The **Regulation** and **Quality Improvement Authority**

AGENDA

RQIA Board Meeting
Virtual Meeting via Zoom
4 February 2021, 11.30am

PUBLIC SESSION

	Item	**Paper Ref**	
1	Welcome and Apologies		**11.30am**
2	Minutes of the public meeting of the Board held on 19 November 2020 and matters arising	Min/Nov20/ public	**11.35am** **APPROVE**
3	Declaration of Interests		**11.40am**

STRATEGIC ISSUES

	Item	**Paper Ref**	
4	Finance Performance Report (Month 9) **Lesley Mitchell, Associate HSC Leadership Centre**	C/01/21	**11.45am** **NOTE**
5	Review of Financial Governance Process: Progress Update **Lesley Mitchell, Associate HSC Leadership Centre**	D/01/21	**11.55am** **NOTE**
6	Performance Report: Activity Review (Quarter 3) **Acting Head of Business Support Unit / Interim Director of Improvement**	E/01/21	**12.00am** **NOTE**
7	Transition Plan Progress **Interim Chief Executive / Interim Director of Improvement**		**12.10pm** **NOTE**
8	Audit Committee Business **Committee Chairman** - Verbal update on 28 January 2021 - Terms of Reference	F/01/21	**12.25pm** **NOTE** **APPROVE**
9	James House Update (Accommodation Project) **Business Manager**	G/01/21	**12.35pm** **NOTE**

OPERATIONAL ISSUES

<mark>10</mark>	Chief Executive's Update
	Interim Chief Executive
	   • Terms of Reference: Review of
	     Vulnerable Prisons
		H/01/21	**12.40pm**
			NOTE

11	Any Other Business		**12.45pm**

Date of next meeting: 25 March 2021

RQIA Board Meeting	
Date of Meeting	4 February 2021
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Nov20 / 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 19 November 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 19 November 2020.
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Via Zoom 19 November 2020, 11.20am	
Present Christine Collins MBE (Interim Chair) (**CC**) Neil Bodger (**NB**) Alan Hunter (**AH**) Prof. Stuart Elborn (**SE**) Bronagh Scott (**BS**) Jacqui McGarvey (**JMcG**) Suzanne Rice (**SR**) **Apologies:** Dermot Parsons (Director of Assurance)	**Officers of RQIA in attendance** Dr Tony Stevens (Interim Chief Executive) (**TS**) Emer Hopkins (Acting Director of Improvement) (**EH**) Karen Harvey (Professional Advisor, Social Work)(**KH**) Jacqui Murphy (Acting Head of Business Support Unit) (**JM**) Malachy Finnegan (Communications Manager) Hayley Barrett (Business Manager) (**HB**)

1.0   Agenda Item 1 - Welcome and Apologies

1.1   CC welcomed all Members and Officers of the Board to this meeting. CC noted that this was the first meeting of the recently appointed Interim Board. Apologies were noted from Dermot Parsons.

1.2   TS advised a workshop for the Board has been arranged following this meeting to discuss RQIA Transition Plan. TS advised that RQIA need to modernise and change how we regulate and inspect, putting more reliance on intelligence.

2.0   Agenda Item 2 – Minutes of the public meeting of the Board held on 29 October 2020 and matters arising

2.1   Board members **APPROVED** the public minutes of the Board held on 29 October 2020.

2.2   Board members noted that action 225 and 225 remain ongoing.

3.0   Agenda Item 3 –Declaration of Interests

3.1   CC asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders.

3.2 CC declared an interest due to her position of Chair of the Patient Client Council, however, DoH have confirmed that as the position is time bound and that they are actively seeking to recruit a Chair therefore CC should recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her role as Chair of the PCC.

3.4 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.

3.5 JMcG advised that she was involved in 2002 in a review of 11 Children's Hospitals, which included Muckamore Abbey. JMcG will excuse herself if any conflict arises.

4.0 Agenda Item 4 - Chair's and Members Report

4.1 CC proposed that if Board Members approved, the Chair of the Audit and Risk Assurance Committee would be Neil Bodger. Board Members approved the appointment of the Committee Chair. The Board then approved the appointment of Prof.. Stuart Elborn and Bronagh Scott as Audit and Risk Committee Members.

4.2 CC proposed that if Board Members approved, the Chair of the Appointments and Remuneration Committee would be Alan Hunter. Board Members approved the appointment of the Committee Chair. The Board then approved the appointment of the Appointment and Remuneration Committee Members of Jacqui McGarvey and Suzanne Rice.

4.3 CC advised members that the RQIA Corporate Strategy is due to expire in March 2021, and that it is her intention to have a Statement of Intent developed for one year. CC noted that RQIA is on an improvement journey.

4.4 Board Members **NOTED** the Chair's and Members Report.

5.0 Agenda Item 5 - Finance Performance Report (Month 6)

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

5.2 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, and that accurate and timely information is presented to the Board.

5.3   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.

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

5.5   TS and LM acknowledged the work of JM and HB throughout this process. TS advised that work is ongoing to understand if the underspend is recurrent.

5.6   NB queried if funding had been received for COVID expenditure. LM advised that RQIA COVID business case was submitted to DoH for a forecast of 176K. It is likely RQIA will have confirmation in December whether the money is being allocated.

5.7   Board members welcomed the production of the Finance Report advising that it is clearly presented.

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

5.9   At this point, LM left the meeting.

6.0   Agenda Item 6 – Performance Report: Activity Review (Quarter 1 and Quarter 2)

6.1   TS presented the Performance Report: Activity Review for Quarter 1 and Quarter 2. TS noted that this is a new report and will be developed and progressed throughout the year. TS acknowledged the work of HB in the development of this report.

6.2   JM and EH provided a detailed overview of all pages within the report. EH noted that the inspection target, due to COVID-19, has been reduced to 50% of inspections completed in 2020-21.

6.3   JM noted that in relation to the Transition Plan, 1 action is fully completed and 14/50 deliverables are complete. TS advised that there is clear evidence to move to report on an outcomes based approach.

6.4   NB noted that the report was a good operational report; however it should be developed to help inform the strategy and messages for communications strategy, internal and external. NB requested a further workshop to discuss the Performance Activity Report; this was agreed

6.5   **Resolved Action (227)**
        Board workshop to be arranged to discuss the Performance Activity Report.

6.6   CC noted that the report provides valuable information for the task of explaining what the RQIA does, and rebuilding relationships.

6.7 Board members **NOTED** the Performance Report: Activity Review (Quarter 1 and Quarter 2)

7.0 Agenda Item 7 – Chief Executive's Report

7.1 At this point TS left the meeting.

7.2 EH provided an overview of the Deceased Patients of Dr Watts Review, commissioned by the DoH. EH advised that there will be significant public and political interest. EH noted that there have been technical and legal difficulties.

7.3 EH advised that a phased approach to the review is being taken. Phase 1 will include the review of approximately 50 patient records. EH advised that the expert team have been engaged.

7.4 CC noted the comprehensive approach being taken to the review and advised that an internal and external communications plan, covering in particular the need to engage fully and empathetically with families, is required. EH advised that she and MF will be developing a communications plan: CC asked that in view of the high level of public concern, this be presented to the Board as soon as possible.

7.5 **Resolved Action (228)**
 RQIA Communications Plan to be presented to the Board.

7.6 At this point TS joined the meeting.

7.7 TS noted his attendance, with EH, at the Health Committee meeting. TS noted that meetings with the Health Spokespersons have been arranged. TS advised that the first of the meetings is with Paula Bradshaw and Pat Cameron in the next few days.

7.8 TS advised that in relation to Greenhaw Lodge Care Centre, all residents have been moved to alternative accommodation.

7.9 TS noted that EU Exit is approaching. TS advised that there are no major risks for RQIA however a review of the contingency arrangements will be completed.

7.10 TS advised that RQIA lease at Riverside Tower is due to expire on 21 March 2021. A project in relation to seeking interim accommodation is underway.

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

8.0 Agenda Item 8 - Any Other Business

8.1 In the interest of time, it was agreed to reschedule the Board workshop planned for 19 November.

8.2   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:
4 February 2021

Signed   _____

        Christine Collins MBE
        Interim Chair

Date   _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
225	29 October 2020	A review of the Governance Framework to be completed in six months' time, April 2021.	Head of Business Support Unit	April 2021	🟠
227	19 November 2020	Board workshop to be arranged to discuss the Performance Activity Report.	Business Manager	December 2020	🟢
228	19 November 2020	RQIA Communications Plan to be presented to the Board.	Communications Manager	March 2021	🟠

Key

Behind Schedule	🟥
In Progress	🟧
Completed or ahead of Schedule	🟩

RQIA Board Meeting	
Date of Meeting	4 February 2021
Title of Paper	Finance Performance Report for the Month ended 31 December 2020
Agenda Item	6
Reference	E/01/2021
Author	Lesley Mitchell, HSC Leadership Centre Associate
Presented by	Lesley Mitchell, HSC Leadership Centre Associate
Purpose	To report the Month 9 financial position.
Executive Summary	RQIA is reporting a month end surplus of £424k with a forecast year end position of £351k.
FOI Exemptions Applied	
Equality Impact Assessment	
Recommendation/ Resolution	The Board are asked to **NOTE** the Finance Performance Report
Next steps	

Financial Performance

Report

December 2020

1. FINANCIAL PLAN 2020/21

RQIA submitted its business plan for 2020/21 to the Department of Health in February 2020 with the initial financial plan being forwarded at a later date in June 2020. RQIA has a legal duty to achieve a breakeven position by the end of the year, which is defined by the surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.

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

	Updated Financial Plan as at November 2020 £000	Updated Financial Plan as at December 2020 £000	Variance £000
RRL	7,156	7,156	0
Other Operating Income	859	853	(6)
Total Expected Income	**8,015**	**8,009**	**(6)**
Pay	6,137	6,143	6
Non Pay	1,358	1,331	(27)
Covid Costs	184	184	0
Total Expected Expenditure	**7,679**	**7,658**	**(21)**
Year End Forecast Surplus	**336**	**351**	**15**

The year-end forecast surplus has increased by £15k from £336k at the end of November to £351k at the end of December. This increase is due to revised forecasts based on the first 9 months income/expenditure.

A meeting has been held with the Director of Finance at the Department of Health to explain the year-end forecast surplus. An agreement has been reached that the surplus will be retracted in 2020/21 to allow RQIA to report a breakeven position. Assurances have been given that budgets will be reviewed for 2021/22 and that any underlying surplus will be applied strategically to RQIA pressures.

2. FINANCIAL POSITION AS AT 31 DECEMBER 2020

	Budget YTD 31 December 2020 £000	Actual YTD 31 December 2020 £000	Variance £000
RRL	5,367	5,367	0
Annual Homes Fees	559	567	8
Registration of Establishment	0	30	30
Registration of Manager	0	20	20
Variation (including Minor) Fee	0	13	13
Total Expected Income	**5,926**	**5,997**	**71**
Pay Expenditure:-			
Staffing	4,599	4,279	(320)
Agency Staffing	115	154	39
Covid Staffing	0	138	138
Non Pay Expenditure:-			
Printing, Stationery & Admin	312	296	(16)
Advertising	7	8	1
Building & Engineering	0	0	0
Catering	5	0	(5)
Cleaning	12	10	(2)
Postage & Telephones	34	21	(13)
Furniture	0	0	0
General Services	110	126	16
Heat, Light & Power	21	22	1
Computer Hardware & Software	63	33	(30)
Medical & Surgical	0	1	1
Legal Fees & Litigation	97	74	(23)
Rent, Rates & Insurance	297	283	(14)
Staff Training	22	12	(10)
Travel	61	33	(28)
Uniforms	0	1	1
Non Pay Non BSO	0	42	42
Covid Non Pay Costs	0	40	40
Total Expected Expenditure	**5,755**	**5,573**	**(182)**
Surplus as at 31 December 2020	**171**	**424**	**253**

3. COVID COSTS

RQIA has had to incur additional expenditure in relation to COVID19 and it is estimated that the full year costs will be £184k. RQIA has submitted a business case to the Department of Health however to date the DoH has not made a RRL allocation against these costs. These costs are currently being absorbed within the overall financial position. COVID19 expenditure to date is as follows:

Month	Actual Monthly Cost £000	Cumulative Monthly Cost £000	Forecast Year End Costs £000
May	39	39	39
June	99	138	306
July	(1)	137	237
August	(9)	128	185
September	6	134	176
October	26	160	176
November	13	173	184
December	5	178	184

4. KEY ASSUMPTIONS AND RISKS

The following key assumptions and risks should be noted:

- Costs associated with COVID19 are difficult to forecast given the changing environment and actual expenditure may have an effect on the year-end out-turn, however this is expected to be immaterial at this stage of the financial year.
- Costs associated with COVID19 are currently being absorbed by the overall financial position. A business case has been submitted as part of the process of securing additional funding to cover these costs and approval is expected.
- Other income is mainly generated from annual home fees however there is an element that is difficult to predict and actual income may have a material effect on the year-end out-turn.

5. KEY MESSAGES

- RQIA is forecasting a year-end surplus of £351k, which is outside the definition of breakeven (ie £20k). However, the DoH has given a commitment to retract this surplus to allow RQIA to report a breakeven position in 2020/21.
- As at 31 December 2020 RQIA is reporting a surplus of £424k.
- The recommendations from the completed Financial Review will continue to be progressed over coming months including financial

training for staff and a zero-based approach to realigning budgets in advance of 2021/22.

REVIEW OF FINANCIAL GOVERNANCE PROCESSES OPERATING WITHIN RQIA – LESLEY MITCHELL
SUMMARY OF PROGRESS AS AT JANUARY 2021

	Audit Finding / Risk Area	Recommendation	Status
1	**Financial Governance Requirements at Board Level**	The Interim Chief Executive is required to sign the Management Statement and Financial Memorandum in his role as Accounting Officer and present it to the Board for their information. This should be completed as soon as possible. Arrangements should be made for the document to be presented annually at a Board meeting.	**ON TARGET** The Management Statement and Financial Memorandum will be presented at a future Board meeting and annually thereafter.
2		The Board does not currently receive a monthly financial performance report for its £7.9m revenue budget. It is recommended that an appropriate financial performance report should be developed for monthly reporting to the Board. This will entail agreeing with BSO the reporting requirements.	**IMPLEMENTED** The Board receives a monthly financial performance report. The report has been agreed with BSO relating to reporting requirements.
3		The organisation has in place a Scheme/Schedule of Delegation and Authorisation Framework and as these are key control documents they should be reviewed and presented annually to the Board for approval. These documents appear to be updated when staffing changes occur however the Board does not approve them annually. If a decision is taken to implement devolved budgets there will be a requirement to amend these documents.	**ON TARGET** The Scheme / Schedule of Delegation and Authorisation Framework will be presented to the Board for approval on an annual basis.

	Audit Finding / Risk Area	Recommendation	Status
4		Any new Board should complete as early as possible the Self Assessment Governance Tool to aid their understanding of their role and function.	**ON TARGET** The Board will complete the Self-Assessment Governance Tool to aid their understanding of their role and function, as soon as possible.
5		The Register of Interests should be formally presented at a Board/Audit Committee meeting once a year.	**ON TARGET** The Register of Interests will be formally presented at Board / Audit Committee meetings once a year, initially March.
6		The Gifts and Hospitality Register should be formally presented at a Board/Audit Committee meeting once a year.	**ON TARGET** The Gifts and Hospitality Register will be formally presented at Board / Audit Committee meetings once a year, initially March.

	Audit Finding / Risk Area	Recommendation	Status
7	**Audit Committee Functioning**	The Audit Committee (at least from May 2018) has routinely reviewed risk management arrangements within RQIA and as a result it is recommended that the Committee formally expand its title to Audit and Risk Assurance Committee. This change will reflect the responsibilities being delivered by the Committee. The revised title should also be reflected on the RQIA website.	**IMPLEMENTED** The RQIA Website has been updated with the title of Audit and Risk Assurance Committee.
8		In October 2019 the Audit Committee at the request of the Chair received an update on the financial position for month 5 (2019/20 - August). This is not an appropriate report for the Audit Committee to consider and it is recommended that all financial updates should be delivered at Board level and not filtered through the Audit Committee.	**IMPLEMENTED** The Board receives a monthly financial performance report.
9		The Audit Committee has not met since March 2020 and it is recommended that the Audit Committee be reconvened as soon as possible due to the critical nature of its remit. Training for new Audit Committee members should be made available to ensure that they are competent and fully understand their role.	**IMPLEMENTED** A Pre-Briefing meeting of the Audit and Risk Assurance Committee took place on 14 December. An Audit and Risk Assurance Committee meeting was held on 28 January. A date of formal Audit and Risk Assurance Committee training is provisionally booked for 3 March.
10		The Audit Committee has not expanded its remit to take account of cyber-security as directed by the Handbook. The BSO should be requested to give a regular	**IMPLEMENTED** Cyber security has been added to annual papers for the Audit and Risk Committee; this will be presented to the Committee in October 2021.

	Audit Finding / Risk Area	Recommendation	Status
		update in terms of cyber-security issues affecting RQIA and this should be reported to the Audit Committee.	
11		The Terms of Reference of the Audit Committee are not available on the RQIA website and it is recommended that they should be made available to the public as directed by the Handbook.	**IMPLEMENTED** The website has been updated with the Terms of Reference of the Audit and Risk Assurance Committee.
12	**Financial Controls**	When the final Internal Audit report is issued it is imperative that the agreed management actions are implemented as soon as possible to give the Board increasing assurance that the control weaknesses are being addressed promptly. I would suggest that the Interim Chief Executive is advised monthly by the Head of Business Support Unit on the status of the implementation of the recommendations until all are fully implemented.	**IMPLEMENTED** A monthly update is provided to the Chief Executive on the implementation of recommendations.
13		An Audit Committee should be established as soon as possible to ensure oversight of the internal control system.	**IMPLEMENTED** The Audit and Risk Assurance Committee membership was agreed at the Board meeting on 19 November. An Audit and Risk Assurance Committee was held on 28 January.
14		Internal Audit should be requested to carry out a further audit of the financial controls in February/March 2021 to provide a year-end assessment, which will hopefully demonstrate an improved assurance rating and can be incorporated	**IMPLEMENTED** Internal Audit are completing a further audit of the financial controls in 2021, alongside the follow-up audit.

	Audit Finding / Risk Area	Recommendation	Status
		into the year-end Governance Statement for 2020/21.	
15	**Financial Management 2020/21**	There is a lack of financial information being presented to the Board and it is recommended that a monthly financial performance report be developed in conjunction with BSO to fulfill the responsibilities of the Board in this respect. This report should also be presented to EMT in advance of the Board meeting.	**IMPLEMENTED** The Board receives a monthly financial performance report.
16		There is a lack of financial expertise within RQIA, which means that the financial information presented by BSO is not fully understood and challenged. Consideration should be given to enhancing the financial skills within the organisation.	**IMPLEMENTED** 10 staff are undertaking the HFMA modules on Finance by the end of the financial year. It has been agreed that Hayley Barrett will undertake a formal course in financial management during 2021/22.
17		The Chief Executive and the Head of Business Support Unit hold the budgets centrally and as a result there is a lack of understanding and ownership of the budgets by the rest of the organisation. It is recommended that a devolved budgetary control system be implemented within RQIA, which will engage staff and create a culture of collective ownership. Training on budgetary control should be provided to all budget-holders in advance of any devolvement of budgets.	**ON TARGET** Budgets will be devolved to Assistant Director level from 1 April 2021. Work is progressing on this implementation. 10 staff are undertaking the HFMA modules on Finance by the end of the financial year. In addition, BSO will provide specific training for all budget holders in advance of devolving budgets.

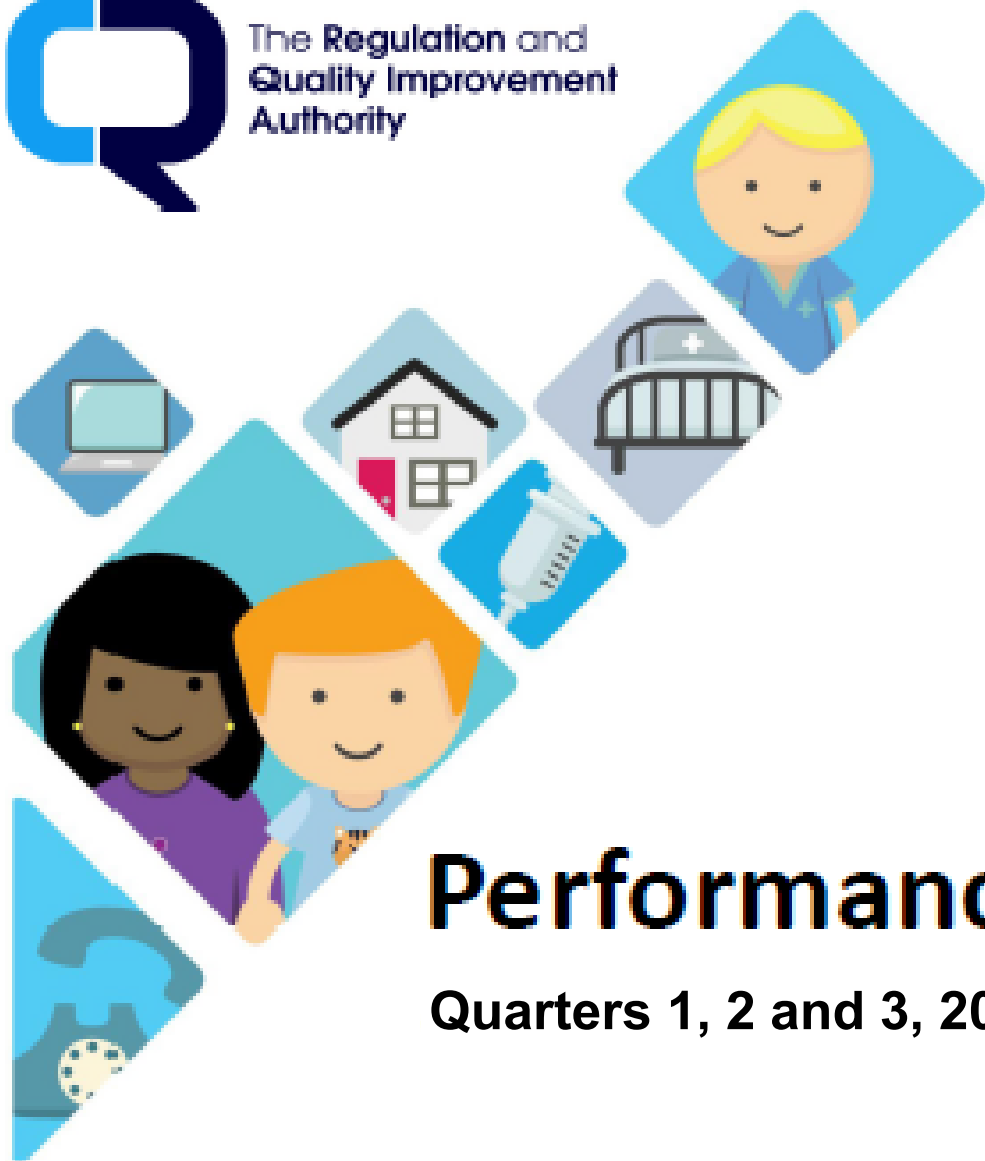|	Audit Finding / Risk Area	Recommendation	Status
18		There are a number of issues concerning the quality of the financial information being provided by BSO **(see Appendix 3 for more information)** that make the financial position difficult for users to understand. There is also an inconsistency with the financial position being reported by BSO to RQIA and that being reported to DoH. BSO should be asked to quality review the financial information being provided to RQIA and correct accordingly.	**IMPLEMENTED** RQIA meets with BSO Finance on a monthly basis; all financial reporting has been agreed between the two organisations.
19		The budgets are not aligned to the financial plan and it is recommended that a zero based budget approach be adopted to revise the budgets as appropriate.	**ON TARGET** A zero-based budget approach is being taken to revising the budgets for 2021/22.
20	**Status of Accounts and Annual Report 2019/20**	When the final Report To Those Charged with Governance is issued it should be brought to the reconvened Audit Committee for review and monitoring of implementation of recommendations.	**IMPLEMENTED** The Report To Those Charged with Governance was issued to the Audit and Risk Committee on 28 January; there were no recommendations.
21	**Support Provided by the Business Services Organisation**	A meeting should be sought with the BSO to discuss the problems with the management information being provided to RQIA with the aim of ensuring timely and accurate information and in a format, which will aid Board level monthly reporting. I have met with Karen Bryson, Director of Finance (BSO) and outlined some of my concerns and as a result I understand that some changes will be	**IMPLEMENTED** RQIA meets with BSO Finance on a monthly basis; all financial reporting has been agreed between the two organisations. The information is provided in advance of a Board meeting enabling Board level reporting.

	Audit Finding / Risk Area	Recommendation	Status
		made to the Month 6 information format.	
22		BSO should be requested to expand its KPIs and its monthly performance reports to include accounting services.	**IMPLEMENTED** BSO has expanded its monthly performance reports to included accounting.

RQIA Board Meeting	
Date of Meeting	4 February 2021
Title of Paper	Performance Activity Report: Quarter 3
Agenda Item	6
Reference	E/01/21
Author	RQIA Staff
Presented by	Acting Head of Business Support Unit Interim Director of Improvement
Purpose	To report the performance and activity during the first three quarters of 2020/2021
Executive Summary	This is the RQIA Performance Activity Report, based on activity and performance in Quarters 1, 2 and 3 of 2020/2021. This report forms a key component in the development of RQIA's Performance Framework. It is under development as part of the RQIA Transition Plan 2020/2021 and the Action Group continue to establish Key Performance Indicators (KPIs) in order to provide a comprehensive view of the organisation's performance throughout the year. It is based on the six areas of RQIA's activity.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board are asked to **NOTE** the Performance Activity Report
Next steps	

Performance Activity Report

Quarters 1, 2 and 3, 2020/2021

Reporting our Performance

This is the RQIA Performance Activity Report (PAR), based on activity and performance in Quarters 1, 2 and 3 (up to 31 December 2020) for 2020/2021. This report forms a key component of RQIA's Performance Framework.

It is based on the six areas of RQIA's activity:

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

The PAR continues to be developed, with Key Performance Indicators (KPIs) being established.

At the end of Quarter 3 (31 December 2020), 2020/2021, 1,528 services were registered with RQIA. These included:

Service Type	Number of Services
Adult Placement Agency (APA)	4
Childrens (CH)	48
Day Care Setting (DCS)	167
Domiciliary Care Agency (DCA)	301
Independent Clinic (IC)	7
Independent Hospital (IH)	75
Independent Hospital (IH) - Dental Treatment	373
Independent Medical Agency (IMA)	6
Nursing (NH)	249
Nursing Agency (NA)	62
Residential (RC)	233
Residential Family Centre (RFC)	1
Voluntary Adoption Agency (VAA)	2
Grand Total	**1,528**

There have been 4 services deregistered since 31 December 2020 (1 Nursing Home; 1 Dental Practice; and 2 Independent Hospitals (Cosmetic Laser).

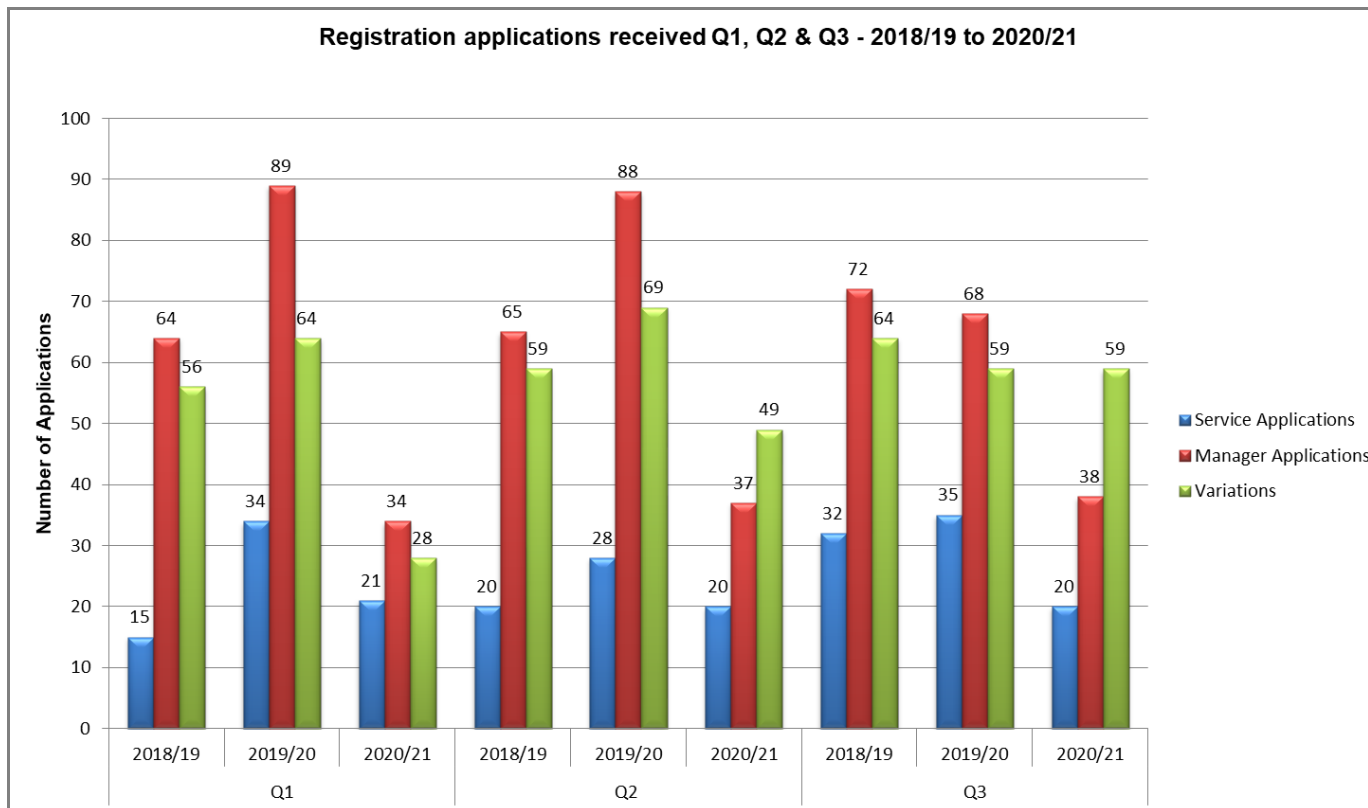# Registrations Received

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

KPIs to be established

Registration applications received Q1, Q2 & Q3 - 2018/19 to 2020/21

Applications for registration are categorised into:
- Service Applications;
- Manager Applications; and
- Variations to Registrations

There has been a marked decrease (43%) in the number of applications for registration received by RQIA during Quarters 1, 2 and 3 in 2020/2021 (n=306) compared to 2019/2020 (n=534).

This was highlighted during Quarter 1 which is aligned to the first wave of the COVID-19 Pandemic and it is likely that increased pressures on registered services resulted in fewer applications being submitted.

Figure 1: Numbers of Applications for Registration Received , by Application Type, during Quarters 1, 2 and 3 from 2018/2019 to 2020/2021

Registrations Processed

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPIs to be established

Baseline KPIs are being established for the processing of applications for registration.
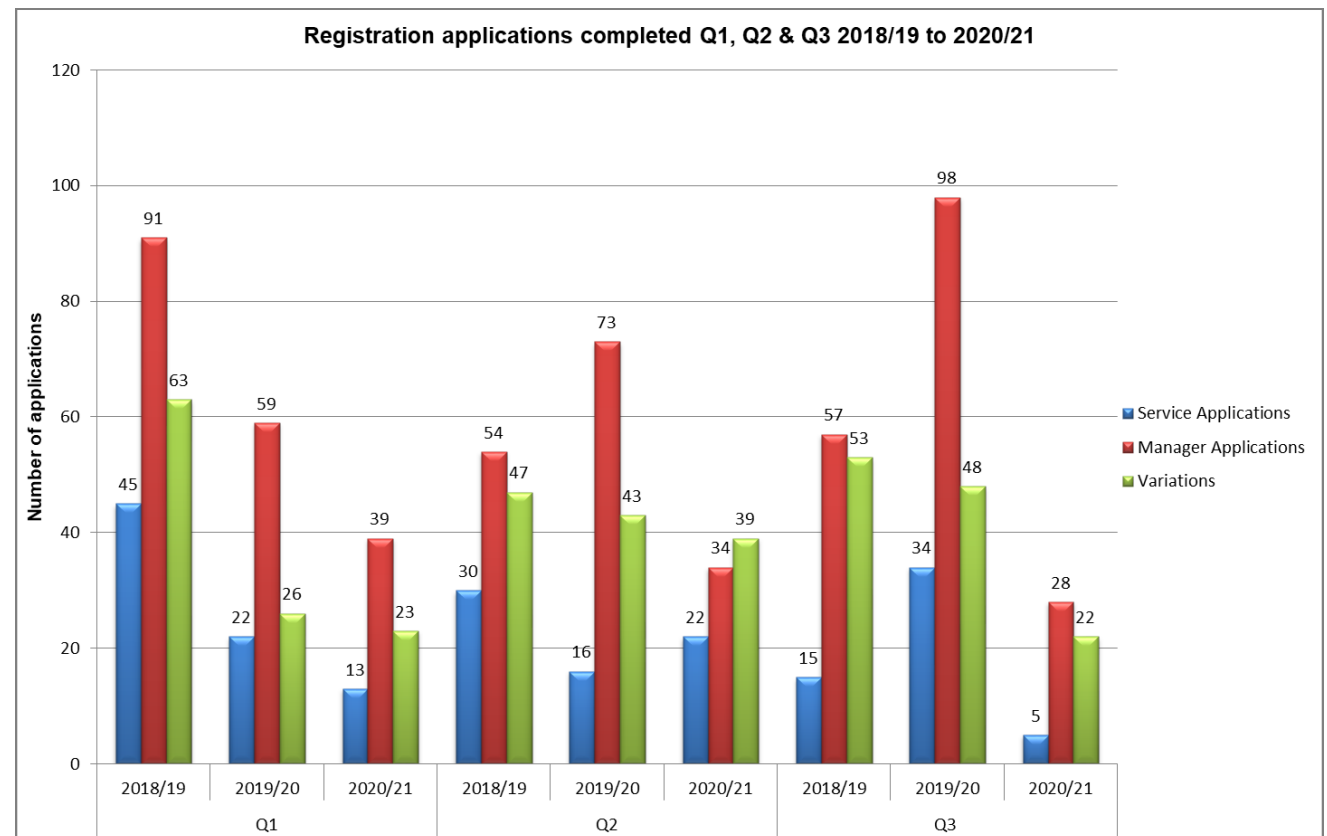

Figure 2: Numbers of Applications Processed , by Application Type, during Quarters 1, 2 and 3 from 2018/2019 to 2020/2021

Inspection: Assurance Directorate Inspections: Notes

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Notes

The monthly cumulative totals count the total number of inspections completed rather than the individual services inspected. In some cases, a service may receive more than their required number of inspections.

The statutory requirement is for all Nursing Homes, Residential Care Homes & Children's Homes to have a minimum of 2 inspections per year, and Adult Placement Agencies, Day Care Settings, Domiciliary Care Agencies (Conventional & Supported Living), Nursing Agencies, Residential Family Centres, and Voluntary Adoption Agencies to have a minimum of 1 inspection per year.

The Revised Targets for 2020/21 are to complete a minimum of 1 inspection this year to all Nursing Homes, Residential Care Homes, Children's Homes, Voluntary Adoption Agencies, and Residential Family Centres. Day Care Settings, Domiciliary Care Agencies (Conventional & Supported Living), Nursing Agencies, and Adult Placement Agencies have a target for 50% of services to be inspected.

The Care Homes Graph includes Nursing Home and Residential Care Home figures.

The Agencies and Day Care Graph includes Day Care Settings, Domiciliary Care Agencies (Conventional & Supported Living), Nursing Agencies, and Adult Placement Agencies figures.

The Children's Services Graph includes Children's Homes, Voluntary Adoption Agencies and Residential Family Centre figures.

The Revised Inspection Targets for 2020.21 were introduced in Quarter 2 (i.e. from 01.07.2020 onwards)
Quarter 1 figures are excluded from the projection calculations due to the low numbers of inspections carried out by RQIA during the springtime lockdown.

The Projected Monthly Inspections Required totals are calculated by taking the total inspections required to meet the revised target (minus inspections completed during Quarter 1) and dividing by the 9 remaining months in the financial year.

The Projected Total by Year End totals are based on the number of inspections completed from the beginning of Q2 (01.07.2020) to date, assuming the same rate of inspections completed shall be maintained during the remainder of the year (current date to 31.03.2021) AND taken against the overall 2020.21 inspection target.

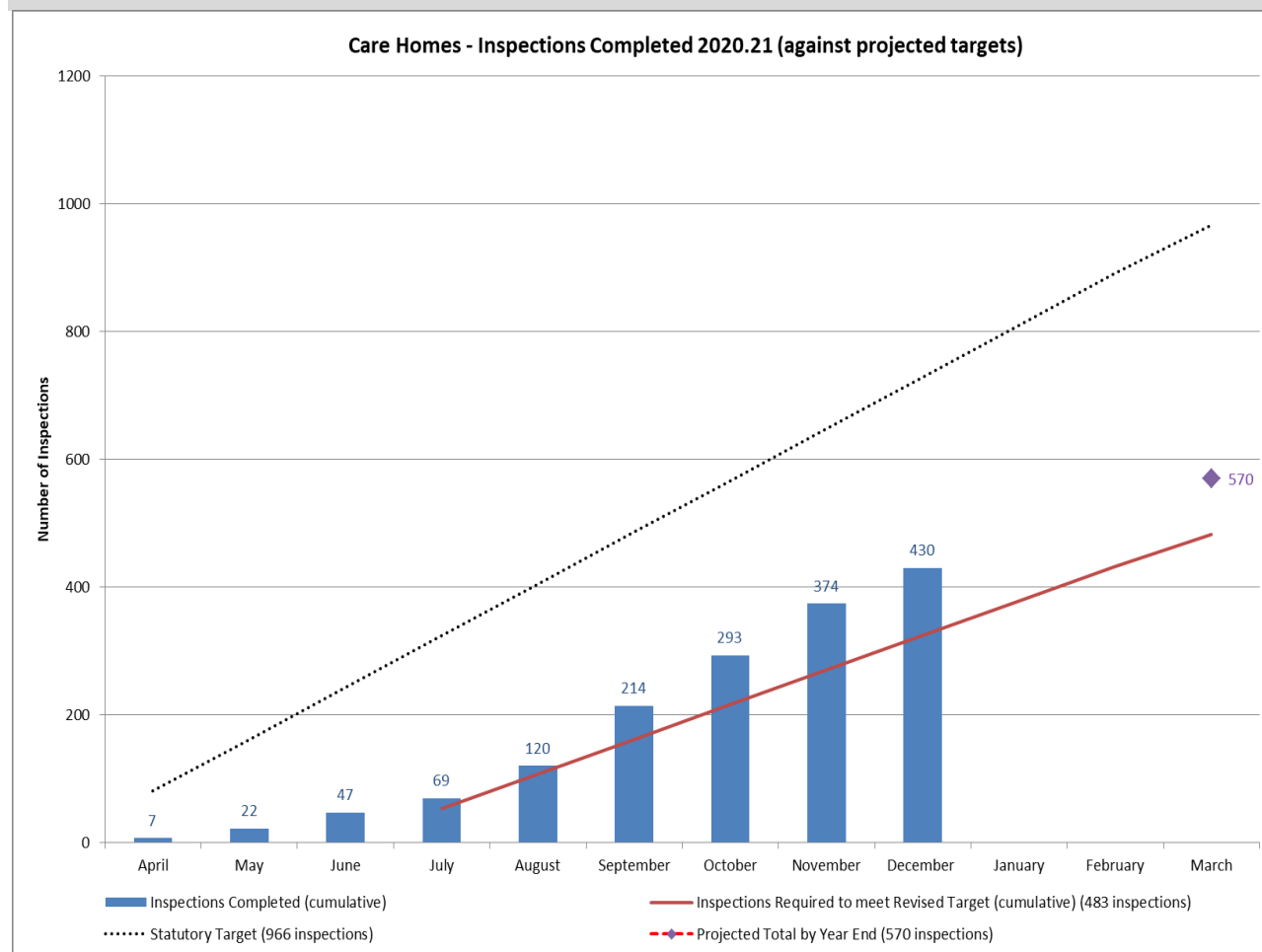# Inspection: Assurance Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 50% of inspections completed in year in respect of Care Homes

Care Homes - Inspections Completed 2020.21 (against projected targets)

The graph illustrates the number of inspections completed up to 31 December 2020.

430 inspections to care homes (nursing and residential) were completed by 31 December 2020. 483 inspections require to be completed by 31 March 2021 to meet the KPI.

Projections indicate the KPI will be exceeded, with 570 inspections planned by year end.

Figure 3: Numbers of Completed Inspections to Care Homes (Nursing and Residential) against Projected Targets, during 2020/2021 (Quarters 1, 2 and 3)

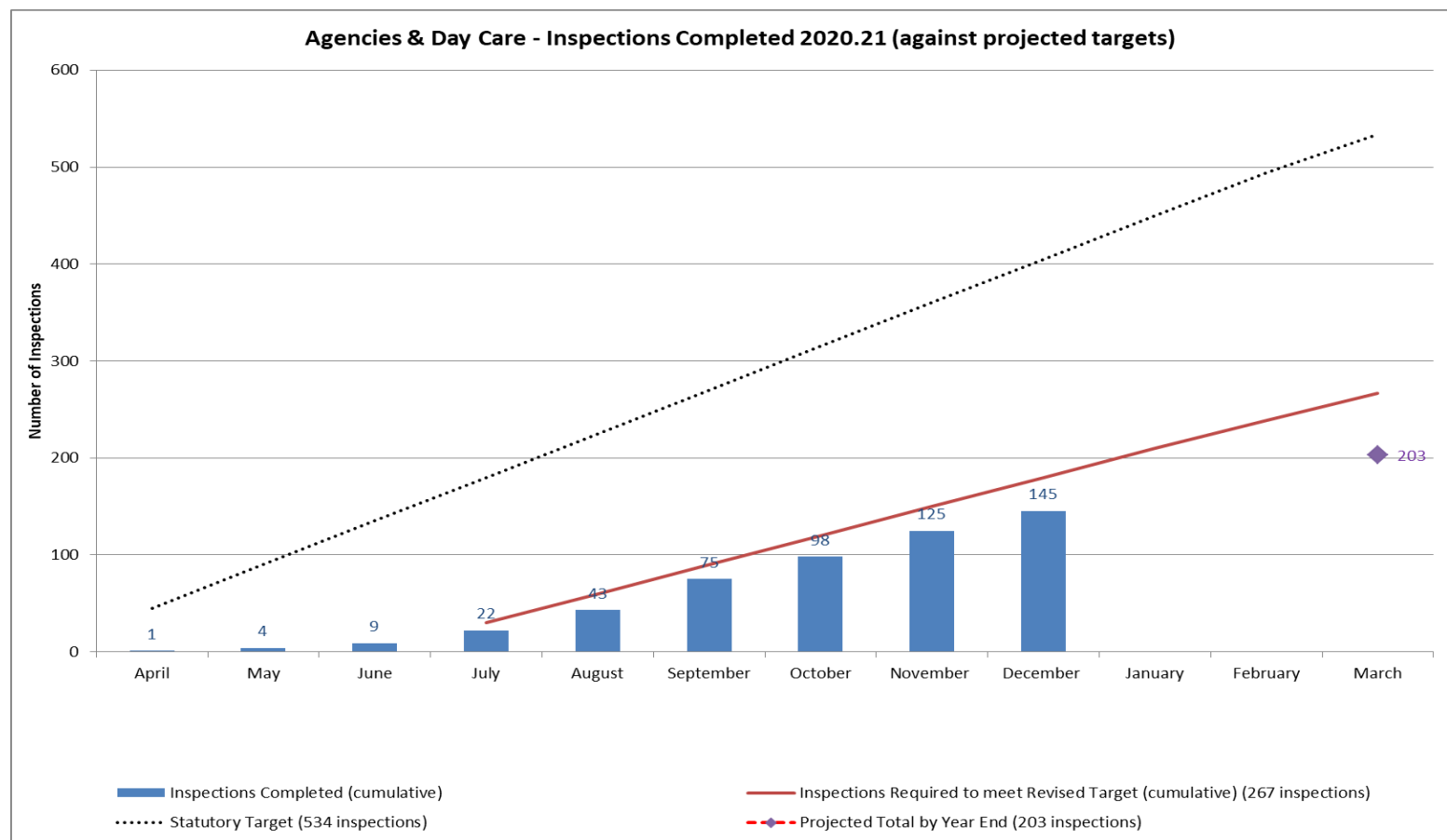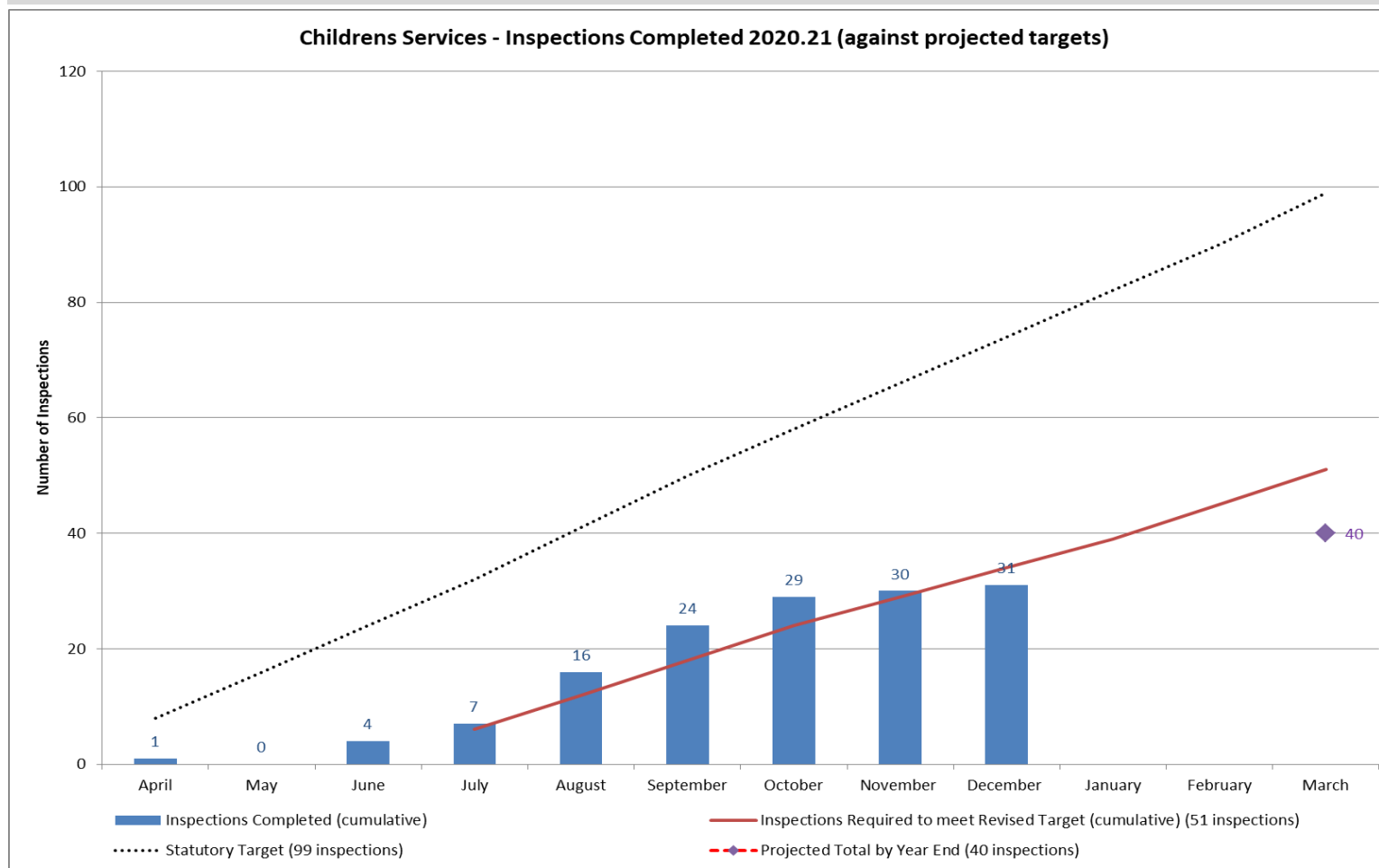# Inspection: Assurance Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 50% of inspections completed in year in respect of Agencies and Day Care Services

The graph illustrates the number of inspections completed up to 31 December 2020.

145 inspections to domiciliary care agencies and day care were completed by 31 December 2020. 267 inspections require to be completed by 31 March 2021 to meet the KPI.

Projections indicate the KPI will not be met, with 203 inspections planned by year end.

Figure 4: Numbers of Completed Inspections to Domiciliary Care Agencies and Day Care against Projected Targets, during 2020/2021 (Quarters 1, 2 and 3)

Inspection: Assurance Directorate

The **Regulation** and **Quality Improvement Authority**

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 50% of inspections completed in year in respect of Children's Services

The graph illustrates the number of inspections completed up to 31 December 2020.

31 inspections to children's services were completed by 31 December 2020. 51 inspections require to be completed by 31 March 2021 to meet the KPI.

Projections indicate the KPI will not be met, with 40 inspections planned by year end.

Figure 5: Numbers of Completed Inspections to Children's Services against Projected Targets, during 2020/2021 (Quarters 1, 2 and 3)

Inspection: Improvement Directorate Inspections: Notes

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Notes

The monthly cumulative totals count the total number of inspections completed rather than the individual services inspected. In some cases, a service may receive more than their required number of inspections.

The statutory requirement is for all Nursing Homes, Residential Care Homes & Children's Homes to have a minimum of 2 inspections per year, and Adult Placement Agencies, Day Care Settings, Domiciliary Care Agencies (Conventional & Supported Living), Nursing Agencies, Residential Family Centres, and Voluntary Adoption Agencies to have a minimum of 1 inspection per year.

The Revised Targets for 2020/21 are to complete a minimum of 1 inspection this year to all Nursing Homes, Residential Care Homes, Children's Homes, Voluntary Adoption Agencies, and Residential Family Centres. Day Care Settings, Domiciliary Care Agencies (Conventional & Supported Living), Nursing Agencies, and Adult Placement Agencies have a target for 50% of services to be inspected.

The Care Homes Graph includes Nursing Home and Residential Care Home figures.

The Agencies and Day Care Graph includes Day Care Settings, Domiciliary Care Agencies (Conventional & Supported Living), Nursing Agencies, and Adult Placement Agencies figures.

The Children's Services Graph includes Children's Homes, Voluntary Adoption Agencies and Residential Family Centre figures.

The Revised Inspection Targets for 2020.21 were introduced in Quarter 2 (i.e. from 01.07.2020 onwards) .

Quarter 1 figures are excluded from the projection calculations due to the low numbers of inspections carried out by RQIA during the springtime lockdown.

The Projected Monthly Inspections Required totals are calculated by taking the total inspections required to meet the revised target (minus inspections completed during Quarter 1) and dividing by the 9 remaining months in the financial year.
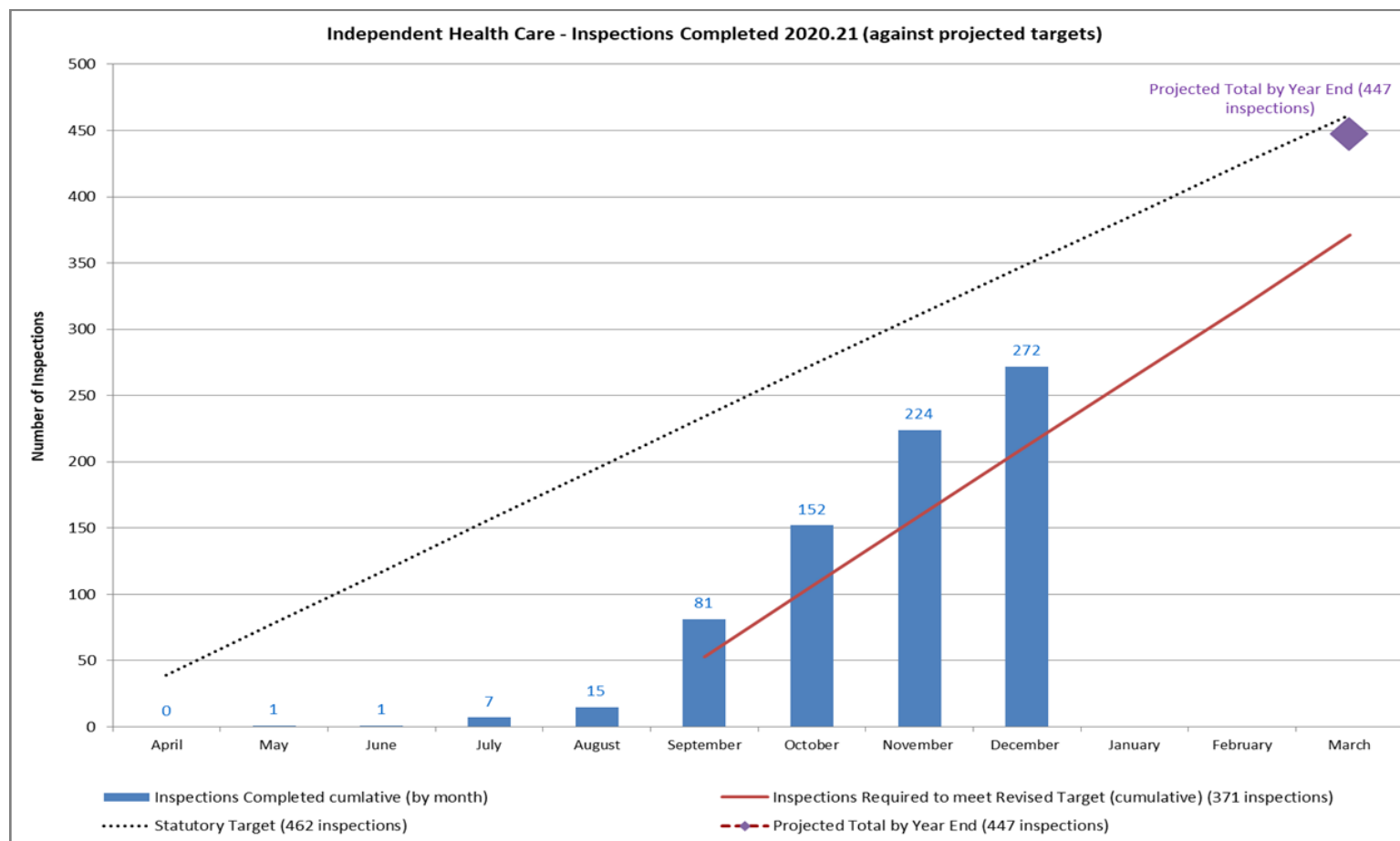
Inspection: Improvement Directorate

The Regulation and Quality Improvement Authority

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 80% of inspections completed in year (Independent Healthcare Team)

Independent Health Care - Inspections Completed 2020.21 (against projected targets)

Projected Total by Year End (447 inspections)

Number of Inspections

| April | May | June | July | August | September | October | November | December | January | February | March |
| 0 | 1 | 1 | 7 | 15 | 81 | 152 | 224 | 272 | | | |

Legend:
- Inspections Completed cumulative (by month)
- Inspections Required to meet Revised Target (cumulative) (371 inspections)
- Statutory Target (462 inspections)
- Projected Total by Year End (447 inspections)

The graph illustrates the number of inspections completed up to 31 December 2020.

272 inspections to services in independent healthcare were completed by 31 December 2020. 371 inspections require to be completed by 31 March 2021 to meet the KPI.

Projections indicate the KPI will be exceeded, with 447 inspections planned by year end.

Figure 6: Numbers of Completed Inspections to Services in Independent Healthcare against Projected Targets, during 2020/2021 (Quarters 1, 2 and 3)

Inspection: Improvement Directorate
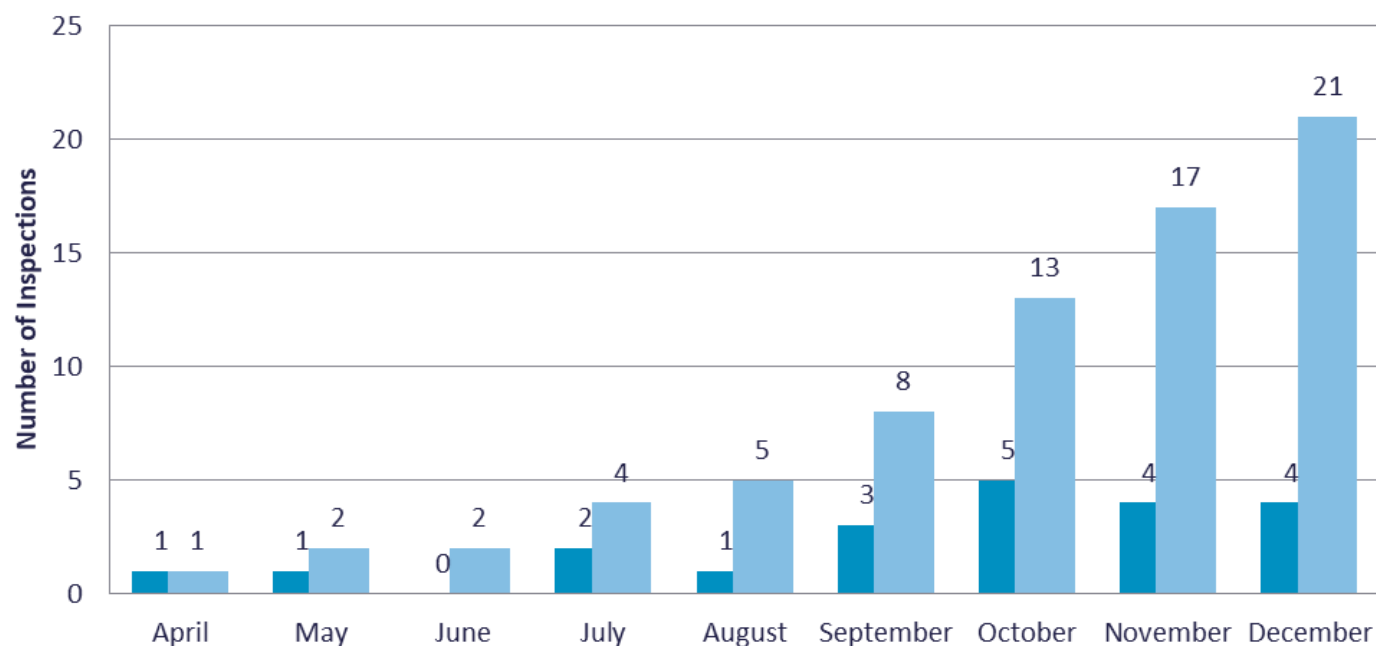
Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI for Mental Health and Learning Disability (MHLD) Hospitals: 100% services inspected
KPI for HSC Hospitals: to be confirmed
KPI for Independent Hospitals: 100% services inspected

6 x MHLD inspections
- 2x MAH – 6 wards
- 1x Acute MHLD WHSCT – 4 wards
- 1x Bluestone Unit – 1 ward
- 2x Knockbracken Healthcare Park
- Neuro-Rehabilitation Behavioural Unit – 1 ward
- Shannon Clinic – 3 wards

13 x Covid19/IPC inspections
- 11 x HSC hospitals
- 2 x Independent Hospitals

2 x additional inspections in Independent Hospital (Kingsbridge Private Hospital)

Figure 7: Numbers of Completed Inspections to HSC Hospitals during 2020/2021 (Quarters 1, 2 and 3)

Inspection: Out of Hours

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

Figure 8: Numbers of Completed Out of Hours Inspections, during 2020/2021 (Quarters 1, 2 and 3), compared to 2018/2019 and 2019/2020.
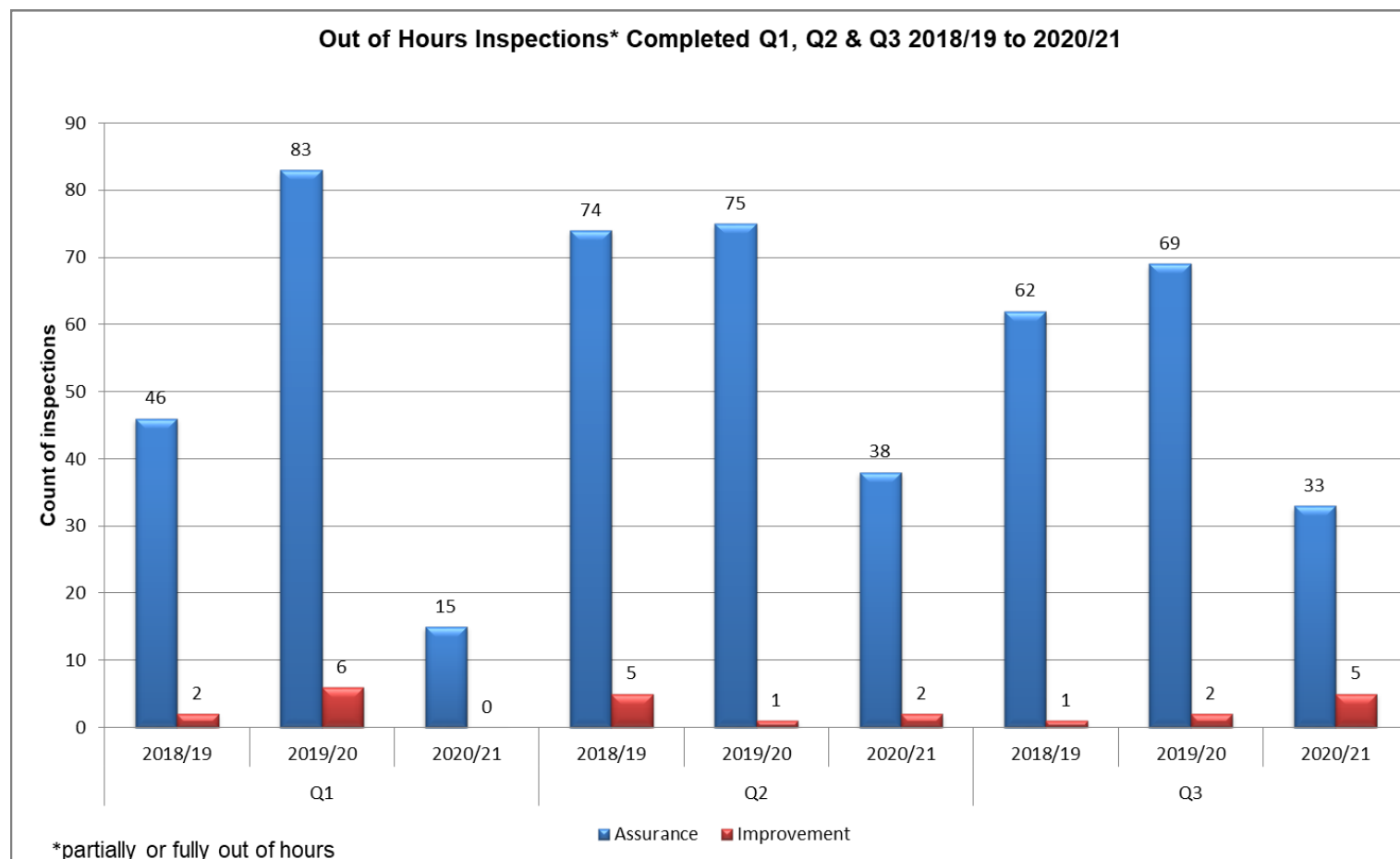
There were 93 Out of Hours inspections completed in Quarters 1, 2 and 3 of 2020/2021, compared to 236 the same period in 2019/2020 and 190 in 2018/2019.

RQIA's reduced footfall into care homes during Quarter 1 of 2020/2021 due to the Coronavirus Pandemic has had a significant impact upon these figures.

Inspection: Timeliness of Reports: Assurance Directorate

The Regulation and Quality Improvement Authority

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: Inspection Reports should be issued no later than 28 days' after completion of inspection
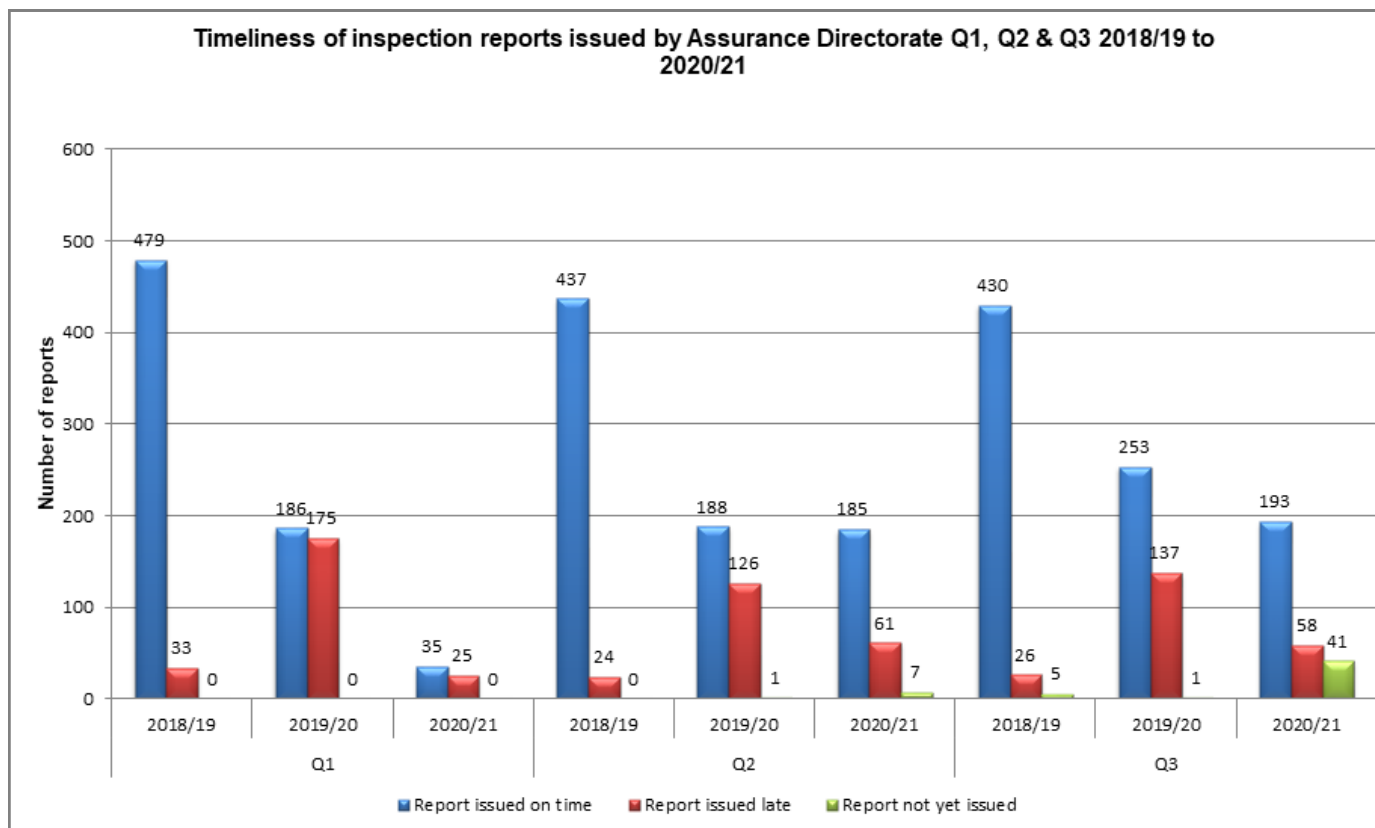
The graph illustrates the number of inspection reports which have been issued within the KPI up to 31 December 2020.

413 reports were issued on time during Quarters 1, 2, and 3 in 2020/2021, compared to 627in 2019/2020 and 1,346 in 2018/2019.

Figure 9: Timeliness of Inspection Reports Issued by the Assurance Directorate, during 2020/2021 (Quarters 1, 2 and 3), compared to 2019/2020 and 2018/2019.

Note: Figures accurate as of information recorded on iConnect as at 7 December 2020. 'Reports not yet issued' for Quarter 3 2020.21 will have due dates during December 2020. The equivalent figures for earlier periods will consist of reports not issued for other reasons.

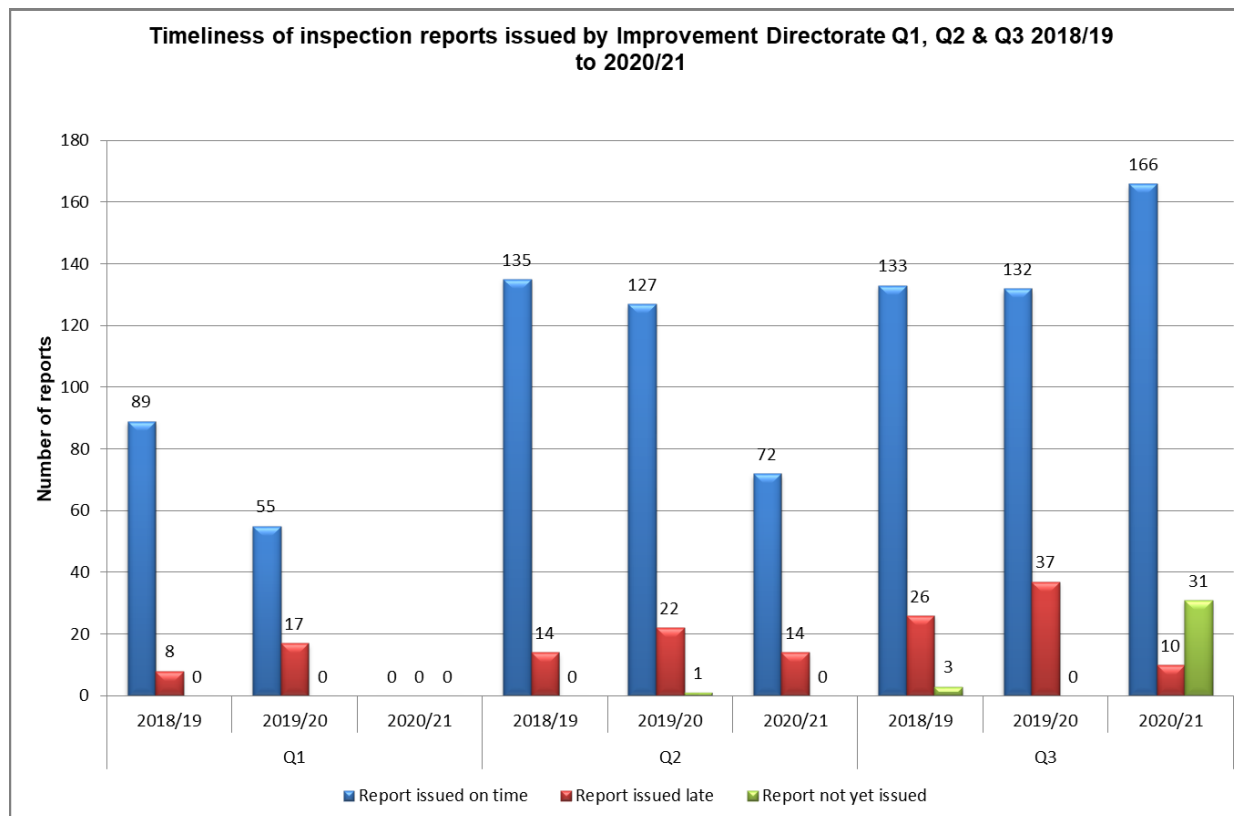# Inspection: Timeliness of Reports: Improvement Directorate

The Regulation and Quality Improvement Authority

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: Inspection Reports should be issued no later than 28 days' after completion of inspection

The graph illustrates the number of inspection reports which have been issued within the KPI up to 31 December 2020.

238 reports were issued on time during Quarters 1, 2, and 3 in 2020/2021, compared to 314 in 2019/2020 and 357 in 2018/2019.

Figure 10: Timeliness of Inspection Reports Issued by the Improvement Directorate, during 2020/2021 (Quarters 1, 2 and 3), compared to 2019/2020 and 2018/2019.

Note: Figures accurate as of information recorded on iConnect as at 7 December 2020. 'Reports not yet issued' for Quarter 3 2020.21 will have due dates during December 2020. The equivalent figures for earlier periods will consist of reports not issued for other reasons.

Enforcement

The Regulation and Quality Improvement Authority
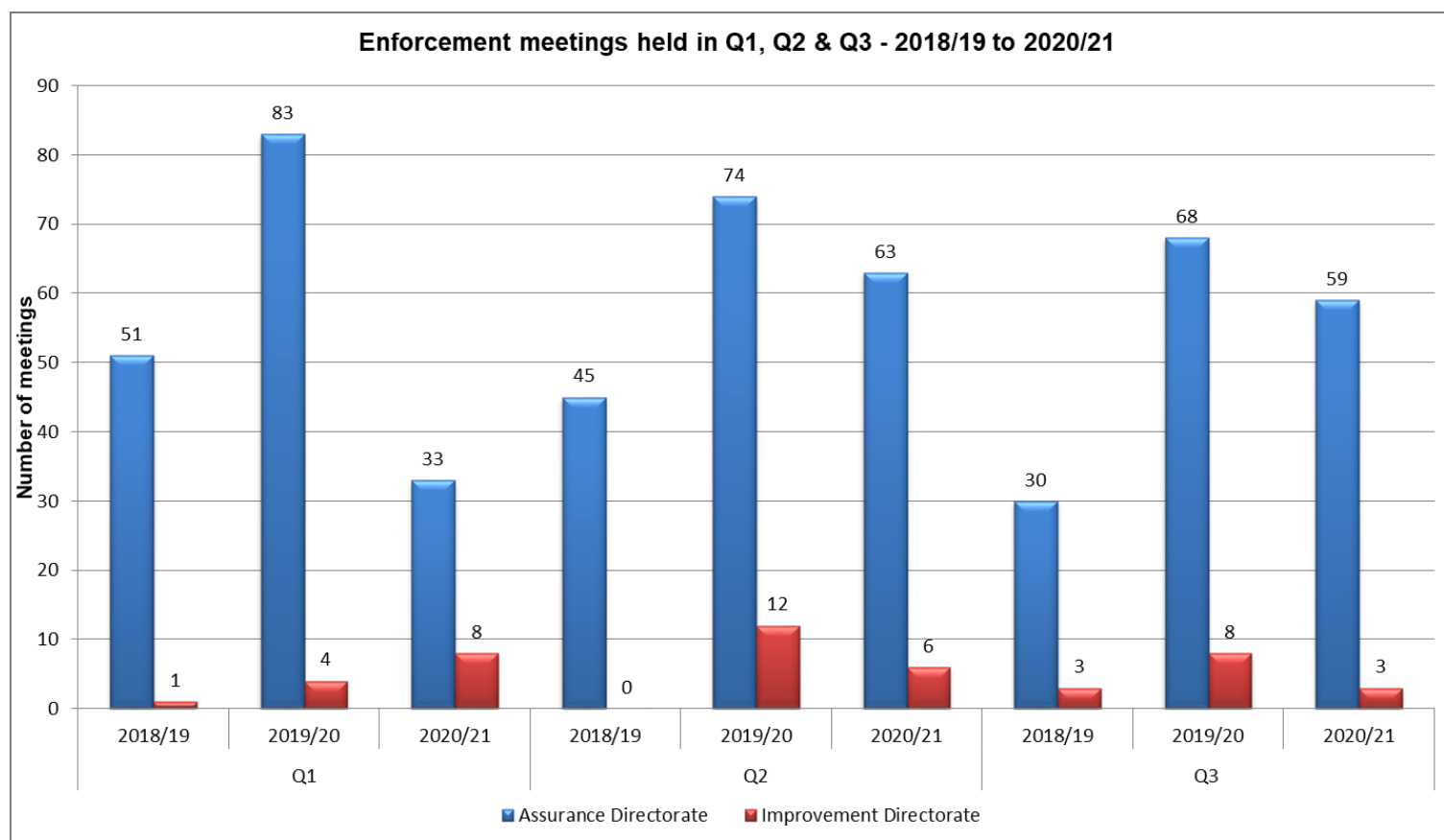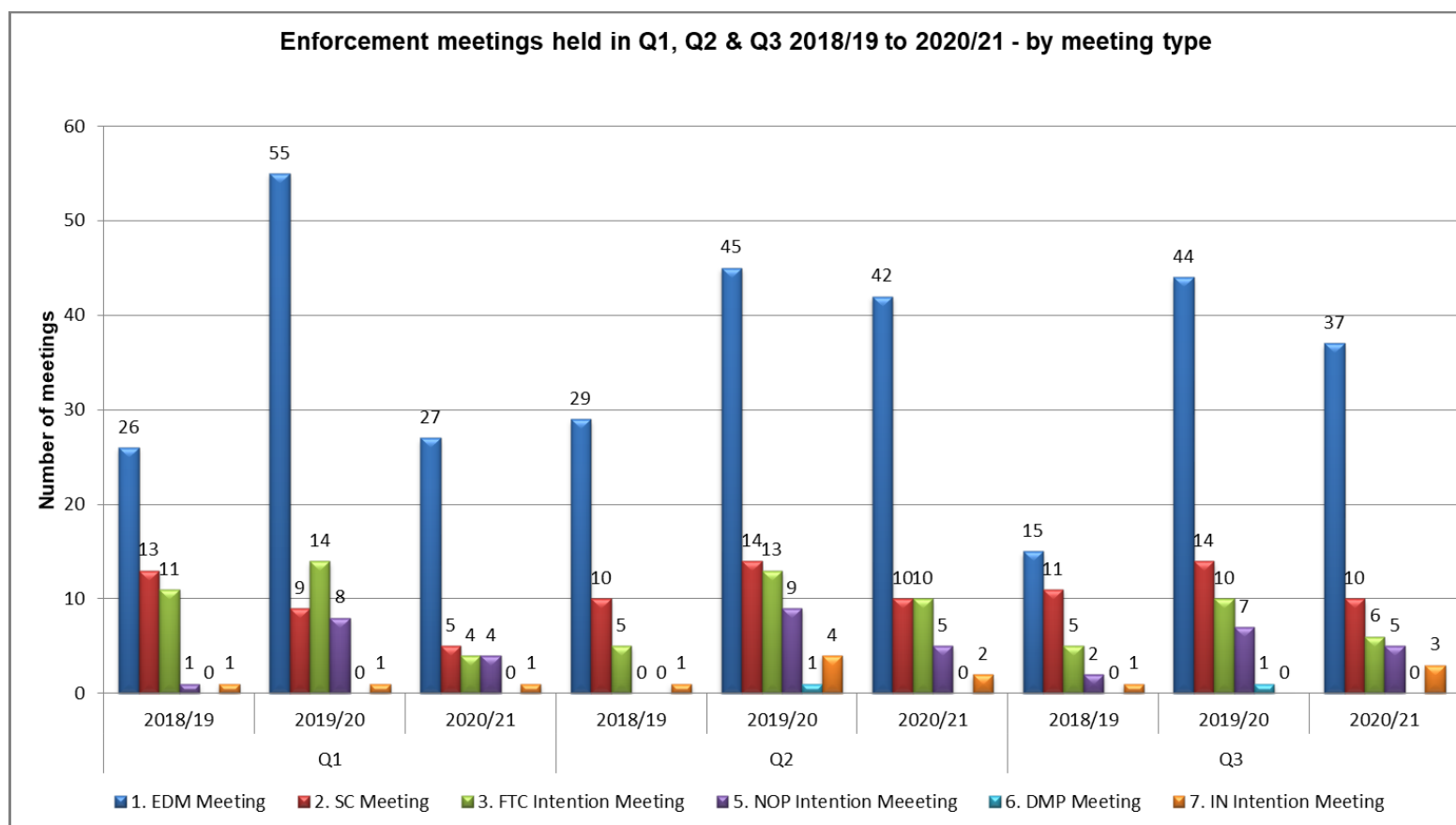
| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

Volume of Enforcement Meetings

The graph illustrates the number of Enforcement meetings held in Quarters 1 and 2, and up to 30 November 2020 by Directorate.

Three years (2018/2019, 2019/2020 and 2020/2021) are compared.

Figure 11: Number of Enforcement Meetings, by Directorate, during 2020/2021 (Quarters 1, 2 and 3) of 2020/2021, compared to 2018/2019 and 2019/2020

Enforcement

The Regulation and Quality Improvement Authority

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

Volume of Enforcement Meetings

Enforcement meetings held in Q1, Q2 & Q3 2018/19 to 2020/21 - by meeting type

The graph illustrates the number of Enforcement meetings held in Quarters 1 and 2 and up to 30 November 2020 by meeting type:
- Enforcement Decision-making
- Serious Concerns
- Failure to Comply Intention
- Notice of Proposal
- Decision-Making Panel
- Improvement Notice

Three years (2018/2019, 2019/2020 and 2020/2021) are compared.

Figure 12 : Number of Enforcement Meetings, by Type of Enforcement Meeting, during 2020/2021 (Quarters 1, 2 and 3) , compared to 2018/2019 and 2019/2020

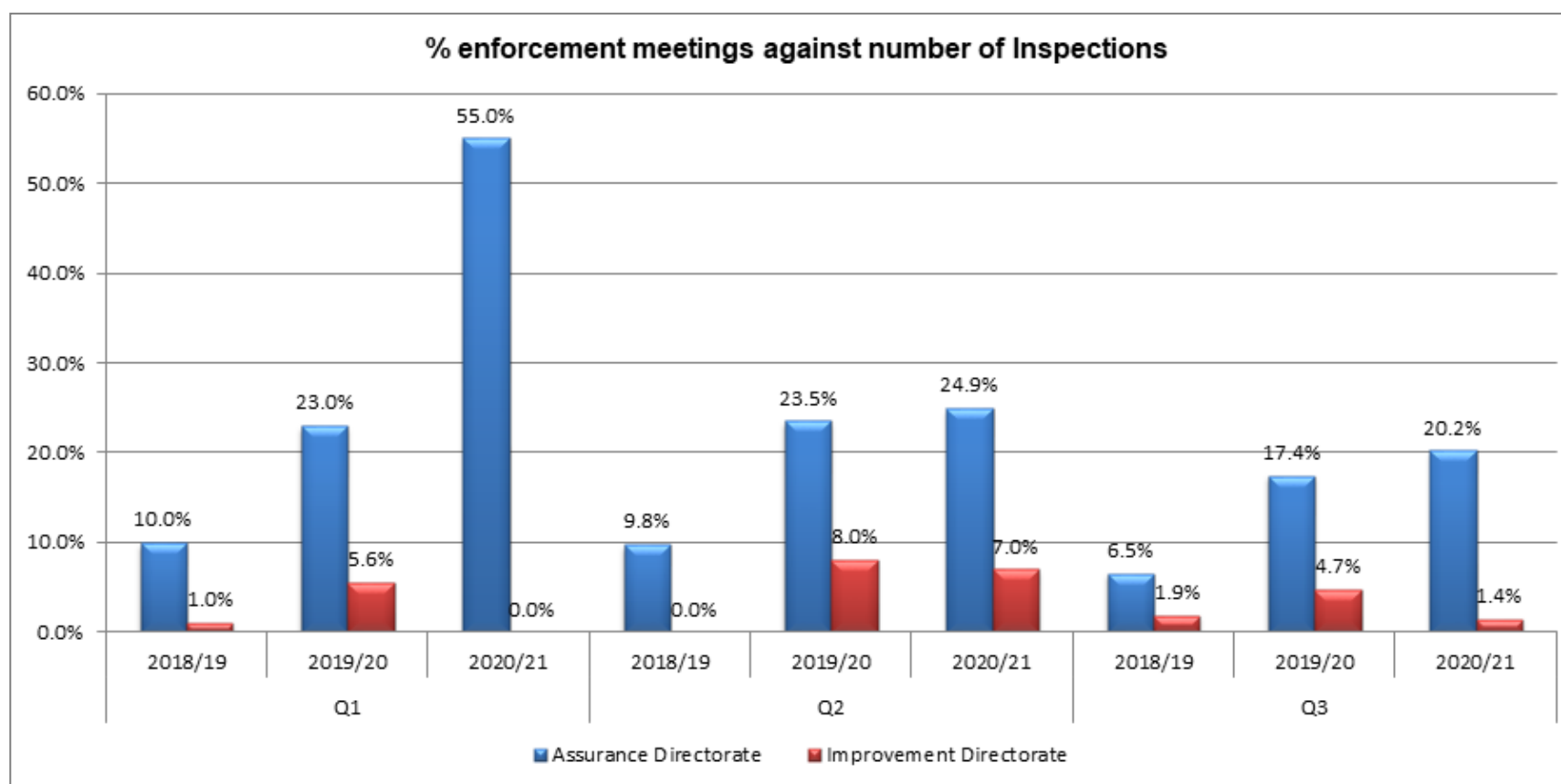# Enforcement

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

% of Enforcement Meetings against number of Inspections

Figure 13: Percentage of Enforcement Meetings held, against the Number of Inspections, by Directorate, during 2020/2021 (Quarters 1, 2 and 3) of 2020/2021, compared to 2018/2019 and 2019/2020

The percentage of Enforcement meetings compared to the number of inspections undertaken has been significantly higher during Quarters 1, 2 and 3 of 2020/2021, compared to 2018/2019.

The majority of these are held for services regulated under the Assurance Directorate.

Concerns

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

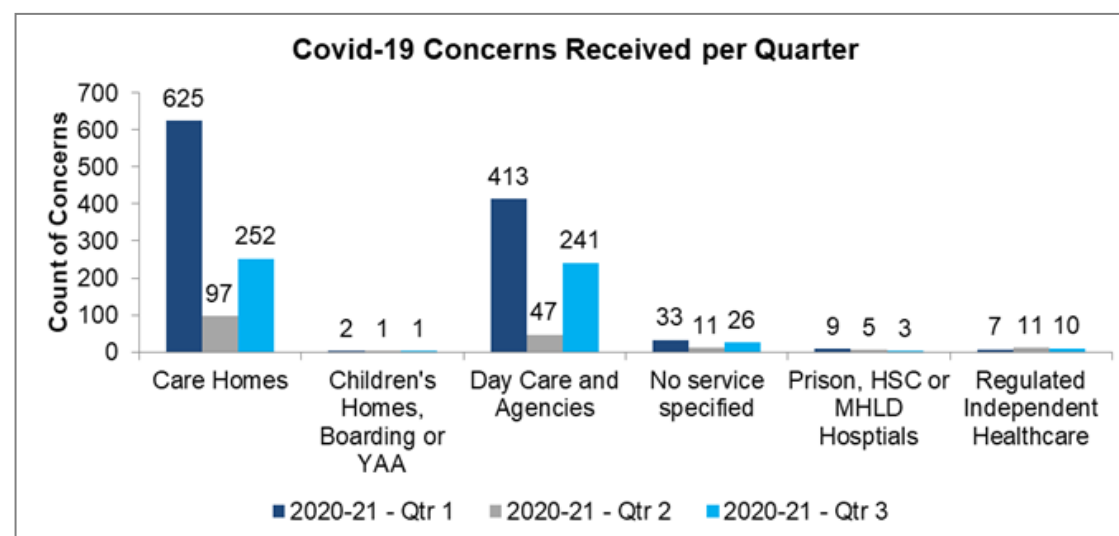Figure 14: Numbers of Concerns Received, by Service Type during 2020/2021 (Quarters 1, 2 and 3)
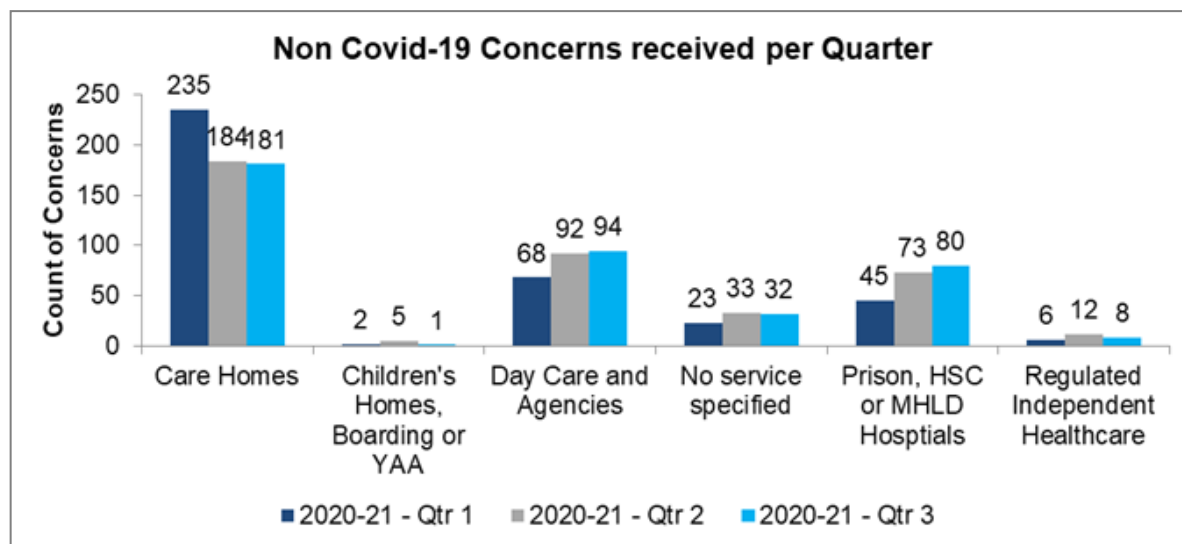
Volume of Concerns are received and dealt with by RQIA Duty Inspectors, RQIA Aligned Inspectors and the RQIA Guidance Team (formerly known as the RQIA Services Support Team).

Mental Health: Serious Adverse Incidents

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

SAIs Received by Incident Locale 2020.21 Q1-3 (compared to 2018 & 2019)

RQIA is required to review SAIs for mental health under the Mental Health Order.

This requires RQIA to provide oversight in relation to how HSC Trusts and the HSC Board exercises their duty of quality.

This intelligence can be shared with other HSC organisations in order to identify opportunities for improvement. It can be examined at HSC Trust level to identify where regulatory responses may be required.
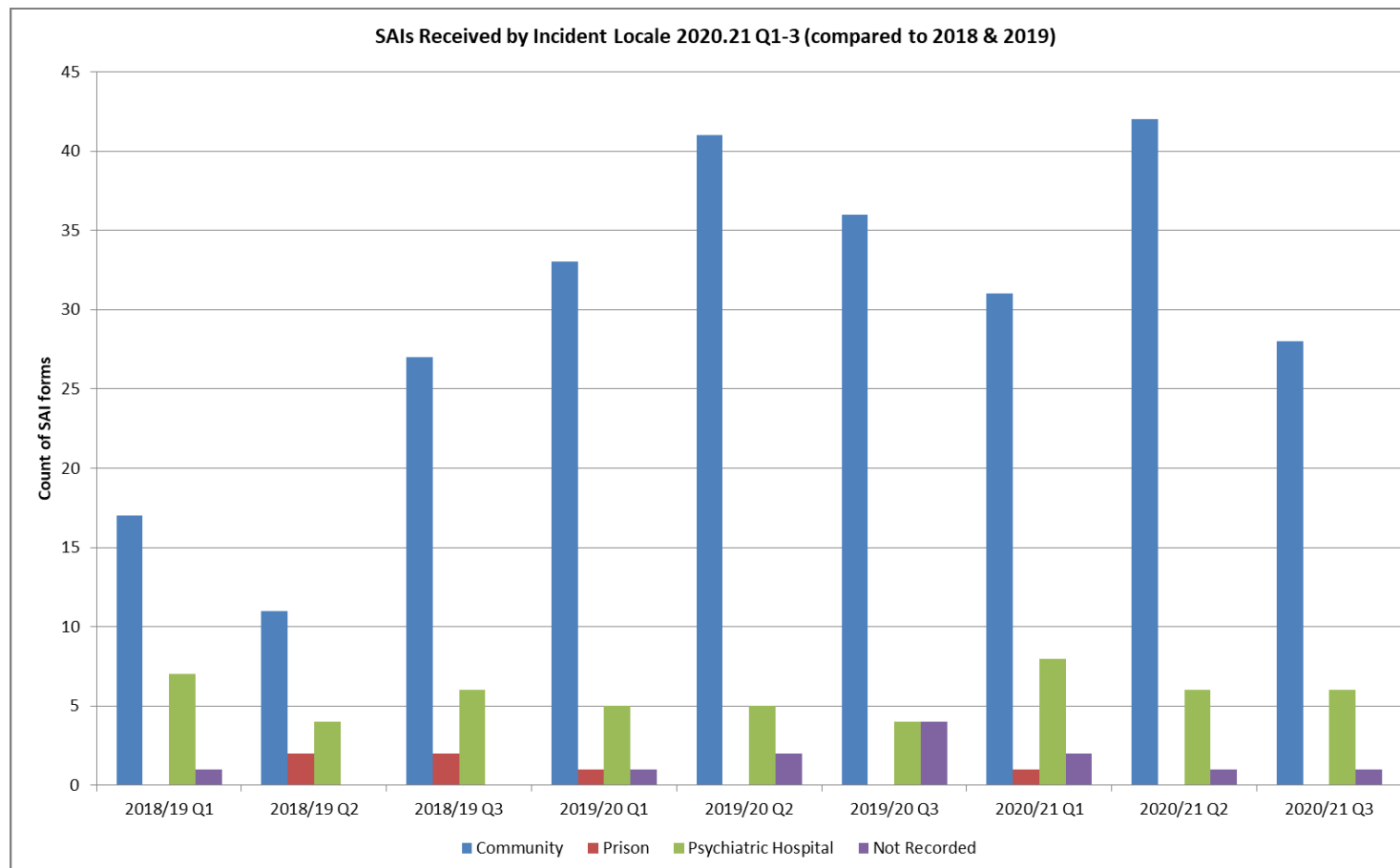
Figure 15: Numbers of SAI Forms Received, by Sector during 2020/2021 (Quarters 1, 2 and 3), compared to 2018/2019 and 2019/2020

Mental Health: Serious Adverse Incidents

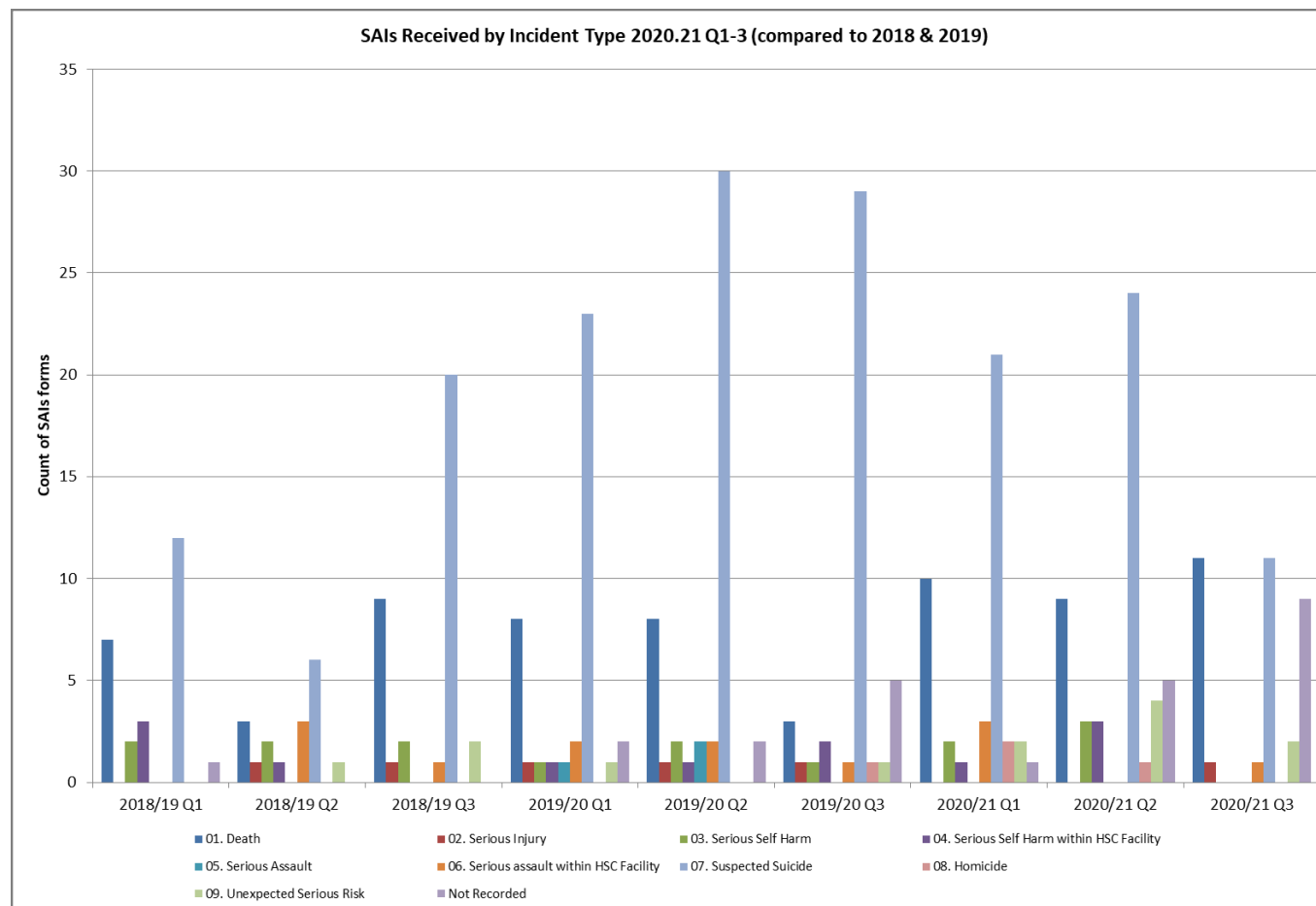| Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

Figure 16: Numbers of SAIs Received, by Incident Type during 2020/2021 (Quarters 1, 2 and 3), compared to 2018/2019 and 2019/2020

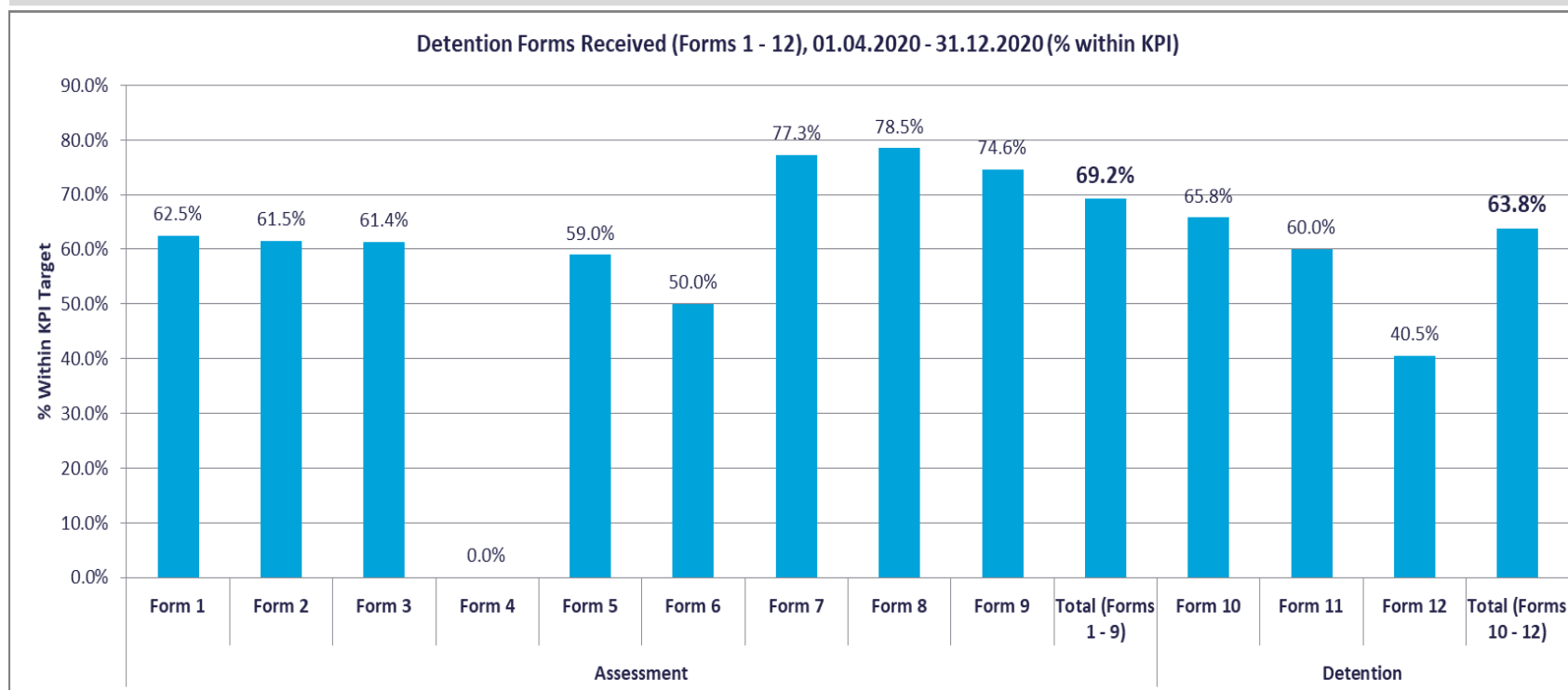# Mental Health Order: Detention Forms : Timeliness

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: All detention forms should be received by RQIA within 2 days' of sign off by the relevant medical / healthcare professional within the HSC Trust

Detention Forms Received (Forms 1 - 12), 01.04.2020 - 31.12.2020 (% within KPI)

- Form 1: 62.5%
- Form 2: 61.5%
- Form 3: 61.4%
- Form 4: 0.0%
- Form 5: 59.0%
- Form 6: 50.0%
- Form 7: 77.3%
- Form 8: 78.5%
- Form 9: 74.6%
- Total (Forms 1 - 9): 69.2%
- Form 10: 65.8%
- Form 11: 60.0%
- Form 12: 40.5%
- Total (Forms 10 - 12): 63.8%

7,063 Detention Forms received by RQIA in Quarters 1, 2 and 3 of 2020/2021.

6,204 (assessment) 859 (detention)

Key

Form 1 = Application by Nearest Relative for Admission for Assessment
Form 2 = Application by an Approved Social Worker for Admission for Assessment
Form 3 = Medical Recommendation for Admission for Assessment
Form 4 = Medical Certificate to extend Time Limit for conveying patient to Hospital
Form 5 = Medical Practitioner's Report on Hospital In-Patient not liable to be detained
Form 6 = Nurse's record in respect of Hospital In-Patient not liable to be detained

Form 7 = Report of Medical Examination immediately after Admission for Assessment
Form 8 = Extension of Assessment Period from 48 hours to 7 days - Medical Report
Form 9 = Medical Report to extend Assessment Period for a further 7 days
Form 10 = Medical Report for Detention for Treatment
Form 11 = Report by Responsible Medical Officer for Renewal of Authority for Detention for 6 months or one year
Form 12 = Joint Medical Report for First Renewal of Authority for Detention for one year

Figure 17: Number of Detention Forms Received, by Form Type during 2020/2021 (Quarters 1, 2 and 3)

Mental Health Order: Second Opinions: Timeliness
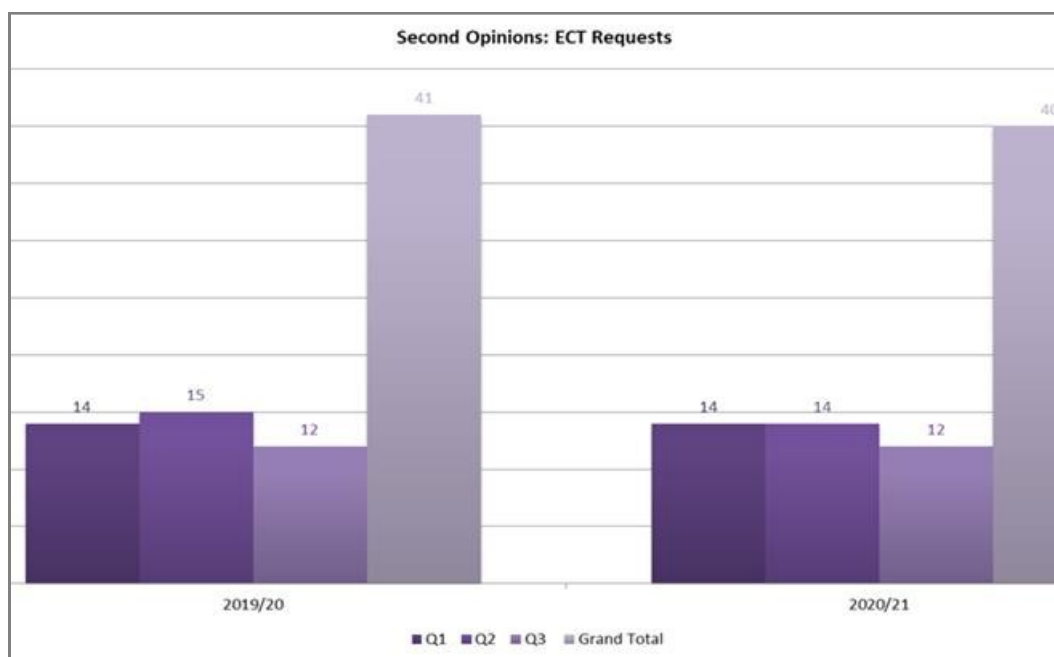
Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 100% of ECT requests completed within 6 weeks' of receipt

KPI: 100% of medicine requests completed within 6 weeks' of receipt

All requests for Second Opinions have been completed within targets.

In 2018/19 second opinions data was not held on the iConnect system.

The numbers of second opinion requests for ECT have remained steady over the 2 years (2019/2020 and 2020/2021), while Medicine Requests have reduced.
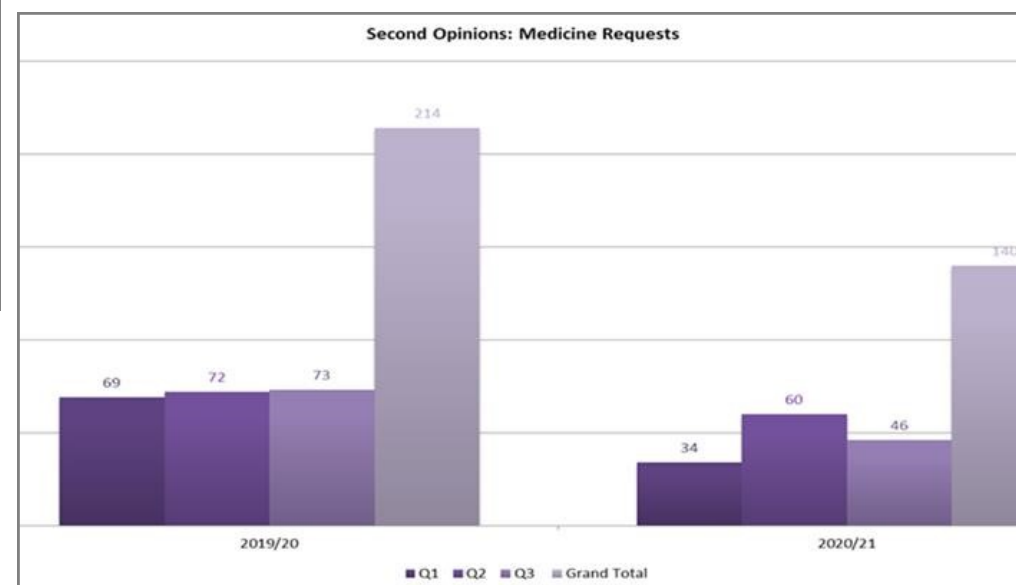

Figure 18: Number of Completed Second Opinion Requests for ECTs and Medicines, during 2020/2021 (Quarters 1, 2 and 3), compared to 2019/2020

Reviews

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

REVIEW	INITIATED	FIELDWORK COMPLETED		REPORT DRAFTED		QUALITY ASSURANCE COMPLETED		REPORT SUBMITTED to DoH		REPORT PUBLISHED
		Date Planned	Date Achieved	Date Planned	Date Achieved	Date Planned	Date Achieved	Date Planned	Date Achieved	Date Published
RQIA Review of Nice Clinical Guideline 174, Intravenous (IV) Fluid Therapy in Adults in Hospitals in Northern Ireland.	Oct-17	Mar-18	Apr-18	Apr-18	Aug-18	May-18	Feb-20	May-18	Jun-20	Sep-20
Review of Governance in Independent Hospitals and Hospices	May 18	Aug-19	Aug-19	Nov-19	Dec-19	Jan-20	Aug-20	Dec-20	Dec-20	
Review of GP Out of Hours	Apr-17	Mar-18	Mar-18	Jun-18	Jun-18	Dec-20	Dec-20	Dec-20	Dec-20	
Review of SAIs	Jul-18	Nov-20	Nov-20	Feb-21		Mar-21		Jun-21		
Review of Deceased Patient Records: Phase 2 (Phase 1 completed)	Jan-21	Apr-21		TBC		TBC		TBC		
Review of Vulnerable Prisoners	Sep-20	Feb-21		Mar-21		Mar-21		Apr-21		

Figure 19: Key Milestones achieved in the Review Programme

Audit and Quality Improvement Projects

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 80% of milestones in the Audit and Quality Improvement (QI) Projects Programme completed within agreed timescales

Audit/Quality Improvement Project 2020/2021	PROJECT START DATE	REPORT DRAFTED BY:		QUALITY ASSURANCE COMPLETED BY:		REPORT SUBMITTED FOR SIGNOFF AND	
		Date Planned	Date Achieved	Date Planned	Date Achieved	Date Planned	Date Achieved
Process of care and outcomes for oesophageal squamous (and unspecified) patients and oesophageal adenocarcinoma patients in N. Ireland diagnosed in 2017/8 and	Commenced: Oct 20	Jun-21		Sep-21		Oct-21	
Introduction of Harm Reduction resources for clinical staff in acute mental health settings	Commenced: Oct 20	Jun-21		Sep-21		Oct-21	
Delivering Nutrition Training to Nursing Homes in Northern Ireland	Withdrawn						
Development and Implementation of Postpartum Contraception Service	Commenced: Oct 20	Jun-21		Sep-21		Oct-21	
The Pro-Vac Movement - a Quality Improvement & Educational Initiative	Commenced: Oct 20	Jun-21		Sep-21		Oct-21	

Figure 20: Key Milestones achieved in the Audit and Quality Improvement (QI) Projects Programme

Due to the impact of COVID-19 and the Health and Social Care sector's response to the Pandemic, project start dates were agreed as October 2020. Projects usually commence in April of each year.

Complaints

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 90% of complaints acknowledged in writing within 2 working days' of complaint received

KPI: 90% of complaints completed response within 20 working days' of receipt, or updates provided to complainant at least every 20 working days' thereafter
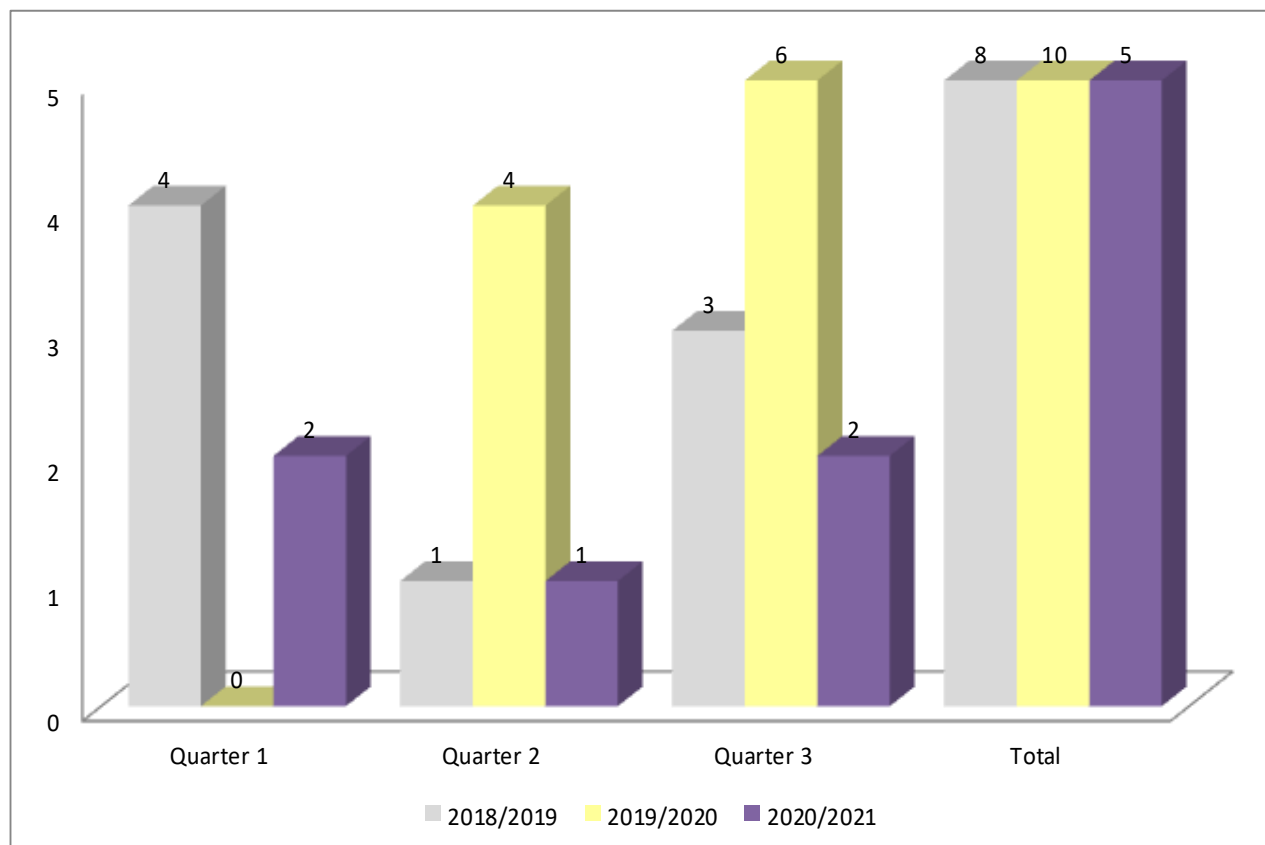
During quarters 1, 2 and 3 of 2020/2021, we received 5 complaints about RQIA.

Both KPIs have been met.

There is currently 1 complaint with the Ombudsman's office which remains ongoing.

The majority of complaints received about RQIA relate to our inspection processes and oversight of health and social care services.

Learning from complaints is applied across teams to improve how we operate.

Our Complaints Annual report will be brought to the RQIA Board in March 2021.

Figure 21: Number of Complaints about RQIA received during Quarters 1, 2 and 3 during 2018/209, 2019/2020 and 2020/2021

Media Requests

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

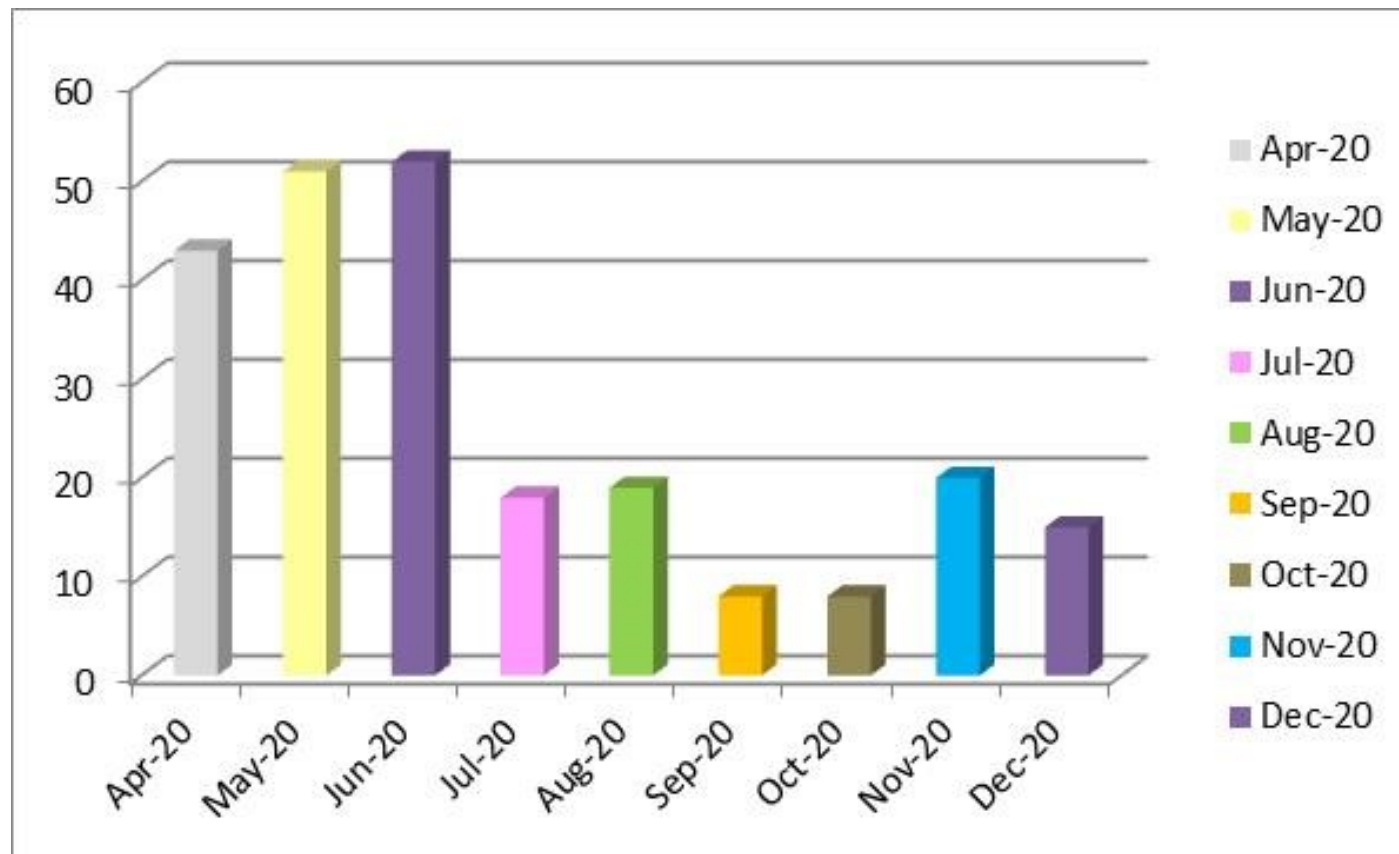**KPI: 90% of media requests responded to within 4 working days' of receipt**

Figure 22: Number of Media Requests received during 2020/2021, by month

We have received 234 media requests (from print, broadcast and online outlets) from 1 April 2020 to 31 December 2020.

There were 146 media requests received during Quarter 1 (April, May and June 2020), which represented a 584% increase from the same period for 2019/2020, when we received 25 media requests.

All media requests were responded to within the KPI target of 4 working days' of receipt.

Requests during the initial surge of COVID-19 centred around deaths in care homes, RQIA's evolved role, testing arrangements, RQIA Board resignations and inspection activity.

Queries during the second surge relate to specific care services, review activity, impact of Covid-19 on services and Care Partners.

26

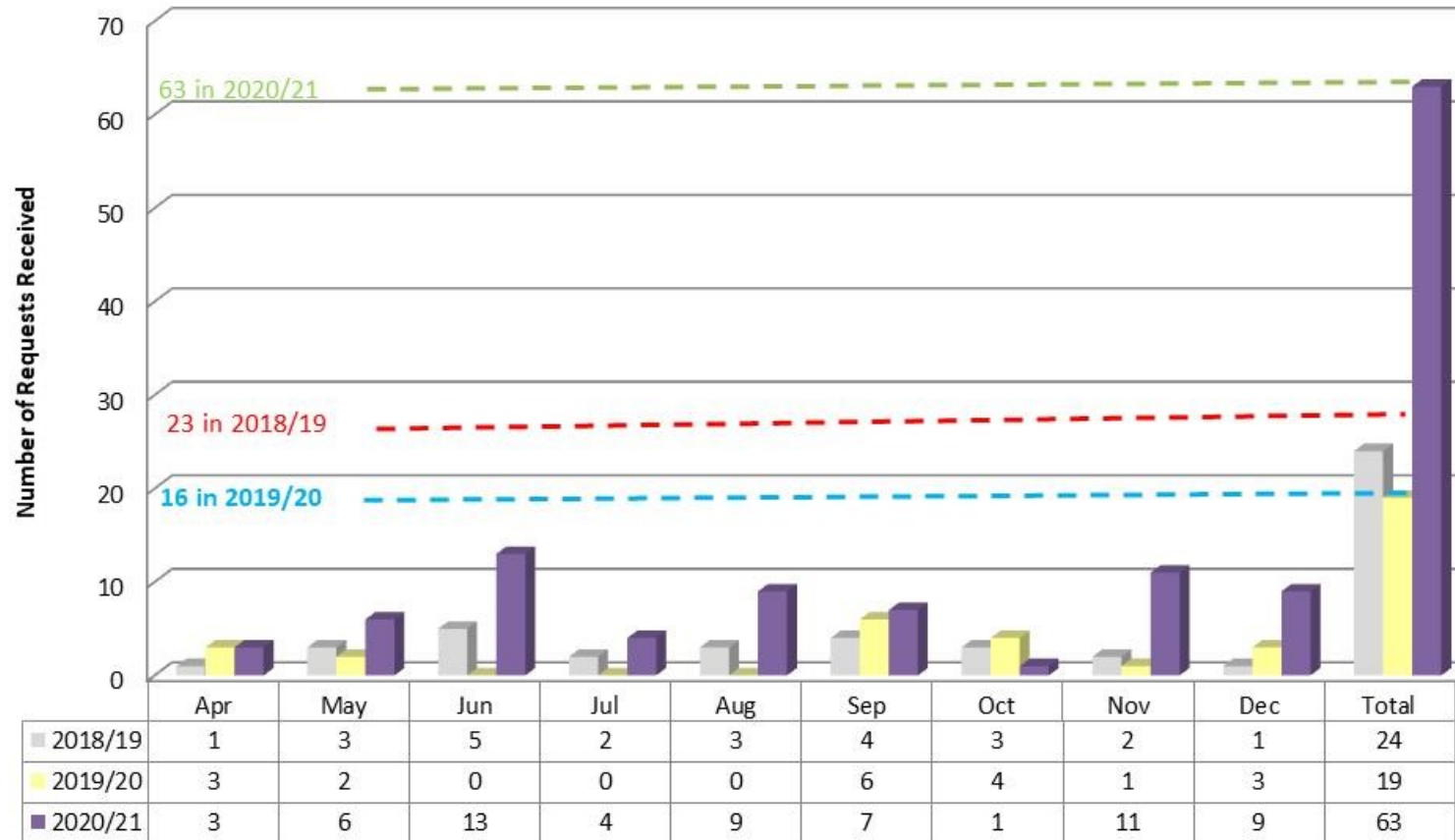# Freedom of Information / Subject Access Requests

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 100% of requests responded to within the statutory timeframe of 20 working days' from the point of a valid request being received

Figure 23: Number of Freedom of Information and Subject Access Requests received during 2020/2021, by month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2018/19	1	3	5	2	3	4	3	2	1	24
2019/20	3	2	0	0	0	6	4	1	3	19
2020/21	3	6	13	4	9	7	1	11	9	63

We received 63 Freedom of Information / Subject Access Requests from 1 April 2020 to 31 December 2020.

This is nearly a four-fold increase on the same period in 2019/2020.

Requests included queries in relation to our evolved role during the COVID-19 pandemic and also queries in relation to our inspection and review activities during this time.

Vaccinations for Staff

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Number of RQIA staff who have availed of Vaccines

68% (84 out of 124) RQIA staff had received their COVID vaccine by 29 January 2021
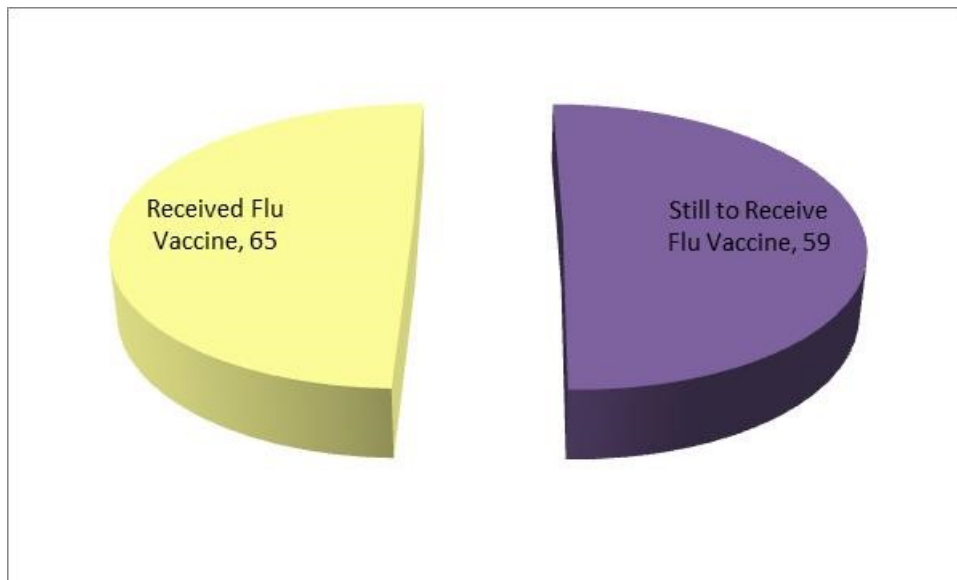
52.4% (65 out of 124) RQIA staff had received their flu vaccine by 29 January 2021
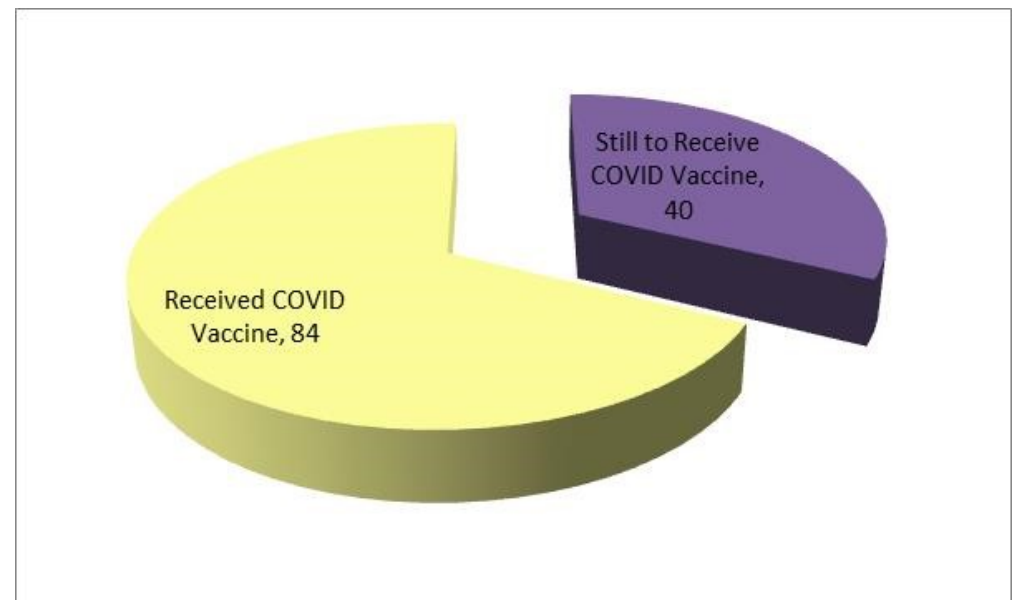
Figure 24: Number of RQIA Staff who have availed of Vaccines

Employee Absence and Turnover

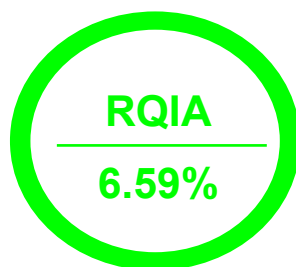| Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Regional KPI for Employee Absence due to Sickness: 8.44%
RQIA is currently below the regional target with 6.59%

TARGET
8.44%

RQIA
6.59%

£247
Thousand

Mental Illness
847.5Hours

Stress
375 Hours

Acute Medical Illness
7.5Hours

11% Employee Turnover (Q1)
14 people

2.5% Employee Turnover (Q2)
3 people

4.3% Employee Turnover (Q3)
5 people

Figure 25: RQIA Staff Turnover and Sickness Absence
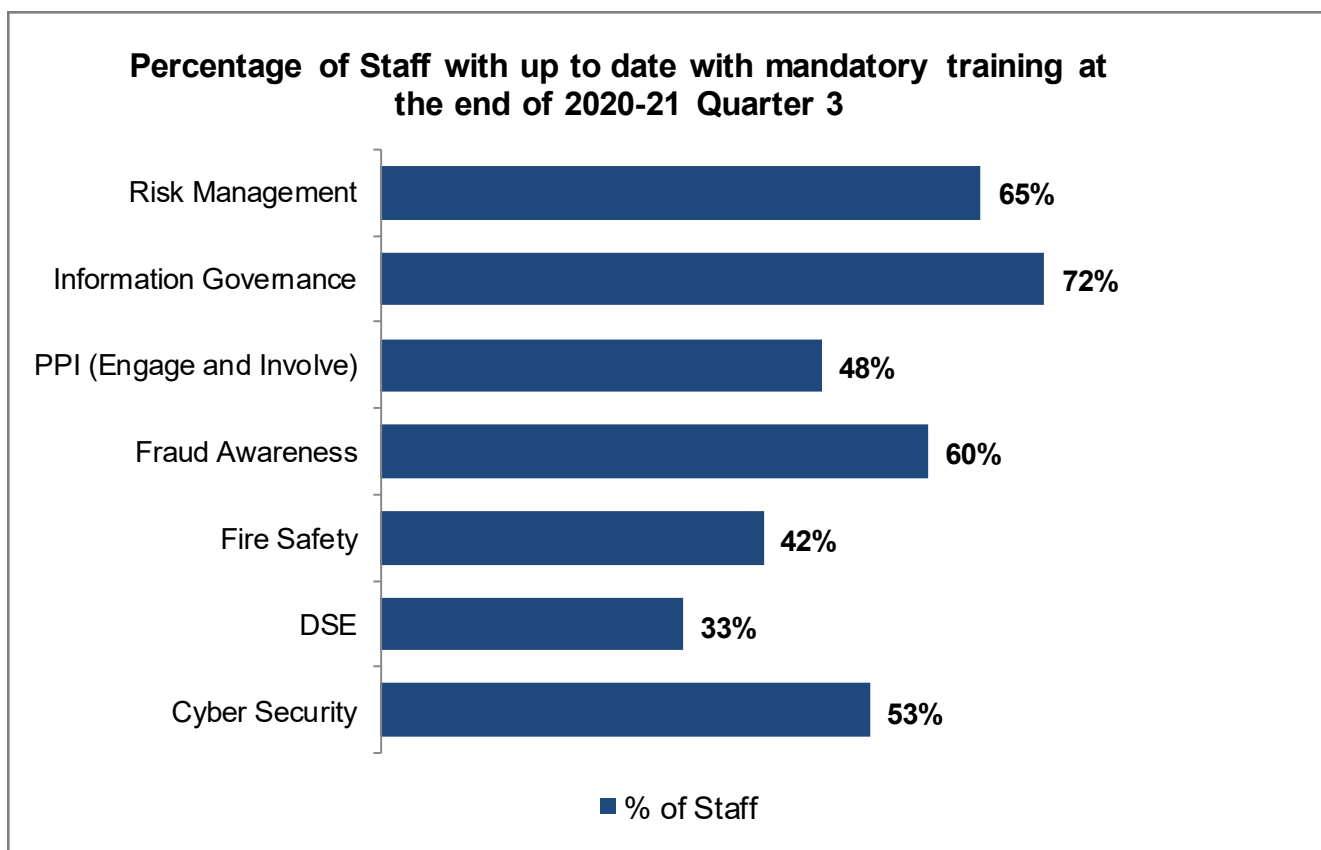
Mandatory Training

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 100% of Mandatory Training Courses to be completed by RQIA Staff

Percentage of Staff with up to date with mandatory training at the end of 2020-21 Quarter 3

Course	% of Staff
Risk Management	65%
Information Governance	72%
PPI (Engage and Involve)	48%
Fraud Awareness	60%
Fire Safety	42%
DSE	33%
Cyber Security	53%

■ % of Staff

Mandatory training courses are available for all RQIA staff on the eLearning Platform.

Some courses require completion on annual basis: Cyber Security; Fire Safety and Information Governance. Fraud Awareness is completed every 2 years and Personal Public Involvement (PPI) and Risk Management every 3 years.

The eLearning Platform is experiencing a technical issue for a number of the HSC organisations and staff have been unable to complete courses since the latter half of December 2020. This issue has been escalated and may impact upon the KPI at year end.

Figure 26: Percentage of RQIA Staff who have completed Mandatory Training Courses, by Course at the end of Quarter 3, 2020/2021

RQIA Transition Plan 2020/2021

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

	Action	No of Key Deliverables	No Closed (Previous Month)	No Closed (This Month)	Total No Closed	No on Track	No Overdue	Completion Progress	%
1	Assurance Framework	8	2	0	2	6	0		25
2	RADAR	3	0	0	0	3	0		0
3	Quality Improvement, Audits & Reviews	6	1	0	1	5	0		17
4	Mental Health Order (MHO) and Mental Capacity Act (MCA)	4	0	0	0	4	0		0
5	Performance Framework	4	2	0	3	1	0		75
6	Electronic Information System	2	0	0	0	2	0		0
7	Initial Covid-19 Surge	2	2	0	2	0	0		100
8	Involvement of service users, carers and other stakeholders	3	0	0	0	3	0		0
9	External Facing Communications	3	0	0	0	3	0		0
10	Organisational Development & Restructuring	6	1	0	1	5	0		17
11	Internal Governance Arrangements	5	1	0	2	3	0		40
12	Provider Registration System	2	0	1	1	1	0		50
13	Oversight of Complaints in Regulated Services	2	0	2	2	0	0		100
	Total	**50**	**9**	**3**	**14**	**36**	**0**		**28**
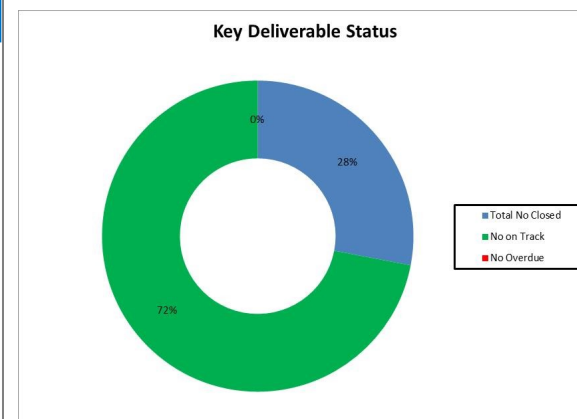
The RQIA Transition Plan 2020/2021 has 13 Actions and 50 Key Deliverables.

Each Action is sponsored by a member of the Executive Management Team (EMT) and progress is monitored on a fortnightly basis.

Figure 27: Progress of Completion of Key Deliverables (%) in the RQIA Transition Plan 2020/2021

Date of Meeting	4 February 2021
Title of Paper	Audit Committee Business
Agenda Item	8
Reference	F/01/21
Author	Audit and Risk Assurance Committee
Presented by	Head of Audit and Risk Assurance Committee
Purpose	To provide a verbal update of the meeting held on 28 January and to seek approval of the revised Terms of Reference.
Executive Summary	To provide a verbal update of the meeting held on 28 January and to seek approval of the revised Terms of Reference.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board are asked to **NOTE** the Audit Committee Business and **APPROVE** the Terms of Reference.
Next steps	

Standing Order Five: Board Committees and Panels

Appendix 2: Audit and Risk Assurance Committee Terms of Reference

1.0   Introduction

The Board has established an Audit and Risk Assurance Committee (ARAC) as a Committee of the Board to support it in its oversight and responsibility for risk control and governance. On behalf of the Board and the Accounting Officer the ARAC considers and reviews the comprehensiveness, reliability and integrity of audit and governance systems and ensures that RQIA meets required standards of financial and statutory probity.

The ARAC has delegated responsibility for ensuring that there is a framework for accountability and oversight; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring that RQIA is complying with all aspects of the law, relevant regulations, good practice and governance.

A refreshed version of the Audit and Risk Committee (ARAC) Handbook (NI) 2018 as issued by the Department of Finance on 30 March 2018, sets out a clear set of principles that should be followed by RQIA's Audit and Risk Assurance Committee.

1.1   Membership

The ARAC Chairperson and members will be appointed to ARAC as per Standing Orders 5.3 and 5.4.

ARAC will have a Chairperson who is a non-executive Board member.

ARAC will temporarily have a minimum of 2 5 other members who are non-executive Board members.

In the event that the ARAC Chairperson is not available, he/she will nominate a Committee member to chair the meeting on their behalf.

1.2   Quorum

The quorum necessary for the transaction of business shall be any 2 3 of the 6 members of ARAC. A duly convened meeting of ARAC at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

1.3   Secretariat

ARAC will be provided with a secretariat function by the ~~Head of the~~ Business Support Unit.

1.4   Meetings

ARAC will meet at least four times a year (at appropriate times in the reporting and audit cycle). The Chairperson of ARAC may convene additional meetings, as deemed necessary.

The Board or the Accounting Officer may also ask ARAC to convene further meetings to discuss particular issues on which they may require ARAC's advice.

ARAC meetings will normally be attended by the Chief Executive (as Accounting Officer), the Head of the Business Support Unit, the Board and Executive Support Manager, the Head of Internal Audit and/or a representative, a Finance representative, the Head of External Audit and/or representative(s) of External Audit. A representative from the Department of Health (DOH) has a right to attend the meeting as an observer.

ARAC may ask any other Director / official to attend to assist it with its consideration of any particular matter.

ARAC may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank consideration of any particular matter.

1.5   Reporting

The Chairperson of ARAC will report formally to the Board after each meeting.

The Secretary will minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

At the beginning of each meeting, the ARAC Chairperson will establish and note any conflicts of interest.

ARC will make whatever recommendations to the Board or to the Accounting Officer it deems appropriate in relation to any matter within its remit where action or improvement is needed.

ARAC will provide the Board with an Annual Report, timed to support the finalisation of annual accounts and the Governance Statement, summarising its conclusions from the work and activities that it has undertaken during the year.

1.6 Rights

ARAC may co-opt additional members for a defined period to provide specialist skills, knowledge and experience.

ARAC may commission specialist ad-hoc advice subject to budgets agreed by the Board.

1.7 Access

The ARAC Chairperson will arrange to meet with the Head of Internal Audit and a representative of External Audit as appropriate.

The Head of Internal Audit and a representative(s) of External Audit will have free and confidential access to the Chairperson of ARAC.

2.0 Responsibilities

ARAC will provide the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority in relation to:

2.1 Financial Reporting

The integrity and regularity of the financial statements of RQIA, with particular focus on the preparation of annual accounts and the aAnnual rReport of RQIA. This will include the process for review of the accounts prior to submission for audit; the extent of adjustments arising from audit findings, interim management statements and any other formal announcement relating to its financial performance; and the review of significant financial reporting issues and judgements which they may contain.

Reviewing and challenging where necessary:

- the consistency of, and any changes to, accounting policies;.
- methods used to account for significant or unusual transactions;.
- whether RQIA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of External Audit;.
- the clarity of disclosure in RQIA's financial reports and the context in which statements are made;.
- all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (insofar as it relates to the audit and risk management).

2.2   Internal Controls and Risk Management Systems

The strategic processes for risk management, the effectiveness of internal controls, Governance Statement and the Mid-year GovernanceAssurance Statement.

Anti-fraud policies, whistleblowing processes and arrangements for special investigations.

2.3   Internal / External Audit

The planned activity and recommendations of both internal and external auditors.

The adequacy of management response to issues identified by Iinternal Aaudit activity, and those included in Eexternal Aaudit's Report To Those Charged with Governance.management letter.

(As appropriate) proposals for appointments of Internal or External Audit services and for the commissioning of non-audit services from those who provide audit services.

2.4   Other

The consideration of write off of losses and authorisation of special payments before submission to the Board for approval.

A periodic review of its own performance and effectiveness and an annual review of its terms of reference.

Appropriate and timely training for all Committee members on appointment and thereafter.

3.0   Information Requirements

For each meeting ARAC will be provided with:

- a report summarising any significant changes and updates to RQIA's Risk Assurance Framework;
- an verbal update in relation to any emerging issues or risks facing the organisation;
- responsibilities in the management of fraud risk, of suspected or actual fraud;
- a report summarising all whistleblowing activity;
- the Direct Award Contracts Register.

A progress report from the Head of Internal Audit summarising:

- Work performed (and a comparison with work planned);

- Key issues emerging from Internal Audit work;
- Management response to audit recommendations;
- Changes to the Internal Audit Plan;
- Any resourcing issues affecting the delivery of Internal Audit objectives;
- The extent of implementation of agreed recommendations.

A progress report from External Audit summarising:

- Work performed (and a comparison with work planned);
- Key issues emerging from External Audit work;
- Management response to audit findings.

As and when appropriate ARAC will be provided with:

- Internal Audit Charter;
- Internal Audit Strategy;
- Head of Internal Audit's Annual Opinion and Report;
- Mid- Year Assurance Report from Head of Internal Audit;
- Quality assessment reports on the Internal Audit function;
- ~~Draft statement on the adequacy of internal controls and compliance with the applicable Controls Assurance Standards (CAS)~~
- Draft annual report and accounts and audit certificate;
- Draft Governance Statement and Mid Year Governance Statement;
- External Audit's Report To Those Charged with Governance;
- NIAO Value For Money Reports; ~~Management Letter~~
- Risk Management Strategy and updates to Corporate Risk Assurance Framework;
- Report on any changes to accounting policies;
- Report on any proposals to tender for audit functions;
- Report on co-operation between Internal and External Audit;
- ~~Mid-year Assurance Report from Head of Internal Audit~~
- Draft reports from Head of Internal Audit re commissioned reviews or special investigations;
- Annual Cyber-Security update.

Updated January 2021

RQIA Board Meeting

Date of Meeting	4 February 2021
Title of Paper	James House Update (Accommodation Project)
Agenda Item	9
Reference	G/01/21
Author	Hayley Barrett
Presented by	Business Manager
Purpose	The purpose of this paper is to update the RQIA Board on the James House Project.
Executive Summary	In late 2018 RQIA was approached by representatives of the Belfast Optimisation Project to advise that we had been identified as a viable tenant in a new public sector building in Belfast city centre. We were identified due to the relatively short length of time left on the lease in our current accommodation in Riverside Tower. This paper outlines the engagement to date and provides the Board with an update on the project.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable.

JAMES HOUSE PROJECTUPDATE (ACCOMMODATION PROJECT)

In late 2018 RQIA was approached by representatives of the Belfast Optimisation Project to advise that we had been identified as a viable tenant in a new public sector building in Belfast city centre. We were identified due to the relatively short length of time left on the lease in our current accommodation in Riverside Tower.

In mid-2019 we were again engaged in discussions and advised that work had progressed on the project with the Department of Finance (DoF) having now purchased James House. James House is situated on the Gasworks site in Belfast and had been leased by DoF since 2004.

James House is a five-storey detached building with accommodation on floors 1-4 and ground floor parking. RQIA is one of several potential tenants which encompasses a range of public sector bodies including (but not limited to) the Policing Board, BSO, NISCC, PCC, NI Screen, the various Commissioners currently accommodated in Equality House and the Utilities Regulator.

The building will be configured on the principles of agile working. Agile working a concept underpinned by the idea that work is something we do, not somewhere we go. In practical terms it utilises a modern office space with up to date technology to facilitate effective working. Each organisation's space is designed with their needs in mind. Open plan working is the norm with spaces dedicated for quiet working, meetings, shared resources (such as printers) and break out areas.

As the space is designed on the principles of agile working, the total footprint is smaller than our current site. However we currently underutilise our space in terms of desks, reception, meeting rooms and storage. More effective use of space means that the smaller footprint should not be an issue.

We will be housed under a license agreement rather than a lease. It is expected that the license term will be either five or ten years. The projected (but not final) cost per square metre of space is higher. However, the number of square meters is lower. The cost per sqm includes rent, rates, service charges, utilities (gas, electricity and water), security, cleaning and maintenance. Currently we pay these separately through Land Property Services for rates, BT for services including utilities and a dedicated regional cleaning contract.

We will engage with BSO regarding the cost of the SLA for Shared Services as the move will reduce running costs for BSO and should also reduce costs for individual items such as maintenance and health and safety due to economies of scale.

The lease on Riverside Tower is due to expire on 31 March 2021, however RQIA are negotiating a three month extension, to reduce impact on business continuity during the current phase of the pandemic. James House will be ready for occupation in August 2022.

A business case has been developed outlining proposals for the interim period (1 June 2021 – 31 August 2022). Options include a short term lease of an office

building within the City Centre. DoF, via Land and Property Services are leading negotiations with the landlord of Riverside Tower. On termination of our lease in Riverside Tower we will be charged for dilapidation costs. We are currently negotiating these costs.

The move to new premises (James House) and the drive for agile working dovetails with our strategic plans to move to an electronic document records management system (EDRMS) and electronic solutions for inspection. This will considerably reduce our reliance on paper and need for physical storage on and off site.

There are four working groups associated with the project –IT, Finance, User and Transition Management. RQIA will be represented by Hayley Barrett or BSO on each group.

The contract was awarded in November 2020 and work to develop the site was due to commence in January 2021. We will continue to liaise with the project board and working groups; sponsor branch and DoF as necessary and will provide the Board with progress updates.

Board members are asked to **NOTE** the content of this paper.

RQIA Board Meeting

Date of Meeting	4 February 2021
Title of Paper	Chief Executive's Update
Agenda Item	10
Reference	H/01/21
Author	Review Team
Presented by	Interim Chief Executive
Purpose	To provide a verbal update from the Chief Executive and to share the Terms of Reference of the Review of Vulnerable Prisoners.
Executive Summary	To share the Terms of Reference of the Review of Vulnerable Prisoners.
FOI Exemptions Applied	
Equality Impact Assessment	
Recommendation/ Resolution	The Board are asked to **NOTE** the Chief Executives Update.
Next steps	The Terms of Reference of the Review of Vulnerable Prisoners is to be published on the RQIA Website.

Review of the Provision of Services for Vulnerable Persons Detained in Northern Ireland (NI) Prisons

Terms of Reference

RQIA have developed detailed Terms of Reference to deliver the Project Specification above, these have been agreed by a Steering Group of DoH and DoJ policy officials.

1. To assess the effectiveness of strategies/policies, services and operational procedures in place to deliver care and treatment to people with mental ill-health at risk of self-harm or suicide in Northern Ireland prisons.

2. To assess the effectiveness of arrangements the needs assessment and planning and commissioning of services delivered to this group within Northern Ireland prisons.

3. To assess the effectiveness of arrangements for assuring the quality of services delivered to this group within Northern Ireland prisons.

4. To seek the views and experiences of service users in relation to the effectiveness of services provided.

5. To report on our the findings and make practical recommendations to improve outcomes for vulnerable prisoners in Northern Ireland

A separate Review of the operation of Care and Supervision Units (CSUs) in the Northern Ireland Prison Service (NIPS) is to be undertaken by Criminal Justice Inspection Northern Ireland (CJI) in partnership with the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI).

Terms of reference for this review are available on the Criminal Justice Inspection Northern Ireland website at http://www.cjini.org/

The CJI Review will run concurrently with the RQIA Review; both are expected to report in the summer 2021.