

AGENDA

RQIA Board Meeting
Virtual Meeting via Zoom
Thursday 25 March 2021, 11.30am

PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		11.30am
2 Minutes of the public meeting of the Board held on 4 February 2021 and matters arising	Min/Feb21/ public	11.35am APPROVE
3 Declaration of Interests		11.45am

STRATEGIC ISSUES

4 Statement of Strategic Intent – Progress Update Interim Chair		11.50am NOTE
5 Management Plan 2021/2022 Interim Chief Executive		12.00pm APPROVE
6 Finance Performance Report (Month 11) Lesley Mitchell, Associate HSC Leadership Centre	C/03/21	12.10pm NOTE
7 Principal Risk Document Interim Chief Executive	D/03/21	12.20pm NOTE
8 Audit Committee Business Committee Chairman <ul style="list-style-type: none"> Verbal update of the meeting on 4 March 2021 		12.30pm NOTE

OPERATIONAL ISSUES

9 RQIA Complaints Annual Report 2019/2020 Acting Head of Business Support Unit / Complaints and Representations Manager	E/03/21	12.40pm APPROVE
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10 Chief Executive's Update
Interim Chief Executive

12.55pm
NOTE

11 Any Other Business

1.10pm

Date of next meeting: Thursday 6 May 2021

RQIA Board Meeting

Date of Meeting	25 March 2021
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Feb21 / public
Author	Hayley Barrett
Presented by	Christine Collins MBE
Purpose	To provide Board members with a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 4 February 2021.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting on 4 February 2021.
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Via Zoom 4 February 2020, 12.45pm	
Present Christine Collins MBE (Interim Chair) (CC) Neil Bodger (NB) Alan Hunter (AH) Prof. Stuart Elborn (SE) Bronagh Scott (BS) Jacqui McGarvey (JMcG) Suzanne Rice (SR) Apologies:	Officers of RQIA in attendance Dr Tony Stevens (Interim Chief Executive) (TS) Emer Hopkins (Acting Director of Improvement) (EH) Karen Harvey (Professional Advisor, Social Work) (KH) Julie-Ann Walkden (Deputy Director of Assurance) (JAW) Lynn Long (Acting Deputy Director of Improvement) (LL) Jacqui Murphy (Acting Head of Business Support Unit) (JM) Malachy Finnegan (Communications Manager) Hayley Barrett (Business Manager) (HB)

1.0 Agenda Item 1 - Welcome and Apologies

1.1 CC welcomed all Members and Officers of the Board to this meeting.

2.0 Agenda Item 2 – Minutes of the public meeting of the Board held on 19 November 2020 and matters arising

2.1 CC presented the minutes of the public meeting of the Board held on 19 November 2020 for approval. AH commented that section 3.4 of the minute should reflect TS declaration of interest.

2.2 **Resolved Action (229)**
TS to update the wording of his Declaration of Interest.

2.3 Board members **APPROVED** the public minutes of the Board held on 19 November 2020.

2.4 Board members noted that action 225 and 228 remain ongoing. Action 227 is complete.

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 (PCC), 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 role as Chair of the PCC.
- 3.3 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 excuse himself from any historic matters that arise for discussion regarding Muckamore Abbey Hospital that relate to his previous roles. The DoH has provided advice that a conflict would occur if any matters or issues relate to TS' previous role of Medical Director of the Belfast Health and Social Care Trust. Based on this advice, TS will consider the potential for any conflict of interest in respect of Muckamore Abbey Hospital as and when a related matter arises. In respect of the Deceased Patient Review, or any other matter relating to Dr Watt, TS has effectively recused himself from RQIA's undertakings, referring these matters to the Chair of the Board and the Acting Director of Improvement.

4.0 Agenda Item 4 - Finance Performance Report (Month 9)

- 4.1 At this point, Lesley Mitchell (LM), Associate HSC Leadership Centre, joined the meeting.
- 4.2 LM advised that Finance Performance Report outlines RQIA's position at month nine. LM advised that there is a year to date underspend of £424K and a year end projected underspend of £351K. The underspend is in both pay and non-pay.
- 4.3 LM advised that she and TS met with DoH prior to Christmas to discuss an easement. LM acknowledged that the DoH have accepted an easement of £506K, which included £178K of COVID funding.
- 4.4 SE queried the types of expenditure that relates to COVID costs. LM advised PPE and staff overtime / additional hour costs.
- 4.5 NB thanked LM for the report and the clear analysis of costs aligned to specific expenditure codes.
- 4.6 Board members **NOTED** the Finance Performance Report.

5.0 Agenda Item 5 - Review of Financial Governance Process: Progress Update

- 5.1 LM advised that there are 15 / 22 recommendations fully implemented from her Review of Financial Governance. LM thanked Officers of RQIA for their work and support throughout the implementation of the recommendations.
- 5.2 AH queried if the self-assessment governance tool had been shared with the Board for completion. LM advised that it is expected that all new Boards will complete the governance tool; however the Board should agree when it is going to be completed.
- 5.3 AH queried if the Principal Risk Document could be shared with the Board. JMcG asked if COVID was listed on the Principal Risk Document. JM confirmed that COVID in relation to staff and business continuity planning was included.
- 5.4 LM advised that Internal Audit will complete a re-audit of finance in March.
- 5.5 CC confirmed that the Board Self-Assessment Governance Tool will be completed at an appropriate point and support should be sought via HSC Leadership Centre. Action xx(see also \$8.6)

6.0 Agenda Item 6 – Performance Report: Activity Review (Quarter 3)

- 6.1 JM presented the Performance Report: Activity Review for Quarters 1, 2 and 3. JM advised that the report is continuously being improved and enhanced with new KPIs and that the goal was to include outcome based measures.
- 6.2 JM advised that a Performance Management schedule for each directorate to report to the Chief Executive is in place, enabling TS to hold the directorates to account for their deliverables and to encourage improvement.
- 6.3 EH and KH highlighted key areas of the report.. EH noted that in relation to RQIA's statutory obligations of Mental Health Inspection activity there is a 60% shortfall of inspections this year. EH advised that a process in relation to identifying the required resources is currently being completed.
- 6.4 KH advised that there are 131 inspections still to be completed in care homes; these will be completed through onsite, remote or a blended approach. KH advised that a number of out of hours inspections have been completed throughout the pandemic.
- 6.5 CC commented that this iteration of the Performance Activity Report is more informative than previous versions. Board members agreed. JMcG commented on the range of activities completed by staff in order to deliver the functions of the organisation.

6.6 Board members **NOTED** the Performance Report: Activity Review (Quarters 1, 2 and 3)

6.7 At this point, SE and KH left the meeting.

7.0 Agenda Item 7 – Transition Plan Progress

7.1 JM and EH provided an overview of the Transition Plan Progress. EH highlighted that work in relation to RADAR has commenced and reports from Reviews are on track for publication.

7.2 JM advised that in relation to the necessary upgrade/replacement of the information system, iConnect, this action will carry forward to 2021/22 and will be linked to an appropriate business plan. JM highlighted that action seven in relation to reporting on the initial COVID-19 surge is completed.

7.3 In relation to proactively seeking to involve service users, carers and other stakeholders in our work (Action 8), EH advised that this was progressing with partnership working being established. EH noted that there is a gap in the organisation structure for a dedicated role to bring forward improved engagement with service users and carers.

7.4 EH advised that in relation to restructuring, progress is being made. EH noted that work in relation to complaints and concerns from services will be completed during 2021/22.

7.5 CC thanked JM and EH for the comprehensive overview of the transition plan. BS congratulated the team, advising that it is noticeable that a lot of work has been completed in a short period of time. TS thanked all members of the Executive Team for their energy and commitment.

7.6 Board members **NOTED** the Transition Plan Progress.

8.0 Agenda Item 8 – Audit and Risk Assurance Committee Business

8.1 NB, Chair of the Audit and Risk Assurance Committee, advised that the minute of the meeting from 28 January 2021 will be formally agreed at the next meeting of 4 March 2021.

8.2 NB advised that training for the Audit and Risk Assurance Committee was being arranged and that all Board members and Executive Team members were invited to attend.

8.3 NB informed members that the Terms of Reference of the Audit and Risk Assurance Committee were presented to the meeting on 28 January 2021 and a slight amendment was made to section 1.1; membership. NB outlined that there are three members of the Committee and a quorum was two, however this was agreed to be a temporary measure only.

- 8.4 NB advised that the Audit and Risk Assurance Committee minutes would be circulated to members for approval and the Principal Risk Document extract would be shared with all members.
- 8.5 Resolved Action (230)**
Audit and Risk Assurance Committee members to approve the minutes of the meeting on 28 January 2021 and the Principal Risk Document section to be circulated to Board members.
- 8.6 NB advised that Internal Audit plan to complete audits in relation to Risk Management and Board Effectiveness during Quarter 1 of 2021/22. In relation to the recently completed audit of Intelligence Monitoring, a limited level of assurance was received.
- 8.7 CC thanked NB for the comprehensive update in relation to the Audit and Risk Assurance Committee. CC requested that a meeting is arranged with NB and AH to review the Standing Orders and Committees' Terms of Reference.
- 8.8 Resolved Action (231)**
A meeting to be arranged with CC, NB and AH to review the Standing Orders and Committees' Terms of Reference.
- 8.9 Committee members **NOTED** the Audit and Risk Assurance Committee Business.
- 9.0 Agenda Item 9 – James House Update (Accommodation Project)**
- 9.1 HB presented the James House Update paper, advising that RQIA was identified in 2018 as a viable tenant in a new public sector building, James House, due to the relatively short length of time left on the lease in Riverside Tower.
- 9.2 HB advised that the lease in Riverside Tower is unable to be extended until August 2022, therefore a business case has been developed outlining proposals for the interim period (1 June 2021 – 31 August 2022).
- 9.3 The Department of Finance, via Land and Property Services, continues to lead on negotiations with the landlord of Riverside Tower in respect of dilapidation costs.
- 9.4 TS added that this is a residual risk for RQIA until there is a signed tenancy agreement for the new premises.
- 9.5 Board members **NOTED** the James House Update (Accommodation Project).
- 10.0 Agenda Item 10 – Chief Executive's Report**
- 10.1 EH presented the Review of Vulnerable Prisoners' Terms of Reference, advising that all Terms of Reference will be shared with the Board and published on RQIA's website.

10.2 Board members **NOTED** the Chief Executive's Report.

11.0 Agenda Item 11 - Any Other Business

11.1 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:
25 March 2021**

Signed




Christine Collins MBE
Interim Chair

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
225	29 October 2020	A review of the Governance Framework to be completed in six months' time, April 2021.	Head of Business Support Unit	April 2021	
228	19 November 2020	RQIA Communications Plan to be presented to the Board.	Communications Manager	March 2021	
229	4 February 2021	TS to update the wording of his Declaration of Interest.	Interim Chief Executive	25 March 2021	
230	4 February 2021	Audit and Risk Assurance Committee members to approve the minutes of the meeting on 28 January 2021 and the Principal Risk Document section to be circulated to Board members.	Business Manager / ARAC Members	4 March 2021	
231	4 February 2021	A meeting to be arranged with CC, NB and AH to review the Standing Orders and Committees' Terms of Reference.	Business Manager	25 March 2021	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	25 March 2021
Title of Paper	Finance Performance Report for the Month ended 28 February 2021.
Agenda Item	6
Reference	C/02/2021
Author	Lesley Mitchell, HSC Leadership Centre Associate
Presented by	Lesley Mitchell, HSC Leadership Centre Associate
Purpose	To report the Month11 financial position.
Executive Summary	RQIA is reporting a month end surplus of £68k with a forecast year end position of £8k.
FOI Exemptions Applied	
Equality Impact Assessment	
Recommendation/Resolution	The Board are asked to NOTE the Finance Performance Report
Next steps	



The **Regulation and
Quality Improvement
Authority**



Financial Performance Report

February 2021

1. FINANCIAL PLAN 2020/21

RQIA submitted its business plan for 2020/21 to the Department of Health in February 2020 with the initial financial plan being forwarded 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 financial plan is updated monthly and the projected financial position for the year-end has been forecasted as follows:

	Updated Financial Plan as at January 2021 £000	Updated Financial Plan as at February 2021 £000	Variance £000
RRL	6,826	6,696	(130)
Other Operating Income	849	855	6
Total Expected Income	7,675	7,551	(124)
Pay	6,010	6,032	22
Non Pay	1,336	1,304	(32)
Covid Costs	194	207	13
Total Expected Expenditure	7,540	7,543	3
Year End Forecast Surplus	135	8	(127)

The year-end forecast surplus has reduced by £127k from £135k at the end of January to £8k at the end of February. This decrease is primarily due to a further £130k being retracted by the Department of Health (Note: total amount retracted during the year - £460k).

The Financial Plan documented above indicates that the breakeven target of a surplus/deficit of no more than £20k will be achieved. It should be noted that the annual accounts will report the final year-end position.

2. FINANCIAL POSITION AS AT 28 FEBRUARY 2021

	Budget YTD 28 February 2021 £000	Actual YTD 28 February 2021 £000	Variance £000
RRL	6,138	6,138	0
Annual Homes Fees	683	681	(2)
Registration of Establishment	0	38	38
Registration of Manager	0	27	27
Variations (including Minor Fee)	0	31	31
Total Expected Income	6,821	6,915	94
Pay Expenditure:-			
Staffing	5,714	5,235	(479)
Agency Staffing	146	244	98
Covid Staffing	0	156	156
Non Pay Expenditure:-			
Printing, Stationery & Admin	382	364	(18)
Advertising	9	23	14
Building & Engineering	0	0	0
Catering	7	0	(7)
Cleaning	15	12	(3)
Postage & Telephones	42	24	(18)
Furniture	0	0	0
General Services	134	145	11
Heat, Light & Power	26	26	0
Computer Hardware & Software	76	42	(34)
Medical & Surgical	0	1	1
Legal Fees & Litigation	118	91	(27)
Rent, Rates & Insurance	362	346	(16)
Staff Training	27	14	(13)
Travel	74	37	(37)
Uniforms	0	1	1
Non Pay Non BSO	0	43	43
Covid Non Pay Costs	0	43	43
Total Expected Expenditure	7,132	6,847	(285)
Deficit/(Surplus) as at 28 February 2021	311	(68)	379

3. COVID COSTS

RQIA has had to incur additional expenditure in relation to COVID19 and it is estimated that the full year costs will be £207k. The Department of Health funded these costs to £176k based on a business case submitted in the autumn. 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
October	26	160	176
November	13	173	184
December	5	178	184
January	12	190	194
February	9	199	207

4. 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 an effect on the year-end out-turn, however this is expected to be immaterial at this stage of the financial year.
- 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, however this is expected to be immaterial at this stage of the financial year.

5. KEY MESSAGES

- RQIA is forecasting a year-end surplus of £8k, which is within the definition of breakeven (ie £20k).
- As at 28 February 2021 RQIA is reporting a surplus of £68k.
- The recommendations from the completed Financial Review will continue to be progressed over coming months including financial training for staff and a zero-based approach to realigning budgets in advance of 2021/22.

RQIA Board Meeting

Date of Meeting	25 March 2021
Title of Paper	Principal Risk Document
Agenda Item	7
Reference	D/03/21
Author	Interim Chief Executive / Acting Head of Business Support Unit
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the current version of the Principal Risk Document to the Board.
Executive Summary	<p>The Audit and Risk Assurance Committee approved the Principal Risk Document at its meeting on 4 March 2021.</p> <p>The Principal Risk Document is used 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 prepares and regularly updates the Principal Risk Document, which informs the management planning, service development and accountability review process.</p> <p>Seven principal risks are included. The Board is asked to note the current version of the Principal Risk Document.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the Principal Risk Document.
Next steps	The Principal Risk Document will be presented to the next meeting of the Audit and Risk Assurance Committee in April 2021.

RQIA Board Meeting

Date of Meeting	25 March 2021
Title of Paper	Complaints against RQIA Annual Report 2019-20
Agenda Item	9
Reference	E/03/21
Author	David Silcock, Complaints and Representations Manager
Presented by	Acting Head of Business Support Unit / Complaints and Representations Manager
Purpose	To provide an overview of Complaints against RQIA during the period 1 April 2019-31 March 2020
Executive Summary	<p>This report provides an overview of complaints against RQIA, including response times, themes, learning from complaints and developments in our Complaints Policy.</p> <p>A brief update on the management of complaints against RQIA during the current year (2020-2021) will also be provided.</p> <p>At a future workshop Board members will be provided with an overview of how RQIA manages and responds to complaints and concerns about health and social care services, which are managed under separate processes.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board are asked to APPROVE the Complaints against RQIA Annual Report 2019-20.
Next steps	

Complaints About RQIA - Annual Report 2019-20



Complaints Received About RQIA

8 During 2019-20, we received eight complaints or expressions of dissatisfaction relating to RQIA, including one anonymous complaint. Each was managed in line with our complaints policy and procedure.



4 Four complaints were resolved at the early resolution stage.

1 One complaint was resolved at the formal resolution stage.

1 One complaint was made anonymously. Whilst no resolution or feedback could be provided, this complaint was examined and learning was implemented as a result.

2 Following review, two complaints we received were deemed to fall outside the role and remit of RQIA. Advice was provided to the complainant on how best to resolve their concerns.

Response Times

The HSC Complaints Procedure states that complaints should be acknowledged within two working days and that complaints should be responded to within 20 working days. The complexity of some complaints may impact on our ability to respond within 20 working days, however, in these circumstances we provide regular updates to the complainant on the progress of their complaint.

100% of complaints were acknowledged within two working days.

83% (five of six) of complaints were responded to within 20 working days. The remaining complainant was provided with regular updates in line with our policy and procedure.

Themes and Learning from Complaints

The majority of the complaints received during 2019-20 related to RQIA staff behaviour/staff attitude during an inspection. RQIA's role in regulating and inspecting a range of health and social care services can, at times, require our staff to hold challenging conversations with those delivering care. Our inspection teams are continually learning, and developing their approach to inspection. Where we received complaints about our interactions with health and social care staff, this feedback was used to reflect and improve on our approach.

The remaining complaints related to how we addressed concerns brought to our attention about a health and social care service and the impact of our enforcement action on service users and their families.

NI Public Services Ombudsman Requests

Where a complainant remains dissatisfied with our response to their complaints, they are advised of their right to bring their complaint to the Northern Ireland Public Services Ombudsman (NIPSO). During 2019-20, RQIA received two requests from NIPSO for further information in relation to complaints about RQIA. One of these was closed or not upheld, and one remains ongoing.

Developing our Complaints Policy

In April 2019, the Department of Health published an updated Health and Social Care Complaints Procedure. RQIA's Complaints process was also subject to an internal audit in April 2019. The audit made recommendations around strengthening the complaints management process and Board oversight of this; publishing an annual report on complaints; and ensuring complaints management training for relevant staff.

In our response, we committed to reviewing and updating our complaints policy to address the changes to the regional policy as well as publishing an annual report on complaints about RQIA. We also committed to ensuring relevant staff attend future Board meetings to provide an update on current complaints about the organisation. While training had been arranged for March 2020 this was postponed due to the impact of the pandemic. We are currently identifying bespoke training for those involved in investigating complaints.

In March 2020, a revised and simplified version of our complaints policy was presented to RQIA's Board. Due to the unforeseen circumstances around the Covid-19 pandemic, final approval of this policy was given by RQIA's Board in August 2020.