

PUBLIC SESSION

RQIA Authority Meeting
Thursday 12 May 2022 at 11:30am
Via Zoom

<p>Present: Christine Collins MBE (Interim Chair) (CC) Jacqui McGarvey (JMcG) Prof. Stuart Elborn (SE) Suzanne Rice (SR) Neil Bodger (NB)</p> <p>Apologies: Bronagh Scott (BS) Paul Cummings (PC) Financial Advisor, Associate, Leadership Centre Lynn Long (LL) Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare</p>	<p>RQIA Staff in Attendance: Briege Donaghy (Chief Executive) (BD) Jacqui Murphy (Acting Head of Business Support Unit) (JM) Emer Hopkins (Director of Hospital Services, Independent Healthcare, Reviews and Audit) (EH) Elaine Connolly (Director of Adult Care Services) (EC) Karen Harvey (Professional Advisor Social Work / Project Lead for Assurance) (KH) Francis Rice (Professional Advisor Nursing) (FR) Malachy Finnegan (Communications Manager) (MF) Courtney Ryder (CR)</p>
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1.0 Agenda Item 1 – Welcome and Apologies

- 1.1 The meeting commenced at 11:30am.
- 1.2 The Interim Chair noted apologies for Bronagh Scott, Paul Cummings and Lynn Long.

2.0 Minutes of the meeting of the Authority held on 7 April 2022 and Matters Arising

- 2.1 There were no comments in relation to the previous minutes.
- 2.2 Authority Members **APPROVED** the minutes of 7 April 2022.
- 2.3 In relation to action 247 the Interim Chair provided an update, indicating that the Business, Appointments and Remuneration Committee (BARC) had considered the professional advisory roles and agreed a way forward.
- 2.4 It was noted that action 248 is now closed and action 249 is on track.

3.0 Agenda Item 3 – Declarations of Interest

- 3.1 CC declared an interest due to her position as Chair of the Patient Client Council (PCC), however, the Department of Health has confirmed that the position is time bound and that it is actively seeking to recruit a Chair. CC would recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective role as Chair of the PCC.
- 3.2 JMcG advised that she is a member of the NI Social Care Council (NISCC) Board.

4.0 Interim Chair's Business: Verbal Update

- 4.1 The Interim Chair acknowledged the current period as being particularly busy, with preparation of the annual report and accounts.
- 4.2 CC also noted Mr May's (Permanent Secretary) visit to RQIA and advised that that recruitment for new Authority Members is dependent upon Minister's decision to proceed, following the election period.

5.0 Agenda Item 5 – Members Activity Report

- 5.1 The Interim Chair referred to the member's activity report and recognised the large amount of work and effort which has been undertaken and which will be required for the coming months. CC thanked Authority Members for their commitment.

6.0 Agenda Item 6 – Chief Executive's Report: Verbal Update

- 6.1 BD referred to the responsibility of RQIA as a regulator to keep the DoH informed of areas of concern in relation to safety, access to, and availability of, services. BD identified a number of service issues that RQIA have drawn to the attention of the DoH in this regard (under Article 4).
- 6.2 BD identified concerns across the whole HSC system around service safety issues. A high level review identified a range of evidence to endorse these concerns. RQIA had engaged with the RCN in response to concerns raised. RQIA proposes to take forward work as part of a rapid review programme to consider the issues and report on same. It was noted the importance of collaborative working and a whole system approach to addressing the issues.
- 6.3 BD went on to refer to the fire risks identified at Glenalina Care Home by the NI Fire and Rescue Service (NIFRS), subsequent to a fire risk assessment. This had necessitated the re-accommodation of residents facilitated by the two commissioning Trusts. BD noted that all residents have now been relocated.
- 6.4 BD advised that RQIA worked closely with the Belfast HSC Trust, the South

Eastern HSC Trust and NIFRS in relation to this. BD noted that RQIA intends to issue correspondence to a range of providers who provide residential accommodation so that learning can be shared from the risks identified.

- 6.5 BD referred to the launch of the consultation of Adult Social Care Reform and recognised that the closing date has been extended to 1 July 2022. BD referred to the Authority Workshop that had been held in this regard and now that there was a short extension, further opportunity will be taken to consider response. She advised that RQIA will submit a response to the consultation in due course.
- 6.6 BD referred to the Muckamore Abbey Hospital Public Inquiry (MAHI) and advised that RQIA continues its efforts to retrieve all relevant documentation and evidence and submit same to the Inquiry Team. BD recognised the importance of this Inquiry and that RQIA is fully committed to supporting the Inquiry. BD advised that RQIA is currently recruiting an Inquiries Lead post on a permanent basis. BD recognised the impact of this Inquiry on other duties and tasks as staff have been reallocated to assist with the MAHI work. BD noted that RQIA has been allocated non-recurrent funding to assist with securing additional staffing in the short-term.
- 6.7 BD referred to the Dr Watt / Neurology Inquiry and advised that RQIA awaits its commissioned reports from the Royal College of Physicians in relation to the Deceased Patient Review. BD advised that it is understood draft copies will be available soon for factual accuracy checks. In due course, the reports will be submitted to the DoH, and individual reports will be shared with those families who have requested these.
- 6.8 BD advised that RQIA has secured support from the HSC Leadership Centre to assist with the development of a review of our Regulatory Framework. This will include refreshing our approach to inspection, risk assessment and enforcement activity, along with supporting Guidance materials. We will engage on this with stakeholders.
- 6.9 BD advised that RQIA is currently undertaking a workforce review, some of the information had been shared with Mr May during his recent visit. BD recognised that the workforce issue has been affected by the COVID-19 Pandemic. BD noted that RQIA is actively recruiting.
- 6.10 CC recognised importance of participating in the discussion regarding the reform of adult social care to ensure that the new framework is fit for purpose.
- 6.11 CC also noted importance of assessing and sharing the knowledge and information held by RQIA in terms of the HSC workforce and staffing pressures, both in terms of numbers and skills, and the impact this could have on patient safety.
- 6.12 JMcG recognised the range of responsibilities carried out by RQIA and

noted the importance of increasing the public's knowledge about RQIA's role and the need to build the public's understanding of RQIA's systems regulatory role.

- 6.13 NB referred to workforce and recognised that 17% of posts vacant alongside 6% sickness and also the investment in inducting and training a new member of staff, could account for circa 30% shortfall, impacting upon being unable to fulfil statutory duties. He advised of the need to ensure the DoH is kept informed.

7.0 Agenda Item 7 - Management Plan 2022/2023

- 7.1 BD presented the draft Management Plan 2022/2023 highlighting the objectives, enablers and a move towards outcomes based measures. BD advised that RQIA plans to engage with stakeholders, to include service providers, users, family members and political parties etc via a public consultation.

- 7.2 BD advised of the four strategic objectives:

- Providing an independent view on the quality of health and social care services against required standards through Regulation;
- Driving improvement through effective intelligence gathering, listening and building networks to share learning, good practice and adopt improvement;
- Using our findings to influence policy decisions, raise standards and inform service modernisation; and
- Creating sustainable relationships and partnerships that expand our intelligence and add support to achieving our objectives.

- 7.3 BD referred to several of the actions, such as RQIA's plans to publish children's services inspection reports, recognising that the organisation does not currently publish children's reports for confidentiality reasons in order to protect the young people concerned. BD recognised that this reduces transparency.

- 7.4 CC acknowledged the significant amount of work which had gone into developing the Management Plan 2022/2023.

- 7.5 SE noted that it would be useful to include a high level organisational chart as an appendix to the management plan.

- 7.6 Authority Members **APPROVED** the draft Management Plan 2022/2023 and the plans for a public consultation.

8.0 Agenda Item 8 - Deputation and Speaking Rights: The Inspection Experience of Providers

[REDACTED] Managing Director,
Joined by [REDACTED] and [REDACTED],
Directors of [REDACTED] Group

- 8.1 The Interim Chair welcomed those from [REDACTED] Group and thanked [REDACTED] and [REDACTED] for joining the Authority meeting.
- 8.2 [REDACTED] provided some background information in relation to [REDACTED] Group.
- 8.3 [REDACTED] advised that [REDACTED] Group had always had a good relationship with the regulator and wished to ensure this remained the case. The [REDACTED] Group always aimed to improve the quality of life for their residents and they thanked Authority Members for the opportunity to provide some feedback in respect of their experience of the inspection process.
- 8.4 In particular, [REDACTED] advised that [REDACTED] Group had received a failure to comply notice in relation to staffing and wished to share their experience and learning from this.
- 8.5 [REDACTED] presented a PowerPoint presentation to Authority Members. [REDACTED] referred to the inspection process and advised that historically, the process was always helpful and supportive. [REDACTED] recognised that the inspection process and RQIA's regulatory approach has helped to improve the standards and the care home industry.
- 8.6 Speaking on behalf of [REDACTED], [REDACTED] felt that in recent years, it appeared that relationships had changed with the regulator. [REDACTED] advised that feedback from the [REDACTED] staff had been received and some stated they felt uncomfortable, a few indicated a harassing style and were unhappy with the inspection process. [REDACTED] went on to say that some staff felt that their feedback is not reflected within the final inspection report.
- 8.7 [REDACTED] advised that the management team in the care homes look to inspectors as experts in the field and as individuals who could offer support and guidance; there had always been an assurance that the inspector would revert with guidance in line with their experience and knowledge.
- 8.8 In particular, [REDACTED] referred to a failure to comply notice which had been served and advised that there were definitely elements of good learning with this, however [REDACTED] noted concerns in relation to how these notices are currently issued. [REDACTED] advised that, while they were working through an appeal, the notice was published and became the result of a media interest article. [REDACTED] advised that this had had a negative effect on some staff and residents at the time.
- 8.9 [REDACTED] also noted that Northern Ireland appears to be out of sync with the rest of the UK in relation to obtaining minutes of meetings and felt that there should be work carried out to improve this process.

- 8.10 ■ referred to the specifics within the failure to comply notice around the staffing levels in the home and ■ felt that they were adequately staffed to meet the needs of the residents in the home at the time of the inspection. However, ■ noted that there appeared to be no advised / standard benchmark or tool to demonstrate what RQIA used to assess and determine unsafe staffing levels. ■ advised that, while the ■ Group utilised the Rhys Hearn Staffing Model, they would be keen to get involved and work collaboratively to develop a meaningful tool.
- 8.11 ■ agreed with the regulator that leadership within care homes is key and advised of plans for staff development. ■ also explained the wider importance attached to the RQIA inspection reports, for example, the use by insurance companies in deciding premiums. ■ advised that they are keen to improve the process and move forward, building on partnerships and a collaborative approach.
- 8.12 The Interim Chair thanked ■ for their time, effort and honesty, in presenting their feedback. CC acknowledged that RQIA is bound by legislation and a review of key aspects of regulation will be welcomed in the near future.
- 8.13 JMcG recognised importance of listening to, and learning from, feedback and she recognised that ■ Group is keen to get involved and acknowledged their openness.
- 8.14 NB thanked ■ and his colleagues for their frank and open presentation and advised that RQIA is aiming to ensure a balanced model of regulation and driving improvement. NB recognised that RQIA can only drive improvement through supporting, learning and listening to providers. NB recognised that the regulator can play a key role in helping the care homes sector grow to become a safer, more compassionate arena.
- 8.15 SR thanked ■ Group for their time and feedback and agreed with NB that there has to be a balance between regulation and quality improvement.
- 8.16 BD advised that it is important for every organisation to listen and learn and explained that RQIA has been working closely with colleagues from IHCP to determine how regulation can be effective, possess the necessary scrutiny and be outworked with respect and compassion.
- 8.17 BD advised that RQIA has developed a questionnaire to invite care home managers who have participated in the 'My Home Life' Programme to share their experience of regulation. BD noted that RQIA is keen to reach out, learn and challenge itself in order to improve the process. BD advised that she has been out on inspections with the teams and has not witnessed the negative aspects touched upon today, however BD recognised that it clearly happens and RQIA will embed the learning from what has been discussed today.

- 8.18 CC recognised the importance of listening so we can improve our inspection processes through working in partnership with providers. She agreed that IHCP is one of the best platforms to progress the work of the regulatory framework.
- 8.19 EC referred to the dependency level assessment tools and advised that this work is ongoing through the Enhanced Clinical Care Framework Groups. EC noted that there are colleagues from IHCP who sit on the group and [REDACTED] Group colleagues would be welcome to join.
- 8.20 [REDACTED] and [REDACTED] appreciated that this work is in development, however they noted concerns that they have not been sighted on its development to date. Both noted the importance of using an agreed and standardised tool to compare and improve.
- 8.21 CC recognised the importance of improving RQIA's inspection processes to ensure clarity.
- 8.22 CC thanked [REDACTED] Group for their time, effort and honesty and [REDACTED] and [REDACTED] left the meeting at 12:52pm. Chair reflected on the points raised by the [REDACTED] Group, noting the importance of hearing the views of Providers about regulatory process. She noted the point made about the publication of the Failure to Comply Notice and that the Authority had reconsidered the current policy of publishing Failure to Comply Notices in advance of the Appeals process completing, and had concluded that it should remain as is in interest of openness and transparency. Chair also noted that the current Consultation on Adult Social Care Reform, DoH, proposes to move to adopt safe staffing legislation, and that safe staffing models for all professional groups would be implemented as appropriate. The Department proposes to lead the development of a specific model to identify safe staffing levels for social care staff, in co-production with relevant stakeholders.
- 8.23 SE queried the failure to comply process and asked if the service would be notified during the informal feedback session, or if it would be through a written notification. EC confirmed that all providers would be informed where serious concerns are identified during inspection, with the possibility of enforcement action being taken. EC noted that after inspection, an enforcement decision meeting is held with the inspectors and following that, providers will be invited to a serious concerns meeting and provide an action plan. If enforcement action is taken, providers have a right to request representation. She also noted, notes of the Enforcement meeting are shared with Providers.
- 9.0 **Agenda Item 9 - Review Programme: Summary of Forthcoming Publications: Verbal Update**
- 9.1 EH advised that RQIA has completed a review regarding choking related harm and made 12 recommendations to improve patient safety. EH advised that the report is due to be published on 19 May 2022 and there are some

final engagements planned around the best way to launch the report. EH went on to say that they will also put in place a mechanism whereby recommendations can be followed up.

- 9.2 CC recognised the significance of the report and the importance of sharing the report across the whole health and social care sector.
- 9.3 EH noted that the Reviews Team is keen to commence further succinct pieces of review work over the summer months, capacity allowing. EH also advised that she would be undertaking a robust engagement over the summer months in relation to a comprehensive review programme.
- 10 **Agenda Item 10 – Business, Appointments and Remuneration Committee**
- a) **Verbal Update: Meeting of 3 May 2022**
 - b) **Minutes of the Meeting held on 20 January 2022**
 - c) **Update on Re-Structuring; Workforce & OD Group; Professional Advisory Role – RO**
 - d) **Senior Executive Performance**
 - e) **Suite of Information Governance Policies**
 - f) **Performance Activity Report (PAR): Q4, 2021/2022**
 - g) **2021/2022 Management Plan: Monitoring (Q4)**
- 10.1 The minutes of the meeting held on 20 January 2022 were considered read.
- 10.2 SR advised that there were a number of issues discussed at the meeting on 3 May 2022, in relation to vacancies and the workforce baselines, with a concentrated effort underway in respect of recruitment to permanent posts.
- 10.3 SR referred to the Workforce and Organisational Development Group and noted that Mr David McCann, Acting Head of Organisational Development and Modernisation, will lead on this group and will develop an induction programme and training materials and become the point of contact for associates.
- 10.4 SR noted that the Responsible Officer post will be advertised within the coming days.
- 10.5 SR referred to the Nursing/AHP and Social Work Professional Advisory Roles and recognised that there are two individuals currently in the posts and RQIA is keen to establish a working group to commence recruitment proper.
- 10.6 SR reported that RQIA's Chief Executive has come through her appraisal with a strong endorsement. The Committee was presented with the appraisal and noted those objectives achieved.
- 10.7 The Information Governance Policies were also considered and are up to date and can be approved. SR noted that there is a review of the Human Resource Policies ongoing by BSO and that BARC was able to endorse an extant proforma.

- 10.8 SR invited Authority Members to endorse the suite of Information Governance Policies.
- 10.9 Authority Members **APPROVED** the Suite of Information Governance Policies.
- 10.10 SR referred to the Performance Activity Report and noted that a number of objectives are continuing into the next year's performance objectives.
- 10.11 BD recognised that the measures in the PAR report will continue to be quantifiable and RQIA will review the PAR report to ensure it reflects the objectives set in the management plan for this year.
- 10.12 SR referred to the 2021/2022 Management Plan (Q4) and advised that 70% of the plan was achieved as of the end of March 2022. There are a number of areas that will continue to be progressed such as the reviews programme and registration project. SR recognised that RQIA set itself a challenge and recognised that it is a learning curve for Authority Members moving forward in developing achievable objectives.
- 10.13 BARC asked Authority Members to approve the 2021/2022 Management Plan (Q4), recognising that there are lessons to be learned and some objectives will be taken forward into next year's planning.
- 10.14 JMcG recognised that everyone is learning from the report and recognised that staffing is a factor as to why some objectives have not been achieved.
- 10.15 Authority Members **APPROVED** the 2021/2022 Management Plan (Q4).
- 11.0 **Agenda Item 12 - Audit and Risk Assurance Committee**
a) **Verbal Update: Meeting of 9 May 2022**
b) **Minutes of the Meeting held on 20 January 2022**
c) **Finance Report (Month 12) & Budget Build 2022/2023**
d) **Principal Risk Document (PRD)**
e) **Gifts and Hospitality Policy**
f) **Internal Audit Update and Action Plan**
g) **External Audit Update**
- 11.1 The Minutes of the Meeting held on 20 January 2022 were considered read.
- 11.2 NB referred to the Meeting held on 9 May 2022 and requested approval of the Finance Report (Month 12).
- 11.3 Authority Members **APPROVED** the Finance Report (Month 12).
- 11.4 NB referred to the draft annual accounts presented by the BSO Client Accountant and the draft Governance Statement which had previously been considered.

- 11.5 NB advised that PC had taken the Committee through the 2022/2023 budget build which ARAC had approved.
- 11.6 Authority Members **APPROVED** the budget build for 2022/2023.
- 11.7 NB referred to the Principal Risk Document (PRD) which was discussed at ARAC.
- 11.8 The Interim Chair congratulated those who had worked on the Principal Risk Document (PRD) and recognised the extensive amount of work to ensure it was comprehensive and fit for purpose.
- 11.9 Authority Members **APPROVED** the Principal Risk Document (PRD).
- 11.10 NB referred to the recently reviewed Gifts and Hospitality Policy and Authority Members **APPROVED** the Gifts and Hospitality Policy.
- 11.11 NB referred to the Internal Audit Update and Action Plan. NB advised that:

- The Financial review was assessed as satisfactory;
- The Registration process for agencies was assessed as limited assurance;
- Risk Management was assessed as satisfactory;
- Information Governance was assessed as satisfactory; and
- Governance was assessed as satisfactory.

NB reported that 81% of recommendations are complete. NB congratulated all of those involved on their efforts. NB advised of an overall satisfactory opinion from the Head of Internal Audit. NB explained that a lunch-time seminar has been organised for the Authority to hear about progress in respect of the Registration Improvement Project.

- 11.12 CC commended the pleasing result of overall satisfactory assurance from internal audit and acknowledged her appreciation for the Business Support Unit staff, particularly JM and HB, for their efforts in this excellent progress.
- 11.13 Authority Members **APPROVED** the Internal Audit Update and Action Plan.


12.0 **Agenda Item 12 – Any Other Business**

- 12.1 Authority Members noted the importance of organising a workshop in the future to look at the implications for the registration process as a result of the proposals in the Review of Adult Social Care Reform. CC agreed to consider.
- 12.2 JMcG noted her concern around the timeliness of receiving papers prior to the Authority meetings. BD and FR confirmed that staff are working significantly above their contracted hours to ensure all functions are covered and the Authority is supported, while recruitment is underway. FR noted that a lot of work is falling to the same small cohort of staff. BD

advised of the plans in place to recruit and establish the Office of the Chair and Chief Executive in the near future.



12.3 The meeting was brought to a close at 2:10pm

Date of Next Meeting: Authority Meeting: Thursday 7 July 2022 at 9:30am



Signed 

Christine Collins MBE
Interim Chair

Date 7 July 2022

Action number	Authority meeting	Agreed action	Responsible Person	Date due for completion	Status
247	3 February 2022	BARC to take forward the work required to establish the necessary professional advisory roles and update the Authority Board in due course.	Business, Appointments and Remuneration Committee	3 May 2022	
249	7 April 2022	An update to be provided to the Authority in relation to changes to fees/ frequency for inspections to dental practices.	Director of Hospital Services, Independent Healthcare, Reviews and Audit	7 October 2022	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	