

PUBLIC SESSION

RQIA Authority Meeting
Thursday 21 September 2023 at 11:30am
Via MS Teams

<p>Present: Christine Collins (Chair) (CC) Cheryl Lamont (CL) Mary McIvor (MMcI) Nazia Latif (NL) Neil Bodger (NB) Sarah Wakfer (SW)</p> <p>Apologies: Alphy Maginness (AM) Bronagh Scott (BS) Stuart Elborn (SE) David McCann (DMcC), Head of Business Services Emer Hopkins (EH), Director of Hospitals, Independent Healthcare, Reviews and Audit Lynn Long (LL), Director of Mental Health, Learning Disability, Childrens' Services and Prison Healthcare</p>	<p>RQIA Staff in Attendance: Briege Donaghy (BD), Chief Executive Jacqui Murphy (JM), Head of Corporate Affairs Ian Steele (IS), Medical Lead and Responsible Officer Elaine Connolly (EC), Director of Adult Care Services Karen Harvey (KH), Professional Advisor, Social Work Malachy Finnegan (MF), Senior Communications Manager</p> <p>Paul Cummings (PC), Financial Advisor Leanne Morgan (LM), Clinical Lead</p>
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1.0 Agenda Item 1- Welcome and Apologies

- 1.1 The meeting commenced at 11.33 am.
- 1.2 Apologies were received from Alphy Maginness (AM), Bronagh Scott (BS), Stuart Elborn (SE), David McCann (DMcC), Emer Hopkins (EH) and Lynn Long (LL).

2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 6 July 2023 and Matters Arising

- 2.1 BD provided an update to the Action List from the previous meeting of 6 July 2023.
- 2.2 Action 264 – Progressing. Publication of Children's Inspection Reports: the Stakeholder Group is being re-established. The Director of Mental Health, Learning Disability, Childrens' Services and Prison Healthcare to bring a full update to the Authority meeting in December.

- 2.3 Authority Members agreed the minutes as a true and accurate record and **APPROVED** the minutes of 6 July 2023.

3.0 Agenda Item 3 - Declaration of Interests

- 3.1 There were no declarations of interests.

4.0 Agenda Item 4 - Chair's Business

a) Governance and Assurance Framework (EP1: Governance)

b) Draft Mid-Year Assurance Statement: Verbal Update (EP1: Governance)

4.1 a) Governance and Assurance Framework (EP1: Governance)

CC introduced the updated RQIA Governance and Assurance Framework.

CC explained that it has been refreshed at September 2023, to include the new Legislative and Policy Committee and the dates when corporate governance documents have been scrutinised/ approved by the Authority and its Committees, as well as any new/re-established Committees and Groups which report to the Executive Management Team. CC noted that the RQIA Governance and Assurance Framework is based on an integrated governance model that links financial governance, risk management, clinical and social care governance and corporate governance.

CC noted this Framework is a concise and handy synopsis and proposed it should be approved.

- 4.2 The Authority **APPROVED** the updated RQIA Governance and Assurance Framework.

4.3 b) Draft Mid-Year Assurance Statement: Verbal Update (EP1: Governance)

CC referred to the Draft Mid-Year Assurance Statement, explaining that the Statement provides the Accounting Officer's written record of the condition of the system of internal governance in RQIA as at 30 September 2023.

The Statement describes the scope of Accounting Officer's responsibilities, the overall assurance and accountability arrangements surrounding the Accounting Officer role, the organisation's business planning and risk management, and the governance framework, as set out in the Governance Statement submitted to the DoH in July 2023.

The purpose of this mid-year Statement is to attest to the continuing effectiveness of the system of internal governance.

- 4.4 JM advised the Draft Statement, when ready, will be reviewed by the Authority Chair and the Chair of the Audit and Risk Assurance Committee (ARAC) and will be submitted to the DoH for the requested date of 13 October 2023.

Both ARAC and the full Authority will then consider the Draft Statement in November and December, respectively, for approval and if there are any amendments required, this will be advised to the DoH.

- 4.5 Authority Members **NOTED** the update in respect of the Draft Mid-Year Assurance Statement.

5.0 Agenda Item 5 - Members Activity Report

- 5.1 CC introduced the Members Activity Report and noted the significant volume of activity ongoing. CC advised that the Report accurately reflects the busy-ness of the Authority Members' roles and represents the commitment required of these positions on the Authority. CC acknowledged her appreciation of Members' continued support to her as Authority Chair.
- 5.2 Members **NOTED** the Members Activity Report.

6.0 Agenda Item 6 - Chief Executive's Update: Verbal Update

- 6.1 BD updated the Authority, explaining that, while she would ordinarily focus on work under Part 3 of the Order, that is, services registered with RQIA; today she would focus on those statutory services, that is, services under Part 4 of the 2003 Order and specifically on a system inspection to the Southern HSC Trust.

Firstly, in relation to registered services, BD advised that regulatory work continues, with around 2,000 inspection reports published annually.

In relation to winter pressures across HSC services, BD noted that RQIA had recently published last Winter's inspection of the Emergency Department at the Royal Victoria Hospital and had undertaken some engagement around this. BD advised that this Winter will see similar pressures unfortunately and she explained that RQIA is undertaking a **system inspection in the Southern Trust area**. This inspection report will be published, with a media statement drafted and shared with the wider HSC system. The inspection will examine Craigavon Area Hospital and its delayed discharges and, in parallel, look at what is happening with other providers such as care homes, domiciliary care agencies and GPs in the Southern Trust area. An advisory group including service user representation is presently being established.

Alongside this work, the Director of Adult Care Services (EC) is leading on a **census to record the actual situation relating to registered beds in care homes**. RQIA will publish its findings and share with all bodies which participate in the work.

- 6.2 CC thanked BD for her update, saying that she believed the inspections in the Southern Trust area would demonstrate impact.
- 6.3 SW welcomed this whole systems approach, describing it as more proactive. She reminded all of the need to be mindful in closing the loop when we make recommendations.
- 6.4 NB felt that it would be important to capture the age and size of premises examined and record the same on our systems. NB estimated that the older premises would have less residents and with increasing energy costs and the cost of living, it may well be that some of the smaller homes will become unviable and have to close. NB felt that the same would apply to the statutory sector, with a clamp-down on capital expenditure, including fuel costs and suggested the organisation should consider capturing this type of information onto our databases.

- 6.5 CC agreed that this was a good point and would help to gauge genuine capacity in the medium and also longer term. CC felt this was a question for our Estates Inspectors to consider how we examine this.
- 6.6 NL referred to the recent RAAC concrete crisis in public buildings, as reported in the media, and asked should the safety of buildings be something RQIA looks at.
- 6.7 PC noted that there have been previous surveys in relation to the safety of hospital buildings, for example, the reason the Ulster Hospital was re-built was because of concrete cancer. PC advised that the DoH and Trusts are well aware of this issue and are progressing a plan to replace buildings such as this.
- 6.8 Resolved Action: 265: BD agreed to enquire about this with the RQIA Estates Team.**
- 6.9 The Authority **NOTED** the Chief Executive's Update.
- 7.0 Agenda Item 7 - Deceased Patients Review: Delivery Plan (SO2: Improve)**
- 7.1 CC welcomed Dr Leanne Morgan (LM) to the meeting at 11:57 am.
- 7.2 BD introduced this item, reminding Members that the findings from the Deceased Patients Review (DPR) were published last Autumn, following the case note review and engagement with families in relation to Dr Watt. RQIA made a number of public commitments, along with the Report publication, and undertook to deliver these actions to ensure the learning is embedded. BD introduced Dr Leanne Morgan (LM) and invited her to present the Delivery Plan.
- 7.3 LM reminded Members of the background to the work, explaining that it was a significant piece for RQIA and enabled important learning for the HSC. The Royal College of Physicians (RCP) had been sourced to examine the records of 44 patients of Dr Watt who were deceased. RQIA had also met with the families who shared their personal experience; this helped with understanding the human impact and also identified where the wider system needed to improve. The Review had adopted a person-centred care approach, being open and transparent, and providing a listening ear to service users affected.

The RCP had made a number of recommendations and in light of these and taking into account the learning from the previous Reviews into Outpatients in the Belfast Trust and into Governance Arrangements in the Independent Sector, RQIA had made commitments. An action plan was subsequently drafted and approved and the Delivery Plan, setting out these Actions, is now being presented for approval.

There are three overarching objectives:

1. To seek assurance that outstanding recommendations in relation to individual cases / families have been appropriately actioned.
2. To share the learning, derived from the Review of the 44 Case notes, with system partners, including practising clinicians, in order to influence improvement across the HSC system.
3. To utilise the learning derived from Phase Two and any parallel work streams, to strengthen how RQIA assesses the effectiveness of HSC systems and safety culture across the services it registers, reviews and/or inspects.

LM went on to advise that a Delivery Plan has been developed with 11 Actions and work is already progressing. There is ongoing liaison with stakeholders representing policy, commissioning, HSC Trusts, Medical Leader's Forum (Medical Directors), etc and it is planned to hold a Medical Learning Event in the Spring.

LM also explained that the actions will strengthen our inspection methodology, with tools focusing on person-centred care, accompanied by Provider Guidance and feeding into ongoing work to make improvements in the HSC.

- 7.4 IS further advised that RQIA has taken on a role to ensure that we disseminate the learning and findings from the DPR work and he hoped this would attract people's attention throughout the sector.
- 7.5 MMcl commented that she found the Plan to be practical, making a good attempt to share information and be useful, influencing what is done across all the RQIA Reviews. MMcl felt that if we are able to share our intelligence as we hear from others, this is very positive by widening out our reports into the system. MMcl congratulated the Team on this piece.
- 7.6 CC agreed that this highlights the continuing emphasis for RQIA to work in partnership with other organisations and felt this was a very welcome sign of the way forward, knitting into building relationships and influencing the wider sector.
- 7.7 The Authority **APPROVED** the Delivery Plan for the Deceased Patients Review.
- 7.8 LM left the meeting at 12:08 pm.

8.0 Agenda Item 8 - Developing an Emerging Concerns Protocol for Northern Ireland (SO1: Scrutiny)

- 8.1 BD referred to previous mention of this Protocol, advising that this is a protocol shared between system and professional regulators, similar to that already operating in parts of the UK with Healthcare Improvement Scotland and Healthcare Improvement Wales taking the lead for their areas.

BD explained that RQIA will take the lead in bringing this forward for Northern Ireland.

The research has shown that different arrangements are in place in different areas and these have been studied and scrutinised. The Director, EH, has established contact with the other regulators and a survey has been issued to the regulators of the NI Joint Regulator's Forum, members of which will be the nucleus of this Protocol.

BD further advised that we would find our own unique methodology for Northern Ireland, thus aiming to reduce the Swiss Cheese Effect, with various organisations undertaking regulation, approaching it from different perspectives but gaps between regulatory scrutiny. The Protocol would provide a mechanism to purposefully share information and intelligence, bringing evidence to the table and detailed information which will contribute to robust debate, thus agreeing priorities areas that require attention and taking them forward.

Any of the Members will be able to call a meeting and use the mechanism of the Protocol.

BD advised that both she and EH had engaged with the DoH in respect of this and that the Chief Medical Officer (CMO) had attended the session. BD pointed out that, once established, the Protocol will have to be able to be facilitated and sustained and that RQIA is currently exploring how to resource this. The Protocol will be presented at the Authority's meeting in December, taking effect from January 2024 if approved.

8.2 MMCI thanked BD for the update, giving her support to this worthwhile initiative.

8.3 CC thanked BD and Members **NOTED** the update with regard to Developing an Emerging Concerns Protocol for Northern Ireland.

9.0 Agenda Item 9 –

a) RQIA Equality, Good Relations and Disability Duties - Annual Progress Report 2022-23: (EP1: Governance)

b) Equality and Disability Action Plans 2023-28 (EP1: Governance)

9.1 BD advised the Authority that the RQIA Equality Forum had been held yesterday with constructive discussion.

BD presented the RQIA Equality, Good Relations and Disability Duties - Annual Progress Report 2022-23, explaining that the organisation is required to produce this. The purpose of this report is to satisfy RQIA's Authority and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.

BD noted that the report reflects what has been achieved, what was unable to be progressed and where the gaps are.

BD focused on the piece of work being taken forward to ensure our operational policies are up to date. She noted that, as part of the shared agreement with BSO, policies in relation to HR, ICT and Information Governance are current. However, some of our own policies, procedures, guidance and instructions which we expect our staff and providers to comply with need attention. Dr Julie-Ann Walkden, Assistant Director and Anne Wilson, Senior Project Manager, are undertaking a piece of work to ensure all policies and equality screening are up to date, that there is a policy library which reflects the current status and that a robust infrastructure is in place to for developing and approving policies. While there is a Policy Group currently which has moved to refresh a volume of corporate policies over the past few years, this will require to be strengthened with any new recommended arrangements.

With respect to the Equality and Disability Action Plans 2023-28, BD advised this five-year plan has undergone a public consultation, which was facilitated by the BSO Equality Unit and is now ready for implementation.

9.2 NL acknowledged the tremendous amount of work in producing these documents, stating that they provide a very honest description of where the organisation is in relation to this area. NL agreed that it is important to acknowledge, not only what we have done well, but also what we need to improve on.

NL noted that it is disappointing that organisations rarely hear back from the Equality Commission, which could be leveraging the role of critical friend. While this is the statutory minimum required by organisations, the recent Equality Forum had resulted in an informative and encouraging discussion about how to improve our stance in equality and disability. NL complimented the Team for how this had been put together so well.

- 9.3 With respect to the Equality Commission, CC suggested that, as part of our Communications and Engagement Plan, could we reach out to them.
- 9.4 BD advised that RQIA attends the Joint Regulators and Commissioners Group, of which the Equality Commission is part of and she uses this group to develop the relationship with the Commission and will be meeting the new Chief Executive.
- 9.5 MF outlined the timeline for publication of both documents, explaining that in terms of the Annual Report, this is the final year of the previous five-year plan, which required to be submitted to the Equality Commission by the end of August. This was submitted, with the caveat that it would be considered by the Authority today for final endorsement. The Annual Report will be submitted formally to the Equality Commission later today.

In relation to the Equality and Disability Action Plans 2023-28, these will be submitted and published by 29 September 2023 to the RQIA website and also shared with the BSO Equality Unit. The BSO Equality Unit will also publish all ALB reports on their website. MF acknowledged the support of the BSO Unit in preparing these documents.

- 9.6 The Authority **APPROVED** the RQIA Equality, Good Relations and Disability Duties - Annual Progress Report 2022-23 and the RQIA Equality and Disability Action Plans 2023-28.

10.0 Agenda Item 10 – Business, Appointments and Remuneration Committee (BARC)

10.1 a) Meeting of 3 August 2023: Verbal Update

As the current Chair of BARC, SE, was unavailable for today's meeting, CL provided a verbal update of the BARC meeting on 3 August 2023.

10.2 b) RQIA / DoH Draft Partnership Agreement

The current draft version remains with the DoH for consideration, despite RQIA having returned it with their final amendments some months previous. This delay lies in the hands of the DoH and this Draft Agreement will form part of the agenda for the 'super' ground clearing meeting which the Authority Chair and Chief Executive will have with the CMO.

10.3 c) Workforce, Modernisation and Organisation Development

BARC Members acknowledged that the RQIA staff are the organisation's greatest asset. Members were impressed to hear of the high uptake in Mandatory Training; the extensive Health, Safety and Wellbeing Programme; and the continued implementation of the RQIA Pilot Hybrid Working Scheme, with a further pulse survey to take place in the Autumn. The Investors in People (IiP) online survey is likely to be brought forward to this Autumn, with the full

assessment to take place around October 2024, including face-to-face engagement with staff and assessment of evidence.

10.4 d) Activity Performance and Outcomes Report: Quarter 1, 2023/2024

This report was presented for approval, containing detailed reporting of both activity and outcomes for Quarter 1, 2023/2024. Members noted the already familiar issues which continue to be a challenge for the organisation, such as the number of inspections being completed against our minimum statutory requirement set out in Fees and Frequency regulations. Members noted that a risk and intelligence led approach is being used to ensure best use of resources and maximum protection for areas assessed to be at highest risk.

Following consideration, Authority Members **APPROVED** the Activity Performance and Outcomes Report for Quarter 1, 2023/2024.

10.5 e) Public Inquiries

There is much ongoing work with both the MAHI and COVID19 Inquiries, with Rule 9 Statements to be submitted. In terms of the Infected Blood Inquiry, the RQIA statement has been accepted and it may be shared with core participants, thus potentially accessible in the public domain.

10.6 f) RQIA Equality Working Group

Authority Members already noted that the Group met yesterday, with a constructive meeting and Members have approved the two documents for onward submission to the Equality Commission. It was noted that this Group's remit has been widened to include RQIA's role as a National Preventive Mechanism (NPM) and Human Rights.

10.7 g) RQIA Communications and Involvement Working Group

This Group has met earlier in September and agreed its Terms of Reference and several workstreams to include development of the RQIA Communications and Engagement Strategy; review of the Complaints Policy; update of the Website; and Front of House Arrangements.

10.8 h) Digital: iConnect Business Continuity Down-Time: Survey Report and Maintenance and Support Contract

The BARC Committee noted the survey report from the recent down-time as a result of the iConnect software upgrade and also learned that the Business Case to enable an extension to the existing support and maintenance contract was subject to final approval by Digital Healthcare Northern Ireland (DHONI) and then the organisation will go out to market place to make an award to the existing supplier via the VEAT process, which has been agreed with BSO PaLS Compliance Unit and follows the proper procurement processes. This will be in place by the end of March 2024.

10.9 i) Review of RQIA Policies

CL referred to the previous discussion under Item 9 and agreed that this review of RQIA Policies will help to reinforce our governance processes.

The Authority **APPROVED** the Review of RQIA Policies.

11.0 Agenda Item 11 – Audit and Risk Assurance Committee (ARAC)

11.1 a) Meeting of 24 August 2023: Verbal Update

As the current Chair of ARAC, NB, had been unable to attend the meeting on 24 August 2023, MMcl provided a verbal update of the ARAC meeting.

11.2 b) Risk Management Strategy

ARAC Members had discussed the Training Workshops in July and agreed the next focus should be on Risk Appetite. The Committee agreed to recommend the Strategy for the Authority's approval, as an interim Strategy, and agreed that risk appetite would form the basis for an Authority Workshop with David Nicholl in the future. It is planned to have a revised Strategy by the end of March 2024.

Authority Members **APPROVED** the Risk Management Strategy.

11.3 c) Principal Risk Document and Directorate of Adult Care Services Risk Register

Following a comprehensive discussion at ARAC, the Committee recommended the Principal Risk Document (PRD) for the Authority's approval. Also, the Director of Adult Care Services (EC) had attended the meeting to present the Directorate Risk Register. Committee Members learned about the current Directorate risks and discussion had ensued with regard to a single point of failure with one finance inspector who is planning to retire, with possible contact being made with BSO to secure additional financial skills.

The Authority **APPROVED** both the Principal Risk Document and Directorate of Adult Care Services Risk Register.

11.4 d) Report to Those Charged with Governance

The Final Report to Those Charged with Governance was presented to the Committee as approved and incorporates Management Responses.

11.5 e) Internal Audit Update

ARAC Members reviewed the Audit Report of the Financial Review of Controls, with Satisfactory Assurance and no Priority 1 recommendations and a few Priority 2 and 3 recommendations.

Internal Audit had also presented an interesting overview of Internal Audit across the whole of the HSC and the striking conclusion was that it reflects a degree of issues around the system, with the percentage of audits receiving satisfactory assurance decreasing. The Internal Audit Charter outlining how the auditors do their business and what their quality standards are was also presented.

11.6 f) Audit Action Plan

ARAC considered and recommended the Audit Action Plan for approval by the Authority.

Authority Members **APPROVED** the Audit Action Plan.

11.7 g) Outstanding Debtors

The Committee considered and recommended that the Outstanding Debtors Report, which has four outstanding debtors, with a write-off of an accumulated total of £2,548.63 to be agreed by the Authority.

The Authority **APPROVED** the write off of Outstanding Debtors.

11.8 h) iConnect: Business Continuity and Down-Time Survey Report

MMcl referred to the previous discussion under Item 10.8 and the discussion at ARAC had reflected this.

11.9 i) Standing Reports

ARAC Members had noted the Standing Reports presented, with no issues to raise to the Authority.

12.0 Agenda Item 12 – Legislative and Policy Committee (LPC): Meeting of 7 September 2023: Verbal Update

12.1 The Chair of the LPC, AM, had provided a written update of the meeting on 7 September 2023 and NL, one of the LPC Committee Members, spoke to this update.

12.2 Independent Clinics

The LPC had a lengthy and instructive discussion about its position given the recent legal advice received, which requires the Authority to reconsider how it traditionally managed its relationship with such clinics.

The Chief Executive confirmed a letter dated 10 August 2023 had been forwarded to the CMO, but no reply had as yet been received. It was agreed at the meeting that it was not appropriate to register services that we do not have the capacity to regulate; the issue has been put on the Principal Risk Register/Document (PRD).

Scoping of the extent of Independent Clinics is to be undertaken, but there will be costs involved; that scoping will assist in the preparation of a Business Case which will be submitted to the DoH.

It was agreed that a full cost recovery model, in accordance with Treasury Guidance, must be established and that would involve raising fees from providers with the net difference of the cost of the service met in the interim by the DoH, as ultimately this will require new Fees Regulations.

As agreed at the previous LPC meeting, it will also be necessary to obtain legal advice from counsel on how/whether we approach the Urology Public Inquiry, given our change of approach. However, it was noted there will be a delay before we can obtain those advices, given the current need to respond to requests for statements from the COVID Inquiry.

LPC agreed three actions:

- Produce a scoping paper for the preparation of the Business Case;
- Follow up the letter of 10 August 2023 to the DoH; and
- Obtain legal advice on the approach to the Urology Inquiry.

The Authority **NOTED** this update in relation to Independent Clinics.

12.3 **Mental Capacity Act (MCA)**

AM had noted that the Authority received a most unsatisfactory reply dated 11 July 2023 from the DoH in response to the Business Case which had been submitted in January 2023. In essence, that reply stated that the Act had not imposed any additional demands on the Authority and therefore no further funding would be forthcoming, despite the fact RQIA had been seeking circa £480k per annum to cover costs and that RQIA simply does not have the capacity to meet demand.

The Chief Executive replied to that letter on the 16 August 2023 and BD had reached out to the Policy lead and a meeting was planned soon.

Internal Audit had highlighted our failure to meet the demands of the Act, in particular in relation to patients who have been deprived of their liberty for longer than 6 months and patients who have assets with a value of over £20k. LPC Members were advised that around 3,500 patients had been deprived of their liberty under the Act and there are circa 500 patients with assets of over £20k.

It would appear the DoH does not appreciate the implications of the Act on RQIA and the additional demands it imposes. There is also the potential for fraud against those patients with assets of over £20k, if RQIA is not in a position to protect them.

LPC agreed we need to respond firmly to the DoH, given this most unsatisfactory situation and it was also agreed that we should establish what the Care Quality Commission (CQC) and our counterparts in Scotland are doing.

Two actions were agreed;

- Follow-up what CQC and Scotland are doing, with a view to advising the DoH; and
- Follow-up with DoH re Business Case.

BD added that she was presently reaching out to the other jurisdictions and a meeting has been arranged for tomorrow with the Policy Lead from DoH (Mr Gavin Quinn, where we will discuss our Business Case and push forward the view of RQIA.

The Authority **NOTED** this update in relation to the MCA.

12.4 **Strategic Planning and Performance Group (SPPG)**

The former HSC Board was included within the RQIA remit and its services were subject to the statutory duty of quality. However, with the establishment of the SPPG, which forms part of the DoH, such services are no longer subject to that duty of quality, nor are they subject to the scrutiny of the Authority.

For example, the former Board's role in respect of primary care services, in particular GP services are no longer subject to the Authority's remit. Likewise, Serious Adverse Incidents (SAIs) are not subject to the Authority's review, and Extra Contractual Referrals essential to access highly specialised services not available in Northern Ireland are now also outside the Authority's remit.

The LPC agreed this represents a significant gap and a diminution of protection for the general public and discussed the potential use of the Partnership Agreement or a Memorandum of Understanding (MoU) which does not carry legal weight, as a basis for seeking information from the SPPG/DoH. However, there would be no

legal requirement for the DoH to provide any such information. The position was noted at this stage but will need to be addressed in the future.

The Authority **NOTED** this update in relation to the Strategic Planning and Performance Group (SPPG).

12.5 **Public Inquiries**

With respect to the Muckamore Abbey Hospital Inquiry, no dates have been provided for witnesses from RQIA for this year, although requests from the Inquiry for documents continue to be fielded.

In relation to the COVID Inquiry, two Rule 9 requests for statements have been received and the first draft has been submitted to the Inquiry as requested; an extension of time has been requested for the submission of the second statement.

The Authority **NOTED** the update in relation to Public Inquiries.

12.6 **Current Legal Cases**

The LPC heard that there are two High Court cases pending following an Inquest, one for each parent of the deceased; medical reports are being obtained but will take some time; and an apportionment agreement in relation to damages has been made with the Western Trust, on the basis of 75% for the Trust and 25% for RQIA.

The implications of the Judicial Review on mental health community services are still ongoing; a lot of time is being spent on engaging with patients, action groups, politicians, etc. Further information from the Applicant has not been forthcoming at present. It is proposed to bring this matter to the December meeting of the Authority.

Authority Members **NOTED** the update in relation to Current Legal Cases and agreed that the Implications of the Judicial Review is brought back to the Authority Meeting on 14 December 2023.

12.7 **Resolved Action: 266: Add the item of Implications of the Judicial Review on Community Mental Health Services to the Agenda for the 14 December 2023 meeting.**

12.8 **Enforcement Powers**

The Chair of LPC (AM) wishes to list the gaps in enforcement powers that currently exist and he has agreed to meet with directors to establish those perceived gaps. AM is mindful that there will be a need for legislative change and that will take some time, but it is important to kick start the process.

Members **NOTED** the update in respect of Enforcement Powers.

13.0 **Agenda Item 13 – Financial Performance Report: 2023/2024 Month 4 (EP3: Resources)**

13.1 PC presented the Financial Performance Report for Month 4, 2023/2024.

PC explained that he and the Client Accountant had reviewed the previous year's accounts in relation to accruals, a considerable volume of which have been removed. PC noted that some invoices have not been presented, and/or were already paid. Therefore, this has brought a negative figure into this year's

accounts and, on a one-off basis, has reduced our position this month. There still remains a couple of small bills to be checked.

PC also advised that it has been discovered that all of our income from Registration Fees (both annual and one-off fees) were being treated in the same way by BSO Finance, in that, the annual fees were being brought in in equal twelfths and BSO had also brought in one-off fees in this way. PC advised this is not correct and has increased the amount of income.

Both instances as noted above, have resulted in improvements in-month and for the projections for year-end, resulting in a £100k-£150k deficit.

There is also a small amount of income allocated in respect of some reviews and there may be some further income to support specific reviews, such as DPR.

In terms of individual budgets, these are being distorted by the MAHI budget and the Inquiry is likely to be heavily weighted towards the end of the year. PC advised that, with the Chief Executive's permission, the budget will be matched from Month 5; whereas from next month, he will only match the MAHI budget which is presently in equal twelfths.

PC reported that there are some deficits on pay budgets and with a low level of vacancies and a number of retirements expected towards the end of the year, the deficit will shrink. There will be some underspends with pay budgets as it will be a challenge to secure replacements, as people leave.

PC concluded that the more positive news in respect of the financial position going forward is a smaller deficit, which is expected to reduce over the next 3-6 months.

- 13.2 NB thanked PC for the report readability and said that when figures are submitted to the DoH, we need to ensure we reiterate the message that we need resources, particularly in the Finance Inspectors post and we need to keep the pressure on, seeking additional staff.
- 13.3 PC took the opportunity to assure the Authority that the Chief Executive continually keeps the pressure on and that the DoH has been left in no doubt about the pressures around the Savings Plan impact on RQIA.
- 13.4 CC noted that it is reassuring to know that the deficit is not as high and she was pleased to note more confidence in the figures, particularly with clarity on what BSO Finance has been doing with the figures.
- 13.5 Following consideration, the Authority **APPROVED** the Financial Performance Report: 2023/2024 Month 4.




There being no other business, the Chair closed the meeting at 1:05 pm.

Date of Next Meeting: Thursday 14 December 2023 at 11:30 am, via MS Teams.



Signed 
Christine Collins MBE
Chair

Date 14 December 2023

Authority Action List: Meeting of 21 September 2023

Authority Public Session: Action List					
Action number	Authority meeting	Agreed Action	Responsible Person	Date due for completion	Status
264	20 April 2023	Publication of Children's Inspection Reports: Authority comments to be taken on board in respect of the next steps to establish a Short Life Working Group and a sample inspection report to be brought back to the Authority in due course. Update to be provided to Authority meeting in December 2023	Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare	14 December 2023	
265	21 September 2023	Chief Executive to enquire about inspection in relation to the safety of Care Homes buildings with the RQIA Estates Team.	Chief Executive	14 December 2023	
266	21 September 2023	Add the item of Implications of the Judicial Review on Community Mental Health Services to the Agenda for the 14 December 2023 meeting.	Head of Corporate Affairs	14 December 2023	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	