

## AGENDA

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**RQIA Board Meeting**  
**Virtual Meeting via Zoom**  
**Thursday 8 July 2021, 11.00am**

### **PUBLIC SESSION**

<b>Item</b>	<b>Paper Ref</b>	
1 Welcome and Apologies		<b>11.00am</b>
2 Minutes of the meeting of the Board held on 6 May 2021 and matters arising	Min/May21/ private	<b>11.05am</b> <b>APPROVE</b>
3 Minutes of the public meeting of the Board held on 30 June 2021 and matters arising	Min/Jun21/ public	<b>11.10am</b> <b>APPROVE</b>
4 Declaration of Interests		<b>11.15am</b>
5 Members Activity Report <b>Interim Chair</b>	B/07/21	<b>11.20am</b> <b>NOTE</b>

### **STRATEGIC ISSUES**

6 Management Plan 2021/2022 <b>Chief Executive</b>	E/07/21	<b>11:30am</b> <b>APPROVAL</b>
7 Finance Performance Report (Month 2) <b>Lesley Mitchell, Associate HSC Leadership Centre</b>	F/07/21	<b>11:40am</b> <b>NOTE</b>
8 Audit and Risk Assurance Committee Update <b>Committee Chairman</b> • Minutes of 13 May 2021	G/07/21	<b>11.50Am</b> <b>NOTE</b>

### **OPERATIONAL ISSUES**

9 Chief Executive's Update <b>Chief Executive</b>		<b>12.00pm</b> <b>NOTE</b>
10 Any Other Business		<b>12.10pm</b>

**Date of Next Meeting:** 12 August 2021, 2.00pm

## RQIA Board Meeting

Date of Meeting	8 July 2021
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Mar21 / public
Author	Hayley Barrett
Presented by	Christine Collins MBE
Purpose	To provide Board members with a record of the meeting of the RQIA Board held on 6 May 2021.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 6 May 2021.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to <b>APPROVE</b> the minutes of the Board meeting on 6 May 2021.
Next steps	The minutes will be formally signed off by the Chair.

## PUBLIC SESSION MINUTES

<b>RQIA Board Meeting</b> <b>Via Zoom</b> <b>Thursday 6 May 2021, 11.55am</b>	
<b>Present</b> Christine Collins MBE (Interim Chair) <b>(CC)</b> Neil Bodger <b>(NB)</b> Alan Hunter <b>(AH)</b> Prof. Stuart Elborn <b>(SE)</b> Bronagh Scott <b>(BS)</b> Jacqui McGarvey <b>(JMcG)</b> Suzanne Rice <b>(SR)</b>  <b>Apologies:</b> None	<b>Officers of RQIA in attendance</b> Dr Tony Stevens (Interim Chief Executive) <b>(TS)</b> Emer Hopkins (Acting Director of Improvement) <b>(EH)</b> Karen Harvey (Professional Advisor, Social Work) <b>(KH)</b> Jacqui Murphy (Acting Head of Business Support Unit) <b>(JM)</b> Julie-Ann Walkden (Deputy Director of Assurance) <b>(JAW)</b> Lynn Long (Acting Deputy Director of Improvement) <b>(LL)</b> Malachy Finnegan (Communications Manager) <b>(MF)</b> Hayley Barrett (Business Manager) <b>(HB)</b> Lesley Mitchell, HSC LC Associate <b>(LM)</b> David Silcock (Complaints and Representations Manager) <b>(DS)</b>

### 1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 11.55am.
- 1.2 CC welcomed all Members and Officers of the Board to this meeting. There were no apologies.

### 2.0 Agenda Item 2 – Minutes of the public meeting of the Board held 25 March and matters arising

- 2.1 Board members **APPROVED** the public minutes of the Board held on 25 March 2021.
- 2.2 Board members noted that all actions are now 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 as Chair of the Patient Client Council (PCC), however, DoH has confirmed that the position is time bound and that it is actively seeking to recruit a Chair. CC would recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective 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.
- 3.4 BS advised that she is an Associate with the HSC Leadership Centre and is currently seconded to DoH, via HSC Leadership Centre, to advise on COVID surge planning. If any areas arise that cause a conflict she will excuse herself.

### **4.0 Agenda Item 4 – Draft Statement of Strategic Intent**

- 4.1 CC advised that the draft statement of strategic intent has been included within the papers. CC noted that, when finalised, it will be available on RQIA website.
- 4.2 Board members **NOTED** the Draft Statement of Strategic Intent.

### **5.0 Agenda Item 5 – Draft Memoranda of Understanding: GMC and NMC**

- 5.1 EH advised Board members that RQIA is making good progress to streamline and shorten MOU's and Data Access Agreements (DAAs) with other regulators. EH advised that the MOU's with General Medical Council (GMC) and Nursing and Midwifery Council (NMC) were approved by EMT.
- 5.2 BS advised that she would review and provide some comments by email.
- 5.3 TS advised that a number of MOUs had lapsed, however there was limited information sharing previously. TS noted that, with the closure of the Health and Social Care Board, all regulators need to be aligned.
- 5.4 NB queried if RQIA had an MOU with HQIA (South of Ireland). JAW advised that RQIA was proactively engaging with all regulators and would put in place any MOUs/DAAs, where appropriate.

5.5 CC asked that MOU's becomes a standing item on the agenda on a quarterly or six monthly basis.

5.6 Board members **NOTED** the MOUs for GMC and NMC.

## **6.0 Agenda Item 6 – Finance Performance Report (Month 12)**

6.1 Lesley Mitchell (LM), Associate from the HSC Leadership Centre, joined the meeting (12.24pm).

6.2 LM advised that the Finance Performance Report outlines RQIA's position at month 12. LM advised that RQIA is reporting breakeven as at 31 March 2021, with a £10K surplus.

6.3 LM advised that RQIA received a £208K allocation relating to COVID expenditure and other areas outside of RQIA's control including, Senior Executive Pay Liability and legal costs.

6.4 LM explained that work has commenced with Finance at BSO to review and finalise the budgets for 2021/22. An overview will be presented to the Board Workshop on 3 June 2021.

6.5 LM advised that in relation to her Review of Financial Governance, all recommendations have been implemented. A revised Finance Performance Report will be presented to the next meeting of the Board.

6.6 CC thanked LM for the Finance Performance Report. NB queried why there was a significant underspend of legal costs. LM advised that it was late in the year when RQIA was made aware of the financial pressure relating to legal costs.

6.7 TS thanked LM for continuing to work with RQIA throughout the year and providing support to HB and JM, in developing financial skills. CC noted the requirement that RQIA must become an expert in its customer role and that RQIA cannot rely on advice solely from BSO.

6.8 Board members **NOTED** the Finance Performance Report.

6.9 At this point, LM left the meeting (12.45pm).

## **7.0 Agenda Item 7 – Performance Activity Report (PAR): Quarters 1-4:2020/2021**

7.1 JM informed Board members that the Performance Activity Report (PAR) presented relates to the full year of 2020/21. JM noted that the PAR is a key component of the performance framework.

7.2 JM advised Board members that an additional page has been included, outlining a high level summary of achievement against KPI's, whether met, not

met or ongoing. CC commented that this page is very useful. BS added that work to increase mandatory training figures needs completed and understood that this would take time, as the eLearning courses were re-built on the online platform following the technical issues and fire.

- 7.3 JMcG queried if it was possible for more analysis to be included in the report relating to enforcement and inspection activity. BS added that a comparison of deaths / suicides would also be useful in relation to the Mental Health Serious Adverse Incidents.
- 7.4 TS advised that trajectories were produced in an attempt to stop counting numbers of inspections. TS advised that the PAR forms part of the robust performance framework.
- 7.5 CC thanked all for their input advising that this provides a helicopter view of the work of RQIA.
- 7.6 At this point, SE left the meeting (12.56pm).
- 7.7 JMcG asked to understand the trends within children's homes. KH advised that Suzanne Cunningham, Assistant Director, would be attending a future Board Workshop to present RQIA's work across children's services and this would provide more detailed information for members.
- 7.8 At this point, LL left the meeting (1.00pm).
- 7.9 Board members **NOTED** the Performance Activity Report (PAR): Quarters 1-4: 2020/2021.

## **8.0 Agenda Item 8 – RQIA Complaints Annual Report 2020-21**

- 8.1 David Silcock (DS) (Complaints and Representations Manager) joined the meeting (1.02pm).
- 8.2 DS presented the Complaints Annual Report for 2020-21 advising that there was a small number of complaints received by RQIA, 10 in total. DS informed members that the complaints were resolved as quickly as possible. DS noted that six complaints were resolved through early resolution, one through formal resolution, one was anonymous and two did not fit within the policy.
- 8.3 DS informed members that the themes arising from the complaints during 2020/21 include staff attitude and concerns regarding regulatory actions taken. DS noted that training has been arranged for quarter two, 2021-22.
- 8.4 CC thanked DS for providing this overview of complaints to the Board.
- 8.5 Board members **APPROVED** the RQIA Complaints Annual Report 2020-21.
- 8.6 At this point, DS left the meeting, 1.12pm.

## **9.0 Agenda Item 9 – Annual Quality Report 2019/2020.**

- 9.1 MF presented the Annual Quality Report 2019/20 advising that RQIA is required to submit this on an annual basis, however it has been delayed due to COVID and reporting arrangements. MF outlined that the report focuses on how we ensure quality and quality improvement within the sector. MF advised that the report will be published on RQIA's website.
- 9.2 MF informed Board members that the themes included within the report are governance, assurance and policy developments. The report includes RQIA's duty desk, value of complaints and whistleblowing, commitment to people and Investors in People.
- 9.3 MF explained that the report provides an overview of RQIA's regulatory activity, registration, reviews and audit work. MF advised that, in addition to previous years, the report includes RQIA's response to COVID.
- 9.4 CC thanked MF for the presentation and queried if feedback was provided from DoH. MF advised that to date no feedback has been received.
- 9.5 Board members **NOTED** the Annual Quality Report 2019/2020.
- 9.6 At this point, KH left the meeting (1.20pm).

## **10.0 Agenda Item 10 – Chief Executive's Update**

- 10.1 TS advised Board members that RQIA has agreed a temporary sub-lease with Victoria House; however agreement is awaited from the Head Landlord. TS advised that dilapidations for Riverside Tower have not yet been agreed. TS noted that the accommodation remains on the Principal Risk Document and that EMT is kept updated on progress.
- 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 (1.30pm).

**Date of next meeting:**  
**Thursday 3 June 2021 (Board Workshop)**

Signed

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**Christine Collins MBE**  
**Interim 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>

### **Key**

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

## RQIA Board Meeting

Date of Meeting	8 July 2021
Title of Paper	Public Session Minutes
Agenda Item	3
Reference	Min / Jun21 / 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 30 June 2021.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to <b>APPROVE</b> the minutes of the Board meeting on 30 June 2021.
Next steps	The minutes will be formally signed off by the Interim Chair.

## PUBLIC SESSION MINUTES

<b>RQIA Board Meeting</b> <b>Via Zoom</b> <b>Wednesday 30 June 2021, 9.04am</b>	
<b>Present</b> Christine Collins MBE (Interim Chair) <b>(CC)</b> Neil Bodger <b>(NB)</b> Alan Hunter <b>(AH)</b> Prof. Stuart Elborn <b>(SE)</b> Bronagh Scott <b>(BS)</b> Suzanne Rice <b>(SR)</b>  <b>Apologies:</b> Jacqui McGarvey <b>(JMcG)</b> Lynn Long (Acting Deputy Director of Improvement) <b>(LL)</b>	<b>Officers of RQIA in attendance</b> Dr Tony Stevens (Interim Chief Executive) <b>(TS)</b> Emer Hopkins (Acting Director of Improvement) <b>(EH)</b> Karen Harvey (Professional Advisor, Social Work) <b>(KH)</b> Jacqui Murphy (Acting Head of Business Support Unit) <b>(JM)</b> Julie-Ann Walkden (Deputy Director of Assurance) <b>(JAW)</b> Malachy Finnegan (Communications Manager) <b>(MF)</b> Hayley Barrett (Business Manager) <b>(HB)</b> Lesley Mitchell, HSC LC Associate <b>(LM)</b>

### 1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 9.04am.
- 1.2 CC welcomed all Members and Officers of the Board to this meeting. Apologies were noted from Jacqui McGarvey and Lynn Long.

### 2.0 Agenda Item 3 –Declaration of Interests

- 2.1 CC asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders.
- 2.2 CC declared an interest due to her position as Chair of the Patient Client Council (PCC), however, DoH has confirmed that the position is time bound and that it is actively seeking to recruit a Chair. CC would recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective role as Chair of the PCC.
- 2.3 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.

- 2.4 BS advised that she is an Associate with the HSC Leadership Centre and is currently seconded to DoH, via HSC Leadership Centre, to advise on COVID surge planning. If any areas arise that cause a conflict she will excuse herself.

### **3.0 Agenda Item 3 – Audit and Risk Assurance Committee Business**

- 3.1 NB, Chair of the Audit and Risk Assurance Committee, informed members that at the meeting of 24 June 2021, Committee members reviewed the minutes of 13 May 2021 and BSO Assurance Statement for 2020-21.
- 3.2 NB advised that Brian Clerkin, ASM Belfast, presented the Report to Those Charged with Governance (RTTCWG) outlining an issue regarding RQIA dilapidation payments, the Lands Tribunal Order and compensation payments. NB informed members that this is not material within the accounts.
- 3.3 NB informed the Board that the Committee approved the Annual Report and Accounts 2020-21 which is presented to the Board today for approval.
- 3.4 NB advised of other documents reviewed by the Committee, including the Internal Audit Charter, RQIA Fraud, Bribery and Whistleblowing reports and an update on DoH Financial Circulars.
- 3.5 The Interim Chair thanked NB for this comprehensive update following the meeting of 24 June 2021.

### **3.6 Resolved Action (231)**

**Minutes of the Audit and Risk Assurance Committee of 13 May 2021 to be presented to the Board on 8 July.**

- 3.7 Board members **NOTED** the Audit and Risk Assurance Committee Business.

### **4.0 Agenda Item 5 - Any Other Business**

- 4.1 As there was no other business, the Interim Chair thanked Board Members and Officers for their attendance and contribution and brought the meeting to a close (9.10am).

**Date of next meeting:**  
**Thursday 8 July 2021**

Signed


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**Christine Collins MBE**  
**Interim 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>
234	30 June 2021	Minutes of the Audit and Risk Assurance Committee of 13 May 2021 to be presented to the Board on 8 July.	Business Manager	8 July 2021	

### **Key**

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

## RQIA Board Meeting

Date of Meeting	8 July 2021
Title of Paper	Members Activity Report
Agenda Item	6
Reference	B/07/21
Author	Authority Members
Presented by	Christine Collins MBE
Purpose	To inform the RQIA Board of external engagements and key meetings since April 2021.
Executive Summary	External engagements and key meetings since April 2021.
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.

## MEMBERS ACTIVITY REPORT

### Meetings attended by Authority Members

<b>Audit and Risk Assurance Committee</b>	<b>Date</b>
Neil Bodger, Bronagh Scott, Stuart Elborn	13 May 2021
Neil Bodger, Bronagh Scott, Stuart Elborn	24 June 2021

<b>Appointments and Remuneration Committee</b>	<b>Date</b>
Alan Hunter, Suzanne Rice, Jacqui McGarvey	16 April 2021

<b>DPR Steering Group</b>	<b>Date</b>
Jacqui McGarvey Stuart Elborn	1 April 2021

<b>Decision Making Panel</b>	<b>Authority Members</b>	<b>Date</b>
Carn-Vaddy (1348)	Jacqui McGarvey Neil Bodger	28 April 2021
Integrit-Plus Healthcare (020655)	Alan Hunter Bronagh Scott	19 May 2021



## RQIA Board Meeting

Date of Meeting	8 July 2021
Title of Paper	Draft RQIA Management Plan 2021/2022
Agenda Item	6
Reference	E/07/21
Author	Executive Management Team
Presented by	Interim Chief Executive
Purpose	The purpose of this paper is to present the updated RQIA Management Plan for 2021/2022.
Executive Summary	<p>The Management Plan outlines what the organisation will achieve during the next year: 1 April 2021 to 31 March 2022.</p> <p>The Management Plan is based on three strategic themes:</p> <ul style="list-style-type: none"> <li>➤ Safe and Effective Care;</li> <li>➤ People and Communities; and</li> <li>➤ Operational Excellence</li> </ul> <p>It is underpinned by a three-fold approach, with frameworks for Assurance, Governance and Performance.</p> <p>The Management Plan identifies actions and associated key deliverables under each action. Each Action is sponsored by a member of the Executive Management Team and will have an Action Lead and Action Groups. The Plan will be managed using a programme management methodology and progress on actions will be reported to the Executive Management Team and Board.</p> <p>The Management Plan has been revised following amendments from the RQIA Board at its meeting in March 2021 and from the Department of Health.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable

<b>Recommendation/ Resolution</b>	The Board is asked to <b>NOTE</b> the RQIA Management Plan 2021/2022.
<b>Next steps</b>	Action Groups will be established to take forward the 13 actions in the Management Plan 2021/2022 and a programme management approach used to monitor progress of deliverables.

## RQIA Management Plan 2021/2022

25 May 2021

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# 1. Introduction

The landscape of health and social care in Northern Ireland is evolving rapidly and, in developing our Management Plan for 2021/2022, we have taken cognisance of the implications arising from:

- Rebuilding Health and Social Care: A Strategic Framework<sup>1</sup>
- Consultation for the Draft Programme for Government<sup>2</sup>
- New Decade New Approach<sup>3</sup>
- Mental Capacity Act (NI) 2016<sup>4</sup>
- Consultation on the Draft Mental Health Strategy 2021-2031<sup>5</sup>
- Systems, Not Structures - Changing Health and Social Care<sup>6</sup>

RQIA has been on a journey of modernisation and improvement for some years. Now is an important time for reflection, to ensure that we have captured learning from past events and to identify a clear way forward. To these ends and, in preparation for the development of this Plan, we arranged for the recommendations and actions arising from a number of service reviews of RQIA to be independently evaluated. These reviews date from 2010 to 2020 and were published by other agencies, or commissioned internally by RQIA. The most significant of these reviews was the Northern Ireland Commissioner for Older People's, 'Home Truths Report'<sup>7</sup>.

The independent evaluation identified five key themes that underpin the focus for continual improvement by RQIA. These themes had been signposted by a number of the previous service reviews. The themes are:


- The registration and inspection process in terms of protecting service users, particularly residents in care homes.
- A move away from measuring and reporting on activities and outputs, to a focus on the quality of outcomes for residents or the impact of regulation.
- Partnership and communication with key stakeholders, particularly service users and their families.
- Internal performance and corporate governance.
- The relationship with the Trusts, the HSC Board and Department of Health Sponsor and the community.

Our Management Plan for 2021/2022 brings a renewed focus on these five areas for improvement and ensures our continued commitment to service modernisation. The plan also offers transparency in our response to reports such as 'Home Truths'.

The development of our Management Plan for 2021 to 2022 has been strongly influenced by the regional response to the ongoing pandemic of SARS-CoV-2. The operational model which developed during, and in response to the pandemic, has created an opportunity for modernisation of our regulatory approach. We necessarily shifted from a model that was more reliant upon "on the ground" inspection and enforcement of the regulated sector, to one which, through support for the sector and collaborative sharing of expert knowledge, enabled services to respond to the systemic shock created by the pandemic.

During the past year the role of RQIA has been to:

- Connect regional bodies and the network of providers;
- Be the conduit for information and data sharing; and
- Support service providers.



This role has complemented our existing quality assurance and quality improvement functions. The experience has been positive, enabling improvements in care and has strengthened the case for changing our regulatory approach.

During the pandemic RQIA has engaged positively with service users, their families and representative groups to find solutions for difficult challenges, such as being able to visit relatives within the care homes and supported living services. We have participated fully in regional command structures and support cells contributing expertise, data and information evidencing the real impacts of the pandemic upon hospital and community services. We have also undertaken specific programmes of work to identify early learning and improvement in the area of infection prevention and control. Our participation has supported key decision making, and new relationships that have been developed offer important opportunities for continued engagement, as RQIA continues to modernise and transform, alongside the rest of the HSC system in Northern Ireland.

The continuing contingency required by the Pandemic will allow us to further test a system of assurance that makes greater use of continuous assessment, based on information and intelligence that will enable us to be more focused in our use of inspections. Our new approach, which is in line with internationally recognised best practice, combined with the enhanced support and guidance role for providers in the regulated sector and increased direct engagement with service users and families, has offered us a unique opportunity to develop new ways of working. This is captured in the assurance framework we are currently developing and which actively enables and drives improvement rather than relying on enforcement. It puts the lived experience of service users and their families at the heart of what we do. This represents a meaningful step forward in our approach to regulation, fully integrating a human rights approach into our work. It will assist us to answer many of the questions posed by previous reviews, such as 'Home Truths'.

Our new assurance framework requires us to be more fully engaged with all of our stakeholders and the community. Time is required to embed change, to communicate, engage and to demonstrate that a modernised, responsive regulatory approach can be trusted to deliver improved outcomes for patients, service users, children and young people and their families. In the longer term and in the post-COVID period, we would plan further engagement with all stakeholders with a view to long overdue modernisation of our regulatory arrangements, as part of the anticipated review of the 2003 Order<sup>8</sup>.

Finally, this Management Plan, while responding to the continuing demands of the Pandemic, will also support our staff in adjusting to and thriving in a post-Pandemic world.



**Dr Anthony Stevens OBE**  
Interim Chief Executive



**Ms Christine Collins MBE**  
Interim Chair



## Vision and Values

Our vision is to be a driving force for improvement in the quality of health and social care in Northern Ireland.

To achieve this we work across health and social care to measure and assure the standards of care offered and to encourage continuous improvement in care. We are committed to working in partnership with patients, clients, service users, children and young people, families and carers to provide this independent assurance and to influence and drive improvement.

All of our work is underpinned by the HSC Values of:

- Working Together;
- Excellence;
- Openness and Honesty; and
- Compassion.

RQIA's previous three year Corporate Strategy, which concludes in 2021, will be replaced by a Statement of Strategic Intent. This statement will refresh our vision and set our strategic direction during this extraordinary period of change driven by the global pandemic. Our 2021/2022 Management Plan outlines the operational arrangements to realise our strategic intent.

## Who are we and what do we do

Our Mandate, set in The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003<sup>9</sup>, The Health and Social Care (Reform) Act (Northern Ireland) 2009<sup>10</sup>, and in the 2011 Department of Health Framework Document<sup>11</sup>, is to provide the Minister, through the Department, with ongoing independent assessment of the quality, safety and availability of health and social care services, and to regulate effectively those services which we register and inspect.

We are a multidisciplinary team of 130 people, who work across Northern Ireland. As an arm's length body of government in Northern Ireland, we are operationally independent, but accountable to the Department of Health. Our strategic direction is set by the Authority's Chair and Members, who are appointed by the Department, and who form the RQIA's Board.

We register and inspect the availability and quality of a wide range of health and social care services, provided by both the public and independent sectors, across Northern Ireland. Our inspectors assess the quality of a service against minimum care standards, set by the Department of Health, which ensure that both the public and service providers know what quality of services is expected. Where we find issues we work with providers to make improvements.

Where a provider is unable to meet our requirements for improvement, we have a range of powers of enforcement, including in the most serious cases, de-registration.

RQIA also has an important role supporting improvement and assuring the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies, to ensure that every aspect of care reaches the standards laid down by the Department of Health, and expected by the public. We do this through our inspection programmes and our programme of reviews, audit and quality improvement.

Since 2009, RQIA has had a specific responsibility to assess the health and social care services provided to people with mental ill health or a learning disability. Under the Health and Social Care (Reform) Act (NI) 2009<sup>12</sup> and the Mental Capacity Act (NI) 2016<sup>13</sup>, we undertake a range of responsibilities for people with a mental illness and those with a learning disability, including:

- promoting good practice;
- preventing ill treatment;
- remedying any deficiency in care or treatment;
- terminating improper detention in a hospital or guardianship; and
- preventing or redressing loss or damage to a patient's property.

## RQIA Management Plan 2021/2022

This Management Plan has been developed to support our overarching aim to ensure people have confidence that RQIA will use expertise to best effect and take action, where necessary, to improve the quality of health and social care delivered in Northern Ireland.

The Plan is based on three strategic themes:


- Safe and Effective Care;
- People and Communities; and
- Operational Excellence.

These strategic themes are underpinned by three frameworks in Assurance / Inspection, Governance and Performance.



The 2021/2022 Management Plan will ensure that time is dedicated to take forward the critical elements of engagement, accessibility of language, clarity of approach, effective utilisation of data and further refinement of the day-to-day operational roles of inspectors.





This will build upon RQIA's successful creation and delivery of both the Service Support Team and the Guidance Team.

Through our Management 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 recognise that this Plan is ambitious and we will endeavour to optimise the resource and availability of our workforce to ensure we meet our responsibilities in a safe and effective way. The Plan will realise our work in realigning our resources to effectively deliver our functions by taking forward our organisational development and restructuring proposal.

The Management Plan identifies clear aims and key deliverables which will expedite our improvement journey and is underpinned by the principles of personal and public involvement (PPI) throughout and illustrates our commitment to co-production.

We have identified key deliverables whereby staff from across RQIA will work together to achieve the corporate goals. It is accompanied by a suite of performance measures against which the Executive Management Team will be held to account. Additionally, RQIA's Risk Management Strategy and associated Risk Registers set out how we identify and mitigate risks associated with our business.

During the pandemic RQIA engaged with providers and stakeholders, including service users and families, to develop a blended model of inspection using both onsite and desktop review of information to provide assurance. The ongoing contingencies required by the Pandemic necessitate the continuation of our new blended approach to inspection, with a greater focus on data analytics and intelligence. This will afford a more meaningful assurance of safe and effective care and assist with improvement where deficits are identified. In the longer term, further engagement through a co-production process with all our stakeholders will consider how the lessons learned from the contingency arrangements, as described in our new assurance framework can be embedded in a new regulatory approach, in line with recognised modern international best practice

This Management Plan places greater emphasis on our people agenda. This will be essential both in terms of post-COVID recovery and also to ensure the continued and successful modernisation of our services. Our people agenda will be guided by the journey we are on to achieve Investors in People (IiP) Re-accreditation.

Action:	Action Owner:	By:
1. We will improve our registration systems and processes	<i>Karen Harvey, Julie-Ann Walkden</i>	January 2022
2. We will benchmark, test and implement our Assurance Framework	<i>Karen Harvey, Julie-Ann Walkden</i>	October 2021
3. We will define an agreed inspection schedule, aligned to The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005, whilst embedding the principles of the new RQIA Assurance Framework, which will support RQIA's transition to be a dynamic and responsive regulator, driven by outcomes and focused on improvement	<i>Karen Harvey, Emer Hopkins, Lynn Long</i>	March 2022
4. We will modernise our Review and Audit Programme to support improvement within and across systems	<i>Emer Hopkins</i>	August 2021
5. Through an internal re-organisation, we will build capacity to deliver our Mental Health and Learning Disability functions	<i>Lynn Long</i>	March 2022
6. We will develop and implement a modern Communications Engagement Strategy and associated Action Plans	<i>Jacqui Murphy, Lynn Long</i>	March 2022
7. We will further develop opportunities for partnership working with other regulators	<i>Karen Harvey, Emer Hopkins, Lynn Long</i>	March 2022
8. We will invest in our staff	<i>Jacqui Murphy</i>	March 2022
9. We will evaluate and update processes for complaints handling (in respect of complaints about RQIA and those complaints and concerns received about regulated establishments), as well as other public facing interactions, to ensure efficiency in our response, learning and that every interaction is underpinned by our values	<i>Karen Harvey, Jacqui Murphy, Julie-Ann Walkden</i>	March 2022
10. We will strengthen our infrastructure, both internally and externally, for information capability	<i>Emer Hopkins</i>	December 2021
11. We will embed our Performance Management Framework	<i>Jacqui Murphy</i>	December 2021
12. We will ensure the effective implementation of our Governance Framework	<i>Jacqui Murphy</i>	October 2021
13. We will ensure closure of the gaps in assurance, identified by Internal Audit within set timeframes	<i>Jacqui Murphy</i>	March 2022

## 2. Strategic Theme: Safe and Effective Care

**We will work in partnership to drive the continuous improvement of services and assure the delivery of high quality safe and effective care, underpinned by HSC values and principles of equality.**

### Action and Key Deliverables

#### 1. We will improve our registration systems and processes

**Action Owner:** *Julie-Ann Walkden*

**Delivery Dates**

- |     |  |                |
|-----|--|----------------|
| 1.1 | Relocate and integrate the Registration Team into a directorate in the proposed new structure, with clear lines of accountability.   | September 2021 |
| 1.2 | Complete a review of the registration systems and processes, particularly with respect to effectiveness of the arrangements for the registration of large corporate organisations with multiple services and services where providers are not based in Northern Ireland. | November 2021  |
| 1.3 | Implement priority areas for improvement and define any required resources for delivering a timely and effective registration service.   | January 2022   |

### Action and Key Deliverables

#### 2. We will benchmark, test and implement our Assurance Framework

**Action Owner:** *Karen Harvey, Julie-Ann Walkden*

**Delivery Dates**

- |     |  |                |
|-----|--|----------------|
| 2.1 | Commission and complete Queen's University Belfast (QUB) rapid review of the draft Assurance Framework and incorporate improvement into the final framework document.  | June 2021      |
| 2.2 | Design and implement a Communication and Engagement Plan for consultation on the new Assurance Framework.  | September 2021 |
| 2.3 | Design effective methods of engaging service users to enable them to share their experience of the service.  | September 2021 |
| 2.4 | Develop, test and evaluate new models to support the integration of lay assessors within assurance / inspection activities.  | September 2021 |
| 2.5 | Evaluate RADaR and consider how data analytics can be used organisation-wide to identify risk and improve inspection methodology. This will include a quality improvement project to identify opportunities to better integrate intelligence from complaints, concerns and notifications in evaluating services. | June 2021      |
| 2.6 | Commission a mapping exercise to examine the extent to which existing regulatory frameworks align to the Human Rights Act (1998).  | August 2021    |
| 2.7 | Demonstrate our commitment to embedding human rights into our assurance methods, by developing a training and induction programme.   | October 2021   |
| 2.8 | Test new report formats to ensure they are user friendly and accessible to all audiences, incorporating learning and feedback to continuously improve templates.   | July 2021      |

## Action and Key Deliverables

3. We will mitigate the impact of the pandemic on the agreed inspection schedule as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005, whilst embedding the principles of the new RQIA Assurance Framework, supporting RQIA's transition to be a dynamic and responsive regulator, driven by outcomes and focused on improvement.

**Action Owner:** Karen Harvey, Emer Hopkins, Lynn Long

**Delivery Dates**

3.1	<ul style="list-style-type: none"> <li>➤ Taking account of the continuing SARS COV-2 Pandemic response and the need to maintain the contingency arrangements that have been in place for the last year, we will continue to work to a modified inspection schedule for care homes. We will continue to provide enhanced support to the care home sector and, in line with our developing Assurance Framework, we will strengthen arrangements for continuous monitoring of care homes through the use of multiple sources of real-time intelligence.</li> <li>➤ Aligned to the point above, we will continue to work to a modified inspection schedule for general dental practices.</li> <li>➤ Deliver the statutory minimum inspections to domiciliary and day care services (dependent upon full re-opening post-pandemic);</li> <li>➤ Deliver the statutory minimum inspections to nursing agencies and adult placement agencies;</li> <li>➤ Deliver the statutory minimum inspections to children's care homes, family centres, Child and Adolescent Mental Health Services (CAMHs) and adoption agencies;</li> <li>➤ Dependent upon Department of Health funding, deliver at least one inspection of the CAMHs hospital wards, boarding schools, 16+ projects, fostering agencies and social work teams within the five HSC trusts on a rotational basis;</li> <li>➤ Deliver the statutory minimum inspections to independent medical agencies;</li> <li>➤ Deliver the statutory minimum inspections to independent hospitals and independent clinics; and</li> <li>➤ Deliver 10 inspections under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Programme.</li> </ul>	Ongoing to March 2022
3.2	Complete Phase 3 of the Hospital Inspection Programme (HIP) in relation to Outpatients and complete a validation of self-assessments of Augmented Care as completed in Phase 2 HIP. Engage with policy leads in DoH to define the future model of assurance for HSC services under the 2003 Order.	April 2022
3.3	Support the Department of Health in delivering a programme of inspections within the Nosocomial Support Cell, as part of the Regional Covid-19 Pandemic Response.	June 2021
3.4	Undertake inspections to mental health and learning disability wards in each HSC Trust, with a particular focus on patient flow, acute bed capacity and integrated working across the region.	March 2022
3.5	Establish a Quality Improvement (QI) project aimed at defining the purpose and outcomes associated with out-of-hours inspections in care homes.	December 2021

<b>Action and Key Deliverables</b>		
<b>4.</b>	<b>We will modernise our Review and Audit Programme to support improvement within and across systems</b>	
	<b>Action Owner:</b> <i>Emer Hopkins</i>	<b>Delivery Dates</b>
4.1	Complete an engagement exercise with key stakeholders, in particular policy leads from the Department of Health and other regulators and produce for the consideration of the RQIA Board and the Department of Health, a new three year plan for the Review Programme from September 2021 to September 2024. This plan will include a number of DoH commissioned reviews.	August 2021
4.2	Identify, in collaboration with Department of Health policy leads, a small number of specific rapid review areas for delivery in 2021-2022, to potentially include: <ul style="list-style-type: none"> <li>➤ A progress update on governance arrangements in independent sector hospitals; and</li> <li>➤ A review of implementation of recommendations from Serious Adverse Incidents (SAIs) involving choking.</li> </ul>	May 2021
4.3	Deliver a collaborative funding call in partnership with HSCQI to supporting existing clinical networks and regional collaboratives to co-operate regionally to identify QI Projects regional audits within the HSC.	June 2021
4.4	Publish the Review of General Practice (GP) Out of Hours Services.	April 2021
4.5	Publish the Review of Serious Adverse Incidents.	June 2021
4.6	Publish the Review of Governance Arrangements in Independent Hospitals and Hospices.	June 2021
4.7	Complete Phase II of the Review of Deceased Patients' Records (DPR) and report to the Department of Health to include options for the delivery of subsequent phases.	June 2021
4.8	Complete the Review of Vulnerable Prisoners.	June 2021

<b>Action and Key Deliverables</b>		
<b>5.</b>	<b>Through an internal re-organisation, we will build capacity to deliver our Mental Health and Learning Disability functions</b>	
	<b>Action Owner:</b> <i>Lynn Long</i>	<b>Delivery Dates</b>
5.1	Define a new system that would enable RQIA to provide consent to relevant authorities to hold over £20k in monies and valuables for individuals who lack capacity. This will require developing new operating procedures, identifying resources required and submitting a business case to the Department of Health.	March 2022
5.2	Improve the level of professional oversight and scrutiny of mental health detention forms. Identify resources required and submit a business case to the Department of Health, if required.	October 2021
5.3	Define resources required to consistently achieve statutory number of inspections to mental health wards and visits to those living in the community under guardianship. Identify additional resources if required and submit a business case to the Department of Health.	September 2021
5.4	Develop options for a system of quality assurance and quantitative reporting of activity related to Deprivation of Liberty or Nominated Person Notifications to RQIA. Prepare an options paper for the Department of Health.	March 2022

### 3. Strategic Theme: People and Communities

**We will work as partners with the public, people who use and provide services and our own staff to deliver a modern and responsive regulatory system that supports the delivery of safe and effective care and safeguards people's rights.**

#### Action and Key Deliverables

##### 6. We will develop and implement a modern Communications Engagement Strategy and associated Action Plans

**Action Owner:** *Jacqui Murphy, Lynn Long*

**Delivery Dates**

6.1	Complete a stakeholder mapping exercise and produce a report.	May 2021
6.2	Appoint an Engagement Manager with responsibility for engagement and personal public involvement (PPI).	August 2021
6.3	Develop the Communications and Engagement Strategy, co-produced with key stakeholders.	August 2021
6.4	Complete a Business Case for the upgrade or replacement of RQIA's website and submit to the Department of Health.	September 2021
6.5	Dependent upon approval of business case and funding being secured, redesign RQIA's website, using co-production methodology.	March 2022
6.6	Take specific actions to increase RQIA generated social media content, using easily accessible and engaging material, to promote RQIA's work and its impact.	Ongoing to March 2022

#### Action and Key Deliverables

##### 7. We will further develop opportunities for partnership working with other regulators

**Action Owner:** *Karen Harvey, Emer Hopkins, Lynn Long*

**Delivery Dates**

7.1	Provide a formal update to RQIA's Board, illustrating specific examples of partnership working with other regulators on co-ordinated responses to system concerns.	June 2021
7.2	Update Memoranda of Understanding (MOUs) with identified professional and system regulators, to articulate principles of co-operation and information sharing.	July 2021
7.3	Bring forward plans to better align regulatory and improvement activity with NISCC.	September 2021
7.4	Collaborate with Northern Ireland and national professional regulators, to include GMC and NMC, NISCC, on the development of a new emerging concerns model.	Ongoing to March 2022



<b>Action and Key Deliverables</b>		
<b>8.</b>	<b>We will invest in our staff</b>	
	<b>Action Owner:</b> <i>Jacqui Murphy</i>	<b>Delivery Dates</b>
8.1	Establish a Health, Safety and Wellbeing Group in partnership with Trade Unions, with an initial priority to support staff through the Pandemic and the post-COVID recovery period.	May 2021
8.2	Complete the review of skill mix within the organisation and develop staffs' skills and competence through appropriate training.	July 2021
8.3	Realign our resources to support effective delivery of our functions, by taking forward organisational restructuring proposals.	July 2021
8.4	Implement the Organisational Development Action Plan, to support liP Re-accreditation.	September 2021
8.5	Secure liP Re-accreditation in 2021, with an increased level of award.	November 2021
8.6	Complete interim move to temporary accommodation in June 2021 and progress the RQIA Accommodation Project, preparing for relocation to James House in August 2022.	Ongoing to March 2022

<b>Action and Key Deliverables</b>		
<b>9.</b>	<b>We will evaluate and update processes for complaints handling (in respect of complaints about RQIA and those complaints and concerns received about regulated establishments), as well as other public facing interactions, to ensure efficiency in our response, learning and that every interaction is underpinned by our values</b>	
	<b>Action Owner:</b> <i>Jacqui Murphy, Karen Harvey</i>	<b>Delivery Dates</b>
9.1	In relation to complaints received about RQIA, we will: <ul style="list-style-type: none"> <li>➤ Develop a policy for the handling of persistent or vexatious contacts, implementing best practice and learning from regional guidance;</li> <li>➤ Provide training for key members of staff regularly interacting with the public or handling difficult communications.</li> <li>➤ Ensure our information for, and communication with, complainants is clear and easy to understand and reflects our values of openness and honesty.</li> </ul>	June 2021 July 2021 August 2021
9.2	In response to the CPEA Complaints Report 2020/2021, we will: <ul style="list-style-type: none"> <li>➤ Build upon the work commenced as part of the RQIA Transition Plan 2020/2021, working with the Department of Health in response to the CPEA Report;</li> <li>➤ Review current systems and options to strengthen delivery of our required functions in respect of oversight of complaints handling and analysis in regulated establishments (<i>Brian Godfrey's letter 1 June 2020 also relates to COPNI's Home Truths</i>) (December 2020); and</li> <li>➤ Ensure that RQIA inspectors utilise complaints, concerns and intelligence effectively to improve safety and quality in regulated services. This will include a feedback mechanism to ensure those people who raise concerns are informed of the actions we have taken.</li> </ul>	Ongoing or March 2022 Ongoing or March 2022 Ongoing or March 2022
9.3	Develop a business case, if appropriate, to implement the revised systems and processes in 9.2.	September 2021

## 4. Strategic Theme: Operational Excellence

We will ensure that we have systems and processes in place that deliver sound stewardship of our resources to ensure excellence in delivering our regulatory and quality improvement activities.

### Action and Key Deliverables

#### 10. We will strengthen our infrastructure, both internally and externally, for information capability

**Action Owner:** *Emer Hopkins*

**Delivery Dates**

- |      |   |               |
|------|---|---------------|
| 10.1 | Define the required future structure for our Information Team, aligned to a director, which will support our organisational objectives. | June 2021     |
| 10.2 | Develop an Options Appraisal and Business Case for upgrade or replacement for our electronic inspection system, iConnect.               | June 2021     |
| 10.3 | Develop a requirements specification for an RQIA Electronic Document Reference Management System (EDRMS).                               | December 2021 |

### Action and Key Deliverables

#### 11. We will embed our Performance Management Framework

**Action Owner:** *Jacqui Murphy*

**Delivery Dates**

- |      |  |               |
|------|--|---------------|
| 11.1 | Continue to refine our Performance Activity Report (PAR), with quality indicators.   | June 2021     |
| 11.2 | Commence work to identify select indicators/ outcome measures to demonstrate how our work impacts on the quality of services we regulate and review. | December 2021 |

### Action and Key Deliverables

#### 12. We will ensure the effective implementation of our Governance Framework

**Action Owner:** *Jacqui Murphy*

**Delivery Dates**

- |      |  |                |
|------|--|----------------|
| 12.1 | Review our Governance Framework to ensure it is fit for purpose.   | June 2021      |
| 12.2 | Evaluate our new financial systems and reporting for efficacy, ensuring zero based budgeting is implemented and aligned to programmes of delivery. | June 2021      |
| 12.3 | Implement the recommendations of the Information Governance Review completed in Quarter 4 of 2020/2021.  | September 2021 |
| 12.4 | Support BSO to evaluate the level of effectiveness of the services provided under the Service Level Agreement for Shared Services with BSO.        | October 2021   |

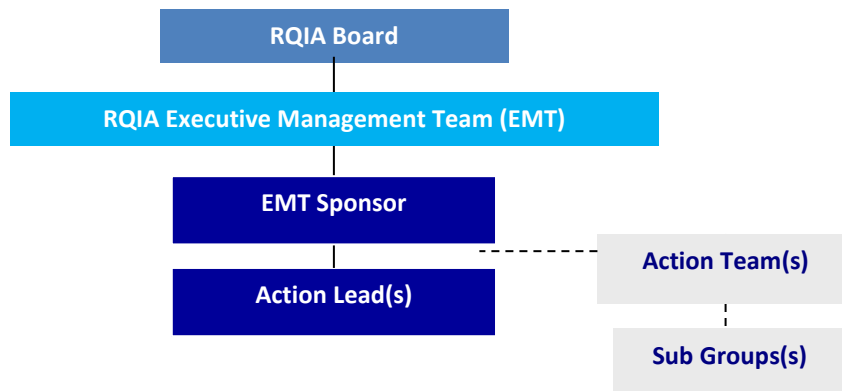


Action and Key Deliverables		
13. We will ensure closure of the gaps in assurance, identified by Internal Audit within set timeframes, to include:		
Action Owner: <i>Jacqui Murphy</i>		Delivery Dates
13.1	2020/2021 Audit: Intelligence Monitoring	September 2021
13.2	2020/2021 Audit: Recruitment and Absence Management	November 2021
13.3	Agree and participate in a robust Internal Audit Programme for 2021/2022 to identify and bring forward improvement in our internal arrangements.	March 2022

## 5. Management Arrangements

### Structure and Organisation

The structure and organisation for the RQIA Management Plan 2021/2022 will be:



The Management Plan will be progressed using a tailored approach of Managing Successful Programmes (MSP) methodology.

### Accountability

Each Action Lead will be accountable to the RQIA Executive Management Team (EMT) under the chair of the Chief Executive, which will oversee completion of all actions throughout the RQIA Management Plan 2021/2022.

EMT will:

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

EMT will provide assurances and updates on the delivery of the Management Plan and report to the RQIA Board. The DoH Sponsor Branch and any other key stakeholders identified will be kept updated, 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 regular 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.



### **Programme Plan**

A Programme Gantt chart for the Management 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.

## References

- <sup>1</sup> Rebuilding Health and Social Care Services: A Strategic Framework. Department of Health (NI). June 2020. Cited: March 2021. Available from: <https://www.health-ni.gov.uk/publications/rebuilding-hsc-services>
- <sup>2</sup> Consultation on draft Outcomes Framework 2021. Department of Health (NI). Cited: March 2021. Available from: [Programme for Government \(PfG\) | Northern Ireland Executive](#)
- <sup>3</sup> New Decade New Approach. January 2020. Cited: March 2021. Available from: [2020-01-08 a new decade a new approach.pdf \(publishing.service.gov.uk\)](#)
- <sup>4</sup> Mental Capacity Act (Northern Ireland) 2016. Cited: March 2021. Available from: <https://www.legislation.gov.uk/nia/2016/18/contents/enacted>
- <sup>5</sup> Mental Health Strategy 2021-2031: Consultation Draft. Department of Health. Cited: March 2021. Available from: [doh-mhs-draft-2021-2031.pdf \(health-ni.gov.uk\)](#)
- <sup>6</sup> Systems, Not Structures - Changing Health and Social Care - Full Report. Department of Health. October 2016. Cited: March 2021. Available from: [Systems, not structures - Changing health and social care - Full Report \(health-ni.gov.uk\)](#) <https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report>
- <sup>7</sup> Home Truths: A Report on the Commissioners Investigation into Dunmurry Manor Care Home. Commissioner for Older People Northern Ireland (2018). Cited: March 2021. Available from: <https://www.copni.org/media/1444/copni-home-truths-summary-report-web.pdf>
- <sup>8, 9</sup> The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Cited: March 2021. Available from: <https://www.legislation.gov.uk/nisi/2003/431/contents/made>
- <sup>10</sup> Health and Social Care (Reform) Act (Northern Ireland) 2009. Cited: March 2021. Available from: <https://www.legislation.gov.uk/nia/2009/1/contents>
- <sup>11</sup> Department of Health, Social Services and Public Safety (DHSSPS) Framework Document (September 2011). Cited: March 2021. Available from: <https://www.health-ni.gov.uk/publications/dhssps-framework-document-september-2011>
- <sup>12</sup> Health and Social Care (Reform) Act (Northern Ireland) 2009. Cited: March 2021. Available from: <https://www.legislation.gov.uk/nia/2009/1/contents>
- <sup>13</sup> Mental Capacity Act (Northern Ireland) 2016. Cited: March 2021. Available from: <https://www.legislation.gov.uk/nia/2016/18/contents/enacted>

## RQIA Board Meeting

Date of Meeting	8 July 2021
Title of Paper	Finance Performance Report for the Month ended 31 May 2021
Agenda Item	7
Reference	F/07/21
Author	Lesley Mitchell, HSC Leadership Centre Associate
Presented by	Lesley Mitchell, HSC Leadership Centre Associate
Purpose	To report the Month2 financial position.
Executive Summary	RQIA year to date position.
FOI Exemptions Applied	
Equality Impact Assessment	
Recommendation/Resolution	The Board is asked to <b>NOTE</b> the Finance Performance Report
Next steps	



The **Regulation and  
Quality Improvement  
Authority**



# **Financial Performance Report**

31 May 2021

## 1. FINANCIAL PLAN 2021/22

RQIA has developed a financial plan for 2021/22 which documented that the organization plans to achieve a break-even position by the end of the year. RQIA has a legal duty to achieve a breakeven position, 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 is as follows:

	<b>Opening Financial Plan Presented to Board on 3 June 2021 £000</b>	<b>Revised Financial Plan as at June 2021  £000</b>	<b>Variance  £000</b>
RRL	7,160	7,156	(4)
Other Operating Income	877	877	0
<b>Total Expected Income</b>	<b>8,037</b>	<b>8,033</b>	<b>(4)</b>
Pay	6,642	6,636	(6)
Non Pay	1,399	1,488	89
<b>Total Expected Expenditure</b>	<b>8,041</b>	<b>8,124</b>	<b>83</b>
<b>Year End Forecast Deficit</b>	<b>(4)</b>	<b>(91)</b>	<b>(87)</b>

The initial Financial Plan forecasted a small deficit of £4k at the year-end which is a breakeven position however the updated Financial Plan is reporting a year-end deficit of £91k.

The income projections have been updated to include a retraction on the RRL allocation amounting to £4k in respect of a pay award which was allocated in error.

The expenditure projections have been updated to include a further assessment on pay slippage amounting to £6k and an increase in the BSO contract amounting to £83k. Discussions are ongoing with BSO to fully understand the increase in the contract and the funding requirement.

RQIA is currently completing discussions in relation to the compensation relating to dilapidations and this income will be factored into next month's Financial Plan.

No estimation on Covid costs or income has been included in this assessment.

## 2. FINANCIAL POSITION AS AT 31 MAY 2021

	Full Year Budget £000	Budget YTD 31 May 2021 £000	Actual YTD 31 May 2021 £000	Variance £000
RRL	7,156	1,193	1,193	0
Other Income (See Note 1)	877	146	216	70
<b>Total Expected Income</b>	<b>8,033</b>	<b>1,339</b>	<b>1,409</b>	<b>70</b>
<b>Pay Expenditure:-</b>				
Staffing (See Note 1)	6,494	1,012	1,026	14
Agency	142	24	59	35
<b>Non Pay Expenditure:-</b>				
Printing, Stationery & Admin	527	88	89	1
Postage and Telephones	39	6	3	(3)
Travel Costs	17	3	1	(2)
Catering	8	1	0	(1)
Cleaning	16	3	3	0
Building and Engineering	48	8	0	(8)
Heat, Light and Power	9	2	2	0
Rent, Rates and Insurance	334	56	74	18
Furniture	3	1	0	(1)
Computer Hardware & Software	89	15	10	(5)
Advertising	15	2	0	(2)
Legal Fees & Litigation	83	14	0	(14)
Staff Training	117	19	15	(4)
General Services	183	30	12	(18)
<b>Total Expected Expenditure</b>	<b>8,124</b>	<b>1,284</b>	<b>1,294</b>	<b>10</b>
<b>Surplus/(Deficit)</b>	<b>(91)</b>	<b>55</b>	<b>115</b>	<b>60</b>

**Note 1:** The BSO has allocated a new Client Accountant and due to work constraints, it has not been possible to split Other Income/Staffing to a lower level – Next Month's report will have this added detail.



### 3. KEY MESSAGES

- The year-end position is reporting a deficit of £91k, which is primarily driven by an increase in the BSO management fee. Discussions are continuing to understand this cost increase.
- The financial position at 31 May 2021 is reporting a surplus of £115k.
- Compensation in respect of dilapidations will be factored into next month's Financial Performance Report.
- Further analysis will be factored into next month's report which has been constrained due to the appointment of a new Client Accountant in BSO.
- Work continues on refining this Financial Performance Report once further analysis is available.

### 4. GLOSSARY OF TERMS

Term	Meaning
<b>Financial Plan</b>	A document which is presented to the Board to outline how the organization is to meet its obligation to breakeven by the end of the year.
<b>Breakeven</b>	As a public body there is a requirement to breakeven each financial year, which is defined by the reported surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.
<b>RRL</b>	This is the Revenue Resource Limit which is allocated by the Department of Health. This is the amount of funding that the organization is authorized to spend and there would be a number of RRL allocations throughout the financial year.
<b>Other Operating Income</b>	RQIA receives income outside of its RRL allocation from fees charged to the Independent Sector for initial registration of establishment, manager and variations to business as well as an annual fee.
<b>BSO</b>	This refers to the Business Services Organisation which provides a range of third-party services to RQIA including a full accounting service.

## RQIA Board Meeting

Date of Meeting	8 July 2021
Title of Paper	Audit Committee Business
Agenda Item	8
Reference	G/07/21
Author	Audit and Risk Assurance Committee
Presented by	Chair of Audit and Risk Assurance Committee
Purpose	To provide the Board with a copy of the minutes of 13 May 2021.
Executive Summary	To provide the Board with a copy of the minutes of 13 May 2021.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board are asked to <b>NOTE</b> the Audit and Risk Assurance Committee Business.
Next steps	

## MINUTES

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### **RQIA Audit and Risk Assurance Committee Meeting, 13 May 2021** **Virtual Meeting, via Zoom, 14:00**

#### **Present**

Neil Bodger (NB) (Chair)  
Bronagh Scott (BS), Committee  
Member (up to agenda item 11)  
Prof. Stuart Elborn CBE (SE),  
Committee Member

#### **Apologies**

Dr Tony Stevens (TS), Interim Chief  
Executive

#### **In attendance**

Emer Hopkins (EH), Acting Director of  
Improvement  
Jacqui Murphy (JM), Acting Head of Business  
Support Unit  
Lesley Mitchell (LM), Financial Advisor, HSC  
Leadership Centre  
Lynn Long (LL), Acting Deputy Director of  
Improvement  
Julie-Ann Walkden (JAW), Deputy Director of  
Assurance (for item 6 only)  
Hayley Barrett (HB), Business Manager

Catherine McKeown (CMcK), Head of Internal  
Audit, BSO  
Stephen Knox (SK), NIAO  
Jason McCallion (JM), ASM  
Tina Steele (TSe), BSO Head of Client  
Accounting (for agenda item 10 only)  
Marco Magnotta (MM), BSO Client Accountant  
(for agenda item 10 only)

### **1.0 Welcome and Apologies**

- 1.1 The meeting commenced at 14.03.
- 1.2 The Chair welcomed all members and officers to the Audit and Risk Assurance Committee meeting. The Chair welcomed Internal Audit, BSO and External Audit to the meeting. Apologies were noted from Dr Tony Stevens, Interim Chief Executive.

### **2.0 Declaration of Interests**

- 2.1 The Chair asked Committee members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. No declarations of interests were made.

### **3.0 Chairman's Business**

- 3.1 The Chair advised that he had nothing to report.
- 3.2 Committee members **NOTED** Chairman's Business.

**4.0 Minutes of Previous Meeting**

- **Matters Arising**
- **Action List Review**

4.1 Committee members **APPROVED** the minutes of the meeting held on 4 March 2021 for onward transmission to the Board on 8 July 2021.

**4.2 Resolved Action (434)**

**The Audit and Risk Assurance Committee minutes of 4 March to be shared with the Board on 8 July 2021.**

4.3 HB advised that all actions are now completed and action 427 will be addressed following the meeting.

4.4 Committee members **NOTED** the action list review.

**5.0 Principal Risk Document**

5.1 JM presented the Principal Risk Document (PRD) to Committee members advising that it is an evolving document and that comments made at the last meeting have been reflected in this version.

5.2 JM noted a reduction in the risk rating for ID3 as RQIA has reported a breakeven position with a surplus of £10k.

5.3 JM advised that the rating in relation to ID4 has increased as there has been some issues relating to the Head Landlord agreeing to the sublease of Victoria House. However, JM noted that in the last few days an agreement has been reached and the lease can be progressed.

5.4 JM noted that the risk rating relating to ID8 has reduced as some actions have been progressed or are progressing, ie: the Chief Executive and Director of Assurance posts have been recruited to and the organisation is currently recruiting key posts.

5.5 JM noted that JM, Dr Tony Stevens (TS) and NB will meet to review the documentation to make it more user friendly.

5.6 NB thanked JM and TS for their work to date and noted that new templates will be used across the organisation and will be much easier to understand.

5.7 BS advised that the document is going in the right direction; however she had a number of comments. In relation to ID2, BS queried why the risk rating was not high was staff training was not up to date. JM advised that following a review of information governance, several actions were being progressed and this will be reported through the Information Governance Action Plan under item 6.

5.8 BS questioned whether the wording, description and impact of ID8 needs to be re-considered in respect of its rating and reputational risk. NB agreed that the recent sessions with Amberwing had provided clarity in that reputation can be impacted by any risk and that reputation was not a risk in itself. JM agreed to

revisit ID8 in relation to wording and rating.

5.9 **Resolved Action (435)**

**JM to revisit ID8 in relation to wording and risk rating.**

5.10 SE commented that the Principal Risk Document is comprehensive and congratulated the team for its development and for continuing to improve the templates at all levels. SE thanked all for the well-informed discussion.

5.11 Committee members **APPROVED** the Principal Risk Document.

**6.0 Information Governance: Action Plan**

6.1 At this point, JAW joined the meeting (14.20).

6.2 JM informed the Committee that during 2020-21 as part of the Transition Plan a review was commissioned through the HSC Leadership Centre. JM advised that the review considered the Information Governance Framework, training, information asset management, GDPR, FOI and BSO Support.

6.3 JM advised that there were elements of good practice identified and that there was a recommendation to convene an internal Information Governance Committee / Group. This has been established, with the first meeting held in April 2021 and JAW, as Personal Data Guardian, is the Chair of the group.

6.4 JAW advised that the review links to the refreshed approach by the Department of Health and the newly formed Information Governance Group had devised an action plan to address the areas for improvement identified by the review. JAW described the main areas and advised that RQIA is considering various mechanisms to provide Information Governance Awareness training to staff, since the e-learning platform had been impacted due to a fire.

6.5 JAW informed Committee members that the Information Governance Policy would also be reviewed. JAW noted that assurances will be provided through the Audit and Risk Assurance Committee and the policy will be approved by the Board. JAW noted that the right support from BSO is required.

6.6 JAW advised that a number of actions had been implemented.

6.7 Committee members **NOTED** the Information Governance: Action Plan.

6.8 At this point, JAW left the meeting (14.34).

**7.0 Draft Governance Statement**

7.1 LM presented the Draft Governance Statement to Committee members advising that the purpose of this document is to provide assurances from the Interim Chief Executive to the Permanent Secretary in their roles as Accounting Officers. The Accounting Officer of all Arm's-Length Bodies must

develop and sign the Governance Statement, which is embedded within the annual report and accounts.

- 7.2 LM advised that there are a number of elements of the Governance Statement that is standard wording issued from the Department of Health. LM highlighted that the Governance Statement reflects Board attendance at meetings throughout the year. NB suggested that the dates of appointment of each of the Boards are included.
- 7.3 LM highlighted Section 11 to members, which outlines the significant internal control divergences resolved and new. LM advised that the draft Governance Statement will be reviewed by the External Auditors as part of the annual audit process and advised that changes could be made to the Statement up until the completion of the audit.
- 7.4 SE queried why Arm's-Length Bodies are asked to complete a Governance Statement. LM advised that the Chief Executive, as Accounting Officer, has a responsibility to protect public money and assets; therefore this statement provides assurances to the Permanent Secretary that the Chief Executive has protected these appropriately within his/her organisation.
- 7.5 BS thanked LM for the presentation noting that it is re-assuring considering the challenges faced by the organisation. BS queried if on page four, in relation to quality improvement, does RQIA do more than "encourage". NB suggested that this wording is strengthened to "ensure".
- 7.6 BS commented that on page ten the word "regularly" should be changed to "quarterly". BS also noted that the life of the current Board is to October 2022; however no formal letters have been received yet.
- 7.7 SK, from the NIAO, noted that commentary should be added to the intelligence monitoring and absence and recruitment audit following a limited level of assurance. SK also advised that the Independent Review into Board Resignations has not been included.
- 7.8 SK advised that the limited opinion from Internal Audit should be included within the conclusion of the document.
- 7.9 LM thanked all for their suggested changes and agreed to update the statement following the meeting.
- 7.10 Committee members **APPROVED** the Draft Governance Statement, subject to minor amendments.
- 8.0 Write-Off of Fees 2020-21**
- 8.1 JM informed Committee members that this paper would be deferred to a future meeting. Further advice will be sought from the BSO. The Write-Offs will be included in the 2021-22 Annual Accounts.

8.2 Committee members agreed the deferral of the Write-Off of Fees 2020-21.

8.3 **Resolved Action (436)**

**Write-off of Fees 2020-21 to be deferred to a future meeting.**

9.0 **Write-Off of Office Furniture / Equipment 2021-22**

9.1 JM informed Committee members that RQIA is due to move premises (Victoria House) at the end of June for a 14 month period, prior to moving to James House in 2022. As RQIA is moving to fully furnished buildings in Victoria House and James House, most of the furniture currently held will no longer be required. JM advised that the majority of furniture was acquired as part of the opening of Riverside Tower prior to June 2006.

9.2 As these assets are considered to have no residual value. JM advised that there are four options available:

1. Identified office furniture / equipment to be put into storage for use in James House
2. Donate office furniture and equipment to staff (to help facilitate working from home) etc, with an accompanying disclaimer.
3. Sell the office furniture / equipment at auction to recoup some costs associated with the move, with an accompanying disclaimer.
4. A combination of options 1, 2 and 3.

9.3 JM advised that the recommendation is that option 4 is approved. JM outlined that it meets the needs of staff to support working from home and ensures that there is unnecessary wastage.

9.4 SE commented that this suggested recommendation is reasonable and that RQIA needs to consider if the market is saturated for second hand furniture due to the current pandemic.

9.5 Committee members **APPROVED** the Write-Off of Office Furniture / Equipment 2021-22.

10.0 **Draft Annual Accounts 2020-21**

10.1 At this point, Tina Steele (TSe) Head of Client Accounting BSO and Marco Magnotta (MM) Client Accountant BSO joined the meeting (15.31).

10.2 LM introduced TSe and MM to the Committee. LM noted her thanks from RQIA to TSe and MM in assisting RQIA in achieving a breakeven position at year end. LM noted that the Accounts were submitted to the Northern Ireland Audit Office on Monday past for 2020-21. LM noted that the Annual Report, Remuneration Report and Governance Statement will be submitted on Monday 17 May 2021.

10.3 MM thanked RQIA staff for their help throughout the year. MM proceeded to give members a high-level overview of the accounts included in their papers..

- 10.4 MM highlighted that RQIA is reporting a surplus of £9,576, which is within the breakeven threshold of £20k (+/-). RQIA reported a surplus of £5,091 during 2019-20.
- 10.5 MM highlighted a number of issues for members, which included non-recurrent COVID funding being received during the year of £279k, capital assets and outward secondments have increased in comparison to 2019-20. MM noted that there are four ongoing legal cases, therefore a provision has been put in place and noted the increase from the previous year.
- 10.6 Committee members **NOTED** the Draft Annual Accounts 2020-21.
- 10.7 At this point, TSe and MM left the meeting (15.48).
- 11.0 **Internal Audit Update**  
**To include:**
- Progress Report
  - Shared Service Audit Progress Report
  - Year-End Follow up Report
  - Head of Internal Audit Annual Assurance Report
  - Internal Audit Plan 2021/2022
- 11.1 The Head of Internal Audit, Catherine McKeown (CMcK), presented the **Internal Audit Progress Report**. The Head of Internal Audit advised that the Financial Review audit completed during quarter 1, 2020-21, received a limited level of assurance, however a follow up audit was completed in March 2021 and a satisfactory level of assurance provided. CMcK noted that 76% of recommendations are fully implemented and 29% (4) remain partially implemented. CMcK advised that the significant finding has been addressed.
- 11.2 The Head of Internal Audit advised that there were two significant findings identified in the Absence and Recruitment Audit relating to Recruitment; the delay of requisitions from RQIA to BSO and at various points throughout the recruitment process. The second finding related to senior positions, where there are two staff acting up with no form of recruitment, one job description is not available and an expression of interest has gone on past the normal six month period. CMcK acknowledges the impact that COVID has had on the organisation.
- 11.3 CMcK advised of two significant findings relating to absence management whereby there were a number of issues regarding:
- Under reporting (as it was not recorded on HRPTS)
  - No GP records
  - Insufficient evidence to support actions
  - Long term absences with no evidence of management contact
- 11.4 BS queried whether this should be on the Principal Risk Document due to the significance and impact. BS noted the work ongoing to rectify the issues, however considered RQIA to be in a vulnerable position.



- 11.5 SE queried if there was a systematic problem and how does it compare across the sector. CMcK advised that there are similar issues identified in other parts of the HSC sector.
- 11.6 JM advised that she and HB will be meeting with NB to provide an update on the progress of implementation of this audit prior to the next meeting.
- 11.7 EH advised that she is disappointed to receive a limited level of assurance in this audit as it is hard to describe the year RQIA has had.
- 11.8 Committee members **NOTED** the Internal Audit Progress Report.
- 11.9 In respect of the **shared services progress report**, CMcK advised that Payroll Service Centre received a split level of assurance; satisfactory assurance over some elements of payroll but continues to provide limited assurance over a significant number of areas of payroll processing.
- 11.10 CMcK advised that the recommendations are for BSO to implement.
- 11.11 Committee members **NOTED** the Shared Service Audit Progress Report.
- 11.12 In relation to the **year end follow up report**, CMcK advised that 87% of recommendations were implemented during the Year-End Follow Up Audit and 13% (4) remain partially implemented.
- 11.13 CMcK noted that RQIA has in place a good healthy and robust process to implement recommendations. CMcK advised that all recommendations relate to the current 2020-21 audits.
- 11.14 NB thanked RQIA staff for this progress.
- 11.15 Committee members **NOTED** the Year-End Follow up Report.
- 11.16 CMcK presented the **Head of Internal Audit Annual Assurance Report** advising that three audits were conducted during 2020-21 and all received a limited level of assurance.
- 11.17 CMcK advised that a limited audit opinion has been provided due to the governance controls during the first six months of 2020-21 and the three limited assurance reports throughout the year, albeit RQIA staff had worked hard to ensure the finance follow up audit received satisfactory assurance.
- 11.18 NB thanked CMcK for her honest and frank review and also acknowledged RQIA staff as they continued to push forward improvements within RQIA.
- 11.19 Committee members **NOTED** the Head of Internal Audit Annual Assurance Report.
- 11.20 CMcK presented the **Internal Audit Plan 2021-22**, advising that she has engaged with the Chief Executive, Senior Team and Chair of the Audit and

Risk Assurance Committee.

11.21 At this point, BS left the meeting (15:25)

11.22 CMcK advised that the audits to be completed during 2021-22 are Finance, Inspections / Reviews, Registration, Risk Management, Board Effectiveness and Information Governance with BSO.

11.23 Committee members **APPROVED** the Internal Audit Plan 2021-22.

## **12.0 External Audit Update**

12.1 SK advised that the audit of the Annual Accounts 2020-21 commenced on Monday 10 May 2021.

12.2 Committee members **NOTED** the External Audit Update.

## **13.0 Audit Action Plan**

13.1 The Acting Head of Business Support, JM, advised that the document highlights that all recommendation from 11 of 13 audits conducted from 2017-18 to 2019-20 have been fully implemented. JM noted that the next iteration of this report would include outstanding recommendations / audits only.

13.2 JM advised that as at the end of March 2021, RQIA had received a satisfactory level of assurance relating to the Financial Review, 87% of recommendations were fully implemented and 13% of recommendations were partially implemented and that progress was being made against these recommendations. An update report had been provided for the Intelligence Monitoring Audit, as part of the paper.

13.3 JM informed members that details of the Absence and Recruitment Audit has not been included; however a limited level of assurance was provided. JM noted that HB and JM will meet with NB to discuss the audit and action plan in place.

### **Resolved Action (437)**

**JM, HB and NB will meet with NB to discuss the Absence and Recruitment audit completed during 2020-21.**

13.5 NB thanked staff within the Business Support Unit in getting us to this position.

13.6 Committee members **NOTED** the Audit Action Plan.

**14.0 Standing Reports to Audit Committee**

**To include:**

- **Whistleblowing Report**
- **Fraud and Bribery Report**
- **Direct Award Contracts (DAC's) & External Consultancy**
- **Update on DoH Circulars**

- 14.1 The Business Manager informed Committee members that no concerns were raised under the Whistleblowing Policy during 2020/21 and to date in 2021/22 there have been no concerns raised. The register has been included for information.
- 14.2 Committee members **NOTED** the Whistleblowing Report.
- 14.3 The Business Manager informed Committee members that no acts of Fraud or Bribery had been identified during 2020/21 and to date in 2021/22 there have been no concerns raised. The register has been included for information.
- 14.4 Committee members **NOTED** the Fraud and Bribery Report.
- 14.5 The Business Manager informed Committee members that in 2020/21 that RQIA had not engaged with any External Consultants and to date in 2021/22 there have been no engagements.
- 14.6 The Business Manager advised Committee members that there have been twelve Direct Award Contracts (DAC's) below the delegated limit relating to Mackle Communications, Audrey Murphy, Amberwing, Expert Support for Deceased Patients Review and Expert Support for Vulnerable Prisoners Review for 2020/21. The register has been included for information.
- 14.7 There have been two Direct Award Contracts (DAC's) below the delegated limit relating to Expert Support for the Review of Vulnerable Prisoners during 2021/22.
- 14.8 Committee members **NOTED** the Direct Award Contracts (DAC's) and External Consultancy Reports.
- 14.9 SE queried the cost of expert advice. EH advised that it is a flat staff substitution rate of circa £300 per day. EH commented that RQIA has no issues in securing this expert advice and had experienced that a considerable number of experts had given their time with no charge in the past to aid their learning.
- 14.10 SE commented that the rate is low in comparison to consultants, Doctors or GP's rates. EH agreed to review the rate and discuss detail of current regional rates with BSO.
- 14.11 **Resolved Action (438)**  
**EH to discuss the rates for staff substitution with the BSO.**

14.12 The Business Manager asked members to note the Circulars issued by DoH; all circulars have been shared with members.

14.13 Committee members **NOTED** the Update on DoH Circulars.

**15.0 Any Other Business**






15.1 As there was no further business, the Chair of the Committee brought the Audit and Risk Assurance Committee meeting to a close at 15.59 and thanked all for their participation.

Date of Next Meeting: **Thursday 24 June 2021, 14.00 via Zoom**



## ACTION LIST

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### RQIA Audit and Risk Assurance Committee Meeting 13 May 2021

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
434	4.2	The Audit and Risk Assurance Committee minutes of 4 March to be shared with the Board on 8 July 2021.	Business Manager	24 June 2021	
435	5.9	JM to revisit ID8 in relation to wording and risk rating.	Head of Business Support (Acting)	24 June 2021	
436	8.3	Write-off of Fees 2020-21 to be deferred to a future meeting.	Business Manager	24 June 2021	
437	13.4	JM, HB and NB will meet with NB to discuss the Absence and Recruitment audit completed during 2020-21.	Business Manager	24 June 2021	
438	14.11	EH to discuss the rates for staff substitution with the BSO.	Director of Improvement (Acting)	24 June 2021	

#### Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	