



The Regulation and
Quality Improvement
Authority

RQIA Board Meeting

Date of Meeting	29 October 2020
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Oct20 / 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 29 October 2020
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting on 29 October 2020.
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Via Zoom 29 October 2020, 10.00am	
<p>Present Christine Collins MBE (Interim Chair) (CC) Chris Matthews (CM)</p> <p>Apologies: Dermot Parsons Brigitte Worth Emer Hopkins (Acting Director of Improvement) Karen Harvey Malachy Finnegan (Communications Manager)</p>	<p>Officers of RQIA in attendance Dr Tony Stevens (Interim Chief Executive) Julie-Ann Walkden (Deputy Director of Assurance) (JAW) Lynn Long (Interim Deputy Director of Improvement) (LL) Jacqui Murphy (Acting Head of Business Support Unit) (JM) Hayley Barrett (Business Manager) (HB)</p> <p>Lesley Mitchell (Associate HSC Leadership Centre) (LM) Catherine McKeown (Head of Internal Audit) (CMcK)</p>

1.0 Agenda Item 1 - Welcome and Apologies

1.1 CC welcomed all members and Officers of the Board to this meeting. Apologies were noted from Dermot Parsons and Brigitte Worth.

2.0 Agenda Item 2 – Minutes of the public meeting of the Board held on 17 September 2020 and matters arising

2.1 TS advised that in relation to 3.5 of the public minutes, it should reflect that he will excuse himself from any historic matters that arise for discussion relating to Muckamore Abbey Hospital or the Review of Deceased Patients of Dr Watt.

2.2 CC presented the minutes of the public meeting of the Board held on 17 September 2020 for approval.

2.3 Board members **APPROVED** the public minutes of the Board held on 17 September 2020.

2.4 Board members noted that action 223 can be removed as it is included within the Transition Plan. Action 224 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, however, DoH have confirmed that as the position is time bound and that they are actively seeking to recruit a Chair therefore CC should recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective role as Chair of the PCC.
- 3.4 CM declared that as Director of Primary Care, DoH, if any matters arise for discussion that may be considered a conflict of interest he will withdraw from the discussion.
- 3.5 TS declared that declared that he would excuse himself from any historic matters relevant to his previous post, as former Medical Director of Belfast Health and Social Care Trust, that arise for discussion relating to Muckamore Abbey Hospital. In respect of the Deceased Patients of Dr Watt, TS indicated that he will excuse himself from any involvement in the Review. The DoH has provided advice that a conflict, relating to Muckamore Abbey Hospital, may occur if any matters or issues relate to TS previous role of Medical Director of the Belfast Health and Social Care Trust.

4.0 Agenda Item 4 - Chair's and Members Report

- 4.1 CC advised of a meeting with TS, Dr McBride, Chief Medical Officer and Dr Geoghegan, Deputy Chief Medical Officer on 29 September.
- 4.2 CC advised of a meeting with the General Medical Council, Chair and Chief Executive. It was agreed that the MOU would be updated and regular meetings put in place.
- 4.3 CC advised that progress continues to be made in relation to the recruitment of a permanent Chief Executive.
- 4.4 Board members **NOTED** the Chair's and Members' Report.

5.0 Agenda Item 5 - RQIA Transition Plan 2020/21

- 5.1 TS presented the RQIA Transition Plan 2020/21. TS advised that the Transition Plan had been presented in September at a workshop and discussed in detail.
- 5.2 TS noted that all actions outlined in the Transition Plan are achievable by year end. TS advised that the Transition Plan is supported by three frameworks. TS advised that following the Board Workshop in September, progress has been made in beginning the implementation of the actions.

5.3 JAW presented the Assurance Framework to the Board and advised of the progress made to date on the actions surrounding the framework. JAW highlighted that RQIA wish to move its regulation focus from enforcer to enabler, focusing on ensuring person centred care and building relationships with families, providers, and other regulators and oversight bodies to achieve this.

5.4 Board members **APPROVED** the Transition Plan 2020/21.

6.0 Agenda Item 6 – RQIA COVID-19: Lessons Learned

6.1 JM presented the lessons learned report to the Board advising that this is RQIA's response to Surge 1 of Covid-19. JM advised that there was a two stepped approach taken to receiving feedback from staff and providers using face to face and online technology.

6.2 JM provided an overview of what worked well for providers and staff and suggested improvements. JM advised of RQIA's preparedness for a second wave of COVID-19 if required.

6.3 CC asked that consideration is given to the inclusion of the perspectives and experiences of service users and families in such exercises..

6.4 Board members **NOTED** the RQIA COVID-19: Lessons Learned.

7.0 Agenda Item 7 – Finance Performance Report

7.1 At this point, Lesley Mitchell (LM), Associate HSC Leadership Centre joined the meeting.

7.2 TS advised that this is the first financial performance report since January presented to the Board. TS noted the importance of ensuring that a finance update is produced, accurate and timely presented to the Board.

7.3 LM advised that Finance Performance Report outlines RQIA's position at month six. LM advised that there is a year to date underspend of £292K and a yearend projected underspend of £150K. The underspend is in both pay and non-pay.

7.4 LM advised of a meeting with TS to discuss in year priorities that could assist RQIA and utilise the underspend as effectively as possible.

7.5 TS and LM acknowledged the work of JM and HB throughout this process.

7.6 Board members welcomed the production of the Finance Report; and **NOTED** the Finance Performance Report.

7.7 At this point, LM left the meeting.

8.0 Agenda Item 8 – Performance Report: Activity Review (Quarter 1 and Quarter 2)

- 8.1 TS presented the Performance Report: Activity Review for Quarter 1 and Quarter 2. TS noted that this is the first draft and will be developed and progressed throughout the year. TS highlighted that trajectories and comparison data will be included. TS acknowledged the work of HB in the development of this report.
- 8.2 TS advised that there are six weekly performance meetings with the Directorates at EMT meetings. HB outlined each element of the performance report to Board members.
- 8.3 CC commented that the report is easy to understand and see the activity being completed. CM noted it was easy to understand and to see trends. It was noted that as the report progresses it will become more meaningful.
- 8.4 Board members **NOTED** the Performance Report: Activity Review (Quarter 1 and Quarter 2)

9.0 Agenda Item 9 – Principal Risk Document

- 9.1 TS presented the Principal Risk Document to Board members. TS advised that the document includes six high level issues. TS advised that Information Governance is on the list, as the Executive Team believes there is no robust system of information governance currently in place. TS advised that expertise is currently being sought.
- 9.2 CC thanked TS for his honesty and advised that the Board was keen to support development of the Register; and of any action needed to manage and mitigate the risks.
- 9.3 TS highlighted that the RQIA lease is due to expire at the end of March 2021 and the new premises; James House is unlikely to be available until 2022. TS advised that conversations with the Project Team are required to ensure that RQIA fully utilise the space available to them. TS noted ongoing discussions with the Department of Finance in relation to a workspace for RQIA following March 2021.
- 9.4 Board members **APPROVED** the Principal Risk Document.

10.0 Agenda Item 10 – Governance Framework

- 10.1 TS advised that the Governance Framework incorporates Risk Management and outlines the roles and responsibilities of the Board and Executive Management Team. TS advised that this will be shared with incoming Board members as part of their induction.

- 10.2 TS advised that this is an output from the Transition Plan and will help with the running of the Board. TS noted that the Governance Framework is presented today for approval by the Board.
- 10.3 Board members advised that they were pleased with the Governance Framework and had no comments.
- 10.4 Board members **APPROVED** the Governance Framework.
- 10.5 Resolved Action (225)
A review of the Governance Framework to be completed in six months' time, April 2021.**
- 11.0 Agenda Item 11 – Internal Audit Update**
- 11.1 At this point, Catherine McKeown (CMcK), Head of Internal Audit, attended the meeting.
- 11.2 CMcK advised that the suite of papers presented today are normally papers for the Audit and Risk Assurance Committee, however in the absence of a full Interim Board they are presented directly to the Board.
- 11.3 CMcK presented the Progress Report advising that the Intelligence Monitoring Audit Report is currently being finalised. CMcK advised that 17 priority two recommendations and 1 priority three recommendation was made. Management have accepted all recommendations. The Financial Review Audit received a split assurance; limited level of assurance relating to governance and budgetary management and a satisfactory level of assurance relating to payroll and non-pay.
- 11.4 Board members **NOTED** the Progress Report.
- 11.5 CMcK presented the Mid-Year Review Report advising that 63% of recommendations were fully implemented. Ten of the 13 recommendation remaining relate to the Complaints and Inspections Audits during 2018/19. CMcK noted that the implementation of recommendations were reasonable due to the current challenges being faced.
- 11.6 Board members **NOTED** the Mid-Year Review Report.
- 11.7 CMcK provided an updated on Shared Services advising that two audit reports have received satisfactory level of assurance.
- 11.8 Board members **NOTED** the Shared Service Update.
- 11.9 CMcK advised that the Head of Internal Audit Mid-Year Assurance Statement was a summary of the work completed to date and would inform the RQIA Mid-Year Assurance Statement. TS advised that the Mid-Year Assurance Statement has been drafted and will be shared with the Board and DoH.

11.10 Resolved Action (226)

Mid-Year Assurance Statement to be shared with the Board and DoH.

11.11 Board members **NOTED** the Head of Internal Audit Mid-Year Assurance Statement.

11.12 CMcK presented the Internal Audit General Report 2019/20 advising that RQIA are organisation 16.

11.13 Board members **NOTED** the Internal Audit General Report 2019/20.

11.14 At this point, CMcK left the meeting.

12.0 Agenda Item 12 – Chief Executive’s Report

12.1 TS advised that the transition team are in place that includes, Francis Rice, Karen Harvey and Dr Richard Wright. TS advised that LM, through the HSC Leadership Centre will remain with RQIA one day per month to support JM and HB to build competence into BSU.

12.2 TS advised of his attendance at the Health Committee meeting last Thursday.

12.3 TS noted that in relation to Greenhaw Lodge Care Centre the decant of residents is not yet complete.

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

13.0 Agenda Item 13 - Any Other Business

13.1 As there was no other business, the Chair thanked Board Members and Officers for their attendance and contribution and brought the meeting to a close.

Date of next meeting:

19 November 2020

Signed



**Christine Collins MBE
Interim Chair**

Date

19 November 2020

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	
226	29 October 2020	Mid-Year Assurance Statement to be shared with the Board and DoH.	Business Manager	1 December 2020	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	