

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
17 September 2020, 11.50am
PUBLIC SESSION

Item	Paper Ref	
1 Minutes of the public meeting of the Board held on 26 August 2020 and matters arising	Min/August20/ public	11.50am NOTE
2 Declaration of Interests		11.55am
3 Chair's and Members Update Interim Chair		12.00pm NOTE
STRATEGIC ISSUES		
4 RQIA COVID-19: Lessons Learned Head of Business Support / Helen Hamilton, Project Manager		12.05pm APPROVE
OPERATIONAL ISSUES		
5 Chief Executive's Report Interim Chief Executive	A/09/20	12.15pm NOTE
6 Any Other Business		12.30pm

Date of next meeting: 19 November 2020

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 were 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 **APPROVED** 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 MHL D 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 MBE
Interim Chair

Date

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	

RQIA Board Meeting

Date of Meeting	17 September 2020
Title of Paper	Chief Executive's Report
Agenda Item	5
Reference	A/0920
Author	Interim Chief Executive
Presented by	Interim Chief Executive
Purpose	The purpose of the paper is to update the Board on activity and performance from 1 April 2020 to 31 August 2020.
Executive Summary	<p>This paper provides an update to the Board of the activity and performance of the Directorate of Assurance, the Directorate of Improvement and the Business Support Unit in RQIA.</p> <p>During Quarter 1 of 2020/2021 (April, May and June 2020), health and social care across Northern Ireland responded to the first wave of the COVID-19 pandemic.</p> <p>At the time, RQIA evolved to provide a support service to those registered services, particularly domiciliary care agencies (including supported living services), nursing homes and care homes. RQIA's inspection activity was reduced during this period. Other operational activity, including inspections in HSC organisations and its review programme, ceased.</p>
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 next Board meeting.

Business Support Unit

Political Engagement

On 24 June 2020, Robin Swann MLA, Minister of Health visited RQIA, where he had an opportunity to speak to staff involved in managing our response to COVID-19. Mr Swann also met with RQIA's interim Chief Executive and newly appointed interim Chair, Christine Collins MBE, to discuss ongoing work and key priorities for RQIA.

Media Engagement

Since the last Board meeting, RQIA's Communications team continued to manage responses to a significant volume of media queries - from print, broadcast and online media outlets. During this time, we have liaised closely with counterparts in the Department of Health, HSC Board and trusts, and Public Health Agency communications teams, and with relevant independent providers.

From 1 April 2020 to 31 August 2020 we received and dealt with a total of 183 media queries. There were 146 media queries received during Quarter One (April, May and June 2020), which represented a 584% increase from the same period for 2019/2020, when we received 25 media queries.

Month	Print	Broadcast	Online	Total	Queries in relation to:
April 2020	27	13	3	43	<ul style="list-style-type: none">• Number of cases/deaths• RQIA's role/inspections• Admissions to homes• Testing arrangements
May 2020	22	27	2	51	<ul style="list-style-type: none">• Number of cases/deaths• RQIA's role/inspections• Specific care homes
June 2020	36	15	1	52	<ul style="list-style-type: none">• RQIA Board resignations• Number of cases/deaths• Inspections• Specific care homes
July 2020	7	9	2	18	<ul style="list-style-type: none">• Specific care services• RQIA's role/inspections• Review activity
August 2020	12	4	3	19	<ul style="list-style-type: none">• Specific care services• Inspections/enforcement• Muckamore Abbey Hospital
Total	104	68	11	183	

Freedom of Information (FOIs) / Subject Access Requests

We received 36 FOI / Subject Access Requests from 1 April to 31 August 2020, compared to the same period in 2019/2020 when we received one FOI request.

Compared to Quarters One to Four of 2019/2020 when 20 requests were received, a five-fold increase was noted during Quarter One of 2020/2021 (25 requests). These requests included issues in relation to our evolved role during the COVID-19 pandemic and also queries in relation to our inspection and review activities.

Complaints

We received three complaints against RQIA from 1 April 2020 to 31 August 2020, which were managed and processed in line with RQIA's Complaints Policy. All performance targets were met. During the same period last year three complaints were also received.

RQIA Registration Activity Summary

Application Type	2019/2020					2020/021				
	April	May	June	July	August	April	May	June	July	August
Service Applications Received	14	9	11	11	10	5	3	9	3	12
Manager Applications Received	39	25	20	36	24	10	7	12	10	13
Variation Applications Received	20	24	20	20	25	6	9	10	18	14

When compared to the same period in 2019/2020, a decrease has been noted in registration applications being received in 2020/2021. Registrations are processed within 6 weeks' from receipt of a complete application. A project has been established in September 2020 to take forward a review of our registration function in line with the scope developed in 2019/2020.

Dissemination of Guidance and Advice to Providers

During April 2020 to the end of August 2020, RQIA issued 193 pieces of guidance and advice to registered providers. Guidance was received from various sources, such as the Public Health Agency, HSC Board and voluntary organisations. The Reviews and Audit Team, in conjunction with the Communications Team, established a system to categorise, record and co-ordinate circulation across the sector. Guidance and advice comprised various topic areas:

KEY TOPIC AREAS	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
COVID-19 Surge	1	2	2			
COVID-19 Symptoms & Testing	5	12	6	4	8	
Easy Read Guidance		4				
General Guidance (includes guidance and advice applicable across more than one setting. For example, visiting arrangements, IPC, Introduction of Apps)	8	6	2	2	6	
Human Resources	5	2				
Medicines Management	7	10	2			
Palliative Care	4	8				
Personal Protective Equipment PPE	9	1	4	2	1	
Registered Services - Children's	3	2	1			
Registered Services - Dental			4			
Registered Services - Domiciliary Care & Supported Living	3	1		1		
Registered Services - Independent Hospitals & Clinics	3					
Registered Services - Nursing & Residential	12	12	4	8		
Training	6	4	2		4	
TOTAL ITEMS ISSUED	66	64	27	17	19	193

RQIA Website

During Quarter One of 2020/2021, a new section was added to the RQIA website to provide advice and guidance to support care providers in their management of COVID-19, with separate guidance for the public.

On behalf of the Department of Finance and Department of Health Procurement Teams, an additional area on the website was developed to provide PPE supply lists for registered providers, updated twice daily, with publication in advance of HSC.

Legal Action

A Care Tribunal hearing in respect of an appeal challenging the cancellation of the registration of the registered person for Gosna Care Agency Ltd in October 2019. Initial hearing took place on 7 September 2020.

Finance

A financial governance review by the HSC Leadership Centre has been commissioned. This is currently underway, with a reporting date of the end of September 2020.

COVID-19 Response

RQIA's Business Support Unit supported the Assurance and Improvement Directorates with RQIA's response to COVID-19, through its Admin Team, Communications Team, Information Team and Registration Team. This was supplemented by partnership working with the Improvement Directorate's Reviews and Audit Team, specifically in the areas of dissemination of guidance and advice to providers and supplementary support to the Senior Managers in the Assurance Directorate.

The Business Support Unit Teams adapted their working hours to provide a 7 day per week service from 8:00 am to 6:00 pm. The Admin Team facilitated the triage of telephone calls and queries from providers in relation to COVID-19 and also provided support to the initial COVID-19 testing service for staff in care homes.

During Quarter One of 2020/2021, the Business Support Unit undertook COVID-19 reporting through various means:

- Facilitation of daily reporting through Northern Ireland's chain and command infrastructure to Silver and Gold commands.
- Introduction of processes across the organisation to facilitate daily, moving to weekly from May 2020, reporting of activity of RQIA's Service Support Team (SST) to include volume of contacts, issues dealt with and trends. These reports were disseminated to the Department of Health, HSC Trusts, HSC Board and Public Health Agency.
- Development of an RQIA App to collate COVID-19 data from domiciliary care agencies, nursing and residential care homes on a daily basis. Data from this App was shared with the SST to allow follow-up calls to be made when an issue/concern was identified.
- In response to increasing requirements to provide accurate information on the status of care homes, RQIA established and facilitated a regional data collection tool via an app to collate COVID-19 data in relation to care homes. Completion of this information is mandated by the Department of Health and is disseminated to the five HSC Trusts, HSC Board, Department of Health and Public Health Agency. In order to improve the efficiency of this process and in preparation for a possible second wave, the process of collating and disseminating the information has now been automated and work is ongoing to validate the data. In order to improve governance and security, submissions are now made through the RQIA web-portal. Submission rates are around 97% on week days and 90% at weekends.
- Development of the RQIA iConnect electronic system to allow capture of COVID-19 related concerns and issues, with management reporting functionality set up, in particular highlighting when a service is at risk of failure within 24 or 72 hours.
- Development of a suite of automated reporting for internal and external dissemination in relation to death notifications, concerns, Northern Ireland Ambulance Service (NIAS) calls which continue to run at regular intervals.

The information team has also collated a suite of publications in relation to the COVID-19 experience in care homes and the role of RQIA during the peak of the pandemic, the first of which is due for publication at the end of September.

Health Foundation Funding Award

RQIA has been awarded funding of £50k from the Health Foundation to build capacity within the organisation in developing interactive maps of our services which will be available to the public on our website and for use internally to inform our intelligence-led approach to inspection and registration. Work on this project is commencing in September and the project is planned to run for 15 months.

Interim Chief Executive Key Meetings

- 1 September 2020 – Meeting with COPNI re Oaktree Manor
- 1 September 2020 – Meeting with BSO Directorate of Legal Services
- 2 September 2020 – Muckamore Departmental Assurance Group
- 3 September 2020 – Introductory meeting with Olive Macleod, PHA Chief Executive
- 4 September 2020 – Introductory meeting with Richard Pengelly, Permanent Secretary
- 7 September 2020 – Meeting with BSO HR

Enforcement Update

Service	Date	Action	Current Status
Western Health and Social Care Trust	22 July 2019	One improvement notice in relation to recognition and management of adverse incidents and near misses at Tyrone and Fermanagh Hospital, Omagh and Grangewood Hospital, Derry	27 August 2020 Compliance achieved
Provident Healthcare NI, Domiciliary Care Agency, Belfast	27 May 2020 10 August 2020	One notice of proposal/ decision to impose one condition of registration to replace the responsible individual A further notice of proposal to cancel the registration of the Registered Provider of Provident Healthcare NI	Ongoing
Top Class Healthcare Domiciliary Care Agency, Kilkeel	15 June 2020	Five failure to comply notices in relation to governance, recruitment, record keeping, complaints management and monthly monitoring checks at this domiciliary care agency.	28 July 2020 Compliance achieved in respect of governance, record keeping, complaints management 25 August 2020 compliance achieved with remaining notices
Majestik Home Care Domiciliary Care Agency, Belfast	9 July 2020 7 August 2020	One failure to comply notice in relation to staff recruitment. A notice of proposal to cancel the registration of the registered provider of Majestik Home Care	Ongoing
Drumary House Residential Care Home Derrygonnelly	20 July 2020	Two failure to comply notices in relation to governance and management of the home and the health and welfare of residents.	3 September 2020 Compliance achieved
Towell House Residential Care Home, Belfast	11 August 2020	One failure to comply notice in relation to the oversight of the quality of care provided by the home.	Ongoing
Potens Domiciliary Care Agency Derrygonnelly	14 August 2020	Three failure to comply notices in relation to governance and management oversight, recruitment and care records	Ongoing
Rectory Field Residential Care Home, Derry WHSCT	21 August 2020	Six failure to comply notices in relation to non-adherence to registration/statement of purpose, health and welfare of residents, medicines management, infection control, staffing arrangements, fitness of premises.	Ongoing

Assurance Directorate

Inspection Activity

During the first quarter of 2020/2021, the Assurance Directorate, in conjunction with the Improvement Directorate, focused on a three-fold service delivery:

- i) to support the independent services to deliver safe and effective care;
- ii) to address service failings taking a balanced and proportionate approach to activity; and
- iii) to maintain the safety and well-being of people.

During this time RQIA established the Service Support Team (SST), and conventional inspection activity was reduced. As lockdown was eased and inspection activity increased, the inspectors were mindful of the new restrictions and undertook activity focused on a risk-based approach and where intelligence suggested serious issues that required an inspection. The inspections conducted through a risk-based approach resulted in a higher proportion than normal of enforcement activity; this was resource intensive work.

An assessment of the capability of the service to deliver inspections for the quarters two and three was undertaken. It was determined that it is not possible to achieve the statutory requirement of inspections for the Assurance Directorate's services in 2020/2021. Therefore, the Directorate has approached the rebuilding of an inspection schedule by focusing activity upon targeted inspections on a risk-based approach; several of which have, and will, require multiple visits or the deployment of more than one inspector. Alternative approaches have been developed to enable remote inspections which will be evaluated.

It has been estimated that, if there is not a resurgence of COVID-19, the Assurance Directorate could achieve one visit per service in care homes (50% of the statutory requirement) and approximately 25% of agency inspections; with all activity remaining targeted toward high-risk areas. Children's services have planned inspections of high risk services but do not plan any inspections of the lowest risk services, including four Adult Placement Services.

At month five we are effectively reporting on 2 months' of activity, given that no routine inspections were carried out during April, May and June 2020.

During July and August 152 inspections took place at 129 sites.

To meet our target under the Fees and Frequency Regulations we would need to complete in the order of 89 inspections in separate premises, per month.

At the end of month five we have therefore completed:

- 129/445 (29%) expected inspections for a 5 month period, or,
- 129/178 (72%) expected inspections for a 2 month period.

This shortfall will be considered and addressed in our transition plan for the second half of 2020/2021.

Enforcement Activity

There were 152 inspections undertaken to 4 September 2020, 23 of which were follow-up visits. Of the 129 high-risk services inspected, there were 45 (35%) services which required an Enforcement Decision Making Meeting (EDM) to be undertaken which resulted in 31 enforcement meetings with registered providers. Therefore, a quarter of visits resulted in enforcement meetings, meaning that the approach of inspections targeted on risk is yielding low-volume, but high-value inspection activity.

Assurance Directorate: Enforcement Meetings Held 2020/2021 (As at 04.09.2020)

Service Type	EDM ¹ Meeting	SC ² Meeting	FTC ³ Intention Meeting	NOP ⁴ Intention Meeting	IN ⁵ Intention Meeting	Total
Children's (CH)	9	2	0	0	2	13
Domiciliary Care Agency (DCA)	10	2	4	4	0	20
Nursing (NH)	17	4	3	1	1	26
Nursing Agency (NA)	1	1	0	0	0	2
Residential (RC)	8	2	4	1	0	15
Total	45	11	11	6	3	76

The COVID-19 pandemic fundamentally changed the mode of interface with services which RQIA inspects. The SST model which was designed and implemented from late March 2020 proactively engaged with services through the telephone. All care homes and domiciliary care services were supported and engaged and almost 4.8k of calls were handled by inspectors to 4 September; 83% were related to COVID-19.

Assurance Directorate Concerns Breakdown 2020/2021 (As at 04.09.2020)

Service Type	COVID-19 Related	Total Number of Concerns
Adult Placement Agency (APA)	0	7
Children's (CH)	4	17
Day Care Setting (DCS)	30	43
Domiciliary Care Agency (DCA)	1,076	1,255
Nursing (NH)	1,613	1,958
Nursing Agency (NA)	34	56
Residential (RC)	1,221	1,459
Grand Total	3,978	4,795

¹ EDM: Enforcement Decision-making Meeting: an internal meeting in RQIA which takes place at key decision stages within RQIA's Enforcement Procedures.

² SC: Serious Concerns Meeting: held with the Registered Person/Trust's Responsible Individual/s to discuss RQIA's concerns about potential non-compliance; to agree required actions for compliance, with timescales; and to advise of RQIA's stepped approach to enforcement should compliance not be achieved.

³ FTC: Failure to Comply Notice: may be served against failings to comply with regulations.

⁴ NOP: Notice of Proposal: may be served when RQIA is proposing to refuse an application, cancel a registration, vary, remove, or impose conditions on a registration.

⁵ IN: Improvement Notice: may be served when there have been failings to comply with minimum standards.

Improvement Directorate

Inspection Activity

The activity of the Improvement Directorate inspection teams during the first quarter of 2020/2021 was focused on supporting RQIA's response to the emerging pandemic as part of the care homes and agencies team's SST. We also redeployed a member of our inspection team to support the ongoing work of the Northern Ireland Ambulance Service (NIAS).

A number of our independent hospitals were contracted by HSC Trusts to provide services to a large number of patients who, as a result of COVID-19, could not be treated in our HSC hospitals. Our teams worked tirelessly to support this work through engagement with providers, HSC Trusts, the Directorate of Legal Services and the HSC Board.

With the use of bank staff and support from the HSC Board through our named dental advisor we are predicated to complete 100% of our statutory target of inspections for 2020/2021.

Enforcement Activity

Improvement Directorate: Enforcement Meetings Held 2020/2021 (As at 04.09.2020)

Service Type	EDM Meeting	SC Meeting	FTC Intention Meeting	NOP Intention Meeting	IN Intention Meeting	Total
HM Prison	0	0	0	0	0	0
HSC Hospital	0	0	0	0	0	0
Independent Hospital (IH)	0	0	0	0	0	0
Independent Hospital (IH) - Dental Treatment	0	0	0	0	0	0
Independent Medical Agency (IMA)	0	0	0	0	0	0
MHLD Facility	10	2	0	0	0	12
Total	10	2	0	0	0	12

Improvement Directorate Concerns Breakdown 2020/21 (As at 31.08.2020)

Service Type	COVID-19 Related	Total Number of Concerns
HM Prison	1	2
HSC Hospital	25	63
Independent Hospital (IH)	19	37
Independent Hospital (IH) - Dental Treatment	14	28
Independent Medical Agency (IMA)	0	1
MHLD Facility	10	60
Total	69	191

Muckamore Abbey Hospital

The Minister announced a Public Inquiry into the events at Muckamore Abbey Hospital. The Hospital Programmes Team is meeting to scope the extent of preparing evidence for the Inquiry.

Dental

The programme of inspections for dental practices recommenced on 24 August 2020. Early indications suggest that dental practitioners are finding the inspection approach supportive.