   At this point, DC left the meeting.

10.0   Agenda Item 10 - RQIA Complaints Policy

10.1   MF advised that the Complaints Policy is presented to the Board for approval. MF advised that the review of the RQIA Complaints Policy was a recommendation made by Internal Audit. MF informed Board members that the Policy has been revised in line with DoH Guidance issued in April 2019.

10.2   JL outlined the changes to include removal of the stage 2 process, flexibility in working and ability to stretch timescales in required and the appeals process has been removed.

10.3   CM noted that it is minor amendments to the previous policy. EH advised that RQIA would explore potential for training from HSC Leadership Centre. CC queried if there were reports presented to the Board. MF confirmed that it is available in the Chief Executive brief.

10.4   Board members **APPROVED** the RQIA Complaints Policy.

11.0   Agenda Item 11 - Enforcement Policy / Procedure

11.1   JM advised that the Emergency Amendments to the Enforcement Policy and Procedure was required due to the current circumstances RQIA are facing with the absence of key decision makers.

11.2   JM informed members that the Enforcement Policy and Procedures make up six documents and advised that the amendments relate to the addition of 'nominated deputy' and updating of job titles.

11.3   JM advised Board members that the constitution of the Decision Making Panels and the Enforcement Review Panels have been reviewed and revised to reflect they will be conducted by independent persons with previous experience and knowledge of regulation.

11.4   JM advised that a full review of the policy would take place in six months and a review of the escalation policy and Standing Orders.

11.5   Board members **APPROVED** the Emergency Amendments to the Enforcement Policy / Procedure.

12.0   Agenda Item 12 - Executive Team Report

12.1   EH presented the Executive Team report to Board members. EH updated Board members in relation to RQIA's Service Support Team that was created during the COVID-19 pandemic as directed by the DoH. Positive feedback has been received from staff and providers.

12.2   EH noted the work within the Business Support Unit, highlighting a visit from the Minister on 24 June, ongoing media interest and legal action relating to the Direction received from the DoH to reduce inspections and in respect of Prison

Healthcare.

12.3   EH noted the increase in enforcement action, despite a reduced number of onsite inspections over the COVID-19 pandemic. EH advised that the Assurance Directorate have developed a plan to maximise onsite availability for inspections, increased remote inspections and using a blended approach where appropriate.

12.4   EH advised that RQIA have sought clarity in relation to RQIA's role for monitoring the MCA Deprivation of Liberty Safeguards (DOLS) extension forms.

12.5   EH advised that in respect of MHLD facilities, there is ongoing engagement with the Belfast HSC Trust in relation to Valencia Ward, Southern HSC Trust in respect of Bluestone Unit, Western HSC Trust in relation to the Inpatient Wards and with the Northern HSC Trust in relation to Holywell Hospital.

12.6   EH informed Board members that RQIA continue to provide support to Independent Hospitals that have restructured to support the sector with COVID-19.

12.7   EH informed Board members that RQIA Review and Audit Programmes are commencing following the DoH direction.

12.8   LL advised that the five Muckamore Abbey Hospital reports are due to be published in September and it is anticipated that there will be media interest.

12.9   Board members **NOTED** the Executive Team Report.

13.0   Agenda Item 13 - Any Other Business

13.1   As there was no other business, the Chair thanked Board Members and Officers for their attendance and contribution and brought the meeting to a close.

Date of next meeting:
17 September 2020

Signed
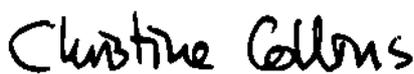
Christine Collins
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Christine Collins MBE
Interim Chair

Date   17 September 2020

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
221	21 May 2020	RQIA Draft Governance Statement to be presented to the Audit and Risk Committee on 18 June.	Business Manager	17 September 2020	🟠
222	26 August 2020	HB to amend the Risk Management Strategy, page 13, wording as agreed by members.	Business Manager	17 September 2020	🟢
223	26 August 2020	HB to confirm dates with Board members and Officers of the Board for a Risk Workshop	Business Manager	22 October 2020	🟠

Key

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