

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
29 October 2020, 10.30am
PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		10.30am
2 Minutes of the public meeting of the Board held on 17 September 2020 and matters arising	Min/Sept20/public	10.30am NOTE
3 Declaration of Interests		10.35am
4 Chair's and Members Update Interim Chair		10.40am NOTE
STRATEGIC ISSUES		
5 RQIA Transition Plan 2020/21 Interim Chief Executive	A/10/20	10.45am APPROVE
6 COVID-19: Lessons Learned Report Head of Business Support Unit	B/10/20	11.00am NOTE
7 Finance Performance Report Chief Executive	C/10/20	11.05am NOTE
8 Performance Report: Activity Review (Quarter 1 and Quarter 2) Interim Chief Executive	D/10/20	11.10am NOTE
9 Principal Risk Document Interim Chief Executive	E/10/20	11.20am APPROVE
10 Governance Framework Interim Chief Executive	F/10/20	11.30am APPROVE

OPERATIONAL ISSUES

- 11 Chief Executive's Update
Interim Chief Executive

11.40am
NOTE

- 12 Any Other Business

12.00pm

PUBLIC SESSION MINUTES

RQIA Board Meeting Boardroom, RQIA 17 September 2020; 12.00pm	
Present Christine Collins MBE (Interim Chair) (CC) Chris Matthews (CM) Brigitte Worth (BW) Apologies: Dermot Parsons	Officers of RQIA in attendance Dr Tony Stevens (Interim Chief Executive) Emer Hopkins (Acting Director of Improvement) (EH) Julie-Ann Walkden (Deputy Director of Assurance) (JAW) Jacqui Murphy (Acting Head of Business Support Unit) (JM) Malachy Finnegan (Communications Manager) (MF) Hayley Barrett (Business Manager) (HB) Helen Hamilton (Project Manager) (HH)

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.

2.0 Agenda Item 2 – Minutes of the public meeting of the Board held on 26 August 2020 and matters arising

- 2.1 CC presented the minutes of the public meeting of the Board held on 26 August 2020 for approval.
- 2.2 BW noted that item 7.6 was noted, not approved and asked that the minutes are updated. JM advised that a review of risk management will be undertaken, an assurance framework developed and a principle risk document.
- 2.3 Board members **APPROVED** the public minutes of the Board held on 26 August 2020.
- 2.4 Board members noted that action 221 and 222 are now complete. Action 223 remains ongoing.

3.0 Agenda Item 3 –Declaration of Interests

- 3.1 CC asked Board 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 of Chair of the Patient Client Council, 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.
- 3.3 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.
- 3.4 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.
- 3.5 TS declared that as former Medical Director of Belfast Health and Social Care Trust and former Chief Executive of Northern Health and Social Care Trust, that he would recuse himself from any matters that arise for discussion relating to Muckamore Abbey Hospital or the Review of Deceased Patients of Dr Watt. TS has sought advice from DoH in relation to this potential conflict.

4.0 Agenda Item 4 - Chair's and Members Report

- 4.1 CC advised that progress is being made to appoint RQIA Board members. It is anticipated that this will be in place by the end of September.
- 4.2 BW noted that if her, and CM's, appointment go beyond the 30 September another letter from the Public Appointments Unit will be required.
- 4.3 CC noted that the CPEA Report on Safeguarding has been published.
- 4.4 Board members **NOTED** the Chair's and Members Report.

5.0 Agenda Item 5 – RQIA COVID-19: Lessons Learned

- 5.1 At this point, Helen Hamilton, Project Manager joined the meeting.
- 5.2 HH provided an overview of the RQIA COVID-19: Lessons Learned presentation advising that the purpose of the lessons learned was to understand what we did well, what could be improved and RQIA's preparedness for a second wave.

- 5.3 HH advised of the methodology used to engage providers, other stakeholders and RQIA staff using online survey, telephone questionnaires, emails, team discussions and a staff meeting.
- 5.4 HH provided an overview of what worked well for providers and staff and suggested improvements. HH advised of RQIA's preparedness for a second wave of COVID-19 if required.
- 5.5 EH advised that a report on RQIAs learning and approach would be shared to support the regional planning within the sector.
- 5.6 **Resolved Action (224)**
RQIA COVID-19 Lessons Learned report on learning and approach to be shared to support the regional planning within the sector.
- 5.7 Board members **NOTED** the RQIA COVID-19: Lessons Learned.
- 5.8 HH left the meeting at this point.
- 6.0 Agenda Item 5 – Chief Executive's Report**
- 6.1 Board members **NOTED** the Chief Executive's Report.
- 7.0 Agenda Item 6 - Any Other Business**
- 7.1 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:
29 October 2020

Signed




Christine Collins MBE
Interim Chair

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
223	26 August 2020	HB to confirm dates with Board members and Officers of the Board for a Risk Workshop	Business Manager	29 October 2020	
224	17 September 2020	RQIA COVID-19 Lessons Learned report on learning and approach to be shared to support the regional planning within the sector.	Head of Business Support	29 October 2020	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	29 October 2020
Title of Paper	RQIA Transition Plan 2020/2021
Agenda Item	5
Reference	A/10/20
Author	Executive Management Team
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the RQIA Transition Plan for 2020/2021.
Executive Summary	<p>Following Surge 1 of COVID-19 during the first half of the 2020/2021 financial year, RQIA developed its Transition Plan 2020/2021 to outline what the organisation will achieve during the period October 2020 to March 2021.</p> <p>The Transition Plan is based on our four strategic themes and is underpinned by a three-fold approach, with frameworks for Transitional Assurance / Inspection, Governance and Performance.</p> <p>It identifies 13 actions and 47 key deliverables under each action. Each Action is sponsored by a member of the Executive Management Team and has an Action Lead and Action Groups. The Transition Plan is managed using a project management methodology and progress on actions to date is outlined in the accompanying overview Gantt chart.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the RQIA Transition Plan 2020/2021.
Next steps	None.

RQIA Transition Plan: October 2020 to March 2021

Version 10: 20 October 2020

RQIA Transition Plan: October 2020 to March 2021

We are a multidisciplinary team of 130 people with a clear vision for how we support and ensure care is safe, effective, compassionate and well-led. We believe that through RQIA's inspections, audits and reviews, people in Northern Ireland should experience a better quality of service.

We are committed to work closely with providers of health and social care services so that they can deliver improved care. We also are dedicated to hearing and acting on the experiences of patients, clients, families and carers. It is only by working in partnership with both service users and providers of care that we can encourage and influence improvement and that we can measure the extent of our achievements.

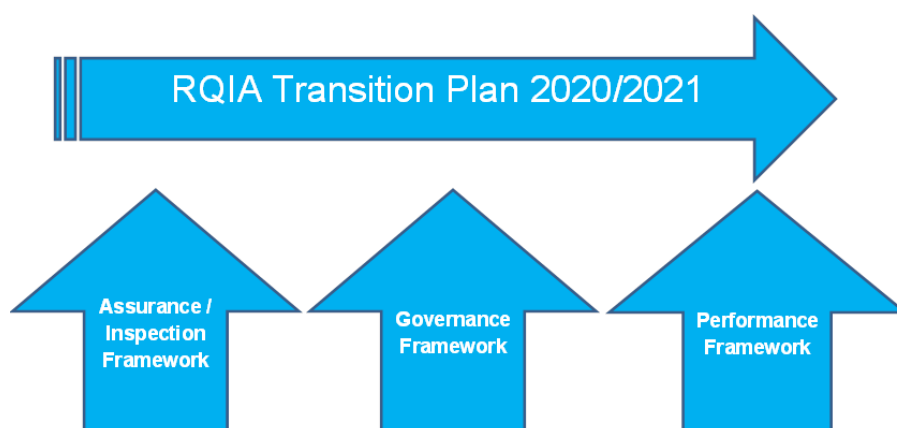
From March to July 2020 RQIA balanced its role as a regulator with the provision of support to health and social care services during the first wave of the COVID-19 pandemic. During this time, a number of key staff were transferred to other organisations to support the regional response to the pandemic. This impacted on our ability to deliver our Business Plan targets for 2020-21, as did the Departmental direction to shift our focus from regulatory activity to a range of support functions.

Following the appointment of an interim Board in August and an interim Chief Executive in September 2020, we have developed this Transition Plan, which describes what we will achieve during the period October 2020 to March 2021.

The Transition Plan is based on our four strategic themes:

- Encouraging quality improvement in health and social care
- Using sources of information effectively
- Engaging and involving service users and stakeholders
- Delivering operational excellence

It is underpinned by a three-fold approach, with frameworks for Transitional Assurance / Inspection, Governance and Performance.



Through our transition plan we aim to use our resources and statutory powers to provide the best possible assurances on the quality of services we regulate within the current constraints. We will optimise the resource and availability of our workforce to ensure we meet our responsibilities in a safe and effective way. We will also work to ensure that RQIA is well placed to address the recommendations from the Commissioner for Older People Northern Ireland (COPNI) Home Truths report; those arising from the Inquiry into Hyponatraemia-related Deaths; and the forthcoming CPEA Report.

All of the actions within this Transition Plan have been selected to respond flexibly to the current pandemic, to provide ongoing assurance regarding health and care services and to lay strong foundations for our work going forward.

We will take forward improvements in our inspection methodologies, progress our review and audit programmes and ensure we are meeting our requirements in accordance with the Mental Capacity Act legislation. Information and intelligence will remain key foundations, underpinning our work programmes.

We will also concentrate on delivering projects and initiatives to strengthen our internal arrangements, which will include our structure, internal accountability, finance and information governance.

The Plan is designed to identify clear aims and key deliverables which will expedite our improvement journey and is underpinned by the principles of personal and public involvement (PPI) throughout.

To ensure we keep a keen focus on this plan we have identified key deliverables whereby staff from across RQIA will work together to achieve the corporate goal. Each directorate and unit also has its own business plan setting out key objectives for their discrete areas of work. It is accompanied by a suite of performance measures against which the Executive Management Team will be held to account. Additionally, RQIA's Risk Registers and Corporate Risk Framework set out how we identify and mitigate risks associated with our business.

Overview of Key Deliverables

Action	Key Deliverable	Directorate	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
1	Strengthen our assurance of quality of care	Assurance	Project Team / PID Specify requirements	Develop and Pilot Framework	Service User Involvement Report Formats	Embed New Framework Out of Hours	Evaluate Service User Involvement Methods	Duty Desk
2	Use information and intelligence	Assurance			Evaluate RADAR			Integrate RADAR Future Use
3	Deliver Reviews, Audits and QI Projects	Improvement	IV Fluids Review		GP OOH Ind. Hospitals Hospices	Deceased Patients Review	SAI Review	
4	Systems to deliver MHO / MCA	Improvement	Define Options: DoLs / Finance			Systems and Processes		Outline Business Case
5	Managing Performance	BSU	Performance Reporting Framework		Risk & Governance Health & Safety			Policies and Procedures
6	Future-proof Electronic Information System	BSU: Information					Specification Options Appraisal	Commence Business Case
7	COVID-19: Learning and Reporting	BSU: Information	Report: Care Homes	Regional Rapid Learning				
8	Involve Service Users	Assurance			Person-centred	Lay Assessors		Models for Lay Assessors
9	External-facing Communications	BSU: Comms			Communication Evaluation	Enhancement Plan	Website Review	
10	Organisation Fit for Purpose	Improvement	Transition Team			Skill Mix Review	Gap Analysis	Accommodation OD Strategy Restructuring
11	Internal Governance Arrangements	BSU	Finance Review	Finance Recommendations		Information Governance Risk		Information Recommendations
12	Modernise Registration	BSU: Information		Map Processes Recommendations				Programme of Work
13	Oversight of Complaints in Regulated Services	Assurance			Review system and Options		Define System Business Case	

THEME: Encourage Quality Improvement in Health and Social Care

Action 1	We will use QI methods to strengthen our assurance of the quality of care <i>This will form the basis of our organisational response to implementing recommendations from relevant reviews/ investigations. (COPNI's Home Truths, CPEA)</i>	Deputy Director, Assurance
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Key Deliverables:

- 1.1 Establish a project team and develop a project initiation document (PID) and specify the requirements and scope of the new transitional assurance framework (Mid October).
- 1.2 Develop and pilot a new transitional assurance framework, optimising the opportunities of technology, learning from other regulators and best regulatory practice (November 2020).
- 1.3 Refine and embed the new transitional assurance framework (January 2021).
- 1.4 Develop and pilot new methods to enhance service user involvement and focus on human rights during inspection/ assurance activities, as part of the transitional assurance framework (links to action 8, relates to themes of COPNI's Home Truths) (December 2020).
- 1.5 Evaluate methods to enhance service user involvement as above (February 2021).
- 1.6 Review current model for duty desk functions, then pilot and evaluate a new model, optimising staff skill mix (links to action 10) (March 2021). (*Links to Business Continuity.)
- 1.7 Review the current format for inspection reports and refine, pilot and evaluate new formats for implementation (December 2020).
- 1.8 Review the rationale, efficacy and deliverables of Out of Hours (OOH) inspections undertaken and make recommendations and roll-out for future practice (*Link to Home Truths*) (January 2021).

Action 2	We will enhance the use of information and intelligence to strengthen our assurance across health and social care	Deputy Director, Assurance
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Key Deliverables:

- 2.1 Consider current evaluation of the use of RADAR within the care homes team and define steps for informing and improving our intelligence systems, as part of the transitional assurance framework (December 2020).
- 2.2 Integrate RADAR into new transitional assurance framework (March 2021).
- 2.3 Develop a plan and options appraisal for future use of the RADAR tool or alternatives across other programmes within RQIA (April 2021).

Action 3	We will deliver our planned programme of Quality Improvement, Audits and Reviews	Assistant Director, Improvement
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Key Deliverables:

3.1 Completion of backlog of review reports:

- Review of the Implementation of NICE Guidance IV Fluids (October 2020).
- Review of GP out of Hours Services (December 2020).
- Governance Arrangements in the Independent Sector (December 2020).

3.2 Completion of pending reviews:

- Review of Serious Adverse Incidents, finalising a draft report (February 2021).
- Review of Vulnerable Prisoners (May 2021).

3.3 Continue Phase 2 of the Deceased Patients Review and report outcomes on the initial scoping audit to the DoH (January 2021).

Action 4	We will reduce the gap between our current systems and those required under the Mental Health Order (MHO) and Mental Capacity Act (MCA)	Deputy Director, Improvement
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Key Deliverables:

4.1 Define options to provide assurance in order to provide consent for those holding moneys, which includes the assurance mechanisms for RQIA (excess of 20K) (October 2020).

4.2 Define options to provide assurance of practices relating to deprivations of liberty (DoLs) (October 2020).

4.3 Develop the systems and processes to provide assurance for 4.1 and 4.2 (January 2021).

4.4 Complete any required outline business case for resources to enable RQIA to deliver the required functions outlined in 4.3 (March 2021).

THEME: Use Sources of Information Effectively

Action 5	We will effectively manage performance to ensure our organisational objectives are met	Head of Business Support Unit
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Key Deliverables:

5.1 Implement a corporate performance reporting framework using a standard set of measures: at corporate, directorate and team levels (October 2020).

5.2 Complete a review of our risk and governance arrangements and implement improvements required (December 2020)

5.3 Revise the Health and Safety Policy and Procedures (to include COVID-19 arrangements) in place (December 2020).



5.4 Review policies and procedures, strengthening systems for auditing the update and implementation of these (March 2021).

Action 6	We will future proof our electronic information systems to support assurance and inspection activities	Information Manager, Business Support Unit
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Key Deliverables:

- 6.1 Complete a specification for RQIA's current and future needs for an electronic information system and complete an options appraisal exercise for the extension/ upgrade/ replacement of existing system (February 2021).
- 6.2 Commence work on a capital infrastructure business case for a system to meet our current and future needs (March 2021).

Action 7	We will share learning across the HSC system and report on RQIA's experience of the initial Covid-19 surge	Information Manager, Business Support Unit
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Key Deliverables:

- 7.1 Publish a report on Covid-19 related information gathered during the initial surge in Care Homes in Northern Ireland (October 2020).
- 7.2 Participate in and support current regional rapid learning initiatives and work in tandem with other regulators to ensure we identify and incorporate all relevant learning (November 2020).

THEME: Engage and Involve Service Users and Stakeholders

Action 8	We will proactively seek the involvement of service users, carers and other stakeholders in our work.	Deputy Director, Assurance
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Key Deliverables:

- 8.1 By December 2020 develop QI approaches to strengthen the person centred focus of inspection and report on the lived experience of those living within/ using services (links to action 1, relates to themes of COPNI's Home Truths) (December 2020).
- 8.2 Recruit additional persons to our bank of lay assessors (January 2021).
- 8.3 Develop, test and evaluate new models to support the full integration of lay assessors within assurance/inspection activities (March 2021).

Action 9 We will improve our external facing communications.**Communications
Manager,
Business
Support Unit****Key Deliverables:**

- 9.1 Evaluate the effectiveness of our current communications and engagement activities (December 2020).
- 9.2 Produce a clear plan for enhancing communication using a range of methods such as social media, video and animation (January 2021).
- 9.3 Complete a review of RQIA's website to ensure the sharing of information in a meaningful way (February 2021).

THEME: Deliver Operational Excellence**Action 10 We will ensure our organisation is fit for purpose and able to deliver this plan****Director of
Improvement****Key Deliverables:**

- 10.1 Establish a transition team to provide additional capacity, support and mentorship to the senior management team (October 2020).
- 10.2 Progress an Accommodation Project, which addresses the end of lease arrangements (March 2021).
- 10.3 Initiate a programme of Organisational Development, linked to the re-accreditation of Investors in People (IiP), with an increased level of award (March 2021).
- 10.4 Complete a review of skill mix within the organisation (January 2021).
- 10.5 Define the gap between the current resources and those required to deliver all the statutory requirements, non-statutory functions and existing departmental directives (February 2021).
- 10.6 Identify opportunities for restructuring in the organisation and implement new structures, where possible (March 2021).

Action 11 We will ensure our internal governance arrangements are robust.**Head of
Business
Support Unit****Key Deliverables:**

- 11.1 Complete a review of RQIA's financial position, internal financial controls and reporting systems: to support good decision making and best use of resources (October 2020).
- 11.2 Complete any recommendation emanating from the review of finance (November 2020).
- 11.3 Complete a detailed review of RQIA's information governance systems (January 2021).

11.4 Complete any recommendations emanating from the review of information governance systems (March 2021).

11.5 Complete a review of the RQIA Risk Management processes (January 2021).

Action 12 We will modernise RQIA's provider registration system.

**Information
Manager,
Business
Support Unit**

Key Deliverables:

12.1 Map RQIA's current registration process against requirements in existing legislation and regulations, and develop recommendations for an improved system (November 2020).

12.2 Take forward a programme of work to implement changes to new/existing registrations in a systematic way across all relevant programmes (March 2021).

Action 13 We will improve our oversight of complaints in regulated services.

**Deputy
Director,
Assurance**

Key Deliverables:

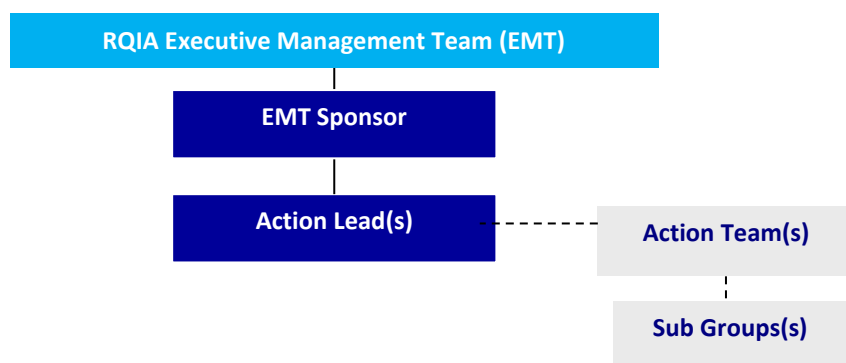
13.1 Review current system and options to strengthen delivery of our required functions in respect of oversight of complaints handling and analysis in regulated establishments (*Brian Godfrey's letter 1 June 2020 also relates to COPNI's Home Truths*) (December 2020).

13.2 Develop a business case, if appropriate, to implement the revised systems and processes as above (February 2021).

Management Arrangements

Structure and Organisation

The structure and organisation for the RQIA Transition Plan 2020/2021 will be:



The Transition Plan will be progressed using a tailored approach of PRINCE2 project management methodology.

Accountability

Each Action Lead will be accountable to the RQIA Executive Management Team (EMT) under the chair of the Interim Chief Executive, which will oversee completion of all actions throughout the RQIA Transition Plan 2020/2021.

EMT will:

- agree aim and deliverables for each Action;
- review the overall project plan to deliver each Action;
- receive progress reports on a monthly basis, monitoring overall progress, risks and issues; and
- approve completed products / outputs for each Action.

EMT will provide assurances and updates on the delivery of the Transition Plan to the RQIA Board and any other key stakeholders identified, as appropriate.

Action Team(s) and Sub Group(s)

Action Team(s) and Sub Group(s) will meet as required to discuss deliverables, progress, planned actions and to manage product delivery. Progress updates will be maintained by the Action Lead. These will be available on a shared drive on the RQIA network.

Reporting

Progress reports will be prepared by the Action Lead and received by EMT on a monthly basis. The Action Lead is required to raise an exception report for the attention of the EMT in order to outline any exceptional circumstances which could lead to the Action not being completed within agreed timescales. Any exceptions may be considered for inclusion in the RQIA risk registers.

Action Plan

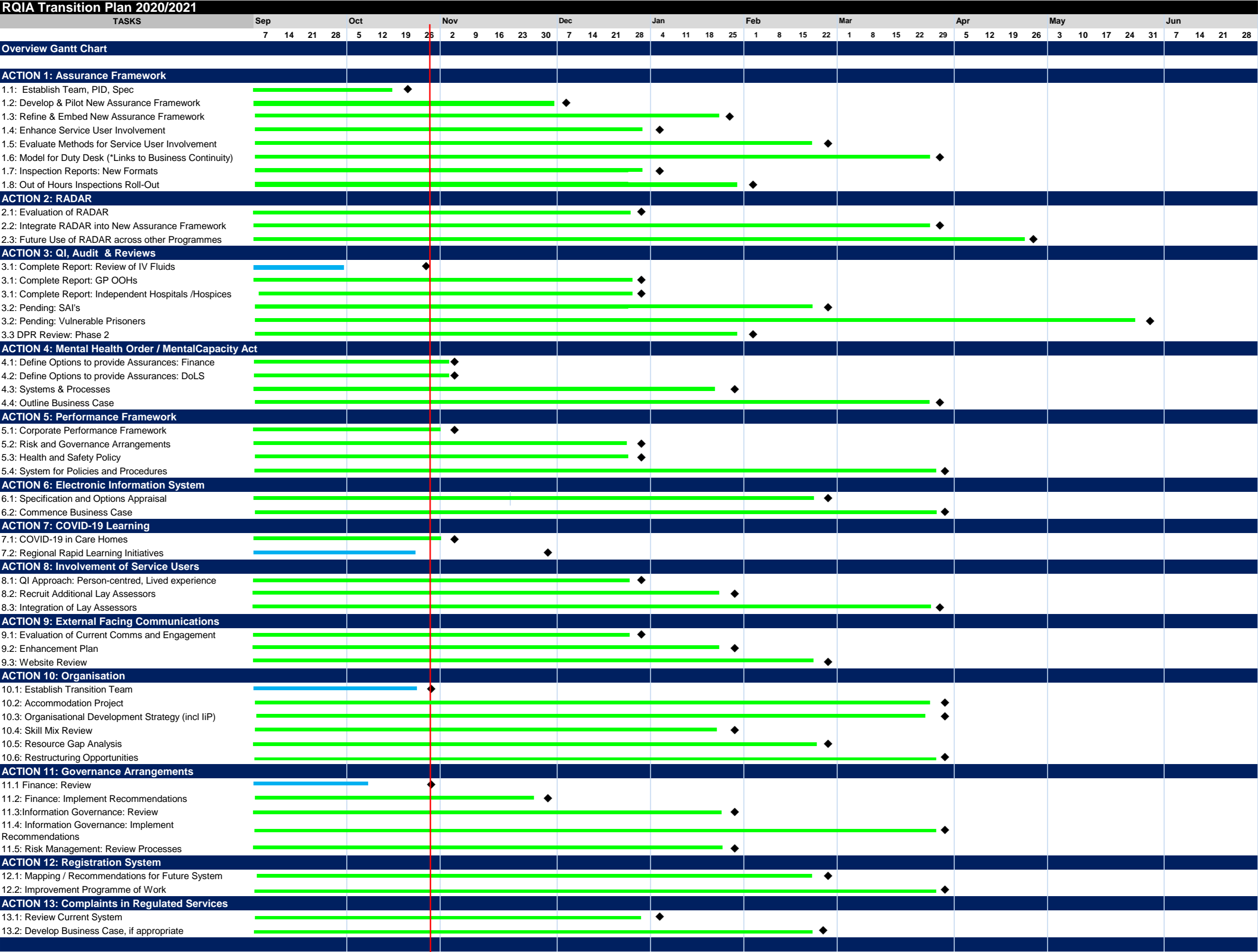
A Gantt chart for the Transition Plan will be agreed by the Action Leads and presented to EMT. This will highlight key milestones. Any deviations to agreed timescales will be raised to EMT.

Risk Management

Any risks to delivery of the Actions will be identified by the Action Leads. Where risks cannot be managed within the Action structure, these will be escalated to EMT.

Action Closure

Action closure will enable EMT to ascertain that the Action's aim and deliverables have been met, products have been delivered and accepted and any follow-on recommendations have been recorded.



RQIA Board Meeting

Date of Meeting	29 October 2020
Title of Paper	COVID-19: Lessons Learned Summary and Action Plan
Agenda Item	6
Reference	B/10/20
Author	Head of Business Support Unit
Presented by	Head of Business Support Unit
Purpose	The purpose of this paper is to present the Summary of Lessons Learned from RQIA's response to Surge 1 of COVID-19 and the Action Plan.
Executive Summary	<p>RQIA carried out a Lessons Learned Review to ensure that it reflected on the organisation's response to Surge 1 of the COVID-19 pandemic during March 2020 to June 2020.</p> <p>Using a two-stepped approach, we engaged with registered providers of care homes and RQIA staff to reflect on their experiences in order to identify lessons learned.</p> <p>The detail of this review was presented to the RQIA Board meeting in September 2020. This report summarises the key findings in relation to what worked well and what could be improved and outlines an Action Plan. Some of the actions have commenced and some overarching actions, such as the development of the new inspection / assurance framework are being taken forward as part of the RQIA Transition Plan 2020/2021.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE the Summary Report and Action Plan.
Next steps	None.



RQIA and Covid-19: Lessons Learned Report

Summary and Action Plan

As an organisation committed to excellence, RQIA carried out a Lessons Learned Review to ensure that we reflected on our response to the Covid-19 pandemic during March 2020 to June 2020, in order to learn from our experiences and the experiences of others. To this end, we engaged with both providers in the care home sector and our staff to:

- encourage them to reflect on their experiences during the Covid-19 pandemic;
- think about what worked well and what could be improved; and
- help us to identify areas for improvement and the steps RQIA needs to take to ensure we are prepared for a further wave of Covid-19 or another pandemic.

We found that RQIA was an organisation which successfully provided the following:



During our response to the Covid-19 pandemic, the skills, support and flexibility of our staff were highlighted as being key to providing these successful outcomes.

The key message we heard was that the partnership working with our colleagues across the HSC sector was instrumental in ensuring that our response was effective. Going forward, we will aim to ensure that this approach is embedded, with staff continuing to work effectively and in a safe way, in accordance with minimising risk of infection to service users, the staff that care for them and to our own staff.

We asked registered providers and staff to reflect on their experiences during the pandemic response (mid-March 2020 to the end of June 2020), to identify lessons learned.

We used a two-step approach to secure feedback. This included:

Step 1:	Engagement with RQIA Staff	<ul style="list-style-type: none">➤ Team discussions, facilitated by a topic guide➤ Online survey➤ Virtual meeting with the Interim Chair
Step 2:	Engagement with Registered Providers from Nursing Homes, Residential Care Homes and Domiciliary Care Agencies	<ul style="list-style-type: none">➤ Online survey➤ Telephone surveys for those who received on-site support

Throughout the pandemic RQIA also received positive feedback from various HSC organisations, such as the Department of Health (to include the Minister), Public Health Agency and HSC Board in relation to the quality and timeliness of wide-ranging data and information about the care home sector, provided as part of the daily and weekly reporting mechanisms.

Key findings have been analysed and were presented to RQIA senior management and the RQIA Board in September 2020; these are highlighted in this Lessons Learned Report. This summary, with its Action Plan, has been considered by RQIA's Executive Management Team and is submitted to the RQIA Board for approval. It will then be shared with teams in RQIA. Key findings from registered providers will be published to the RQIA website as a series of presentation slides.

Key Findings

From the information gathered during the engagement, we have summarised the key findings in relation to what worked well and what could be improved.

Staff Engagement: What worked well?

- ✓ Remote working was successful, with responsive communication systems established
- ✓ Wide range of technical solutions, with a smooth transition to virtual communication platforms.
- ✓ Increased use and adapted functionality of iConnect
- ✓ Responsive IT support from the Business Service Organisation (BSO)
- ✓ Clear signage and regular communication in relation to office working
- ✓ In-office booking system
- ✓ Ability to provide additional car parking for staff on a temporary basis
- ✓ Increased colleague support, cross-team and cross-directorate working
- ✓ Inspectors with particular expertise provided advice on specific topics
- ✓ Services Support Team (SST) noted as a responsive and proactive approach
- ✓ Clearly defined roles and responsibilities within the SST
- ✓ Proactive contact with providers and data submitted to the RQIA App provided sound intelligence for handling queries efficiently
- ✓ Provision of advice during extended hours (7 days, 8:00 am to 6:00 pm)
- ✓ Robust process developed for co-ordinating the receipt and dissemination of information and guidance
- ✓ Single collection point and process for harnessing regional data via the Care Homes App

Staff Engagement: What could have been improved?

- ✗ Timely communication from senior management around challenging issues
- ✗ Timely distribution of rotas (for SST, office cover, admin)
- ✗ Regular communication, e.g. virtual updates by Chief Executive or bulletins / mailshots
- ✗ Use of RQIA website / RQIA Twitter account for external messaging
- ✗ Provision of additional hardware for staff working remotely
- ✗ Balancing our adapted role in line with our core business responsibilities
- ✗ Understanding of our role in non-regulated services
- ✗ Need to retain critical inspector / provider relationship
- ✗ SST role: demand balanced against required resources
- ✗ SST meetings: clearly defined purpose, reduction in numbers attending, rotating key attendees
- ✗ A more co-ordinated approach to professional judgement, enabling discussion with peers
- ✗ Improved electronic connectivity impacting upon ability to undertake remote inspections
- ✗ New approach using remote / virtual inspection may not give sufficient level of assurance

Provider Engagement: What worked well?

- ✓ Advice was transparent, clear, constructive
- ✓ Good follow-up with services
- ✓ Timely responses, with regular updates
- ✓ RQIA was contactable when needed
- ✓ Regular 'check-in' telephone calls
- ✓ Risk-based inspections
- ✓ Sound and solid knowledge base of inspectors
- ✓ Prompt circulation of guidance and advice

Provider Engagement: What could have been improved?

- ✗ Reduction in considerable volume of information being shared
- ✗ Single point of contact for correlation of statistics
- ✗ Timing of dissemination of some guidance, e.g. Friday afternoon
- ✗ Maximising use of the RQIA web portal, rather than an App
- ✗ Continuation of digital and virtual meetings to reduce footfall in care homes
- ✗ Increased use of blended approach for inspections, e.g. desktop, virtual
- ✗ Frequency of submitting data to the App, e.g. only when there is a change
- ✗ Dedicated team to manage all Covid-19 communications centrally across the Northern Ireland HSC
- ✗ User friendly guidance
- ✗ Consistent application of guidance across all Trust areas

On-site Support

One of the support methods offered by RQIA to care homes was on-site support. The need for on-site support was determined through a preparedness assessment conducted by RQIA's inspection teams. Of the seven service providers who received on-site support, six agreed to participate in a telephone survey.

On-site Support: What worked well?

- ✓ Beneficial, informative and helpful support
- ✓ Offered the services reassurance at a time of anxiety and fear
- ✓ Inspectors were helpful, friendly, professional and well-prepared

On-site Support: What could have been improved?

- ✗ Focus could be widened to other types of support, not solely focused on infection prevention and control

Compliments

Throughout this period (March 2020 – June 2020), RQIA received continual feedback in the form of compliments from a range of stakeholders. In total, RQIA received 65 individual compliments via emails from, and telephone conversations with, staff working within HSC Trusts, community care agencies, nursing and residential care homes, registered charities and domiciliary care agencies.

Compliments expressed gratitude for:

- ✓ Support provided by RQIA staff working in the Services Support Team;
- ✓ Up-to-date PPE guidance and sign-posting to PPE suppliers;
- ✓ Practical advice relating to medication and staffing queries;
- ✓ The introduction of the App as a single point of submission, thus reducing duplication of data input to various HSC agencies; and
- ✓ Regular telephone and email check-ins from the RQIA inspection teams.

Action Plan

Throughout all aspects of this engagement, we have refined the areas highlighted in order to identify those requiring immediate consideration. In summary the required actions identified focused on five key areas:

1. Internal Communication;
2. External Communication;
3. Role and Function during Pandemic;
4. Service Support Team (SST);
5. New Inspection Approaches and Technological Solutions; and

RQIA coped tremendously well within an environment where guidance was changing rapidly. Our ability to change and our continued resilience to this situation have seen an increased confidence in staff and in the ability of our teams to deliver whatever is asked of them.

The following Action Plan has been developed and is presented. Some of the actions have commenced and some overarching actions, such as the development of the new inspection / assurance framework are being taken forward as part of the RQIA Transition Plan 2020/2021.

Action Plan

Internal Communication	External Communication	Role & Function during Pandemic	Service Support Team (SST)	New Inspection Approach & Technological Solutions
<ul style="list-style-type: none"> Regular update / bulletin Engagement forum / Corporate team meetings Leverage electronic communication platforms 	<ul style="list-style-type: none"> Strengthen links / single points of contact Distribution processes Improved system for Information and guidance across HSC 	<ul style="list-style-type: none"> RQIA's role Inclusion of all services Safe / minimising risk Agile approach to inspection 	<ul style="list-style-type: none"> Response Plan / Framework Scale and resourcing Inspector / provider relationships Share with HSC 	<ul style="list-style-type: none"> Increase use of blended inspections (providers) Frequency and method of reporting from registered providers Continuation and maximised use of digital and virtual meetings
<ul style="list-style-type: none"> ✓ Zoom meeting: Interim Chair ✓ Zoom meetings for every Team: Interim Chief Executive ✓ Weekly Bulletin to Staff ✓ Monthly Zoom for all RQIA staff (commencing November) • ITS reviewing electronic communication platforms, in line with ITS security arrangements, firewalls and policy 	<ul style="list-style-type: none"> ✓ Links being strengthened with key contacts from PHA and other HSC organisations. Silver Command has been re-established. ✓ Covid-19 distribution process embedded into business as usual for dissemination of guidance / advice • Liaise with DoH and PHA in relation to providing advice on issuing user-friendly guidance and information 	<ul style="list-style-type: none"> ✓ Role for RQIA for next phase of pandemic that: <ul style="list-style-type: none"> ○ Aligns with statutory functions ○ Is inclusive of all providers ○ Navigates ○ Advises ○ Mentors ○ Continues to be safe and effective • Incorporate agile approach into New Inspection / Assurance Framework 	<ul style="list-style-type: none"> • Operationalise the SST if needed, and ensure it includes: <ul style="list-style-type: none"> ○ Appropriate staffing for the response ○ Sharing its modus operandi with other HSC organisations ✓ Standard Operating Procedures (SOPs) 	<ul style="list-style-type: none"> • New Inspection / Assurance Framework ✓ Method of reporting from care homes via RQIA secure web portal ✓ Frequency of reporting from care homes will be adjusted to reporting solely when there has been a change in status ✓ Use virtual meetings with providers as far as possible

TRANSITION PLAN

RQIA Board Meeting

Date of Meeting	29 October 2020
Title of Paper	Finance Performance Report for the Month ended 30 September 2020
Agenda Item	7
Reference	C/10/20
Author	Lesley Mitchell, HSC Leadership Centre Associate
Presented by	Lesley Mitchell, HSC Leadership Centre Associate
Purpose	To report the Month 6 financial position.
Executive Summary	RQIA is reporting a month end surplus of £292k with a forecast year end position of £150k.
FOI Exemptions Applied	
Equality Impact Assessment	
Recommendation/Resolution	The Board are asked to NOTE the Finance Performance Report
Next steps	



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Financial Performance Report

30 September 2020

1. FINANCIAL PLAN 2020/21

RQIA submitted its business plan for 2020/21 to the Department of Health in February 2020 with the financial proformas (Month 2 submission) being submitted at a later date in June 2020. RQIA has a legal duty to achieve a breakeven position by the end of the year, which is defined by the surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k. The initial Financial Plan was as follows:

	£000	%
RRL	7,013	89%
Other Operating Income	886	11%
Total Expected Income	7,899	100%
Pay	6,164	78%
Non Pay	1,696	21%
Covid Costs	39	1%
Total Expected Expenditure	7,899	100%
Year End Forecast Surplus/(Deficit)	0	

The financial plan has been updated monthly and the projected financial position for the year-end has been reported as follows:

Month	Year End Forecast Surplus/(Deficit) £000	Comments
May	0	Breakeven
June	4	Breakeven
July	(77)	Over Threshold Deficit
August	64	Over Threshold Surplus
September	150	Over Threshold Surplus

A mid-year review of the financial plan will be carried out within the next few weeks and the outcome will be reported to the next Board meeting.

2. SUMMARY FINANCIAL POSITION

The summary financial position is as follows:

Month	Year To Date Surplus/(Deficit) £000	Forecast Year-End Surplus/(Deficit) £000
31 May	0	0
30 June	(167)	4
31 July	597	(77)
31 August	207	64
30 September	292	150

3. FINANCIAL POSITION AS AT 30 SEPTEMBER 2020

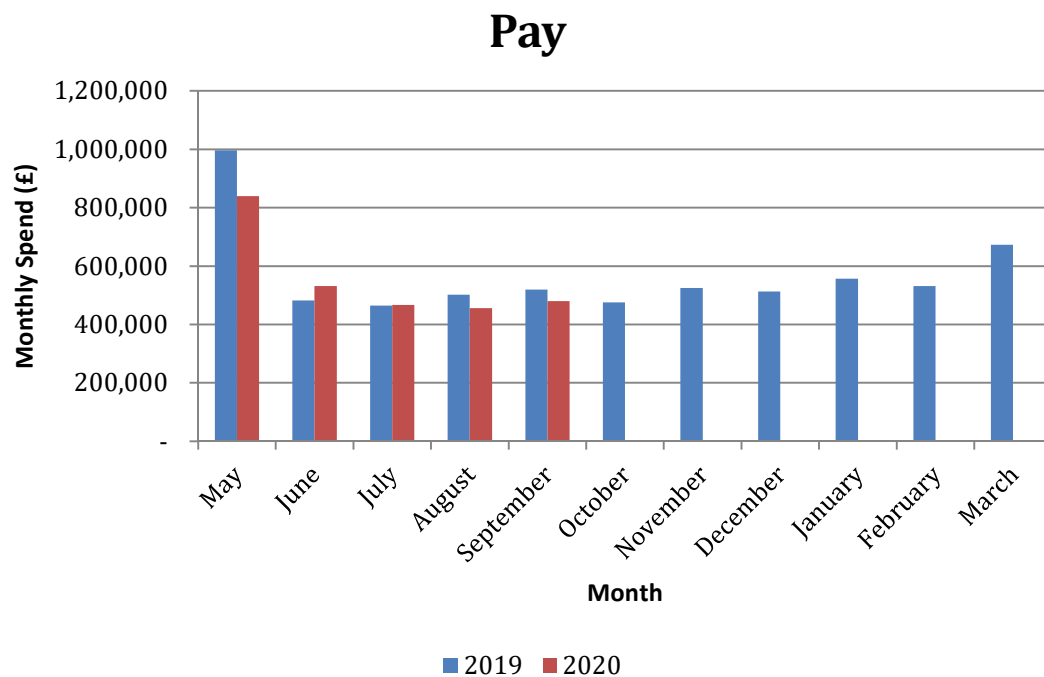
	Budget YTD 30 September 2020 £000	Actual YTD 30 September 2020 £000	Variance £000
RRL	3,578	3,578	
Other Operating Income	372	414	42
Total Expected Income	3,950	3,992	42
Pay	3,040	3,017	23
Non-Pay	694	683	9
Total Expected Expenditure	3,734	3,700	32
Surplus/(Deficit)	216	292	74

Reasons for Other Operating Income Variance - £42k (Over-recovery)

Additional income has been identified relating to Registration of Establishment fees (£21k YTD), Register of Manager fees (£13k YTD) and other smaller balances amounting to £8k YTD.

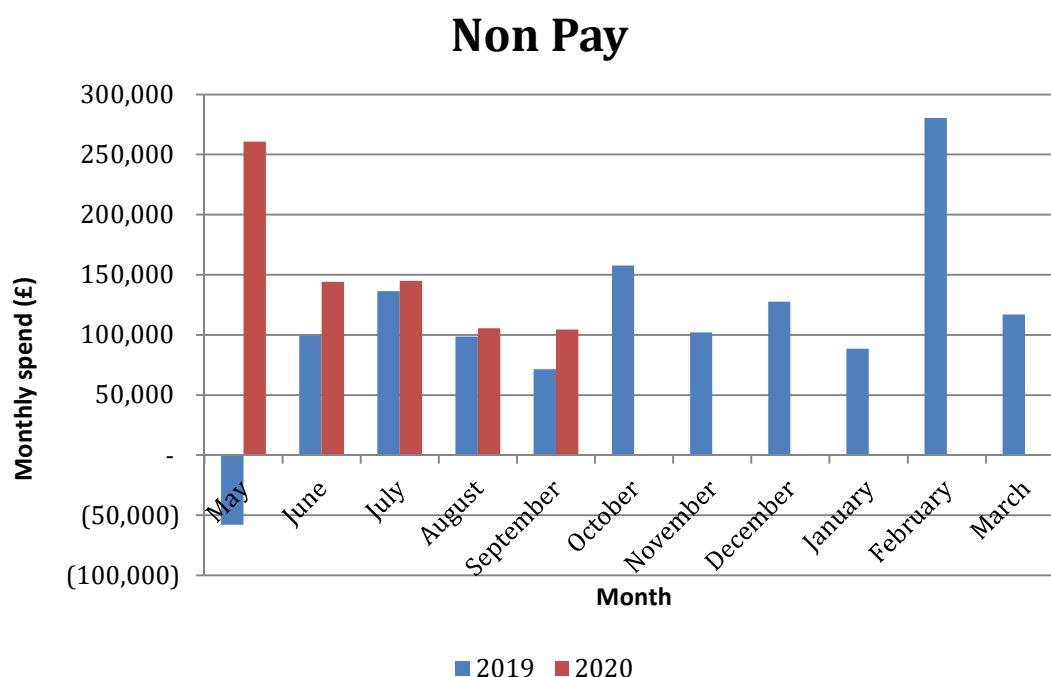
Reasons for Pay Variance - £23k (Underspend)

A significant underspend has arisen in relation to bank staff (£98k YTD), the Audit and Review Programme (£21k YTD), the Superannuation Scheme (£17k YTD) and a number of minor pay areas including vacancies. These underspends have been offset by a number of issues including incremental drift (£42k YTD), COVID19 pay costs (£116 YTD) and a number of minor pay overspends.



Reasons for Non Pay Variance - £9k (Underspend)

A range of underspends have arisen including staff travel and subsistence (£22k YTD), printing/stationery and admin (£13k YTD), cleaning/catering and staff training (£13k YTD) as well as a number of other minor areas. These underspends have been offset by overspends in relation to computer hardware and software (£30k YTD), COVID19 PPE and IT expenditure (£17k YTD) as well as a number of other minor areas.



4. COVID COSTS

RQIA has had to incur additional expenditure in relation to COVID19 and it is estimated that the full year costs will be £176k. To date the DoH has not made a RRL allocation against these costs. These costs are currently being absorbed within the overall financial position. Clarification will be sought from the DoH as part of the mid-year review process on whether these costs will be separately funded. COVID19 expenditure to date is as follows:

Month	Actual Monthly Cost £000	Cumulative Monthly Cost £000	Forecast Year End Costs £000
May	39	39	39
June	99	138	306
July	(1)	137	237
August	(9)	128	185
September	6	134	176

5. KEY ASSUMPTIONS AND RISKS

The following key assumptions and risks should be noted:

- Costs associated with COVID19 are difficult to forecast given the changing environment and actual expenditure may have a material effect on the year-end out-turn.
- Costs associated with COVID19 are currently being absorbed by the overall financial position. Clarification from DoH needs to be sought as to whether these costs will be covered by an RRL allocation.
- Other income is mainly generated from annual home fees however there is an element that is difficult to predict and actual income may have a material effect on the year-end out-turn.

6. KEY MESSAGES

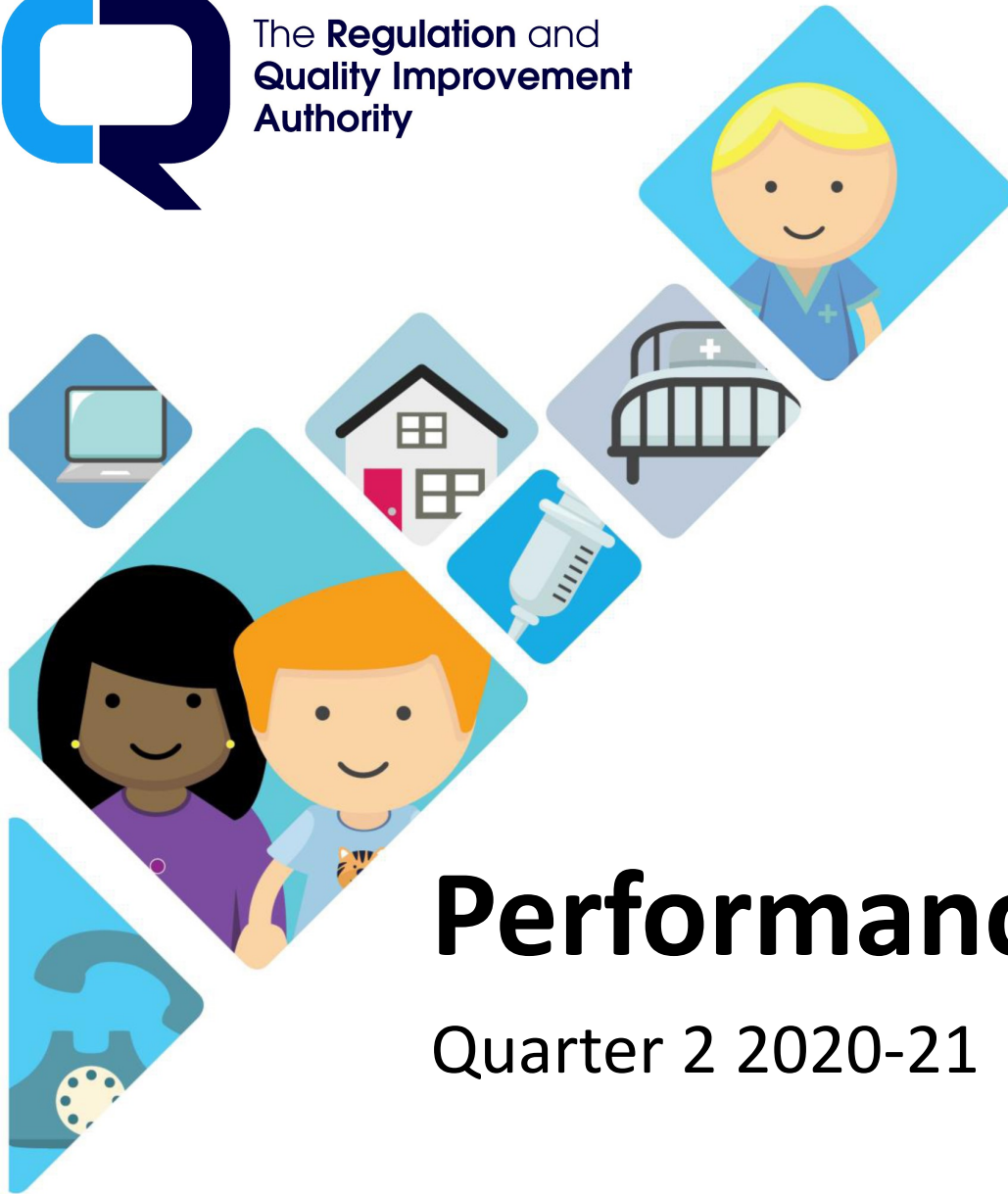
- RQIA is forecasting a year-end financial position of £150k which is outside the definition of breakeven (ie £20k).
- At 30 September 2020 RQIA is reporting a surplus of £292k.
- A mid-year review of the financial plan will be carried out and the outcome reflected in next month's Financial Performance Report.
- The recommendations from the recently completed Financial Review will be progressed over coming months including financial training for staff and a zero-based approach to realigning budgets.

RQIA Board Meeting

Date of Meeting	29 October 2020
Title of Paper	Performance Report: Activity Review (Q1 and Q2)
Agenda Item	8
Reference	D/10/20
Author	Business Manager
Presented by	Interim Chief Executive
Purpose	The purpose of the Performance Report is to provide evidence to the Board on RQIA's activity during quarter 1 and 2, aligned to the Business Support Unit, Assurance Directorate and Improvement Directorate.
Executive Summary	The Report outlines RQIA's activity during quarter 1 and 2.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should NOTE the Performance Report.
Next steps	



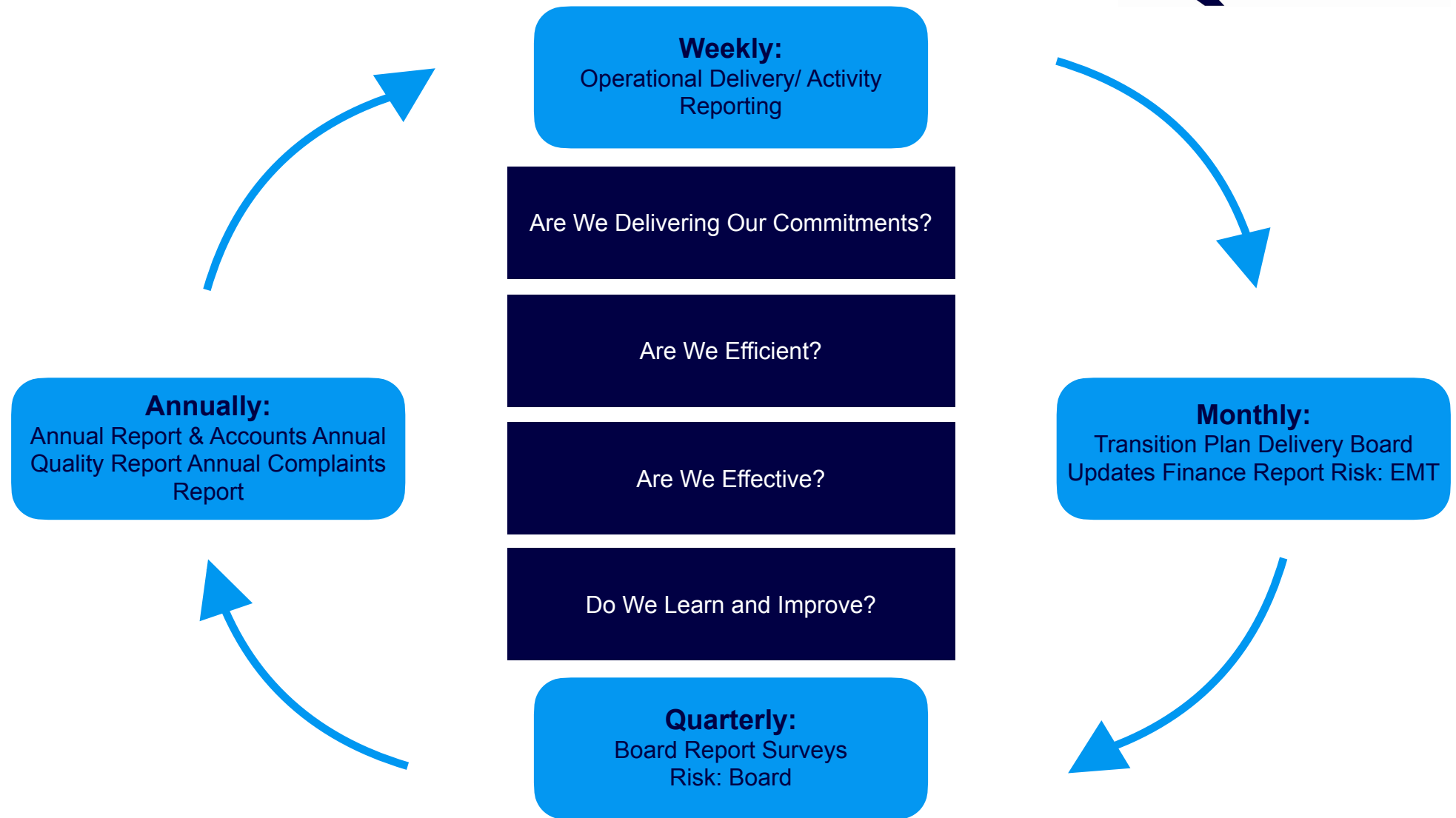
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Performance Activity Report

Quarter 2 2020-21

Reporting Our Performance - Annual Cycle



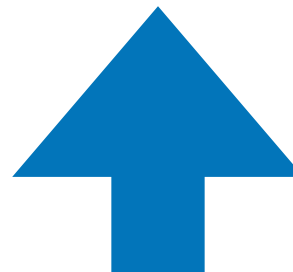
Performance Annex - Legend



Illustrates the operating model component

Arrow colour measures YTD performance against target

Arrow direction measures trend against previous month performance



← YTD Performance
← Monthly Performance

Title & Content

Information about the timescale of the data



Trend:

Improving;
deteriorating;
or no change

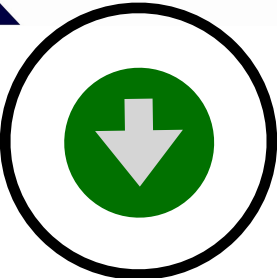
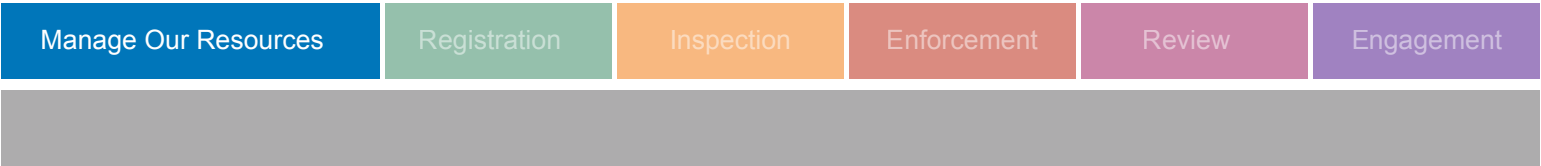
Graph

Additional information relevant to the content of the graph

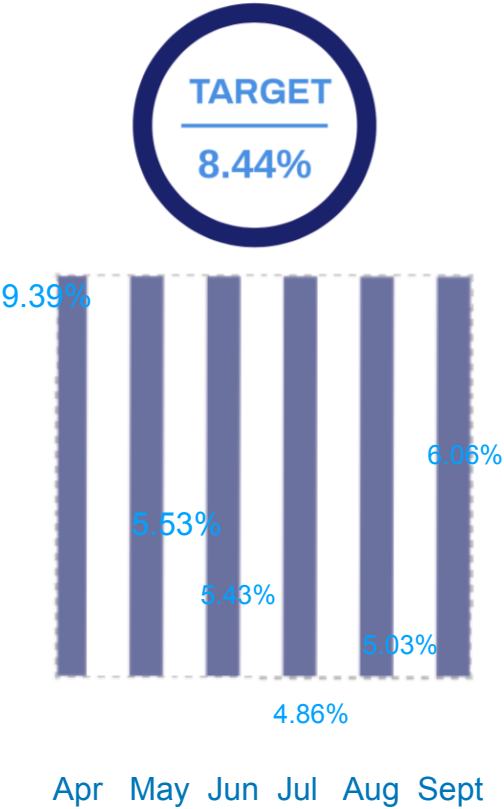
Performance:

Green or red only.
Measures with no target will have a white background

Managing Our Resources



Employee Absence



**£141
THOUSAND**



11% *Employee Turnover (Q1)*
14 people

2.5% *Employee Turnover (Q2)*
3 people

Stress



3855 hours

Mental Ill Health



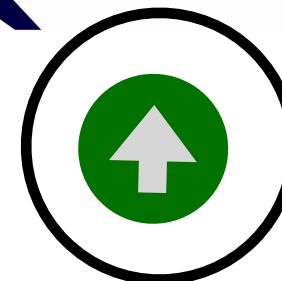
727.5 hours

Acute Medical Conditions



197 hours

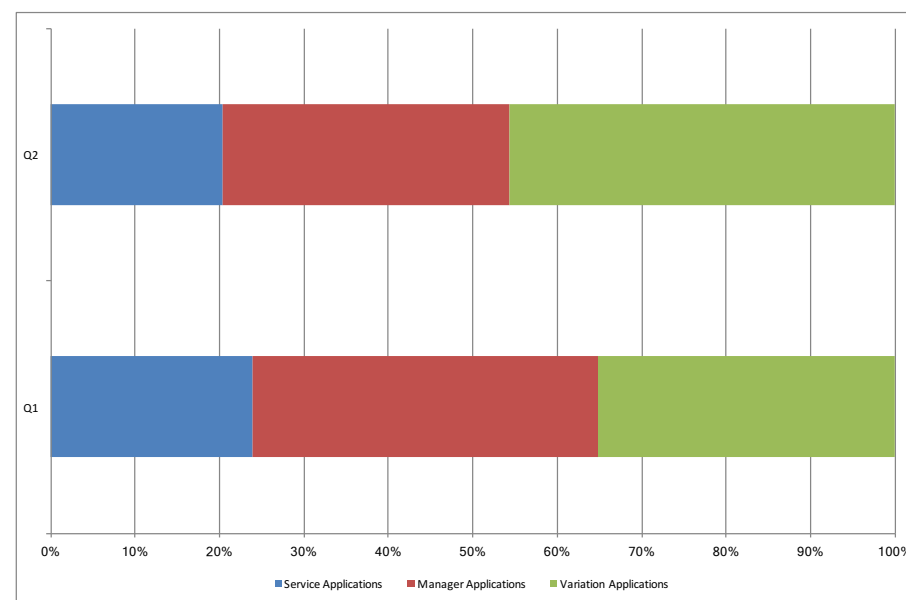
Applications: Volume Received



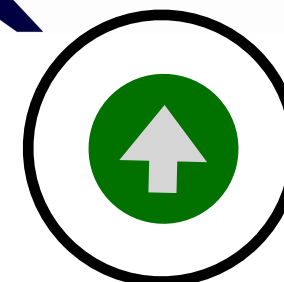
Manage Our Resources	Registration	Inspection	Enforcement	Review	Engagement
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Volume of applications received
71 applications were received in the during quarter one and 103 received during quarter two.

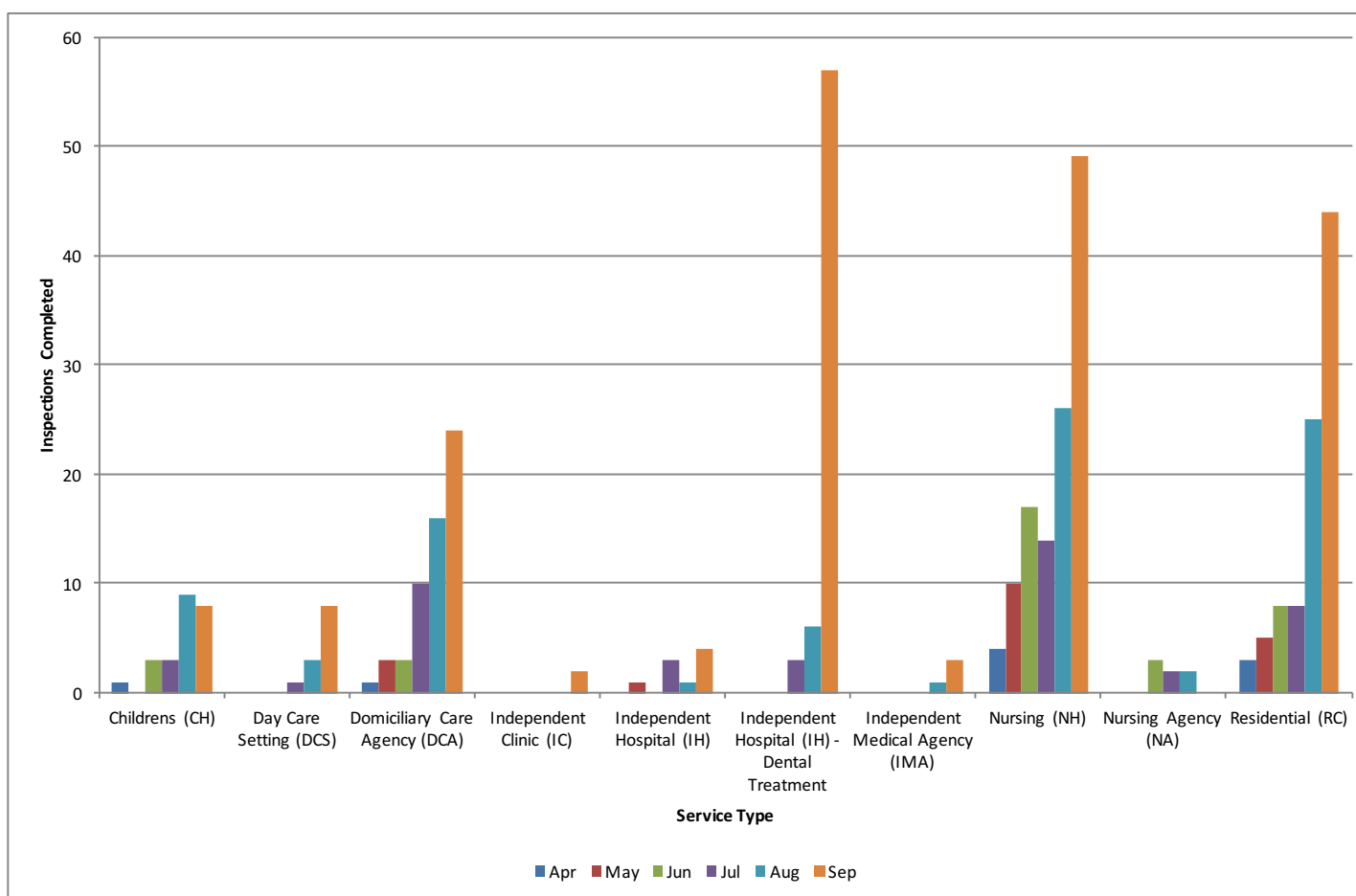
Application Type	April	May	June	July	August	Sept
Service Applications	5	3	9	3	12	6
Manager Applications	10	7	12	10	13	12
Variation Applications	6	9	10	18	14	15



Inspections: Undertaken and Scheduled



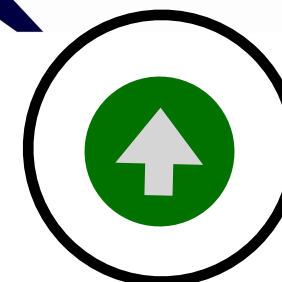
Volume of inspections completed, per month and service type



Inspections Completed: Out of Hours

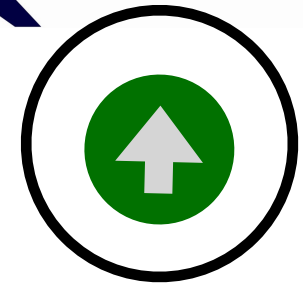


The number of inspections completed out of hours, per month and service type



Service Type	April	May	June	July	August	Sept	Total
Nursing (NH)	0	5	6	5	6	4	26
Residential (RC)	1	2	1	4	6	8	22
Children (CH)	0	0	0	0	4	1	5
Total	1	7	7	4	16	13	53

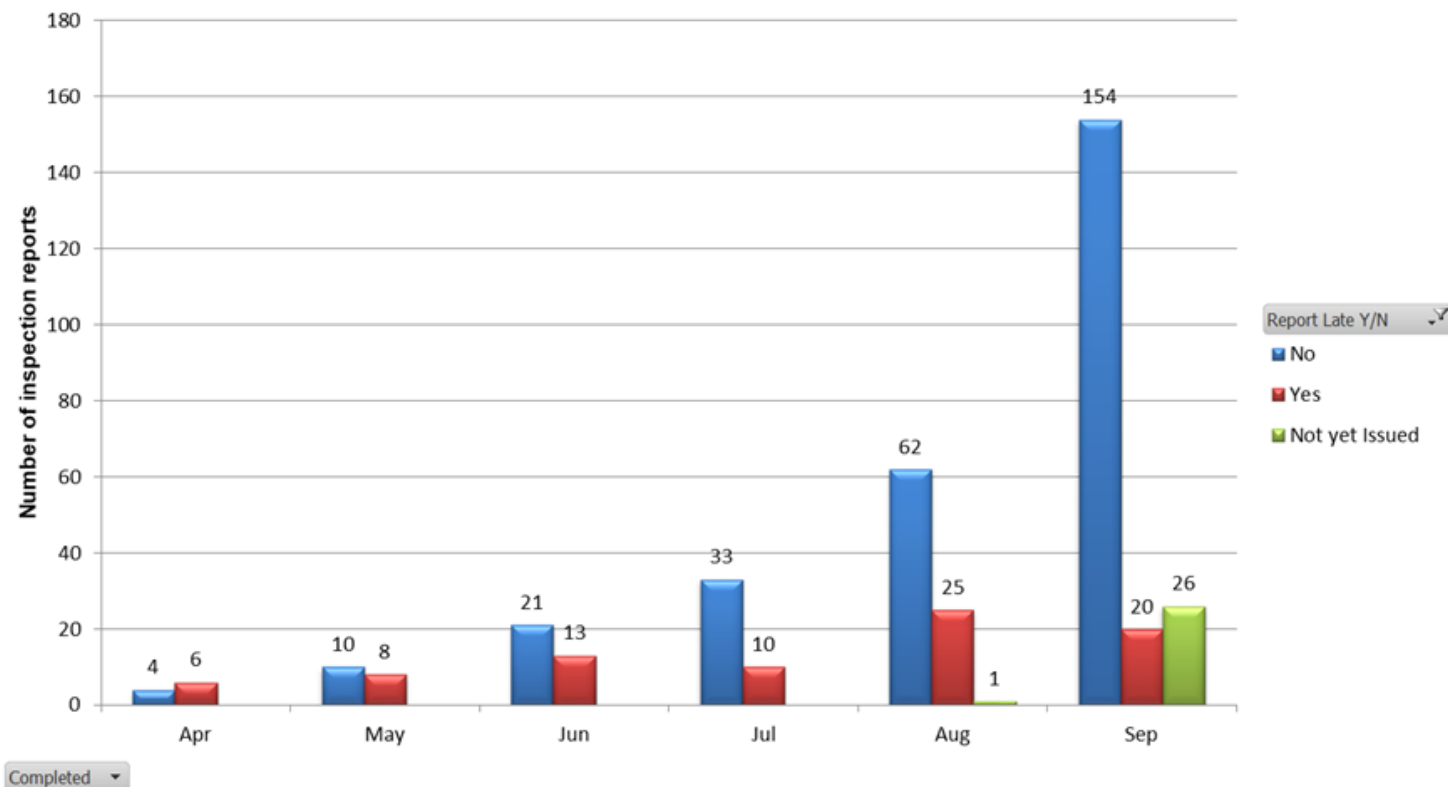
Inspection Reports: Timeliness



Volume of inspection reports issued on time, late and not yet issued - Quarter 1 and 2 combined

Count of Inspection Number

Timeliness of Inspection Reports - Apr - Sep 2020



Concerns



Manage Our Resources

Registration

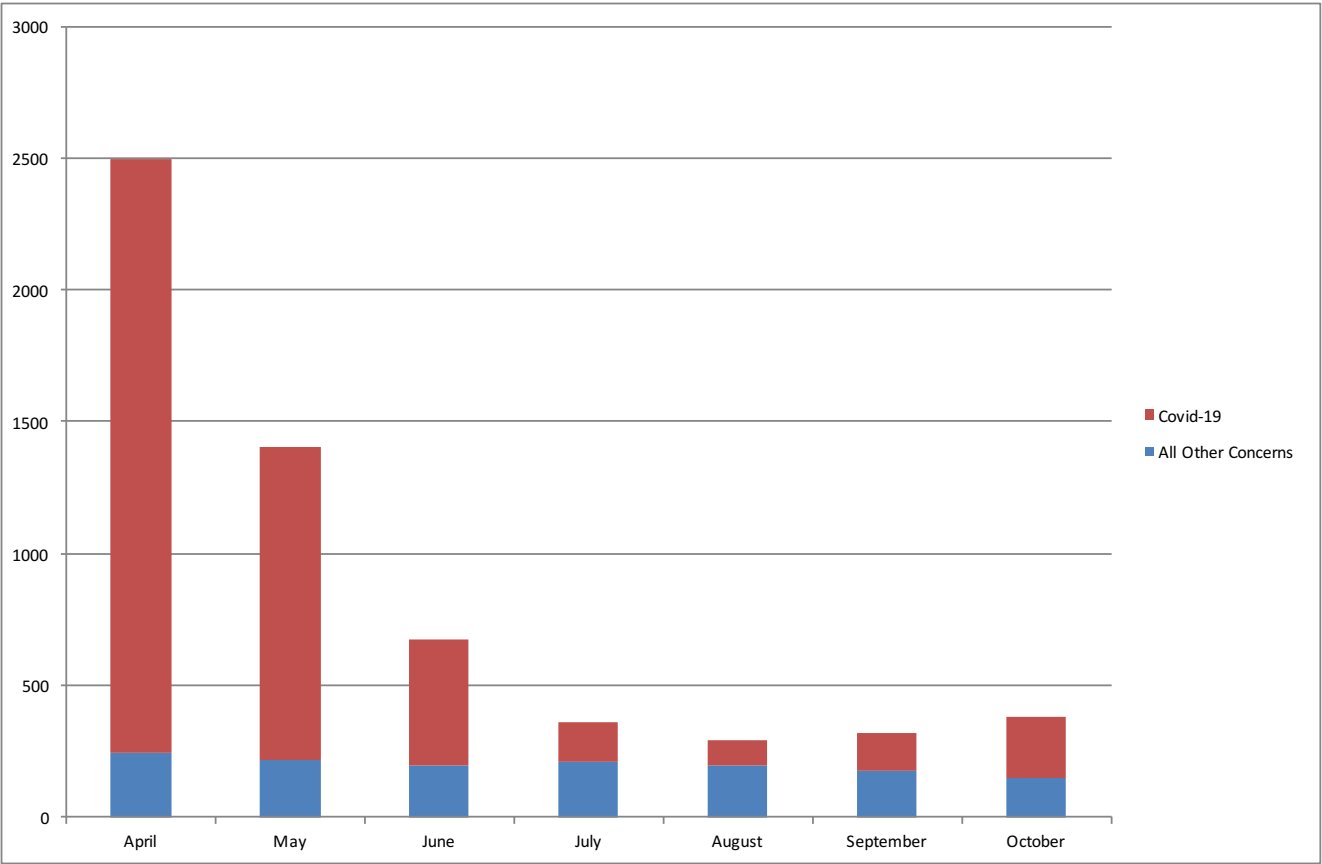
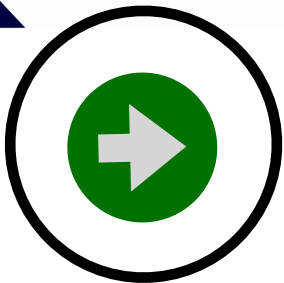
Inspection

Enforcement

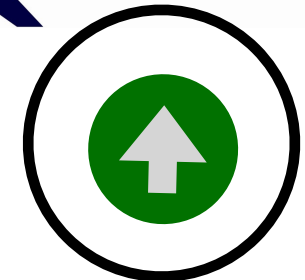
Review

Engagement

Volume of concerns received during quarter one and quarter two



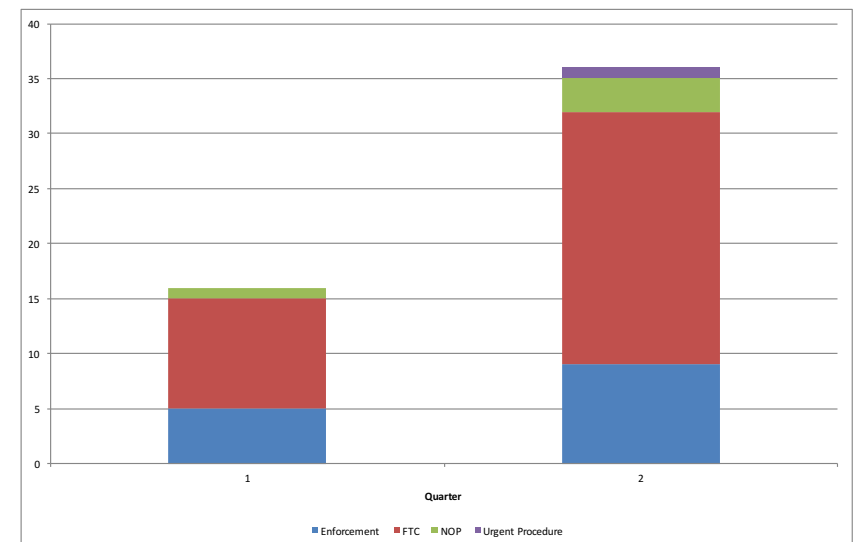
Enforcement Action



Volume of Enforcement meetings and enforcement action taken during quarter one and two

Month	Number of Enforcement Meetings
April	6
May	17
June	18
July	17
August	24
September	28

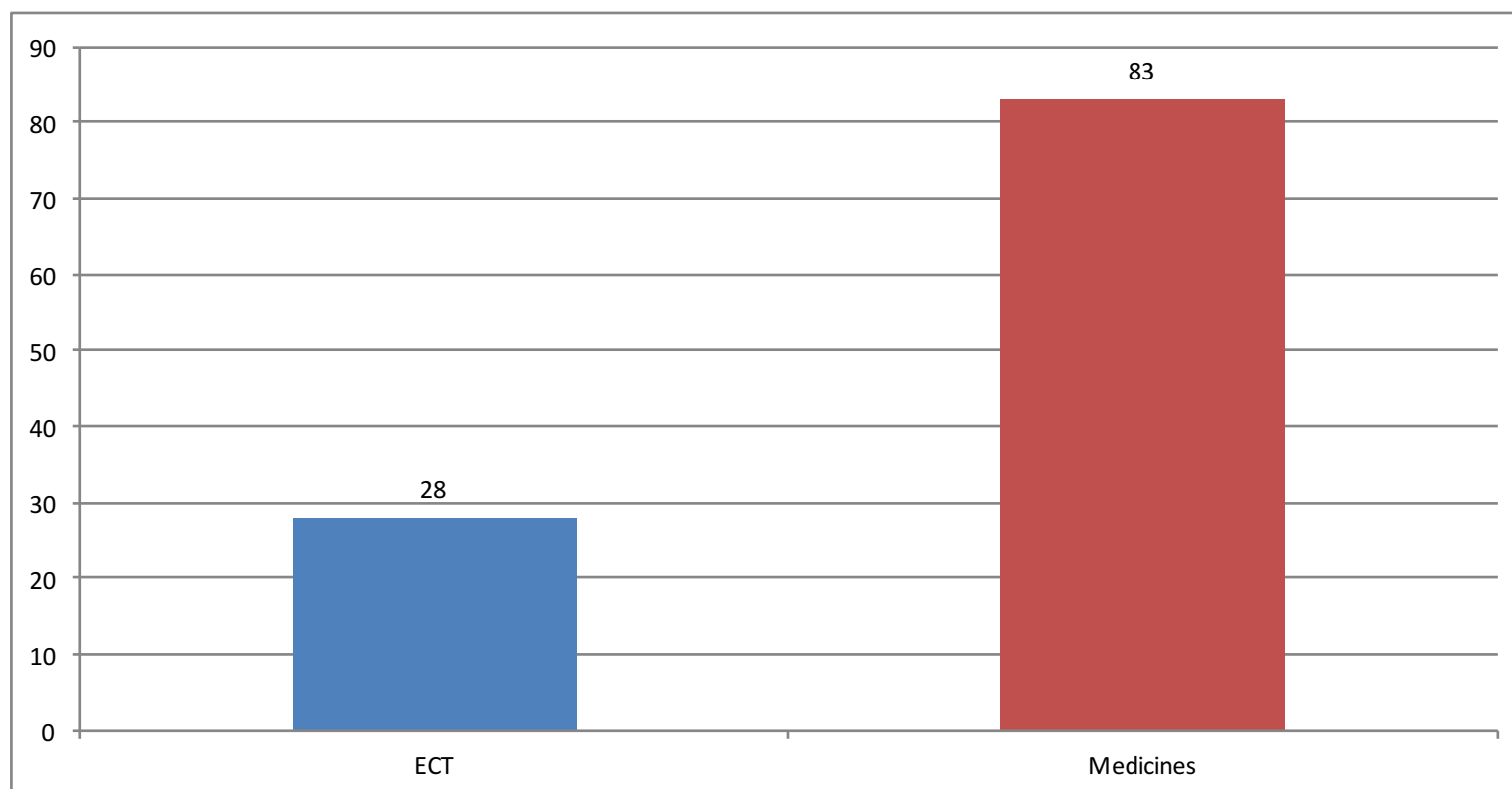
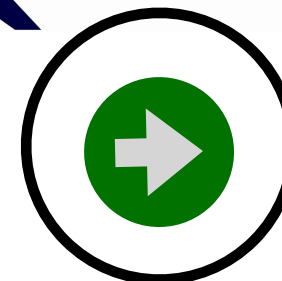
Issued Notices	Quarter 1	Quarter 2
FTC Notice	10	23
Notice of Proposal	1	3
Urgent Procedures	0	1



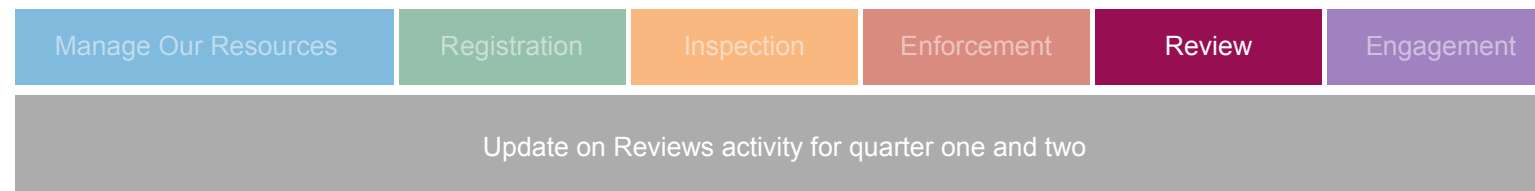
Are Mental Health Act and SOAD* visits timely?



Timeliness of our visits in response to requests for SOADs year to date; ECT within 6 weeks of receipt; medicines within 4 weeks of receipt.
All opinions have been completed within target.



Reviews



Review of Autism / Asperger's Services for Young People

This review is currently being initiated.

Review of GP Out of Hours

The review report is with the GP Out of Hours providers for factual accuracy checking, prior to submission to the DoH in November 2020.

Review of Governance Arrangements in Independent (Private) Hospitals and Hospices in Northern Ireland

The review report has completed its internal quality assurance check and is currently with the independent hospitals and hospices for factual accuracy checking. Key findings and recommendations will be presented to the Department of Health (DoH) in November. Following this, the report will be submitted to the DoH and a publication date agreed.

Review of Serious Adverse Incidents (SAIs)

Fieldwork is continuing and meetings are scheduled with key stakeholders in October/ November 2020. While family engagement has been challenging during the COVID-19 restrictions, we are keeping our communication channels open for any families who wish to come forward.

Review of Vulnerable Prisoners

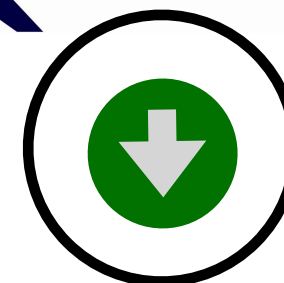
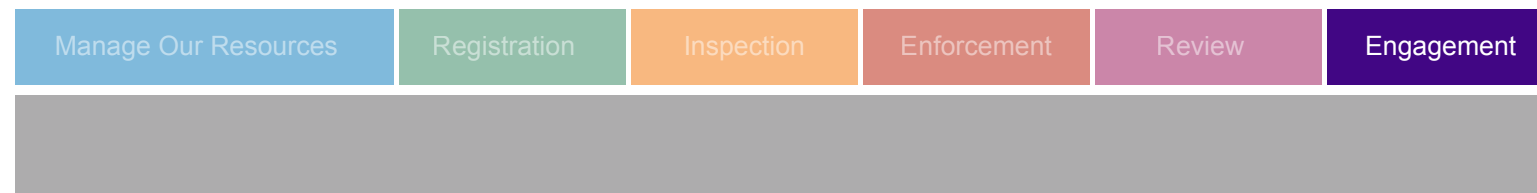
Terms of reference for this DoH commissioned review have been agreed and an Expert Review Team (ERT) is being secured. The ERT will meet in November to agree a methodology for commencement of fieldwork.

Review of Deceased Patients Records

The legal framework has been updated and reissued to appropriate HSC organisations for signature. A Clinical Reference Group which will agree the assessment tools for the review of records will meet in November, as well as an Ethical Advisory Group which has been established to develop an Ethical Framework. We are also securing individuals who will make up our Clinical Review Team and plan to run a pilot which will provide an assessment of an initial set of patient records. We have been working in partnership with the Patient Client Council (PCC) in respect of engaging with families.



Media Engagement



Month	Print	Broadcast	Online	Total	Queries in relation to:
April	27	13	3	43	Number of cases/deaths RQIA's role/inspections Admissions to homes Testing arrangements
May	22	27	2	51	Number of cases/deaths RQIA's role/inspections Specific care homes
June	36	15	1	52	RQIA Board resignations Number of cases/deaths Inspections Specific care homes
July	7	9	2	18	Specific Care Services RQIA's Role / Inspections Review Activity
August	12	4	3	19	Specific Care Services Inspections / Enforcement Muckamore Abbey Hospital
September	3	4	1	8	Specific Care Services Inspections / Enforcement

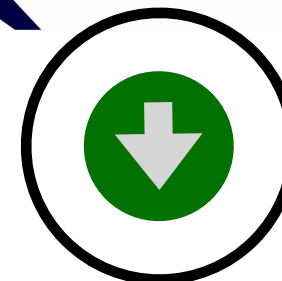
Complaints



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Manage Our Resources	Registration	Inspection	Enforcement	Review	Engagement
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During quarter one, two complaints were received and in quarter 2 one complaint was received. All three complaints were resolved at local resolution stage.



2

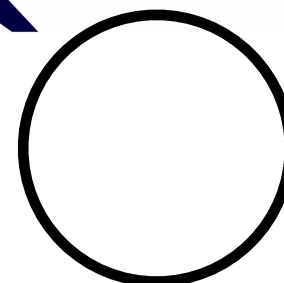
Complaints received
during quarter one



1

Complaint received
during quarter two

Information Requests (FOI / Subject Access)



Manage Our Resources	Registration	Inspection	Enforcement	Review	Engagement
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We received 46 FOIs and Subject Access Requests from 1 April to 30 September 2020. This represents approximately a five-fold increase during Quarters one and two of 2020/21 (46 requests), when compared to the yearly total of 20 requests in 2019/20.

Month	Freedom of Information Requests	Subject Access Request	Total
April	2	2	4
May	5	0	5
June	15	1	16
July	7	0	7
August	8	0	8
September	4	2	6
Total	39	5	46



RQIA Board Meeting

Date of Meeting	29 October 2020
Title of Paper	Principal Risk Document
Agenda Item	9
Reference	E/10/20
Author	Executive Management Team
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the newly developed Principal Risk Document to the Board.
Executive Summary	<p>As part of the review of RQIA's risk management processes and arrangements (Actions 5 and 11 in the Transition Plan 2020/2021), a Principal Risk Document has been developed.</p> <p>The Principal Risk Document will be utilised by the Executive Management Team and RQIA Board as a planned and systematic approach to the identification, assessment and mitigation of risks that could compromise achievement of the organisation's corporate themes and objectives.</p> <p>The Executive Team will prepare and regularly update the Principal Risk Document, which will inform the management planning, service development and accountability review process.</p> <p>Six principal risks have been added. The Board is asked to approve the newly developed Principal Risk Document.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Principal Risk Document.
Next steps	None.

RQIA Board Meeting

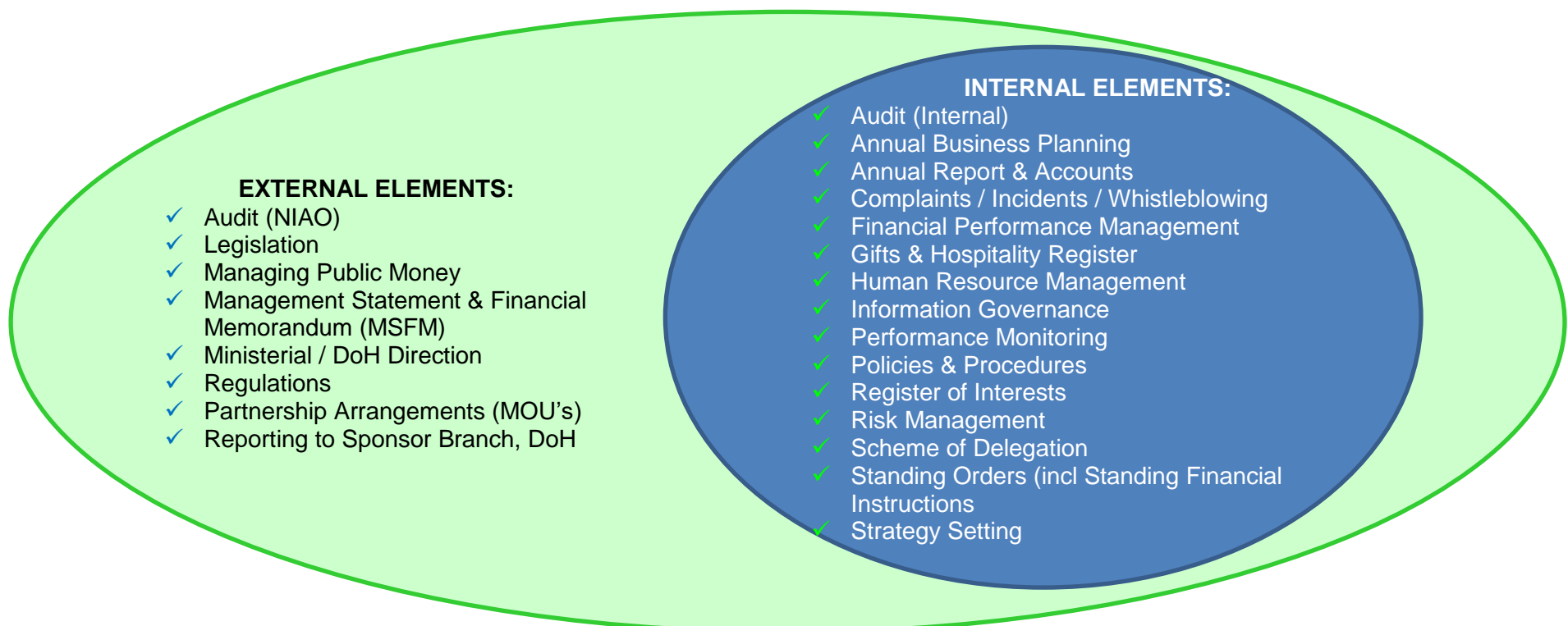
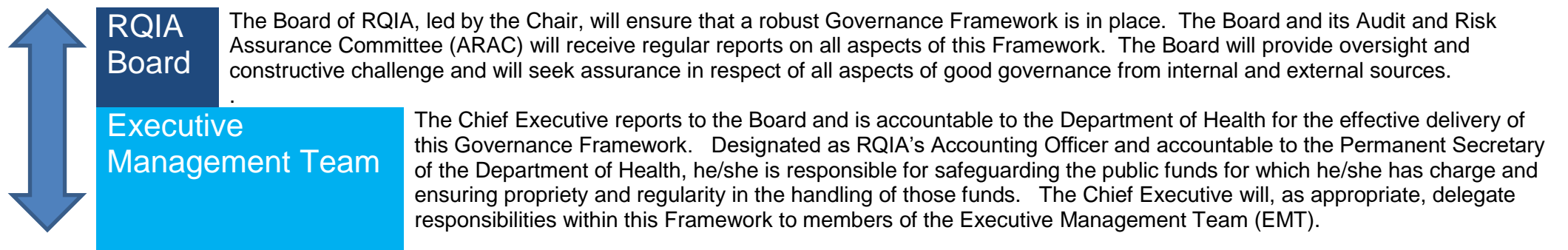
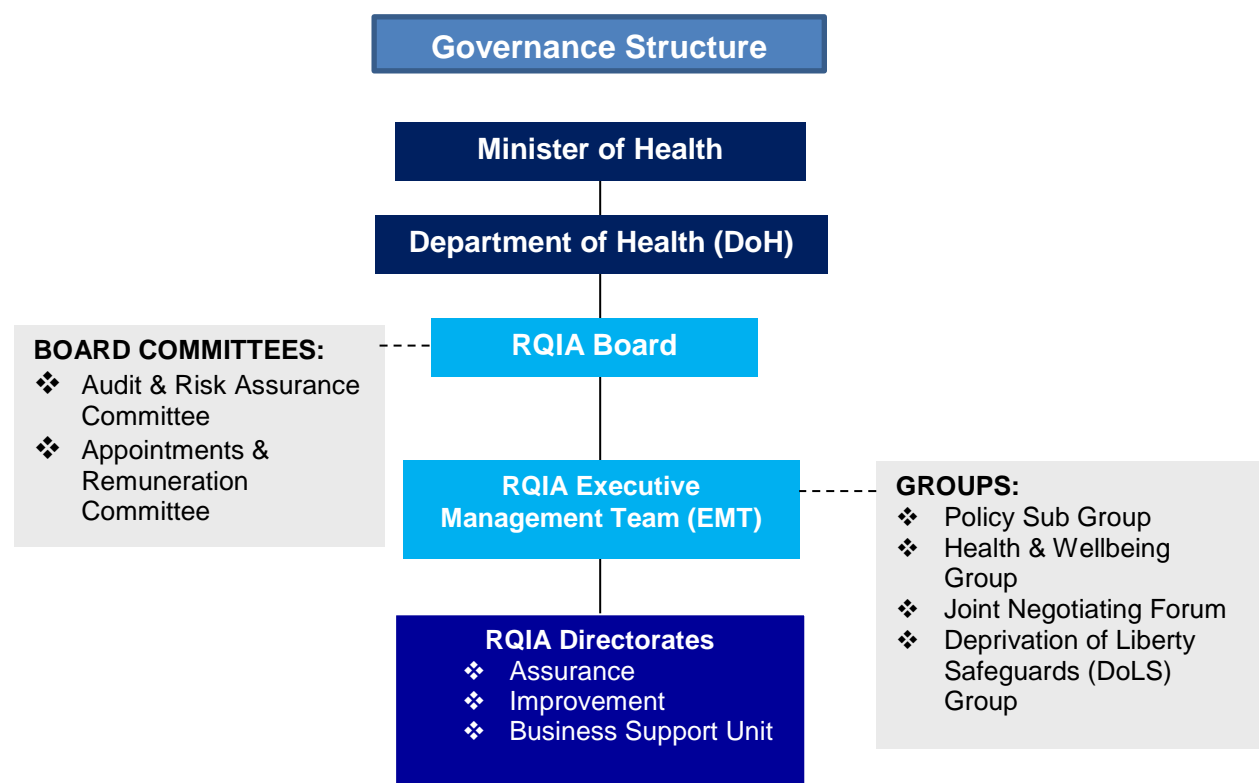
Date of Meeting	29 October 2020
Title of Paper	RQIA Governance Framework
Agenda Item	10
Reference	F/10/20
Author	Head of Business Support Unit
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the RQIA Governance Framework.
Executive Summary	<p>RQIA's Governance Framework outlines on a page how the organisation is led, directed and controlled. It is based on an integrated governance model which links financial governance, risk management, clinical and social care governance and corporate governance.</p> <p>The Framework highlights the governance structures in place; roles and responsibilities of the RQIA Board and Executive Management Team; and external and internal elements of governance.</p> <p>Page 2 outlines key governance documentation, with timelines for presentation to the RQIA Board, Executive Management Team and the Audit and Risk Assurance Committee.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the RQIA Governance Framework.
Next steps	None.

Governance in RQIA ensures that we do the right things, in the right way, for the right people; and that business is conducted in a timely, inclusive, open, honest and accountable manner.

RQIA's Governance Framework describes how the organisation is led, directed and controlled and ensures that the organisation achieves its intended outcomes, while acting in the public interest at all times.

Good governance in RQIA encourages better informed decision-making and helps to make efficient use of resources. It improves organisational leadership, management and oversight.

This Governance Framework is the structure upon which the strategies of RQIA are built and developed, so that we deliver our agreed objectives; and monitor our performance and outcomes. As a healthcare regulator, RQIA holds other organisations to account for the quality of their governance and therefore needs to demonstrate excellence in its own governance. The RQIA Governance Framework is based on an integrated governance model that links financial governance, risk management, clinical and social care governance and corporate governance.



Good governance is dynamic and RQIA is committed to improving governance on a continuing basis through a process of evaluation and review.

KEY GOVERNANCE DOCUMENTS:

Document	Presented to:			Audit & Risk Assurance Committee (ARAC)	Executive Management Team (EMT)
	Board				
	Annually	Every Meeting	As and When		
Annual Report and Accounts	✓			✓	✓
Annual Report from Audit and Risk Committee	✓			✓	
Audit Action Plan				✓	✓
Board Governance: Self-Assessment Tool	✓				
Business Plan	✓				✓
Business Cases			✓		✓
Corporate Performance Reports		✓			✓
Corporate Strategy			✓		✓
Financial Performance Report		✓			✓
Gifts and Hospitality Register	✓				
Management Statement & Financial Memorandum	✓				
Register of Interests	✓				
Risk Management Documentation			Quarterly	✓	✓
Scheme of Delegation & Schedule of Delegated Authority	✓			✓	✓
Standing Orders and Financial Instructions	✓			✓	✓
Terms of Reference: Board Sub-Committees	✓			✓	

Document	Presented to RQIA Board			Status
	Annually	Every Board Meeting	As and When Required	
Annual Report and Accounts	✓			Annual Report and Accounts for 2019/2020 approved by Board in September 2020.
Annual Report from the Audit Committee	✓			Annual Report from the Audit and Risk Assurance Committee is routinely presented to the Board.
Board Governance – Self Assessment Tool	✓			Board is required to complete annually a self-assessment tool. Previously completed in September 2019. To be completed by new Board, when established.
Business Cases			✓	Business cases are reported and approved by the Board as and when required.
Business Plan 2020/2021 Transition Plan 2020/2021	✓			Approved by Board in February 2020. Superseded by Transition Plan 2020/2021. Approved by Board in October 2020.
Corporate Performance Report		✓		Corporate Performance Report is presented at every Board meeting.
Corporate Strategy			✓	Corporate Strategy covers 2017-2021. Approved by Board in November 2016.
Financial Performance Report		✓		Presented in November/January meetings for 2019/20. Six month financial position will be presented to Interim Board meeting on 29 October 2020.
Gifts and Hospitality Register	✓			To be presented annually to the Board. Currently not in place.
Management Statement and Financial Memorandum (MSFM)	✓			Signed by Chief Executive in October 2018 Signed by Permanent Secretary in March 2019 A new statement is required to be signed by the Interim Chief Executive and presented to the Board. Thereafter the MSFM should be annually tabled at a Board meeting.
Minutes of Sub Committees			✓	RQIA has two Sub-Committees: Audit and Risk Assurance Committee Appointments and Remuneration Committee. Minutes of both Committees are routinely reported at the Board meeting.
Register of Interests	✓			To be presented annually to the Board/Audit and Risk Assurance Committee. Currently not in place.
Risk Management Strategy Principal Risk Document	✓		Quarterly	Approved by Board in August 2020. Part of the Corporate Risk Assurance presented quarterly to the Board.
Scheme of Delegation and Schedule of Delegated Authority	✓			There is a Scheme/Schedule of Delegated Authority and Authorisation Framework in existence. However, it has not been possible to confirm if the Board originally approved them. Requires to be an annual process of review and presentation to the Board for approval.
Standing Financial Instructions			✓	Updated in April 2019 as part of the Standing Orders. Presented to Board in May 2019.
Standing Orders			✓	Updated in April 2019. Presented to Board in May 2019.