

## AGENDA

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### RQIA Board Meeting Videoconference, via Zoom Thursday 11 June 2020

PUBLIC SESSION		Paper Ref	
1	Minutes of the public Board meeting held on 21 May and matters arising	Min/May20/ public	10.15am <b>APPROVE</b>
2	Declaration of Interests		10.20am
3	Acting Chair's Report <b>Acting Chair</b>	A/06/20	10.25am <b>NOTE</b>
STRATEGIC ISSUES			
4	Corporate Performance Report, Quarter 4 <b>Interim Chief Executive</b>	B/06/20	10.45am <b>APPROVE</b>
OPERATIONAL ISSUES			
5	Chief Executive's Report <b>Interim Chief Executive</b>	C/06/20	11.05am <b>NOTE</b>
6	Any other Business		11.30am

**Date of next meeting: 2 July 2019, Zoom videoconference**

## PUBLIC SESSION MINUTES

<b>RQIA Board Meeting</b> <b>Videoconference, RQIA</b> <b>21 May 2020; 10.15 am</b>	
<b>Present</b> Prof Mary McColgan OBE (Acting Chair) <b>(MMcC)</b> Patricia O'Callaghan <b>(POC)</b> Robin Mullan <b>(RM)</b> Denis Power <b>(DP)</b> Gerry McCurdy <b>(GMcC)</b> Seamus Magee OBE <b>(SM)</b> Lindsey Smith <b>(LS)</b> Sarah Havlin <b>(SH)</b> Dr Norman Morrow OBE <b>(NM)</b>  Donna Ruddy (Department of Health) (Observer)	<b>Officers of RQIA in attendance</b> Dermot Parsons (Acting Chief Executive) <b>(DPa)</b> Emer Hopkins (Acting Director of Improvement) <b>(EH)</b> Hayley Barrett (Business Manager) <b>(HB)</b> Lisa Lynn (Admin Supervisor) <b>(LL)</b>

### 1.0 Welcome and Apologies

- 1.1 MMcC welcomed all members and Officers of the Board to this meeting. MMcC also welcomed Donna Ruddy from the Department of Health (DoH) as an observer.

### 2.0 Agenda Item 1 – Minutes of the public meeting of the Board held on 19 March 2020 and matters arising

- 2.1 Board members **APPROVED** the minutes of the Board held on 19 March 2020.
- 2.2 Board members noted that actions 217 and 218 are currently deferred.

### **3.0 Agenda Item 2 –Declaration of Interests**

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

### **4.0 Agenda Item 3 – Acting Chair’s Report**

- 4.1 MMcC advised that since the emergence of the COVID 19 pandemic, communication with Board colleagues and Interim Chief Executive has been conducted via Zoom, telephone calls and teleconference.
- 4.2 MMcC advised that meetings with the Board and the Interim Chief Executive took place on 21 April and 27 April.
- 4.3 MMcC advised that Zoom meetings with Board colleagues took place on 4 May, 11 May and 15 May 2020.
- 4.4 MMcC advised that she attend four zoom meetings facilitated by NICON and that two further meetings regarding webinar presentations. MMcC stated that these meetings have provided useful engagement with the wider ALB sector, discussion papers have been disseminated and forthcoming power point presentations will be made available too. MMcC stated that the focus of the webinars had been on the ‘Reset’ concept for health and Social Care and Maintaining Good Mental Health which highlighted a range of resources available through the PHA.
- 4.5 Board members **NOTED** the Acting Chair’s Report.

### **5.0 Agenda Item 4 – Corporate Risk Assurance Framework Report**

- 5.1 GMcC provided an update in relation to the Corporate Risk Assurance Framework. GMcC sought input on how risks associated with Covid19 would be recorded and whether these risks should be incorporated into the existing risks or become additional standalone risks.
- 5.2 GMcC referred to the paper circulated containing four additional risks for consideration by the Board. GMcC stated that risk one highlighted the risk that RQIA’s official functions would be impaired or impacted as a result of Covid19. GMcC proposed that this risk is incorporated to the Corporate Risk Assurance Framework Report.
- 5.3 GMcC advised that risk two relating to external factors and the cessation of visitors to services and the amount of information received relating to quality and care would require amendment to take account of risk four. GMcC stated that if risk two and risk four should be amalgamated.
- 5.4 GMcC advised that in relation to risk three, reputational risk of RQIA, should stay as worded but remove the reference “has ceased” and should be replaced with has taken a risk based approach to inspections.

- 5.5 NM stated that he had concerns about this as the associated risks were being added following direction from DoH and the redeployment of staff.
- 5.6 GMcC stated the suggested changes would be based on further direction being given to RQIA by the Department.
- 5.7 MMcC suggested that these risks associated with Covid19 should be added as additional risks on the current risk register.
- 5.8 DPa stated that risk 3 would not be accurate if it related to RQIA as being an independent regulator and it that exists within the framework of legislation and by the constraints of Management Statement Financial Memorandum (MFSM).
- 5.9 DPa stated that RQIA has been repurposed to take on a supportive role to the sector, the main role was the improvement of quality of care in practice and to support services. DPa stated that if reputational damage is incorporated on the Corporate Risk Register it would impact on RQIA's role within the sector.
- 5.10 SH stated that it was important to make the distinction that the risk 3 was not about professional reputation but about trying to capture the public perception of the independence and positioning of the regulator is possibly at risk and not the professionalism of staff of the work carried out. SH advised that independent of the regulator could be damaged in the eyes of the public.
- 5.11 MMcC suggested spending more time working on the risk register. DP and GMcC agreed to discuss and present to the Executive Management Team.
- 5.12 Resolved Action (219)  
GMcC and DP to discuss RQIA Corporate Risk Assurance Framework Report and share comments with DPa.**
- 5.13 Board members **DEFERRED** the approval of the Corporate Risk Assurance Framework Report.
- 6.0 Agenda Item 5 – Corporate Performance Report, Quarter 4**
- 6.1 Board members **DEFERRED** the approval of the Corporate Performance Report, Quarter 4.
- 7.0 Agenda Item 6 – Audit Committee Business**
- 7,1 DP, Audit and Risk Committee Chair, informed Board members that the Audit Committee Annual Report was available for information and had been circulated in advance of the meeting.
- 7.2 DP advised of two amendments to pages two and three of the document.

**7.3 Resolved Action (220)**

**Audit Committee Annual Report to be amended.**

7.4 DP thanked DPa for the Draft Governance Statement and that this would be brought before the Audit and Risk Committee on 18 June.

**7.5 Resolved Action (221)**

**RQIA Draft Governance Statement to be presented to the Audit and Risk Committee on 18 June.**

7.6 Board members **NOTED** the Audit Committee Business.

**8.0 Agenda Item 7 – Chief Executive’s Report**

8.1 MMcC advised that due to time constraints and the in-depth discussion in the private session that the Interim Chief Executive’s report would be noted by the Board but would not be discussed.

8.2 Board members **NOTED** the Chief Executive’s Report.

**9.0 Agenda Item 8 – Any other business**

9.1 MMcC advised that Donna Ruddy has suggested a meeting with the Board on 27 May at 9.30am and whether members would be available to attend. Board members confirmed.

**9.2 Resolved Action (221)**

**Meeting to be arranged with RQIA Board and Donna Ruddy, Sponsor Branch via zoom for 28 May at 9.30am.**

9.3 MMcC advised that the next meeting of the Board would be on 11 June.

9.4 MMcC requested availability for the rest of the day in case of any urgent decision making meeting needs to be arranged. LS, SH and SM confirmed availability.

9.5 NM raised concerns relating to the public session of the Board and how the public were being made aware of these meetings. HB advised that all public session meeting dates were available on the website.

9.6 MMcC thanked Board members and Officers for their attendance and contribution and brought the meeting to a close.

**Date of next meeting:**  
**11 June 2020**

Signed







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**Professor Mary McColgan**  
**Acting Chair**

Date

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## **Board Action List**

<b>Action number</b>	<b>Board meeting</b>	<b>Agreed action</b>	<b>Responsible Person</b>	<b>Date due for completion</b>	<b>Status</b>
217	19 March 2020	The RQIA Complaints Policy to be presented for approval at the Audit and Risk Committee on 7 May 2020.	Business Manager	15 October 2020	
218	19 March 2020	The RQIA Complaints Policy to be presented for approval at the Board meeting on 21 May 2020.	Business Manager	19 November 2020	
219	21 May 2020	GMcC and DP to discuss RQIA Corporate Risk Assurance Framework Report and share comments with DPa.	Gerry McCurdy / Denis Power	11 June 2020	
220	21 May 2020	Audit Committee Annual Report to be amended.	Business Manager	18 June 2020	
221	21 May 2020	RQIA Draft Governance Statement to be presented to the Audit and Risk Committee on 18 June.	Business Manager	18 June 2020	
222	21 May 2020	Meeting to be arranged with RQIA Board and Donna Ruddy, Sponsor Branch via zoom for 28 May at 9.30am.	Business Manager	11 June 2020	

## Key

<b>Behind Schedule</b>	
<b>In Progress</b>	
<b>Completed or ahead of Schedule</b>	



## RQIA Board Meeting

Date of Meeting	11 June 2020
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	A/06/20
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Board is asked to <b>NOTE</b> this report.
Next steps	Not applicable.

## **ACTING CHAIR'S REPORT FOR RQIA BOARD MEETING ON 11 JUNE 2020**

1. Board members held a Zoom meeting with Donna Ruddy Sponsor Branch on 27 May 2020 to discuss governance, accountability and decision making of RQIA during Covid 19 pandemic. Staffing issues were also covered including redeployments, current gaps in staffing and staffing strategy to address these.
2. Northern Ireland Audit Office held a Zoom meeting on 28 May focusing on 'Good Governance and Beyond: View from N.I Audit Office'. Summary of the presentation compiled by Peter Togood was circulated to Board members.
3. Dr Petra Corr NHSCT held a webinar on 'Supporting Psychological Wellbeing' through NICON on 2 June and details of the presentation and links to PHA resources were circulated to Board and RQIA colleagues.
4. I was unable to attend Zoom meeting held on 20 May by HSC Chairs but details of the presentation and letter to Minister requesting meeting with ALB and Trust Chairs were circulated to Board colleagues.
5. Forthcoming Zoom meetings on 8/6 regarding 'NHS Reset' HSC Chairs Forum meeting on 10/6 will be verbally reported at Board on 11 June.
6. An invitation to a forthcoming meeting on 'Exploring the HSC: A Helicopter View' has been circulated to Board.

## **MEETINGS ATTENDED BY NON-EXECUTIVE DIRECTORS**

None.

Mary McColgan  
**Acting Chair**

7 June 2020

## RQIA Board Meeting

Date of Meeting	11 June 2020
Title of Paper	Corporate Performance Report, Quarter 4
Agenda Item	4
Reference	B/06/2020
Author	Business Manager
Presented by	Interim Chief Executive
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21.</p> <p>The report presents a <b>cumulative</b> picture of corporate performance and summarises key achievements and issues.</p>
Executive Summary	By the end of Quarter 4, 23.81% of the actions have been delivered and 76.19% of the actions have not been achieved by the completion date, due to staff resignations / retirements and the current outbreak of coronavirus.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should <b>APPROVE</b> the Corporate Performance Report.
Next steps	



The **Regulation and  
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Authority**



# **RQIA Corporate Performance Report**

## **Quarter 4 - 2019-20**

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## **Introduction**





The Corporate Performance Report summarises our performance for the last financial year. In a change from previous Corporate Performance Reports this paper will focus on providing evidence on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2017-21.

## **Traffic Light Rating System**

RQIA has adopted a Traffic Light Rating System to demonstrate how well the business actions are performing or have been delivered. The Traffic Light rating operates as follows:

-  action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.
-  action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.
-  action forecast to be completed by the completion date
-  action delivered

### **Summary of Traffic Light Rating System (Period Ending March 2020)**

<b>Traffic Light</b>	<b>March 2020</b>	<b>Actions that require exception reports</b>
	16 (76.19%)	16 actions have not been completed due the resignation / retirement of key staff and the outbreak of coronavirus. The outbreak of coronavirus has resulted in the refocus of our work. Any outstanding actions will be implemented following the pandemic and monitored in the 2020-21 Corporate Performance Report.
	0	
	0	
	5 (23.81%)	

## **Summary of Achievements**

- An overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs.
- An overview report on 'Dental Services' was published in March and shared with a range of stakeholders, to include DoH, Trusts and other ALBs.
- 1,958 inspections were completed to registered services which represents 88% of 2,221 inspections scheduled for 2019-20
- 34 inspections were completed with lay assessor involvement
- 1 review was complete with lay assessor involvement



## STRATEGIC THEME 1

### Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.1</b> We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths.	<ul style="list-style-type: none"> <li>Implementation of workstream nine arising from the O'Hara report.</li> </ul>				x	The IHRD Workstream 9 continues to meet. The Assurance workstream has reviewed 90% of assurance frameworks and provided feedback. This work will continue over the next number of months until all of the workstreams and Sub-Groups have developed the content of the assurance framework for each of their recommendations including proposals on how implementation will be assessed. The final meeting of 2019-20 was cancelled due to the outbreak of coronavirus.
action has not been achieved by the completion date						

## STRATEGIC THEME 1

### Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.2</b> We will produce regular summaries of the quality of services we inspect, audit and review in 2019-20	<ul style="list-style-type: none"> <li>• Production of an overview report identifying common themes in non-regulated 16+ services</li> <li>• Quarterly summary of service reports of regulatory activity</li> </ul>				x	<p>An overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs. An overview report on Dental services was also published in quarter 4.</p> <p>The report in respect to common themes in non-regulated 16+ services was finalised and shared with the DoH and HSCB during Quarter 2.</p> <p>In quarter 2 we also worked with Criminal Justice Inspectorate to finalise a report of the Safety of Prisoners Joint Inspection (publication date to be agreed); and completed a submission to the National Preventive Mechanism to inform part of the UK wide report on our activities which support the National Preventive Mechanism in upholding Human rights and prevention of torture</p> <p>In quarter 3 the Criminal Justice Inspectorate published the Safety of Prisoners Joint Inspection report, detailing the joint work undertaken with RQIA in reviewing the safety of prisoners across Northern Ireland</p> <p>RQIA is part of the UK National Prevention Mechanism (NPM). The NPM focuses attention on practices in detention that could amount to ill-treatment, and works to ensure its own approaches are consistent with international standards for independent monitoring of detention. During 2019-20 RQIA have completed an annual submission to the NPM to inform part of a UK wide report on our activities which support the National Preventative Mechanism for upholding Human rights and prevention of Torture. In quarter 4 the National Prevention Mechanism published the Tenth Annual Report and a report to mark the 10 year anniversary 'Ten years of the UK National Prevention Mechanisms' (26 March).</p>
<b>Action Delivered</b>						

## STRATEGIC THEME 1

### Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.3</b> We will implement the recommendations specific to RQIA from any external reports and reviews.  <b>action has not been achieved by the completion date</b>	<ul style="list-style-type: none"> <li>Establish a central database for the collation, follow-up and reporting on recommendations relevant to RQIA from external reports and reviews</li> <li>Implementation of recommendations arising from internal audit reports</li> </ul>				x	<p>A central database has been established within the Business Support Unit to collate, follow-up and report on recommendations.</p> <p>Oversight of the implementation of recommendations of Internal Audit reports has been designated to BSU and a regular overview will be presented to EMT and Audit Committee.</p> <p>Progress has been made to implement recommendations specific to RQIA from any external reports or reviews.</p>
<b>Action 1.4</b> We will provide systems to support improvement where we identify gaps in the quality of services we inspect  <b>Action Delivered</b>	<ul style="list-style-type: none"> <li>Develop and implement an organisational wide Quality Improvement strategy</li> <li>Develop and facilitate a programme of learning for RQIA staff involved in inspections</li> </ul>				x	<p>RQIA's Quality Improvement Strategy has been developed based on the capability assessment completed in 2018/19. The planning for a programme of learning and development has taken place and the programme commenced during quarter 3.</p> <p>A rolling programme of learning opportunities for staff will be developed based on our evolving approach to regulation and individual learning needs identified through appraisal. RQIA's learning week held in quarter 3 was well attended by staff and feedback has been positive. Quality Improvement Learning sessions were delivered as part of RQIA Learning Week during quarter 3.</p> <p>Places have been secured for RQIA staff to complete Level 2 advanced Quality Improvement Training through Safety Quality Belfast's (SQB) - Delivering Improvement programme which started in quarter 4; one member of staff has commenced Scottish Improvement Leader Training level 3.</p>

## STRATEGIC THEME 1

### Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 1.5</b> We will define outcome measures to demonstrate the impact of our work  <div style="background-color: red; color: black; padding: 5px;">                         action has not been achieved by the completion date                     </div>	<ul style="list-style-type: none"> <li>Establish a project group to take forward recommendation</li> <li>Develop a suite of measures</li> </ul>				x	Due to other work pressures and the outbreak of coronavirus, this project did not commence. A suite of measures will be developed and presented for consideration to EMT and the Board during 2020-21.

## STRATEGIC THEME 2

### Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 2.1</b> We will use enhanced intelligence to support our move to a risk-based model of regulation.	<ul style="list-style-type: none"> <li>Provider level self-service reporting</li> <li>Service type benchmarking reports</li> </ul>		x		x	<p>Project Initiation Documents were developed in quarter 1 and approved by the Project Board on 22 May. Work to develop a RADaR approach to using existing information sources about children's services commenced in quarter 2. Following the resignation of the Service Improvement Officer, this work has not been completed. This work was largely complete when the Service Improvement Officer resigned.</p> <p>A second project to review and expand information sources for receipt of intelligence about domiciliary care agencies commenced in quarter 2, but was incomplete due to the resignation of the Service Improvement Officer.</p> <p>Both of these pieces of work have been deferred until 2020-21.</p> <p>Provider level reports have been developed and rolled out across the organisation. We are continuing to develop alerts to identify when reporting of notifications falls outside normal parameters.</p>
action has not been achieved by the completion date						
<b>Action 2.2</b> We will examine how we can improve our use of qualitative and quantitative intelligence to support activity throughout the organisation	<ul style="list-style-type: none"> <li>Revise RQIA Management and Handling of Complaints policy and procedure</li> <li>Develop a set of principles and framework for risk based decision making</li> </ul>			x		<p>A professional decision making workshop with David Carson (Barrister and writer of risk) was held during quarter one and work to develop principles has commenced through the inspection methodology workstream. A further workshop was held with RQIA's Board and Professor Brian Taylor in quarter 3.</p> <p>The Deputy Director of Assurance worked to finalise high level risk taking principles to be shared with staff in quarter 4. The Deputy Director was appointed into the Director post, causing a deferral of this work until 2020-21.</p> <p>The Complaints policy was reviewed and presented to EMT during quarter 4. The Board deferred the approval of the Complaints Policy to 2020-21.</p>
action has not been achieved by the completion date						

## STRATEGIC THEME 2

### Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 2.3</b> We will consider how we gather and disseminate examples of good practice in all the settings where we have a presence, in order that learning can be shared throughout the HSC system.	<ul style="list-style-type: none"> <li>Deliver 5 information workshops for providers of regulated services</li> <li>Production of an e-newsletter for providers</li> </ul>				x	A series of information workshop for providers of children's services were held during quarter 3. An evaluation of these workshops was completed in quarter 4.  This action has been deferred to 2020-21.
action has not been achieved by the completion date						
<b>Action 2.4</b> We will review our website to make better use of this resource in sharing information and intelligence in a meaningful way.	<ul style="list-style-type: none"> <li>Establish a working group to include participants from RQIA Membership Scheme and other stakeholders</li> </ul>			x		We have met with our website provider to discuss introducing a pop up online user feedback survey, and conducting user experience to involve relevant stakeholders. This action has been deferred to 2020-21.
action has not been achieved by the completion date						

## STRATEGIC THEME 2

### Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 2.5</b> We will use our iConnect system to develop a framework to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity					x	<p>A project team was established to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity. A human rights framework was integrated into the Care Homes Team and was monitored during quarter 3. Learning workshops were held in quarter 3 in relation to the integration of the human rights framework into Care Home inspections and subsequent inspection reports.</p> <p>A further project team was established to cross reference human rights legislation with DoH Regulations and Nursing Standards in domiciliary care services. All inspection staff completed a questionnaire regarding their awareness of human rights and the integration of the human rights framework into their inspection reports. The rollout of the human rights framework commenced in the care homes team in quarter 2. A further project team was established and implemented this framework in quarter 3.</p> <p>A project was undertaken to develop an easy read inspection report. This project concluded in quarter 3 and the easy read report was rolled out and shared with other teams. The pilot implementation was delayed by the resignation of the Service Improvement Officer, this has been deferred until 2020-21.</p>
action has not been achieved by the completion date						

### STRATEGIC THEME 3

#### Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 3.1</b> We will increase the profile of RQIA with the public.	<ul style="list-style-type: none"> <li>Refresh Membership Scheme to increase participation by 10%</li> <li>Participate in the Household survey</li> <li>Engagement Strategy</li> </ul>				x	<p>Planning has commenced to increase and encourage public involvement and participation in RQIA's work using a range of methods including face to face engagement and via social media.</p> <p>We are currently considering the questions to be included in the Household survey.</p> <p>The Communications and Engagement Strategy was approved by the Board during quarter 2.</p> <p>The inaugural RQIA Open House event took place on 10 October, with highly positive feedback from attendees.</p>
action has not been achieved by the completion date						
<b>Action 3.2</b> We will work collaboratively to report on the lived experience of users of health and social care.	<ul style="list-style-type: none"> <li>Monthly liaison meetings with trusts</li> <li>5 meetings with young people currently living in children's homes across Ni</li> <li>1 meeting with care experienced young people and VOYPIC</li> <li>1 meeting with ARC 'TILII' Group</li> </ul>				x	<p>We are working with VOYPIC and care experienced young people to allow our inspectors to refine our inspection approach based on young people's experience. We continue to engage with providers of Children's Homes to arrange meetings between inspectors and young people currently using Children's Homes across the region. A series of meetings were arranged, but subsequently cancelled owing to the resignation of the Service Improvement Officer, this work has been deferred until 2020-21.</p> <p>A meeting was held in quarter 3 with ARC to explore potential of TILII (telling it like it is) group to deepen our understanding of lived experience for people with learning disabilities in regulated services.</p> <p>The Director of Assurance facilitated a workshop with Directorate managers in quarter 4 to focus on the introduction of a more person-centred approach to regulation in a 2020-21 directorate business plan. A subsequent planning workshop, facilitated by the HSC Leadership Centre with all Directorate staff was scheduled for 30 March 2020, but cancelled owing to Covid-19. This work will be revisited during 2020-21.</p>
action has not been achieved by the completion date						



### STRATEGIC THEME 3

#### Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 3.3</b> We will set out in our revised inspection methodology how we will use lay assessors in all inspection activity	<ul style="list-style-type: none"> <li>Revised approach for involvement of service users, staff, family members and managers as part of our inspection methodology improvement work</li> </ul>		x			This will be reported on as part of the inspection methodology programme to the Project Board and an update will be provided at the next meeting. Thirty four inspections were completed with lay assessor involvement, this includes multi-disciplinary inspections. One review has been completed with lay assessor involvement  The Director of Assurance facilitated a workshop with Directorate managers in quarter 4 to focus on the introduction of a more person-centred approach to regulation in a 2020-21 directorate business plan. A subsequent planning workshop, facilitated by the HSC Leadership Centre with all Directorate staff was scheduled for 30 March 2020, but cancelled owing to Covid-19. This work will be revisited during 2020-21.
<b>action has not been achieved by the completion date</b>						
<b>Action 3.4</b> We will facilitate one RQIA open house event where all stakeholders will be welcome to meet RQIA staff and learn about any aspect of our work.	<ul style="list-style-type: none"> <li>Facilitate one open house event</li> </ul>			x		The inaugural RQIA Open House event planned by the Business Support Unit took place on 10 October, with highly positive feedback from attendees.
<b>Action Delivered</b>						

## STRATEGIC THEME 3

### Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 3.5</b> We will introduce a regular e-zine to communicate with our stakeholders.	<ul style="list-style-type: none"> <li>Development of a prototype newsletter to share with a reference group including RQIA Membership Scheme</li> <li>Development of an internal newsletter to communicate with RQIA staff</li> </ul>					Regular editions of RQIA's new in-house staff newsletter "#ourqia" issued to all staff during quarters 1, 2 and 3.  This action has been deferred to 2020-21.
<b>action has not been achieved by the completion date</b>						
<b>Action 3.6</b> We will evaluate and revise our use of social media to ensure we are communicating in the most effective way for all our stakeholders.	<ul style="list-style-type: none"> <li>Establish a stakeholder reference group to review RQIA Social Media Channels</li> <li>Review and revise RQIA Communications Strategy</li> </ul>				x	We have reviewed our use of social media, and during quarter 3 introduced animated content on our Twitter account, YouTube channel and website.  Communications and Engagement Strategy was approved by the Board during quarter 2
<b>Action Delivered</b>						

## STRATEGIC THEME 4

### Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 4.1</b> We will evaluate the implementation of the actions set out in our Transformation, Modernisation and Reform framework	<ul style="list-style-type: none"> <li>Evaluate the Transformation, Modernisation and Reform Framework</li> <li>Prepare a business case for the introduction of an EDRMS to RQIA</li> </ul>				x	Work has commenced with PaLS and BSO ITS to arrange for the development of an outline business case for an EDRMS system. RQIA met with a potential supplier in relation to our requirements for an EDRMS during quarter 4.  Due to the outbreak of coronavirus, this action has been deferred.
action has not been achieved by the completion date						

## STRATEGIC THEME 4

### Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 4.2</b> We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform.	<ul style="list-style-type: none"> <li>Implementation of the recommendations and training programme from the review of the administration function in RQIA</li> <li>90% of staff will complete level one QI training during 2019/20</li> <li>3% of staff will complete level two QI training during 2019/20</li> <li>1% of staff will complete level three QI training during 2019/20</li> </ul> 10 Quality Improvement Initiatives during 2019/20				x	<p>A draft report of the review of the administration function in RQIA has been shared with the Head of Business Support. The findings and recommendations have been shared with the administrative staff during quarter 2 and the Executive Team during quarter 3. A number of recommendations have been implemented during quarters 2 and 3.</p> <p>The HSC Leadership Centre met with the administrative staff during quarter 4. A working group was developed to discuss, consider and implement further recommendations. The working group met on one occasion during quarter 4. All actions will be implemented throughout 2020-21.</p> <p>Staff training requirements will be built into appraisal of all staff to ensure targets can be met by quarter 4.</p> <p>72% of RQIA staff have completed level 1 QI during 2019-20. We will target for completion of remaining 28% during 2020-21. First cohort of level 2 training to commenced in February 2020.</p> <p>Four Quality Improvement Initiatives commenced/completed (Learning Implemented from SAI's in Mental Health Unit; Strengthening Assurance of Controlled Drugs and Conscious Sedation in Dental Practice; Strengthening Assurance of Form 10 process; Introduction of Safety Briefs).</p> <p>During quarter 3 we commenced a new quality improvement project to improve the effectiveness of safety briefs (Improvement Directorate).</p>
action has not been achieved by the completion date						
<b>Action 4.3</b> We will analyse and evaluate the responses to the HSC Staff Survey in order to further revise our plans for internal transformation and reform.	<ul style="list-style-type: none"> <li>Development of an implementation plan arising from the HSC Staff Survey</li> </ul>				x	<p>Staff Survey results were received during quarter 3 and shared with RQIA Board. The HSC Staff survey results were not launched during quarter 4. An implementation plan will be developed following the launch due 2020-21.</p>
action has not been achieved by the completion date						

## STRATEGIC THEME 4

### Deliver operational excellence

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<b>Action 4.4</b> The review of our inspection methodology will include revised reporting formats  <b>action has not been achieved by the completion date</b>	<ul style="list-style-type: none"> <li>Inspection reports for three types of services will be produced using more concise, easier to read, templates</li> </ul>			x		Development of inspection report templates is underway and consultation on the report formats with external stakeholders occurred. Draft report formats were developed for the Assurance Directorate, with a view to piloting these in quarter 4. This has been delayed by the resignation of the Service Improvement Officer and, subsequently, the Covid-19 pandemic.  During quarter three, the improvement directorate developed and implemented new report templates for multi-disciplinary and focused inspections.
<b>Action 4.5</b> We will examine and reform our registration processes to ensure they reflect a rights-based approach  <b>Action Delivered</b>	<ul style="list-style-type: none"> <li>Application for variation, manager absence and voluntary cancellation to become electronic</li> <li>Process for manager / responsible person and service application to become electronic</li> </ul>	x			x	A Terms of Reference has been prepared and scoping work for this project is underway.  Applications for variation, manager absence and voluntary cancellation have been available for submission through the web-portal since 1 April. In March, 100% of variations manager absences and cancellations were submitted via the web portal.  Reference forms for manager / responsible person applications are requested and returned in electronic format.  We are also now storing a number of documents electronically in iConnect rather than as paper copies and accepting digital, rather than paper, Access NI certificates which will make the registration process much more efficient for applicants and for RQIA. We have stated working through all registration files with a view to scanning hard copy documents onto electronic format and storing in iConnect.

## RQIA Board Meeting

Date of Meeting	11 June 2020
Title of Paper	Chief Executive's Update
Agenda Item	5
Reference	C / 06 / 20
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 21 May and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last Board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>NOTE</b> the Chief Executive's Update.
Next steps	A further update will be provided at the July meeting.

## **RQIA RESPONSE TO CORONAVIRUS (COVID-19)**

### **Service Support Team (SST)**

The Service Support Team (SST) has continued to offer guidance support and problem resolution to adult residential and nursing homes, domiciliary care and supported living services since its establishment.

App responses and telephone calls continue to be assessed and contact made to services where there are challenges. From 23 March 2020 to 4 June 2020, there have been 3,748 contacts (including telephone calls, emails and responses to App submissions requiring follow-up) from and to adult residential and nursing homes, domiciliary care and supported living services. Of these, around 2,050 have been raised with RQIA as concerns and issues, while approximately 1,690 contacts have been initiated proactively from inspectors to offer support and guidance. RQIA continues to work with DoH, PHA and Trusts to provide data on the adult residential and nursing homes to ensure that supports are directed to them, if required.

Themes from our contacts include: infection prevention and control; Personal Protective Equipment (PPE); testing arrangements for residents and staff; isolation; inconsistency in relation to advice provided from HSC Trusts with regard to pathways through Emergency Departments for those presenting from a COVID-free care home and in relation to suitable PPE; and depleted staffing levels in care homes.

From Friday 5 June an enhanced duty desk, Monday to Friday, 9:00 am to 5:00 pm has been in operation.

Our Review Programme Manager, assisted by the Reviews and Audit Team, continues to oversee a wide range of reporting to stakeholders across the system in relation to COVID-19, to include:

- Dissemination of up-to-date guidance and advice to all independent providers.
- Daily situation reports (SitReps) to Silver Command, as part of command and control frameworks in Northern Ireland.
- Briefings and information on contact activity, trends and patterns of emerging themes, concerns and issues raised with our SST, and notification of deaths in care homes for our external stakeholders.

Alongside our usual reporting mechanisms, we have leveraged technology to gain a real-time picture of the status of services on a regular basis. This has involved the use of iConnect and the web portal, as well as the development of apps which are being used on smart platforms, such as mobile phones and tablets.

### **Service Response / On-site Response**

We have undertaken 11 on-site support visits to nursing homes, residential care homes and supported living services, to support services in terms of preparedness should an outbreak occur and to provide advice, whilst maintaining adequate inspection staff to allow necessary risk related inspections to be carried out. This support is prioritised on a risk-based approach in conjunction with the Trust and DoH Colleagues.

We continue to develop arrangements for video support and virtual inspections using video technology.

We have also been proactively contacting services to risk assess their preparedness for a COVID-19 outbreak and to assess their arrangements with regard to the management of medicines.

## **Inspections**

Between 14 May and 5 June we have undertaken 23 inspections to registered establishments or services, onsite or remote.

We continue to focus on notifications, concerns and other intelligence and will respond as necessary.

## **Co-Production with HSCB Colleagues**

The pharmacists continue to work with HSCB colleagues to develop and review procedures for care homes in specific areas of medicines management. All care homes have been offered and delivered anticipatory packs of palliative care medicines. The reuse of medicines policy has been stood down and the pharmacists are ensuring that controlled drugs have been disposed of appropriately.

## **Rapid Review of Covid-19 Pharmacy Services in NI**

The Chief Pharmaceutical Officer has recognised the projects that have taken place across NI. In order to capture valuable learnings from these modifications, the Medicines Optimisation Innovation Centre (MOIC) has been commissioned to complete a Rapid Review of Covid-19 Pharmacy Services in NI. The aim of the review is to identify changes that have maintained services, improved safety, efficiency or effectiveness to inform learning and to recognise the teams involved. The pharmacist team are contributing to this review.



## **BUSINESS SUPPORT UNIT**

### **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. These have focused on RQIA's role during the pandemic and the impact of Covid-19 on a number of specific care services. On 15 May, Dermot Parsons, interim Chief Executive, was interviewed by BBC Radio Ulster Evening Extra on the role of RQIA and the impact of Covid -19 on the care sector. Dermot Parsons was also interviewed for Radio Ulster's Nolan Show on 4 June in relation to concerns around the management of Covid-19 at Clifton Nursing Home. 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 independent providers.

### **Media Monitoring**

On a daily basis the Communications team monitors the print, online and broadcast media on a daily basis to identify any coverage of relevance to RQIA's work. This is shared with relevant colleagues for their information or follow up as required.

### **Political Engagement**

The Communications team monitors weekly health committee hearings and relevant NI Assembly debates to ensure we are fully up to date on political commentary and issues affecting the work of RQIA. RQIA has also responded to correspondence from a number MLAs in respect of the current situation in a specific care home and RQIA's role in supporting care home services at this time.

On 14 May, RQIA appeared before the Health Committee to provide an overview of the role of RQIA and our key priorities at this time. RQIA was represented by Dermot Parsons, Interim Chief Executive, Emer Hopkins, Interim Director of Improvement and Elaine Connolly, Assistant Director, Assurance. The panel also responded to a range of questions from committee members on our ongoing activities.

Following an invitation I will attend the Derry and Strabane District Council Meeting on 11 June.

### **Provision of Covid-19 Guidance to Regulated Services**

Since the last board meeting RQIA's Communications team has issued around 50 Covid-19 related circulars, direction, guidance documents and training resources to care providers on behalf of the Department of Health, HSC Board, Public Health Agency and Clinical Education Centre

### **RQIA Website**

Throughout this period, RQIA's website has been kept updated to provide the latest advice and guidance to support care providers in their management of Covid-19 and separate guidance for the public. In addition, on behalf of the Department of Finance

procurement team, on a daily basis RQIA has provided updated information for services to support their procurement of PPE.

### **Interim Chief Executive Key Meetings**

19 May – Meeting with DoH representatives regarding Clifton Nursing Home  
20 May – COVID-19 Directors of Adult Social Care  
21 May – RQIA Board Meeting  
22 May – Directors meeting HSCB  
27 May – COVID-19 Directors of Adult Social Care  
29 May – Meeting with PCC  
3 May – COVID-19 Directors of Adult Social Care / Older People  
5 May – Chief Executives of Regional Organisations

### **Legal Action**

There is no update following the receipt of two 'statement of claim' for the next stage of proceedings in relation to McVicker and Bell (deceased) v Runwood Homes and RQIA.

The application by Briege Evelyn Gray (acting by her son and next friend Keith Gray) for leave to apply for judicial review hearing was deferred from the 29 May and is scheduled to be heard on 29 June.

### **Annual Leave**

We are keen to support its staff during this unprecedented period to ensure that our staff are able to avail of their annual leave and take time away from work to relax and enjoy a break free from their work commitments. We are committed to ensuring that its staff achieve a positive and healthy work life balance through the use of annual leave and are mindful that leave is a Health & Safety Provision which staff should be permitted to take in a way that is fair and equitable whilst ensuring our business needs are met.

As a means of ensuring that we continue to support our staff to remain Healthy during the Covid-19 period I have encouraged managers to work with their staff to ensure that staff are encouraged to avail of using their annual leave. We have agreed that where possible our staff should use a minimum of 50% of their annual leave entitlement for 2020/2021 within 6 months and by the mid-year point of 30 September.

Only where employees are unable to take annual leave as a result of the COVID-19 outbreak will they be permitted to carry over any un-used annual leave above the current practice of 5 days (pro-rata) carryover into the next 2 leave years, 2021/2022 and 2022/2023 in agreement with the relevant senior manager.

**Enforcement Update: 9 June 2020**

<b>Name of Service</b>	<b>Dates</b>	<b>Action</b>	<b>Details of issues</b>
Western HSC Trust (Dr A Kilgallen)	22 July 2019 Compliance required by 22 October 2019  5 February 2020 Notice Extended. Compliance required by 22 June 2020	1 x IN	(01). Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS. (Quality Standards, 2006: Standard 5.1)
TW Care Services Ltd DCA, Ballymena	16 December 2019 Compliance required by 1 May 2020  8 June 2020 Period for making representation expires on 6 July 2020	1 x FTC  1 x NOP	Medical governance (Reg 23(1), (4)).  NOP to cancel registration of TW Care Services
Extra Care (Domiciliary Care Agency)	09 April 2020 Compliance required by 09 July 2020	3 x FTC	Safety and wellbeing of service users, staffing and management oversight.
Clifton Nursing Home, Belfast (Runwood Homes Ltd))	20 May 2020 Compliance required by 3 June 2020  4 June 2020 Notice extended. Compliance required by 24 June 2020	1 x FTC	Governance, Management and Leadership
Provident Healthcare NI Ltd (Domiciliary Care Agency), Belfast	27 May 2020 Period for making representation expires on 24 June 2020	1 x NOP	NOP to replace the responsible individual

## **Compliance Achieved since last Meeting**

27 May 2020 The Croft Community, Bangor (Domiciliary Care Agency (1x FTC)

## **Conditions of Registration**

### **Peniel Nursing Care Services, Belfast (Stella Law): 10 May 2019**

- (1) The registered provider is required to notify RQIA when they are proposing to become operational

### **Angels Recruitment Agency Ltd. DCA., Londonderry (DJ Duddy) 27 June 2019:**

- (1) the registered provider to notify RQIA when they are proposing to become operational (Reg 18(4))

### **Angels Recruitment Agency Ltd. Nursing Agency., Londonderry (DJ Duddy) 27 June 2019:**

- (1) the registered provider to notify RQIA when they are proposing to become operational (Reg 18(4))

### **Fortview RCH, Dromore, Co Tyrone, 20 December 2019**

- (1) There will be no admission in a residential category of care without the approval of RQIA.

### **Pine Lodge, Belmont Road, Belfast (BHSCT) 3 January 2020**

- (1) There will be no admission in a residential category of care without the approval of RQIA.

## **ASSURANCE DIRECTORATE**

### **RADaR (Risk Adjusted Dynamic and Responsive)**

RADaR assessments have been paused due to the current Covid-19 Pandemic as routine inspections are not being undertaken. However the “Dynamic” information held in the system has been used to identify services at risk and ensure we retain an overview of nursing and residential care homes. Given the move back to aligned teams in terms of management and the need to identify a risk based approach to inspection, access to this information by inspectors continues to be useful when assessing a services current risk.

### **Four Seasons Health Care**

I remain in contact with FSHC, HSCB, DoH and Trusts regarding the ongoing financial stability of the organisation. Progress has been made to the transfer of ownership in respect of the services operated where a landlord owns the property; 13 homes are now registered in respect of Health Care Ireland and in respect of Electus Healthcare, the re-registration of the five homes is imminent.

### **Valley Nursing Home**

The application to register Health Care Ireland (HCI) in respect of Valley Nursing Home is now complete. An inspection to follow up on issues raised by the Southern HSC Trust and the significant outstanding Quality Improvement Plan (QIP) was undertaken on 9 June 2020. Improvements in relation to care delivery and the environment continue to be noted under the new provider

## **Day Care, Agencies, Estates, Finance & Pharmacy**

### **Gosna Care Agency Ltd**

There is no update in relation to the appeal that was lodged with The Care Tribunal regarding our decision to cancel the registration of the Responsible Person for Gosna Care Agency Ltd.

### **TW Care Services**

A Failure to Comply Notice (FTC) was issued to TW Care Services, Ballymena on 16 December 2019, relating to the quality monitoring systems. The compliance date was 16 March. During an inspection undertaken on 16 March, the agency was not compliant with all of the actions outlined on the FTC notice. On receipt of legal advice, the agency was provided a further period of time to achieve compliance and an action plan was to be submitted no later than 1 May.

When the action plan was received and reviewed, there were no assurances provided by the Responsible Individual that there were robust governance and quality monitoring systems in place. Whistleblowing allegations were received relating to the falsification of training records, adults safeguarding concerns and data protection breaches. All allegations were substantiated.

An EDM was undertaken and a Notice of Proposal meeting took place on 5 June to de-register the agency.

### **Provident Healthcare NI**

We undertook an inspection on 9 March which identified concerns relating to:

- Deficits in recruitment
- Management of records
- Quality monitoring
- Governance arrangements
- Management oversight

These concerns were evident at a previous (post registration) inspection on 28 March 2019, however robust assurances were received.

A Notice of Proposal meeting took place on 21 March to replace the responsible individual.

### **Top Class Care**

Following whistleblowing concerns received by RQIA on 22 May an on-site inspection took place on 1 June. Matters raised by the whistleblower where substantiated during the inspection together with other matters of concern regarding management, governance and oversight of care delivery.

Concerns were identified relating to:

- the appropriate completion of service user care plans,
- risk assessments and documentation which was alleged to have been signed by the Responsible Individual / Registered Manager in advance of being completed;
- risk assessments were being provided to family members to complete;

- the Responsible Individual / Registered Manager not attending calls as a second carer and requesting family members to undertake care and moving and handling care and support tasks.

A further concern was raised regarding a care worker who was allegedly transported to calls by their partner and the potential risk this presented to vulnerable service users.

A Failure to comply meeting has been scheduled for 11 June 2020.

## **Majestik Care**

Following whistleblowing concerns received by RQIA on 15 May in relation to a member of care staffs standards of care delivery, medication errors and missed calls, an Inspection Decision Making Meeting (IDMM) was completed on 1 June. Based on matters raised and outstanding concerns from the previous inspection of the service in January, a subsequent serious concerns meeting regarding management and governance oversight of the agency and recruitment practices was held. A remote inspection is planned for week commencing 15 June.

## **Inspections**

The pharmacist team are completing medicines management assessments in Residential Care Homes. A plan to commence nursing home assessments is currently being developed.

In the coming weeks, the pharmacist team are planning to commence work in prioritising homes for inspection and planning our inspection approach for the coming year.

## **Children's Services**

### **Admission of Young People to Adult Wards**

The Article 118 reports not submitted for the last quarter were not followed up with HSC trusts immediately due to COVID pressures. The reports related to past admissions and RQIA are generally notified of admissions as they happen hence this is a processing action. We were not made aware of any placements that raised concern in that quarter. Since May 2020 RQIA have been requesting the reports to be submitted, however three of the HSC trusts have not submitted a return. Staff contacted may not be in post therefore further actions have been agreed to secure these returns by the end of June, this should also facilitate the easy return of the next quarterly return.

## **SEHSCT**

Improvement work has continued with SEHSCT. A meeting has been arranged with SEHSCT Representatives for this month (June) to review the Serious Adverse Incidents and trusts progress with their action plan.

## **Inspection Plan**

A framework for remote announced inspections has been developed and include a self-assessment. We have incorporated a number of ways people can give their

views to the inspector about the home. To date two inspections have been completed, one more inspection has been announced and another is being considered through the IDMM. Feedback is being sought following the inspection to discuss what went well and what can we improve.

## **Enforcement**

One home inspected using the announced remote inspection process has found a number of concerns that have not been improved over three or more inspections. The trust has been invited to an improvement Notice meeting on 19 June.

Another home in has been identified as carrying a high level of risk with no clear plan how the risk can be reduced. A serious concerns meeting has been organised for 12 June to discuss the trusts plan in this regard.



## **IMPROVEMENT DIRECTORATE**

### **Hospitals Programme**

#### **Valencia Ward**

We are seeking assurances on the Trust's plans to deliver the required improvements on this ward following our inspection in February. We invited the Trust to a Serious Concerns meeting in May, in line with our enforcement procedures. As a result of COVID-19 related pressures we agreed with the Trust to postpone the meeting to 17 June.

#### **Western Health and Social Care Trust**

##### **Acute Mental Health Inpatient Wards**

Board members are aware from previous briefings that the Improvement Notice in respect of the recognition and management of adverse incidents and near misses across the Directorate of Adult Mental Health and Disability Services remains in place. Compliance with the Improvement Notice is required by 22 June. We will assess compliance in the near future.

#### **Northern Health and Social Care Trust**

##### **Holywell Hospital**

We have been in continuous engagement with the NHSCT (the Trust) following our unannounced inspection of three mental health acute admission wards in Holywell Hospital in July 2019 in which we identified concerns regarding the effective management of risk associated with ligature points and recognition and management of adverse incidents and near misses. As a result we invited the Trust to a Serious Concerns meeting in August 2019. Following this Serious Concerns meeting we requested submission of an action plan outlining the Trust's plan to address the concerns identified. Following receipt and review of the Trust's submitted action plans we were not assured regarding the progress made. We invited the Trust to a further Serious Concerns meeting on 19 May. At this meeting the Trust provided us with a detailed overview of the ongoing anti-ligature construction work and continuous effort made with regards to improving the recognition and management of adverse incidents and near misses.

In order to support our decision making we requested additional evidence of the outlined progress and an update on a fortnightly basis around the anti-ligature work. We will review the evidence following receipt and agree next steps on the outcome of this review.

#### **National Preventative Mechanism**

RQIA is part of the UK National Prevention Mechanism (NPM). The NPM focuses attention on practices in detention that could amount to ill-treatment, and works to ensure its own approaches are consistent with international standards for independent monitoring of detention. We are preparing a submission to the NPM to inform the next UK-wide Annual NPM Report on our activities which support the National Preventative Mechanism for upholding Human Rights and Prevention of Torture. We also have submitted a report detailing how the COVID-19 pandemic has impacted patients who are detained or who are subject to a deprivation of their liberty.

## **Prison Health Care**

We acted as core partners in a multi-agency inspection of Hydebank Wood College and Ash House Women's Prison in November 2019. This inspection team included representatives from RQIA, HMIP, CJI and ETI. We provided a submission briefing for the inspection report to the Minister for Health before it was published on 9 June.

## **Independent Hospitals**

We continue to engage with the Independent Hospitals during this period of COVID-19. We are supporting the providers to ensure that any changes they require to make to their services, to enable them to treat NHS patients, as outlined in the contract agreed between the Independent Sector Hospital and the Health and Social Care Board, is in line with the legislative framework and minimum standards.

## **Independent Healthcare Programme**

Board members are aware from previous briefings that following direction from the DOH on 20 March to reduce RQIA's statutory inspection activity, the inspectors from our Independent Healthcare Team were reallocated for a period of time to other key functions to support RQIA in its Covid-19 response. More recently the inspectors have returned to their substantive teams and any necessary support to other teams will be managed going forward as capacity and demand dictates.

## **Dental Regulation**

The British Dental Association have sought clarification from RQIA regarding our position on the recommencement of private dental care and treatment. We have been engaged with the Chief Dental Officer to seek a DoH policy position regarding a return to practice and seeking clarification regarding which standards RQIA should apply to the regulation of private dental care and treatment going forward.

## **IR(ME)R**

We have been working with our colleagues from Public Health England to agree a pragmatic, flexible and proportionate approach to IR(ME)R inspections during the Covid-19 pandemic.

Having identified some gaps in the reporting arrangements we wrote to the Chief Executives of the five HSC Trusts reminding them of their statutory obligation to report significant accidental and unintended exposures (SAUE) to RQIA as outlined in The Ionising Radiation (Medical Exposures) Regulations (Northern Ireland) 2018.

## **Reviews**

Following direction from the DoH on 20 March to cease RQIA's Review Programme activity, the Reviews and Audit Team have been reallocated into key work streams in relation to RQIA's COVID-19 response.

## **Review of GP Out of Hours Services in Northern Ireland**

This review report is in internal quality assurance, prior to factual accuracy checking by those subject to review.

## **Audit, Guidelines and Quality Improvement (QI) Prototypes**

### **2020-2021 Programme**

Board members are aware that due to the impact of Coronavirus (COVID-19) we have agreed with all project leads to delay the commencement of the three audits and four quality improvement projects approved for funding.