



The **Regulation** and
Quality Improvement
Authority

RQIA ANNUAL REPORT AND ACCOUNTS

1 April 2021 - 31 March 2022

Laid before the Northern Ireland Assembly under Article 3 (2) and Schedule 1, paragraph 12 (5) of The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 by the Department of Health on 27 July 2022.

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Interim Chair and Members' Foreword



Christine Collins, MBE
RQIA's Interim Chair

I am pleased to present the attached Annual Report and Accounts for the Regulation and Quality Improvement Authority, in accordance with Article 7 of the Health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland Order 2003.

This Report covers the year 1 April 2021 to 31 March 2022; a period of sustained change and progress for RQIA amidst considerable stress across the health and social care sector, with the continuation of the Covid-19 Pandemic exacerbating the existing pressures on the system.

Operationally, the Authority's adoption of a stretching Management Plan and initiation of a far-reaching organisational review, led by the interim Chief Executive, Dr Tony Stevens gave focus and impetus to the RQIA's work. The substantive Chief Executive, Brieghe Donaghy, taking up post in July 2021, has developed this further; and steady progress is being made in building a resilient and sustainable organisation with a renewed sense of purpose, leading to the grant of an IIP Silver Award. The achievement evident across all operational areas is testament to the hard work and expertise of the RQIA staff.

From a governance perspective, the report of the review led by David Nicholl into the circumstances which led to the resignation of the previous Authority Members has been key to ensuring that lines of accountability and responsibility within the RQIA, and between the RQIA and its key stakeholders are clearly identified and understood. The adoption of revised Standing Orders and re-establishment of the Authority's governance processes represent first steps in re-building robust internal systems to ensure that RQIA's independence and credibility at every level, from registration and inspection processes to management planning and financial reporting.

The Authority, working closely with the Chief Executive and senior team, have devoted considerable effort to reframing RQIA's strategic purpose and direction. Our ambition is to move to an outcomes-based approach, delivered through working in structured partnerships with stakeholders, and in closer engagement with service users and their families. This is still very much "work in progress" and the Authority looks forward to consulting and engaging with the public and interested parties in coming months.

A handwritten signature in blue ink that reads "Christine Collins". The signature is written in a cursive, slightly slanted style.

Christine Collins MBE
Interim Chair
7 July 2022

SECTION 1

PERFORMANCE REPORT

PERFORMANCE OVERVIEW

The Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority is established as a body corporate under Article 3 of, and Schedule 1 to, the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). It is an arm's length body of the Department of Health; and under the Department's Framework Document (made in 2011) RQIA has an overall responsibility to provide independent assurance to the Department on the quality and availability of health and social care in Northern Ireland, and to drive improvement in these services. RQIA works to ensure that everyone in Northern Ireland experiences a better quality of health and social care as a result of RQIA's regulatory actions, inspections, reviews and audits. RQIA strives to ensure care is safe, effective, compassionate and well-led, listening carefully to patients and service users, and working in partnership with providers of services so that they can deliver improved care.

RQIA Vision

To improve safety and quality in health and social care in Northern Ireland.

RQIA Values

RQIA is committed to the regional health and social care values, which underpin all its work and internal and external relationships.



Working together



Excellence



Openness & Honesty



Compassion

RQIA Purpose

RQIA's functions include:

- Independent assurance and keeping the Department of Health and the public informed about the provision, availability and quality of health and social care services through its programmes of inspection, investigation and review.
- Promoting improvement in the quality of health and social care services.
- Reviewing and reporting on clinical and social care governance in the HSC.

- Regulating (registering and inspecting) a wide range of health and social care services against minimum care standards set by the Department to determine if the care being delivered is safe, effective, compassionate and whether they are well led. In publishing findings, RQIA highlights both good practice from which other areas may learn; and areas of concern that require remedial action by the service provider.
- Advising the Department of Health about any changes which the RQIA considers should be made in the standards set by the Department of Health.
- Providing advice, reports or information to the Department of Health, as requested.
- Under mental health legislation RQIA has a range of responsibilities for people with mental ill health and those with a learning disability.
- Monitoring and inspecting services under The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 (IR(ME)R) to protect service users and workers from inappropriate or unnecessary exposure to ionising radiation.
- Acting as a designated body under the United Nations Optional Protocol for the Convention against Torture (OPCAT) to safeguard the health, safety and rights of all those held in places of detention. These include facilities for those with mental health and learning disabilities; prisons; children's secure accommodation; and youth justice centres.
- As a prescribed organisation under Public Interest Disclosure legislation that protects workers who wish to whistleblow about matters relating to the quality, safety and availability of services. RQIA takes every disclosure seriously and works to ensure that any risks to service users are addressed as a matter of priority by the relevant organisation whilst endeavouring to protect the interests of the workers concerned.

We are determined to improve the safety and quality of services through active listening, dialogue and engagement with the public, service users, and health and social care workers and to ensure that our actions are properly informed by on the ground realities and lived experience.

Key Sectorial Issues and Risks Affecting the Achievement of RQIA's Objectives

Under the provisions of the 2003 Order, the Authority comprises a Chair, and not more than 12 other members appointed by the Minister of Health. The members of the Authority hold corporate responsibility for ensuring that the RQIA fulfils its statutory duties and functions, and the aims and objectives set by the Department and approved by the Minister, and for promoting the efficient, economic and effective use of staff and other resources. The Authority is responsible for the conduct of all its statutory duties and functions, and the exercise of its powers.

During 2021-22 in partnership with the wider HSC, RQIA played a key role in the regional response to the global Covid-19 Pandemic, through the distribution of guidance, collection of data, provision of support and continued scrutiny of health and social care services through inspections and reviews.

The impact of a further resurgence of Covid-19 would have the potential to impact on many of RQIA's key activities.

Following the resignation of the RQIA's Acting Chair and members in June 2020, the Minister of Health appointed David Nicholl to undertake an independent review into the circumstances of these resignations.

In July 2021, the Independent Review into the Circumstances of Board Member Resignations in the RQIA ("the Nicholl Report") was published. It made recommendations in respect of the role of Minister and the relationships between the Department of Health and its arms' length bodies (ALBs), noting issues with communication and working relationships, exacerbated by the severe and unprecedented pressures brought about by the Covid-19 Pandemic.

The Authority accepted those recommendations that were within its control. The Authority had already taken action on issues of governance and accountability identified in the Nicholl Report, including the re-establishment of key Committees, and initiating a comprehensive review, led by the Interim Chair, of the RQIA's Standing Orders. At the invitation of the Authority, in November 2021, Mr Nicholl facilitated a workshop which reflected on the Report, exploring accountability, leadership, culture, roles and responsibilities and effective governance. This resulted in an action plan, with key actions including the establishment of the Office of the Chair and Chief Executive; introduction of Authority seminars to discuss current topics; development of a Regulation Assurance Framework; and initiating the development of the Partnership Agreement, in preparation for the formal work led by the DoH.

The Authority formally approved the revised Standing Orders on 4 November 2021; and follow-up work continues to ensure that internal processes, particularly those involving decision making are fully compliant with the Standing Orders and its Scheme of Delegation.

Since the re-establishment of the Authority and its Committees, robust governance structures and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting RQIA's objectives and delivering appropriate outcomes are in place. This has been borne out in the recent audit of governance, where a satisfactory assurance was received, with an overall satisfactory assurance for 2021-22.

Internally, RQIA's restructure is nearing completion with the appointment of three Directors:

- Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare;
- Director of Hospital Services and Independent Health Care, Audit and Reviews in RQIA; and
- Director of Adult Care Services.

In addition, a robust reassessment of risks and mitigations; and the development of a strong Risk Management process, underpinned by intensive training are now well embedded within RQIA.

Risks Which Could Affect the Going Concern Principle

RQIA prepares financial statements on the basis that it will continue to operate in the foreseeable future without the need or intention to significantly curtail its operational activities. RQIA also expects to continue to settle all its obligations in the normal course of business.

With the ongoing impact of the Covid-19 pandemic, the outlook for 2022-23 and beyond remains constrained, particularly in respect of resource funding.

On an ongoing basis, RQIA has continued to undertake robust re-assessments of the principal risks facing the organisation, including those that would threaten the delivery of its statutory functions, duties and responsibilities. The potential risks to the organisation have been considered. Taking account of the mitigating actions and controls that are now in place, there is limited risk to RQIA's ability to continue as a going concern during the year ahead.

Workforce Related Risks

Due to the impact of Covid 19 and associated staff redeployments by year end RQIA had a 17% vacancy rate in its staffing complement. This has affected its capacity to deliver inspection volumes, and a risk based approach has been adopted. Plans are in place to address this capacity shortfall into 2022-23.

Strategic Overview

RQIA's Corporate Strategy 2017-21 identified four strategic themes:

1. Encourage quality improvement in health and social care.
2. Use sources of information effectively.
3. Engage and involve service users and stakeholders.
4. Deliver operational excellence.

During 2021 RQIA commenced the review of its Statement of Strategic Intent, to clarify its strategic direction and form the basis of the Management Plan 2022-23. This has been presented to the Authority and adopted as a working plan until, post the Assembly Election, it is possible to engage with stakeholders to inform the way forward.

Statement from RQIA Chief Executive



Briege Donaghy
RQIA Chief Executive

The Regulation and Quality Improvement Authority's Annual Report and Accounts provides an overview of RQIA's activities and performance from 1 April 2021 to 31 March 2022.

During this time, key achievements include:

- RQIA has continued to work collaboratively across the health and social care system in the regional response to the Covid-19 pandemic. Our work includes hosting a regional web portal to enable Care Homes to submit data on a daily basis about the issues being faced, including infection control, testing and workforce. RQIA shares this information with HSC organisations to enable a collective response and support. We have also maintained and strengthened our 'Guidance Team' support desk. This provides a point of contact, by telephone or email, for all stakeholders, including service users, families, staff and the public to contact RQIA about their concerns relating to any aspect of services. Physical inspections were the primary method of inspection over the course of the year, with inspection staff adopting safe practice through regular testing, infection prevention and control approaches and a risk based approach.
- A total of 1,732 inspections were completed during 2021-22 across regulated services, mental health and learning disability services and hospital services, and RQIA published around 1,700 inspection reports, reviews and enforcement actions on our website.
- During the year RQIA published a report of its Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons, jointly commissioned by the Ministers of Health and Justice, and undertaken in partnership with the Criminal Justice Inspectorate. The recommendations when implemented will support better outcomes for vulnerable prisoners - including the avoidance of harm; better prospects for treatment and rehabilitation; reduced reoffending; and reduced risk to wider society.
- RQIA also published the findings of the Review of Out-of-Hours Urgent Care Services, and the Review of Governance in Independent Hospitals and Hospices in Northern Ireland.

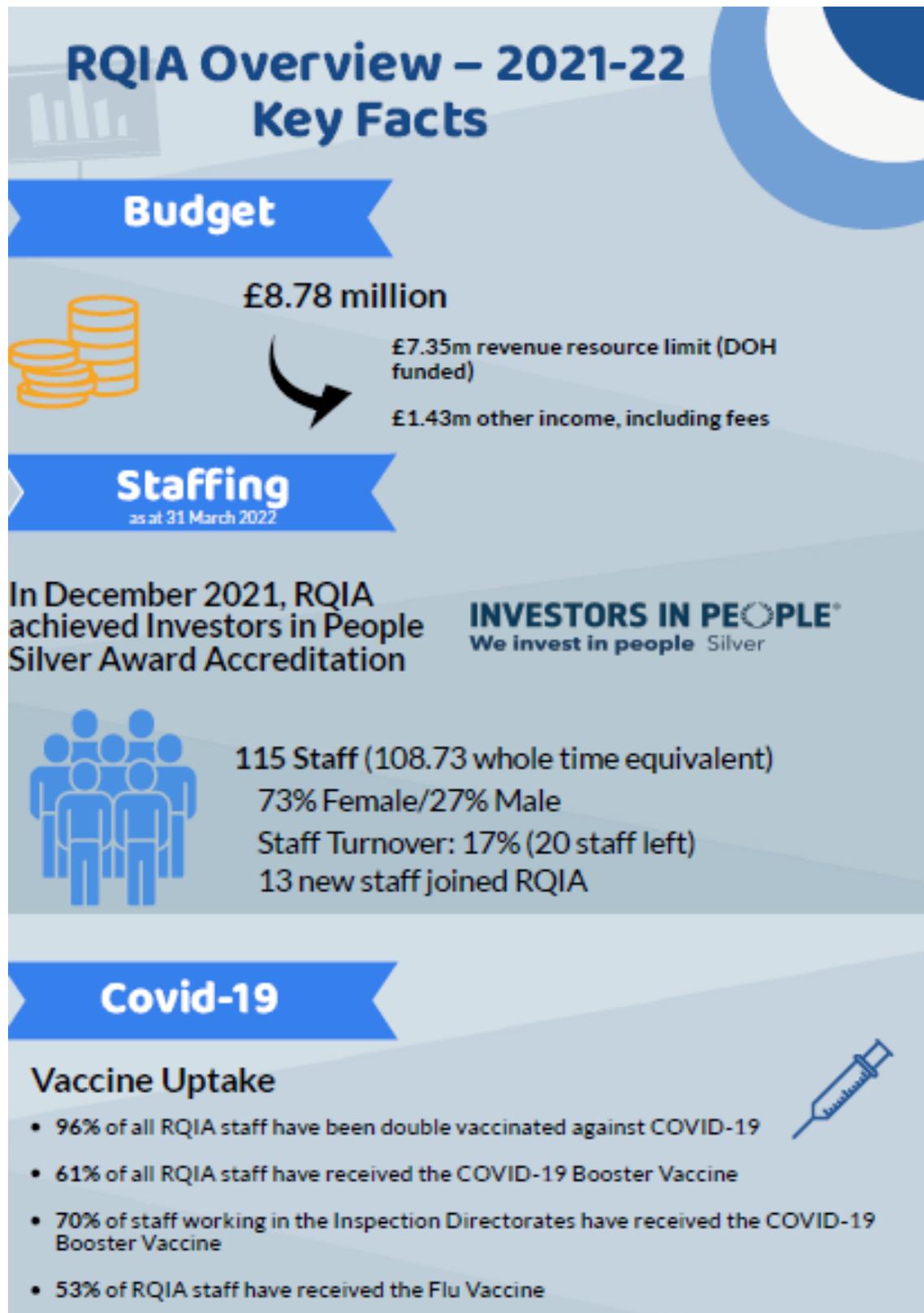
- RQIA continued the Expert Review of Records of Deceased Patients of Dr Watt, relating to the Neurology Inquiry, led by Brett Lockhart, QC. We have engaged an Expert Panel through the Royal College of Physicians and maintained the Family Liaison Team to enable those bereaved families, who wished to do so, to document their experiences relating to their family member. This was shared with the Expert Panel who have considered both these testaments and the patient's medical records for each of the individual cases. We provided an update on the Review to the Health Committee and we expect to complete the reports from this cohort of cases and provide these to the Department of Health in early 2022-23.
- The Review of the Serious Adverse Incidents arrangements in place in Northern Ireland has been undertaken. This will be submitted to the Department of Health in early 2022-23 following final accuracy checks. This Review was commissioned by the Department of Health and is an important part of the response to the Hyponatremia Inquiry.
- RQIA established a Project Support Team in response to the establishment of the Muckamore Abbey Hospital Public Inquiry in October 2021. RQIA is fully committed to providing a comprehensive response to the needs of the Inquiry, and has established a dedicated team to facilitate the transfer of all the required records, information and testaments, held by the RQIA covering both the period since RQIA was established in 2005, and information transferred to RQIA from the former Mental Health Commission in 2009. RQIA's participation will be supported by independent legal advice and representation.
- We delayed the engagement planned around the development of our Review Programme for 2022-23 and onward due to the pressures experienced across the health and social care services, acknowledging the need to enable the concentrated efforts required over the winter period, and continued impact of the pandemic on service demand and on the workforce. This engagement will be undertaken during 2022-23 to develop a Review Programme.
- RQIA supported and published the findings of four quality improvement projects undertaken by the wider HSC community, funded through its Clinical Audit programme.
- RQIA continued its participation in regional work to implement The Mental Capacity (Deprivation of Liberty) Regulations (Northern Ireland) 2019 and our role in the National Preventive Mechanism.
- RQIA published its Statement of Strategic Intent and Management Plan for 2021-22 setting out key strategic themes of safe and effective care, people and communities and operational excellence. Our quarterly Performance and Activity Report describes performance achieved against the objectives and actions planned to address presenting issues. This is published on our website with Authority papers.

- RQIA has a budget of £8.78m, with £7.09m allocated to staff costs. Through our Management Plan we used our resources and statutory powers to provide the assurances on the quality of services we regulate within the current constraints. Additional work was prioritised in line with these resources. We endeavoured to optimise the resource and availability of our workforce to ensure we met our responsibilities and objectives in a safe and effective way.
- RQIA continued to develop collaborative working and embed partnership arrangements with a number of organisations including Patient and Client Council (PCC), Commissioner for Older People Northern Ireland (COPNI) and others. RQIA established a task and finish group of key stakeholders to review the position on publication of children's services inspection reports, with a plan for public consultation on the resulting proposals.
- At 31 March 2022 RQIA had 115 staff in post. During the year, 20 members of staff left RQIA and 13 new staff joined the organisation to support its regulatory, inspection and administrative work.



Brieghe Donaghy
Chief Executive
7 July 2022

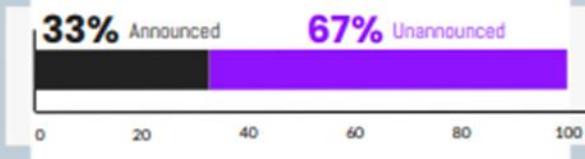
The following section provides a visual overview of RQIA and its activities during 2021-22.



Inspections

1,732 Inspections conducted by RQIA

Announced v Unannounced Inspections



Care Home Inspections



100% of all operational care homes were inspected



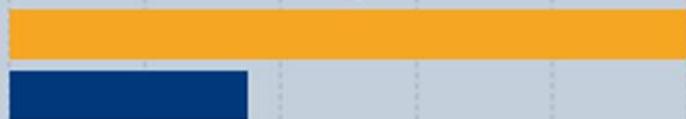
45% had received the statutory minimum of inspections (2+)

Inspections of Domiciliary Care Agencies, Nursing Agencies and Day Care Settings



71% of these services inspected at least once

Children's Homes Inspections



100% inspected at least once
35% received the statutory minimum required inspections (2+)

Inspections



Out of Hours Inspections

207 out of hours inspections took place at nursing, residential care and children's homes

25% of adult care home inspections out of hours

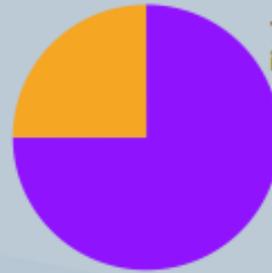
33% of children's homes inspections out of hours

Inspections of Dental Practices, Independent Clinics, Independent Medical Agencies and Independent Hospitals



86% of these services inspected at least once

Mental Health and Learning Disability (MHL) Wards



75% of MHL Wards inspected at least once

Acute Hospitals

5

Acute hospitals inspected

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

9

IR(ME)R inspections completed

Inspection Reports

1,677 inspection reports were issued during 2021/2022



45% of inspections resulted in no requirements or recommendations for improvement

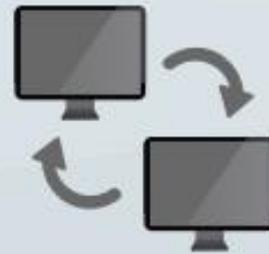


Registration

Services registered
with RQIA

1,532

1,756 registration
applications received
and 1,303 completed



Information Requests

82 media responses



69 Freedom of Information
requests



6 Subject Access Requests

RQIA Website



Around 200,000 visitors
750,000 page views

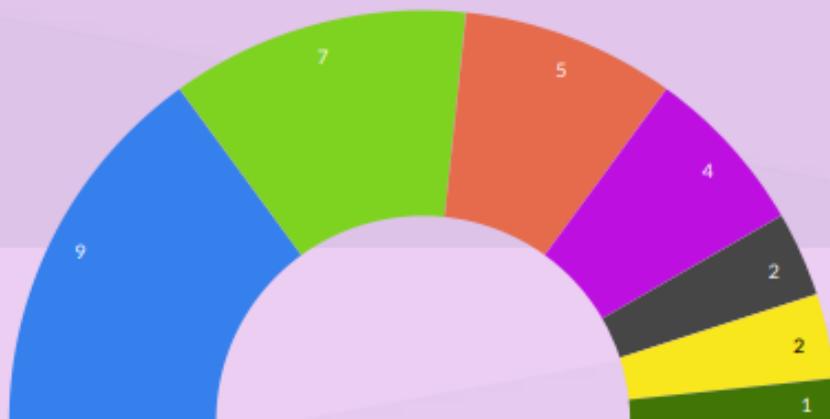
Enforcement

141 Enforcement Decision Meetings (EDMs) took place in 2021-22, resulting in:



- 42** Serious Concerns and Escalation Meetings
- 30** Failure to Comply Notice Intention Meetings
- 25** Notice of Proposal Intention Meetings
- 7** Improvement Notice Intention Meetings
- 3** Escalation Meetings

30 instances of enforcement action:

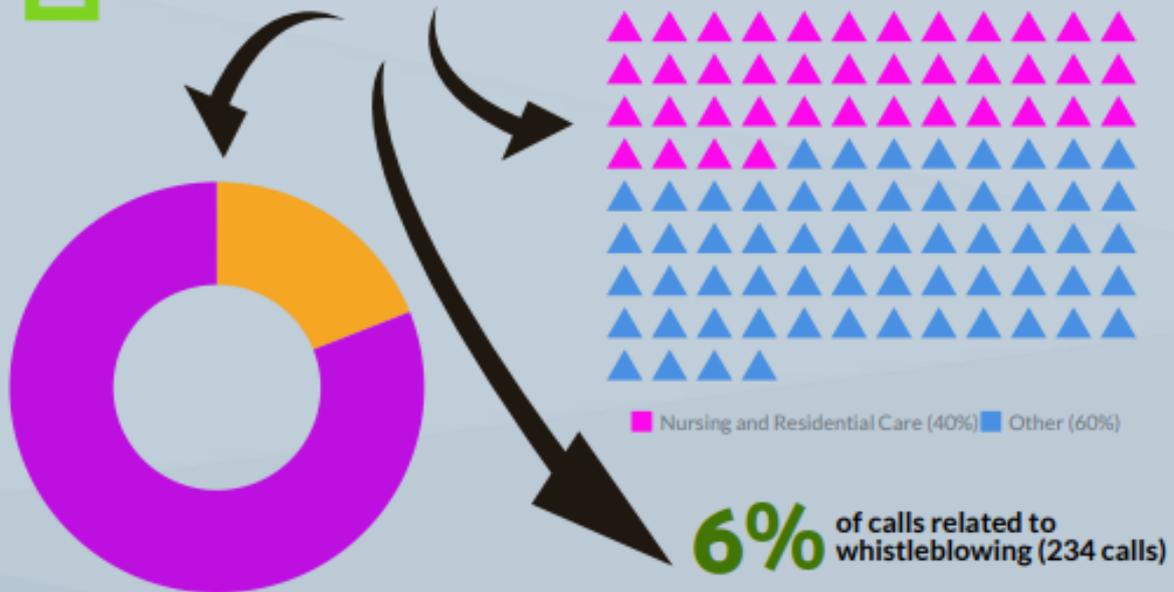


■ Nursing Home (30%) ■ Residential Care Home (23.33%)
■ Domiciliary Care Agency (16.67%) ■ Children's Home (13.33%) ■ Nursing Agency (6.67%)
■ HSC Hospital (6.67%) ■ Dental Practice (3.33%)

Concerns



3,407 contacts/ concerns recorded and case managed



■ Covid related (19%) ■ Non-Covid related (81%)

Serious Adverse Incident (SAI) Reports

180 reports received in relation to mental health services

90% reviewed within 7 days of receipt

Mental Health (NI) Order 1986

8,110 assessment forms

1,109 detention forms



Reviews, Audits QI Projects

Over the year, we published:

3 reviews

3 QI projects

1 clinical audit

and the following remain ongoing:

3 reviews

4 QI projects

Complaints About RQIA

16 Over the year 2021-22, we received 16 complaints or expressions of dissatisfaction.

13 complaints were investigated and responded to during the year, with 3 complaints ongoing at 31 March 2022.

The complaints received about RQIA covered a range of themes, including:

- how RQIA carried out inspections
- our registration processes
- how we responded to requests for information

PERFORMANCE ANALYSIS

Regulation of Health and Social Care Services

A key function of RQIA is to register and inspect a wide range of health and social care services using service-specific legislation, and standards set by the Department of Health. These 'regulated' services include care homes; children's homes; domiciliary care and nursing agencies; residential family centres; adult day care services; private dental clinics; hospices; and independent hospitals and clinics.

Registration

All regulated services in Northern Ireland must be registered by RQIA before they can operate. Each application for initial registration is subject to a rigorous examination process. The service provider and manager must be able to demonstrate a clear understanding of the requirements of relevant regulations and standards, and that the proposed service meets these requirements. During 2021-22, RQIA received 1,696 registration applications, which included requests to register services and managers, or to vary, amend or cancel an existing registration.

To address the volume of registration applications, an improvement programme has been established, monitored on a monthly basis by a project board, chaired by the Chief Executive. A suite of key performance indicators has been established for the management of each step of the registration process. Standard Operating Procedures have been introduced, with clear allocations of workloads within the administration team, and support from a dedicated Inspector. During the year, 1,296 registrations were completed including: 97 service applications, 161 manager applications and 172 applications to vary existing registrations.

In 2021 RQIA's Hospitals Programme Team provided its expertise to support the registration of the first Critical Care Unit in an Independent Hospital in Northern Ireland. This involved an extensive and robust mapping exercise of information supplied by the independent hospital against the Guidelines for the Provision of Intensive Care Services (GPICS Standards, 2019), extensive engagement with key stakeholders and use of specialist expertise from the Care Quality Commission.

Frequency of Inspection

Under current Fees and Frequencies Regulations (originally made in 2005), RQIA is required to inspect every nursing home, residential care home and children's home at least twice each year; voluntary adoption agencies once every three years and all other regulated services (adult placement agencies; day care settings; domiciliary care agencies; independent health care services; nursing agencies and residential family centres) at least once each year.

Due to the Covid-19 pandemic's impact on available workforce and the importance of reducing risk from infections, RQIA advised the Department of Health of its adoption of a risk-based approach to inspection, focusing on areas of concern, while ensuring all care homes have at least one physical inspection per year; and those that are identified at greater risk are monitored closely and may be visited more often.

Table 1: Registered Regulated Services

Service Type	Registered as at 31.03.2022	Change since 01.04.2021
Agencies and Day Care	541	+4
Adult Placement Agencies	4	
Domiciliary Care Agencies	302	
Nursing Agencies	67	+3
Day Care Settings	168	+1
Care Homes	477	-4
Nursing Homes	246	-2
Residential Care Homes	231	-2
Children's Services	52	
Children's Homes	48	-1
Voluntary Adoption Agencies	3	+1
Residential Family Centres	1	
Independent Healthcare	462	+2
Independent Clinics	7	
Independent Hospitals	72	-1
Dental Practices	375	+2
Independent Medical Agencies	8	+1
Grand Total	1,532	+2

RQIA also provides the Department of Health with assurance of the quality of care, against the Quality Standards for Health and Social Care, in a range of 'unregulated' services which are not required to register with RQIA under legislation (see below).

Table 2: Unregulated Services

Service Type	Number of Services as at 31.03.2022
Children's Services	31
School Boarding Departments	5
Young Adult Supported Accommodations	23
Child and Adolescent Mental Health Facilities (CAMHS)	3
Reviews	56
HM Prisons	5
HSC Hospitals	50
Police Custody Suites	1
Mental Health & Learning Disability (MHL D)	67
MHL D Facilities	67
Independent Healthcare	64
Services using Ionising Radiation Treatments	64
Grand Total	218

Inspections

RQIA has a team of experienced nurses, social workers, pharmacists, estates and finance officers, who assess various aspects of service provision.

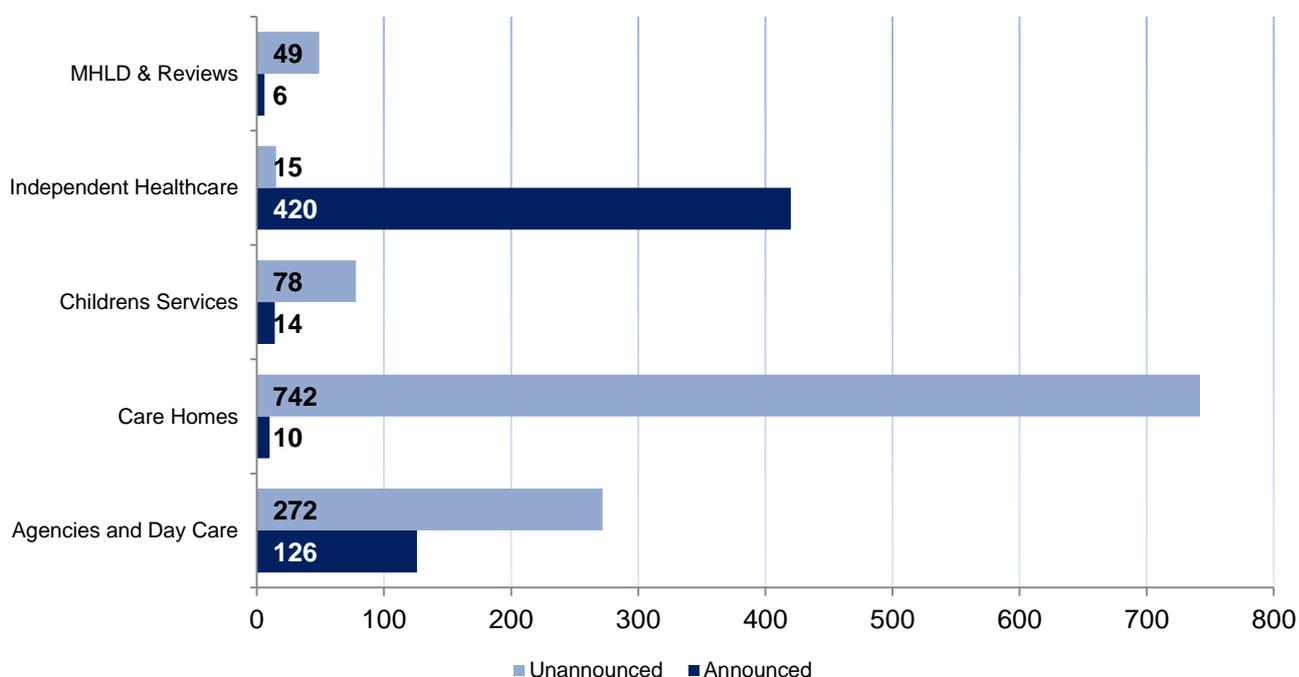
During 2021-22 RQIA undertook 1,732 inspections, compared to 1,549 in 2020-21, and 2,313 in 2019-20.

Inspections of regulated services were undertaken in line with the 2003 Order and its associated regulations and standards. Unregulated services were subject to oversight and inspection under relevant mental health, ionising radiation (medical exposure) (IR(ME)R) and other legislation, standards and guidance.

In its inspections of these services, the majority of which are unannounced (67%), RQIA examines the arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care, in line with relevant legislation, standards and guidance.

To ensure compliance with Covid-19 guidance and to safeguard those living and working in these services, RQIA's inspectors utilised appropriate personal protective equipment (PPE) and followed relevant infection prevention and control guidance. In some cases on-site inspections were supplemented by remote inspections which included the use of video technology and self-assessments, with the cooperation of the service provider. This year all inspections had a physical visit.

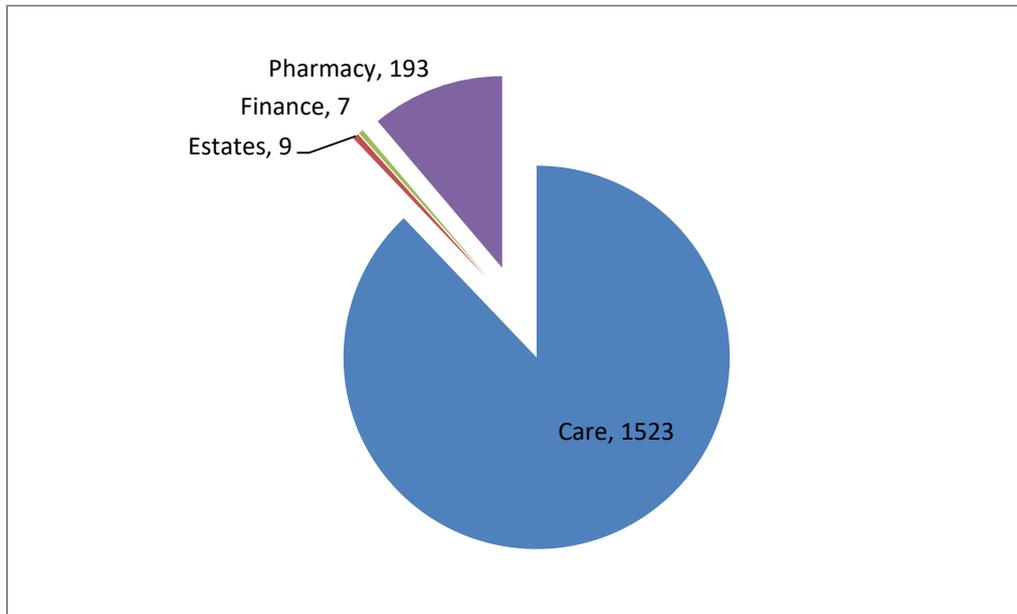
Figure 1: Number of Inspections by Service type during 2021-22



Key: MHL: Mental Health and Learning Disability Services
Agencies: This includes Adult Placement, Domiciliary Care and Nursing Agencies

RQIA also considers the quality of management and leadership in each service. We are determined to continue to work to enhance the role of service users and carers in providing information on the services they have experienced. In all our inspections and reviews, RQIA inspectors speak to services users, families and staff.

Figure 2: Inspections by Discipline during 2021-22



Planning for Inspection

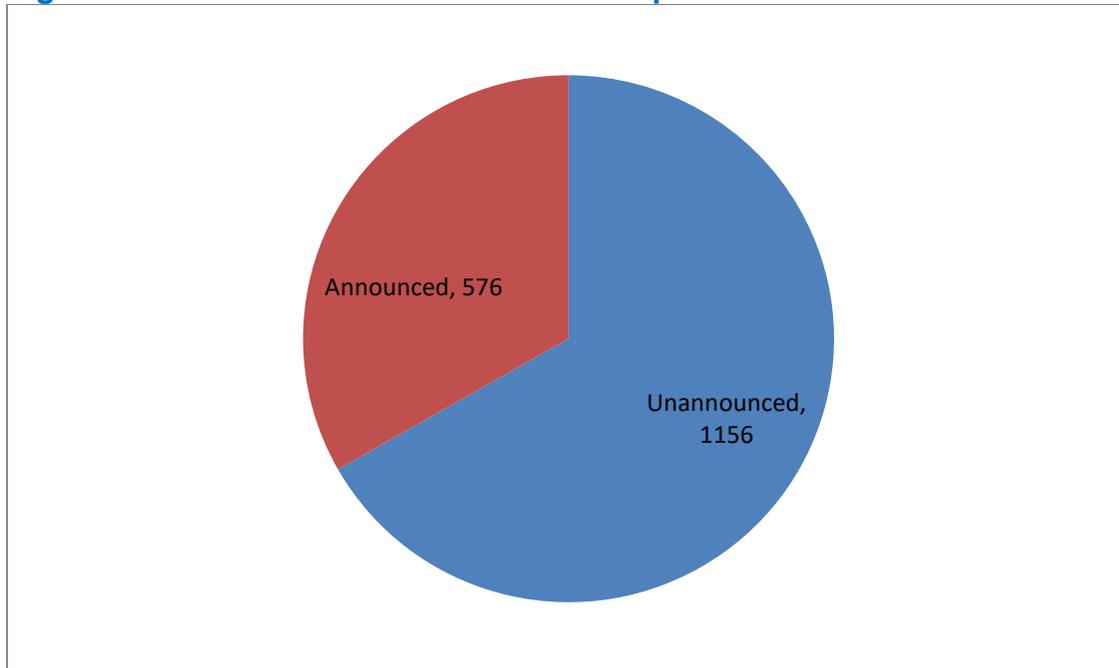
Before each inspection, RQIA's inspectors review information relating to the service, which is held on its i-Connect information management system. This includes details of the service's regulatory and inspection history - such as serious concerns or enforcement action; intelligence we have received about the service including complaints or compliments from service users, their families or advocates; whistleblowing from staff members; information from other statutory bodies including HSC trusts, the Patient and Client Council, the Commissioner for Older People and the Commissioner for Children and Young People; and statutory notifications relating to specific categories of incidents which may have occurred at the service.

During an inspection of the service RQIA inspectors observe practice and review records of care. To ensure a fully rounded view of the service, inspectors talk to management, staff and health care staff such as GPs, tissue viability nurses, social workers and care managers to hear their views and experience of working at the service.

The most important people in any service are those in receipt of care, and inspectors ensure they talk to service users during inspections. Where possible, inspectors also speak with carers, friends and relatives about their experience. While Covid-19 restrictions during the year impacted on the number of visitors to residential and in-patient facilities, RQIA's Guidance Team recorded the experiences and views of families and carers on the quality of services being provided during this time.

Where areas of concern were identified, additional inspections were conducted and inspectors met with the service providers. Where it was necessary enforcement action was taken.

Figure 3: Announced vs Unannounced Inspections



Informing Inspections

Notifications

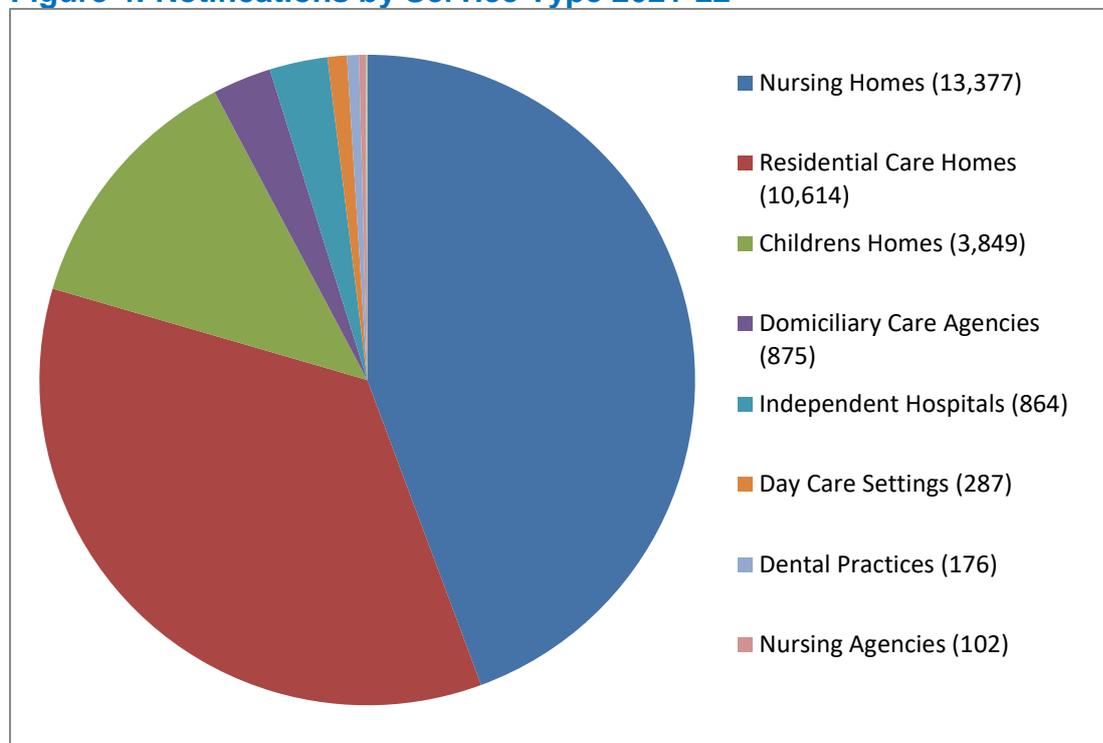
The primary means of communication between RQIA and service providers for issues relating to inspections and for notifications is via a secure online web-based portal. There are almost 4,900 registered users on this system – including service providers and managers.

Every provider is required to notify RQIA when specific categories of incidents or events occur within their service. These include:

- accidents and incidents;
- deaths (expected and unexpected);
- injuries and fractures;
- infectious diseases;
- medication issues;
- police incidents, theft or burglary; and
- misconduct.

During the year 30,144 notifications were submitted to RQIA via this portal (see Figure 4). In each case the Inspector for the service assessed the notification to determine whether further action was required, or if a pattern was emerging that required further consideration.

Figure 4: Notifications by Service Type 2021-22



Safeguarding

During the year we established a new process to record information in respect of safeguarding notifications. The table below provides a breakdown of the number of notifications recorded by service type.

Table 3: Safeguarding Notifications by Service Type: 1 August 2021 to 31 March 2022

Service Type	Number of Notifications
Nursing (NH)	240
Residential (RC)	136
Domiciliary Care Agency (DCA)	46
Childrens (CH)	26
Day Care Setting (DCS)	10
Nursing Agency (NA)	3
Independent Hospital (IH)	1
Grand Total	462

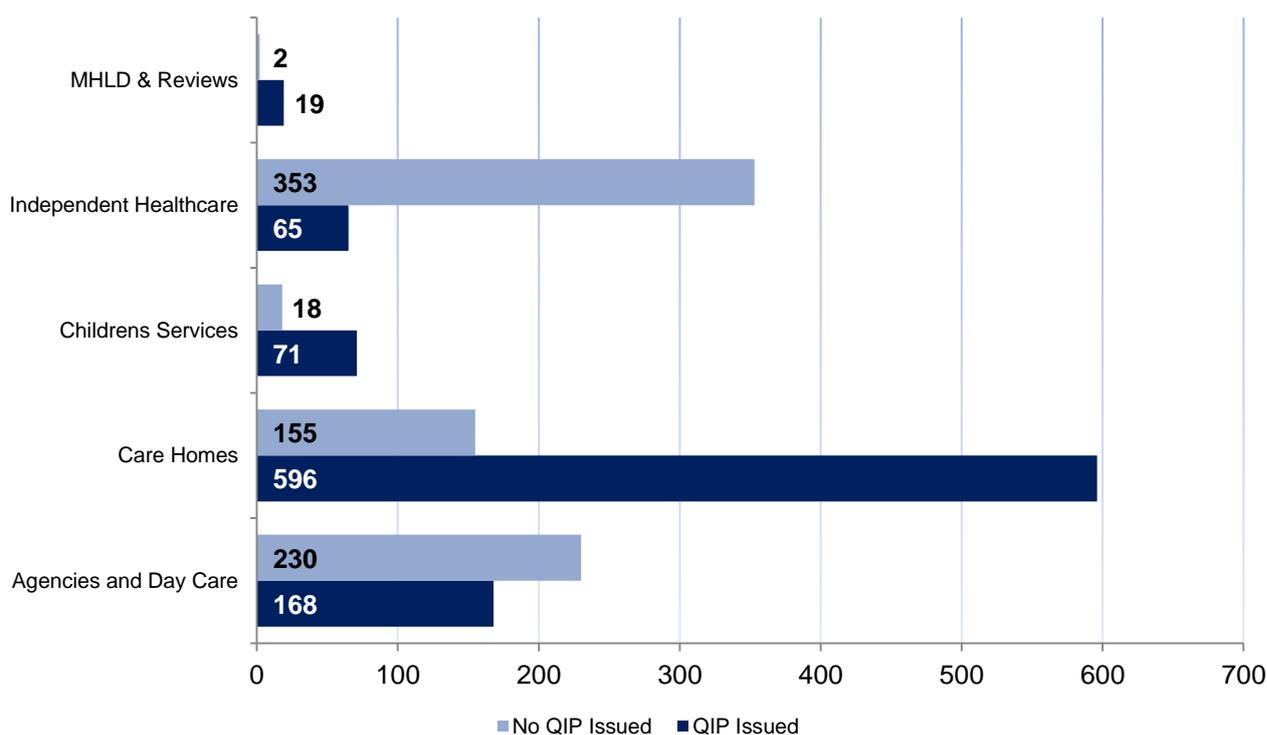
Outcome of Inspections

At the end of each inspection verbal feedback is provided to the management of the service, highlighting both good practice and areas that require attention. A formal written report of findings is provided. (Where service is subject to inspection by care, pharmacy, estates and/or finance inspectors, a combined report will be produced). Where a service does not meet the required standards, a quality improvement plan (QIP) is issued as part of the inspection report, detailing any improvements required and how the provider is addressing any issues raised by RQIA.

RQIA is pleased to report that the outcome of 758 inspections (45%) demonstrated that the service was operating in compliance with the relevant legislation and standards, with no areas for improvement highlighted by RQIA inspectors. This is an increase from 42% of inspections in 2020-21.

The findings of each inspection (excluding those for children's services) are published on the website www.rqia.org.uk/inspections. Individual inspection reports are also available on request from each service inspected.

Figure 5: Inspection Report Outcome



Key: MHL: Mental Health and Learning Disability Services
QIP: Quality Improvement Plan

Enforcement

RQIA's key concern is the safety and wellbeing of everyone who uses health and social care services across Northern Ireland. Where inspectors identify or substantiate concerns during an inspection, careful consideration is given to what action can be taken to address the shortcomings in care or service provision.

Appropriate action to address concerns is decided at an internal enforcement decision meeting involving the inspector for the service, senior inspectors and the assistant director. RQIA's focus is to safeguard those in receipt of the service; and decisions made will always have this at their heart.

If the issues are of sufficient concern, but do not meet the threshold for issuing an enforcement notice, a "serious concerns" meeting is held with the service provider. This lays out the concerns and details the actions required of the management of the service, to address these issues.

The actions and timescales proposed are agreed with the service provider; and an unannounced inspection will be held at an appropriate point to check on progress.

Where more serious concerns have been identified an "intention to take enforcement action meeting" is held with the management of the service to detail RQIA's concerns and to allow the service provider to advise on its proposed actions. Should the service provider give appropriate assurances, formal enforcement action may not proceed. However, RQIA will continue to monitor the service closely.

If the provider is unable to provide evidence of their ability to address the concerns highlighted, RQIA may issue one or more enforcement notices. These may include:

- improvement notices;
- failure to comply notices;
- action to place conditions on the registration of the service through a notice of proposal followed by a notice of decision; and/or
- action to place conditions on a registration, which may include deregistering a service or provider through a notice of proposal followed by a notice of decision, or where immediate action is required, by means of an urgent Order through a Justice of the Peace.

During 2021-22 RQIA held 141 internal enforcement decision meetings (EDMs) to determine the actions required to address identified concerns. This is an increase from 125 EDMs the previous year. As a result, 42 serious concerns and escalation meetings were held (32 in 2020-21) and 62 intentions to take enforcement action meetings (51 in 2020-21).

The following tables provide an overview of enforcement actions undertaken by RQIA during the year.

Figure 6: Enforcement Meetings during 2021-22

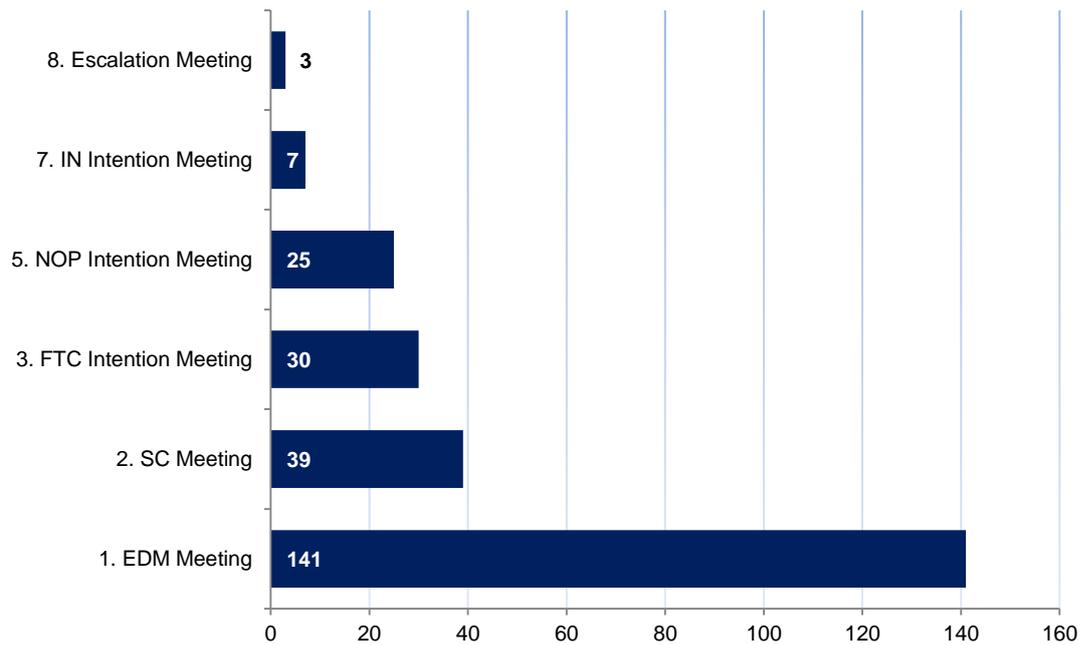
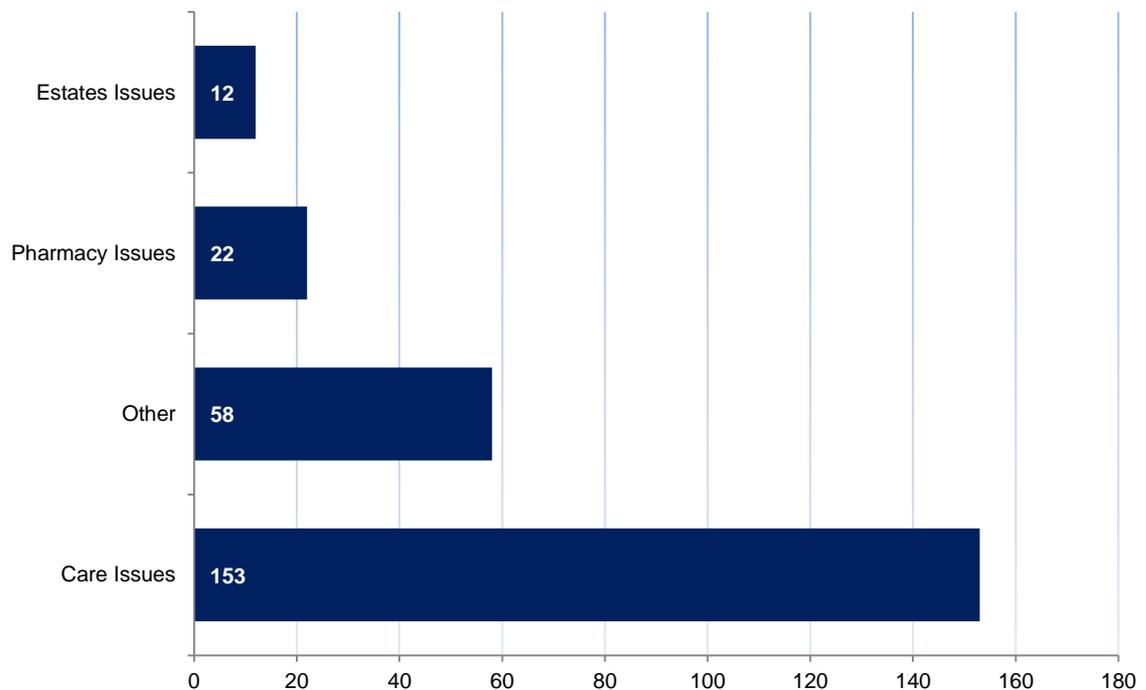
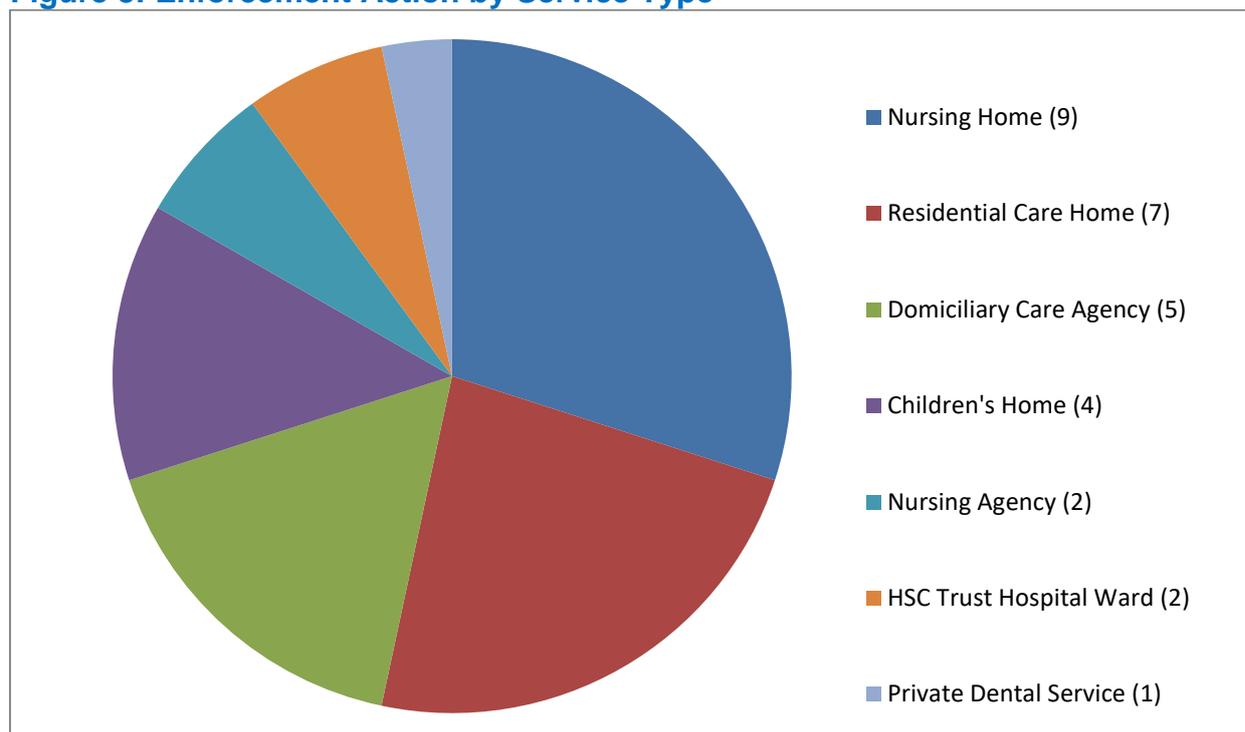


Figure 7: Enforcement Meetings during 2021-22 by Issue Type



During 2021-22 RQIA took enforcement action on 30 occasions across a range of services. The majority of this action involved issuing enforcement notices to ensure concerns at a service were appropriately addressed in a timely manner.

Figure 8: Enforcement Action by Service Type



Enforcement Action – Cancelling Registration

RQIA has authority to take a range of enforcement actions including:

- improvement notices;
- failure to comply notices;
- action to place conditions on the registration of the service; and
- action to deregister the service or provider.

The most significant of these powers is the deregistration of a service or provider. This will mean the service must cease to operate; this will have very significant consequences for service users, families, staff and for a provider.

During 2021-22, RQIA moved to cancel the registration of three services where the provider did not adequately address identified concerns, which had the potential to place the health and wellbeing of service users at risk. These included a nursing home, residential care home and a children's home. RQIA also moved to cancel the registration of a non-operational domiciliary care agency. Full details of RQIA's enforcement actions during 2021-22 are included at Appendix 2 and 3.

Two of these are featured in detail below, one a Nursing Home and the other a residential home service for children and young people, setting out why the decision to deregister was made, the process and the impact for service users and families.

Action to Deregister a Nursing Home

During August 2021, RQIA identified issues with the financial viability of the registered provider of a nursing home in the Northern Health and Social Care (HSC) Trust area. We engaged with the provider extensively and ultimately concluded that they were not in a position to provide RQIA with the necessary assurances about their financial securities, and the impact that would have on the day-to-day running of the home caring for over 30 residents.

The key purpose of regulation is to ensure safety and to protect the interests of patients, residents and service users, across a wide range of health and social care. So service providers must have appropriate business and financial arrangements in place to deliver quality care. In this case, as a result of the serious concerns around the ongoing stability of the service RQIA commenced enforcement action to cancel the registration of the provider in respect of this care home.

During this time RQIA worked closely with the wider health and social care system, and in particular with the Northern HSC Trust, who engaged with the residents and their families who were directly affected to ensure suitable, alternative accommodation was identified and provided. RQIA also engaged with local community representatives to explain why this action was necessary and to answer any questions and concerns.

The Covid-19 pandemic was a very difficult time for residents and families across all care homes, and indeed for care home staff, and the need for residents to move to a new care home in this period was a particularly worrying time for all residents, families and staff at this home. By early October, the Northern HSC Trust had arranged new and stable care provision for each resident, and RQIA's cancellation of this registration took effect in mid-October 2021.

Urgent Deregistration of a Children's Residential Home

In January 2021, a long established short break respite service for children with a learning disability and behavioural issues, located in the south east area, requested a variation in its registration to change its purpose and provide medium to longer term residential care for up to four children aged between 12 and 18 years.

During an inspection in June 2021, RQIA identified concerns relating to staffing and in particular, the staff knowledge, competence and expertise to meet the needs of the young people accommodated at this home. RQIA met with the provider to discuss these concerns, and following receipt of a robust action plan to address these issues, agreed to continue to monitor this service and to assess progress at the next inspection.

In January 2022 RQIA conducted a further inspection following the receipt of anonymous information regarding an incident at the home the previous week.

During this inspection RQIA's inspectors identified concerns relating to:

- Staffing including staff training;
- Welfare of young people;
- Restriction/use of sanction;
- Records management; and
- Leadership and management.

Following this inspection RQIA held meetings with the service provider and offered opportunities and advice to make the necessary and immediate improvements required. However, the provider advised that they were not in a position to staff the service in the way that was needed to assure the safety of the children accommodated.

As a result of the serious risk to the health and wellbeing of the children living at this home, on 3 March 2022, RQIA made a successful application to a Justice of the Peace for an Order to cancel the registration of this service by this provider.

At this time the South Eastern HSC Trust came forward with a proposal to take on the management and operation of this service. Without such a proposal, alternative provision for these young people would have been needed and the young people would have been required to move to a new home. We were satisfied with the proposal from the Trust who provided a detailed Action Plan to address the concerns at this home; enabling the children and young people to continue to live there.

We will continue to monitor services provided at the home and also have monthly monitoring reports from the Trust on the Action Plan.

Human Rights

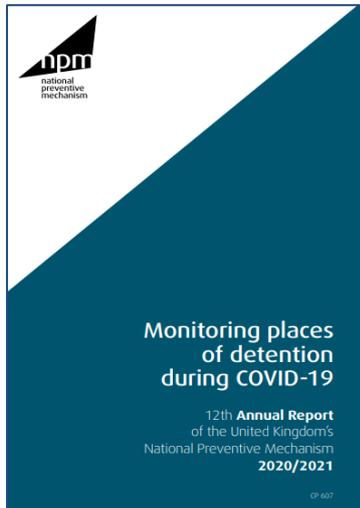
RQIA is committed to protecting the human rights of all those using health and social care services across Northern Ireland.

A human rights based approach is adopted across our inspections and review programme, so that service users are the key focus of all activities within service provision, and that there is a clear link between the quality of practice and care and the lived experience and outcomes for individuals.

We have adopted Human Rights training as mandatory for all our staff.

In partnership with the University of Bristol Law School's Human Rights Implementation Centre, RQIA developed a programme to provide human rights training to all RQIA staff during 2021-22. The training was delivered from January to March 2022 (by zoom) and addressed RQIA's role as a regulator and its responsibilities as part of the UK National Preventive Mechanism under the Optional Protocol to the UN Convention against Torture (OPCAT).

The training provided an overview of relevant human rights standards for all staff, and detailed standards, tools and methodologies for those involved in delivering RQIA's inspection programme including those in care homes, domiciliary care, residential care, day care, hospital setting and all regulated services.



RQIA is designated by the UK government as a body within the National Preventive Mechanism (NPM) under the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

This protocol aims to strengthen protections for people deprived of their liberty. Through inspections of mental health hospitals, services for children in secure accommodation, detention suites and prisons. As part of our work, RQIA monitors the treatment of and conditions for detainees and makes recommendations to support improvements in these settings.

Deprivation of Liberty can occur in many settings. Recognising potential for depriving vulnerable individuals of their personal choice and supporting their independence is part of all of our work. The Mental Capacity Act sets out specific arrangements for seeking Deprivation of Liberty approvals for vulnerable individuals and RQIA participates in regional groups working to implement The Mental Capacity (Deprivation of Liberty) Regulations (Northern Ireland) 2019. We are focusing on developing the expertise and capacity to implement these requirements.

REGULATION ACTIVITY 2021-22

SERVICE FOCUS: CARE HOMES

Care Homes

At the end of March 2022, there were 477 care homes registered with RQIA, both nursing and residential. These facilities were home to over 15,000 residents across Northern Ireland.

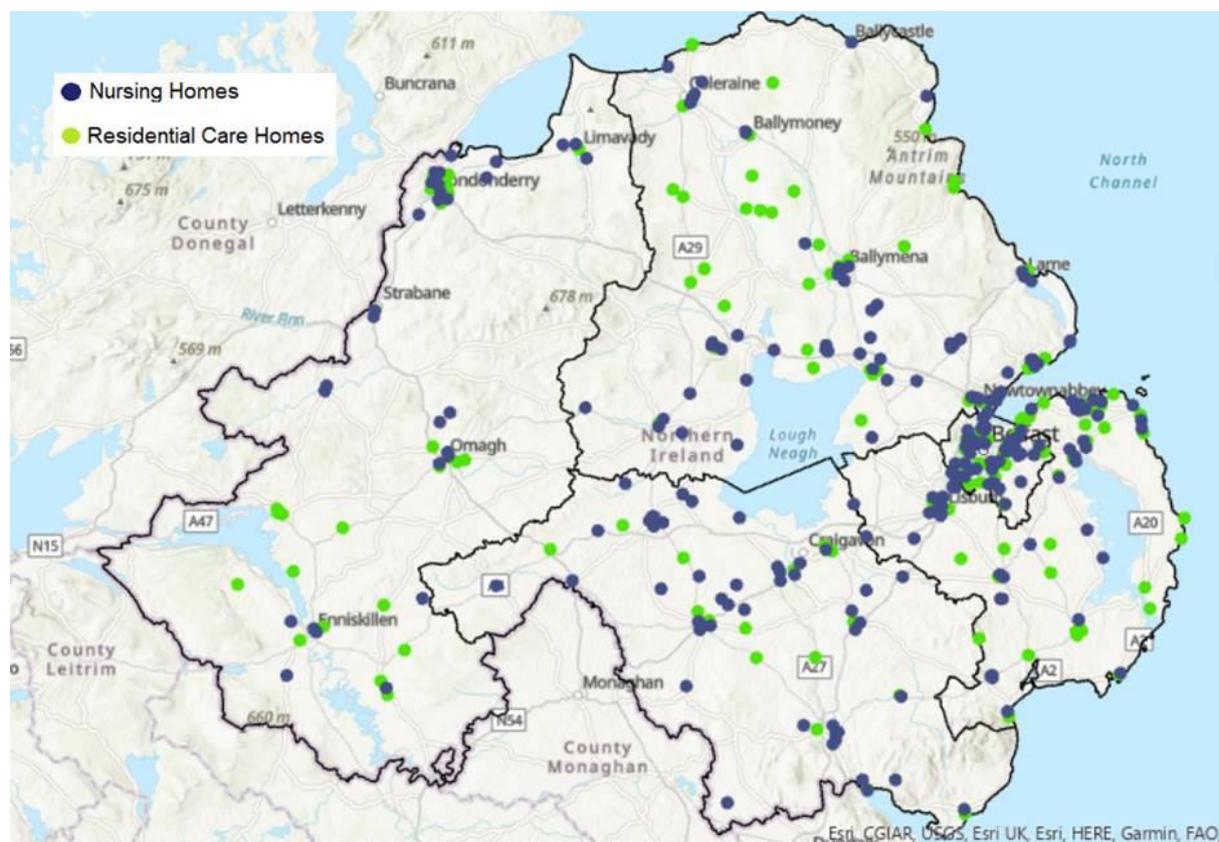
The number of registered homes has remained relatively stable over the past 5 years. While there was a slight increase of 23 residential care homes in 2019, this was due to a change in registration policy, requiring residential units that were previously part of a nursing home to register as separate entities.

Table 4: Registered Care Homes at 31 March 2022

Type	2018	2019	2020	2021	2022
Nursing	248	248	248	248	246
Residential Care	209	232	235	233	231
Total	457	480	483	481	477

There are 246 care homes registered as nursing and 231 registered as residential. The map below shows their locations across Northern Ireland (Figure 9).

Figure 9: Geographic Distribution of Care Homes in Northern Ireland by HSC Trust Area



The largest proportion of homes (27%, n=129) is in the Northern HSC Trust area, with the smallest proportion (14%, n=68) are located in the Western HSC Trust area.

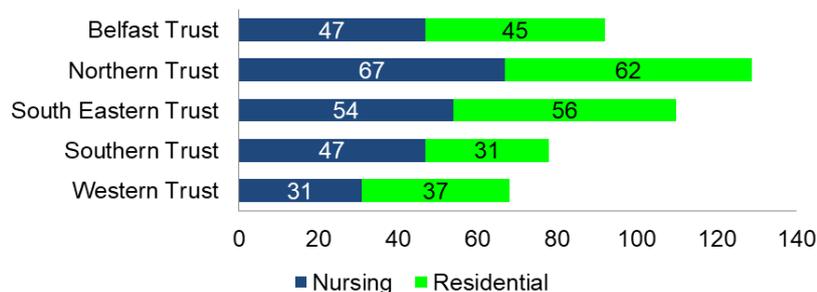


Figure 10: Care Homes by Trust Area at 31 March 2022

In 2021-22, 15,986 beds were registered, with an average of 44 beds in nursing homes and 23 in residential care homes. This has remained steady over the past 5 years.

Table 5: Maximum Approved Beds in Care Homes from 2018 to 2022

Service Type	2018	2019	2020	2021	2022
Nursing Homes	11,362	10,684	10,799	10,735	10,706
Residential Care Homes	4,643	5,208	5,294	5,288	5,280
Total	16,005	15,892	16,093	16,023	15,986

The largest home is registered as nursing with 100 beds. The smaller homes are residential care homes, 6 registered with 2 beds only.

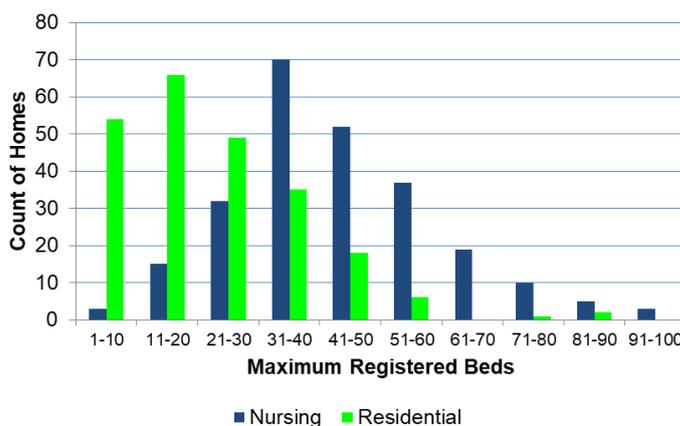
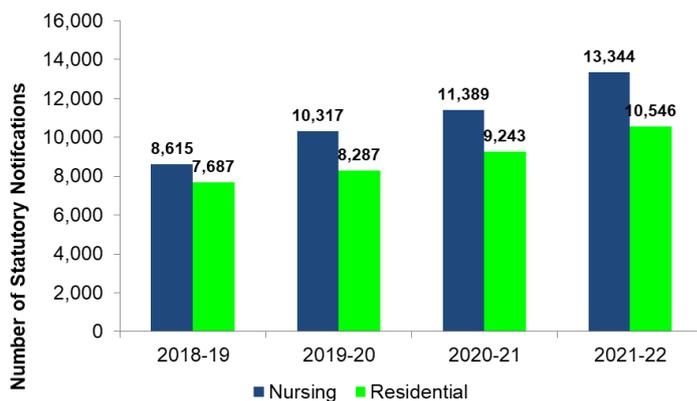


Figure 11: Frequency Distribution of Maximum Approved Beds per Home at 31 March 2022

Care homes vary in the type of care provided including care for the elderly, learning disability, dementia, mental disorder, physical disability, drug / alcohol dependence, terminally ill and sensory impairment. At the point of registration the care home's statement of purpose will describe the care it is registered to provide.

Statutory Notifications

Care homes are required to notify RQIA of certain events adversely affecting their residents including: accidents; allegations of misconduct; complaints; deaths in the home; estates issues; illness/infectious diseases; injuries; medication issues; and other events.



Across both service types, the number of notifications received has increased from 16,302 in 2018-19 to 23,890 in 2021-22, around a 47% increase over this 4 year period.

Figure 12: Statutory Notifications received by Year and Care Home Type

Most Frequent Notifications

During 2021-22, the three notification types which were reported most often were:

- accidents in residential homes;
- deaths in nursing homes; and
- injuries in nursing homes.

An increase in notifications is not necessarily an indicator for concern. It can be a result of better reporting. In contrast, when a service ceases to submit notifications to RQIA, this can be an indicator of reduced level of service. RQIA Inspectors monitor the frequency of reporting from each care Home and undertake enquiries when there is a notable change.

Concerns

The term “concern” refers to any information pertinent to RQIA’s functions which RQIA becomes aware of, and which is not captured through any other business or regulatory process. They can come to our attention from: telephone calls to us from service users; families or staff; from serious adverse incidents; departmental early alerts; and whistleblowing allegations.

From 2018-19 to 2021-22, there has been an increase in concerns and contacts. This increase has been as a result of Covid-19 issues. As part of the regional HSC response to the Pandemic, RQIA provides an advice and guidance role to care homes about Covid-19 related issues.

All concerns are recorded, triaged and prioritised, and case managed by an allocated inspector or specialist member of staff.

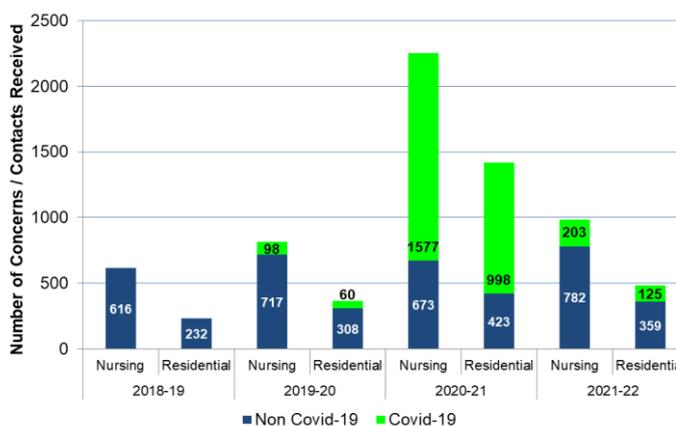


Figure 13: Concerns by Home Type and Covid-19 from 2018-19 to 2021-22

During 2021-22, of the 1,469 contacts received:

- 47% (693) were from care home managers or current/former staff;
- 33% (487) from service users, their relatives or members of the public; and
- 20% (289) from other organisations.

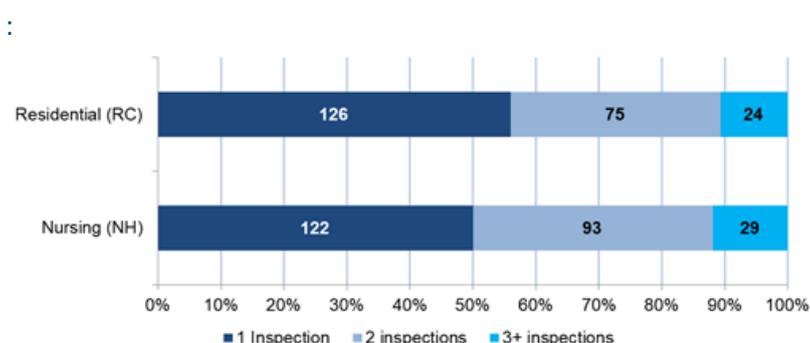
In considering concerns from service users, their relatives or members of the public, the table below provides a breakdown by category of issue raised.

Table 6: Concerns from service users, their relatives or members of the public by issue raised

Main issue code	Number
Care	245
Service Management	86
Covid-19	69
Staffing	35
Abuse	18
Health and Safety	15
Environment	9
Medication Issue	7
Cleanliness	3
Total	487

Care Homes Inspection Activity

The Fees and Frequency Regulations require RQIA to undertake 2 inspections to nursing and residential care homes in a 12 month period. During 2021-22, 752 inspections to care homes were carried out using a risk-based, targeted approach to inspection. We use the information we receive and inspect those care homes more often, where the information points to increased possible risks.



During 2021-22:

- 52% (248) of homes had 1 inspection;
- 35% (168) had two inspections; and
- 11% (53) had 3 or more inspections.

Figure 14: Frequency of Inspections per Care Home 2021-22

Inspections can be announced or unannounced. In 2021-22, unannounced inspections accounted for 98% (n=752) of the total inspections.

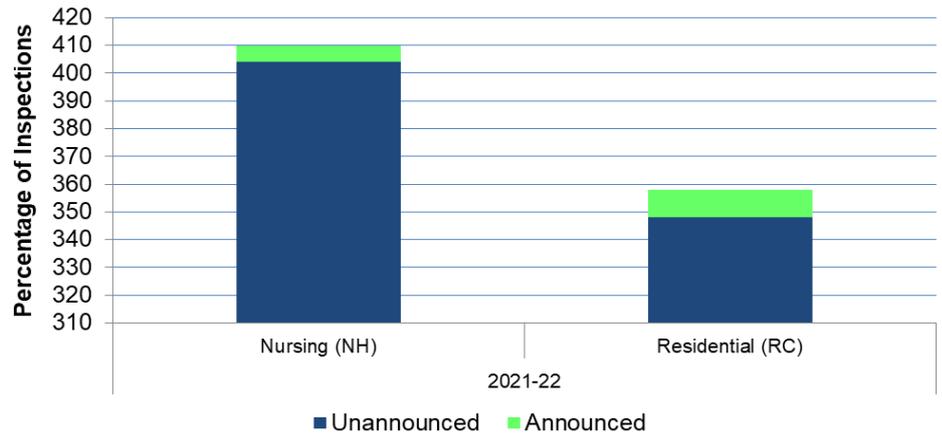
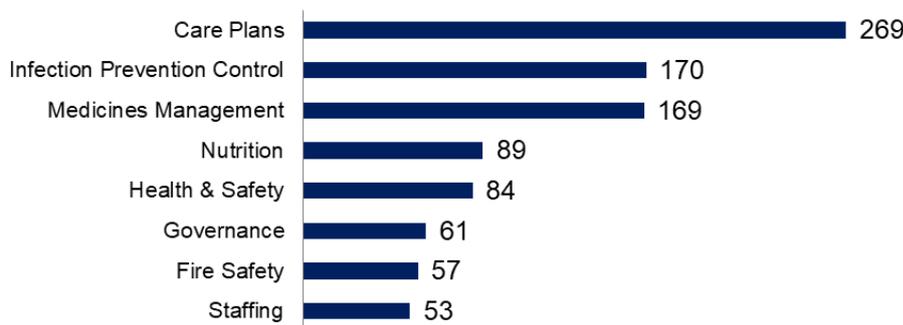


Figure 15: Inspections by Unannounced / Announced 2021-22

Care Homes: Inspection Findings

Where areas for improvement are identified during the inspection, the inspection report requires the provider to make improvements, referring to the particular regulations or minimum care standards. The provider is required to develop a Quality Improvement Plan. This must include actions being taken, with dates when compliance should be met. These will then be focused on at future inspections.

Number of Requirements & Recommendations Made in Nursing Homes in 2021-22



During 2021-22, the key improvements required in nursing homes related to 8 issues or themes.

Figure 16: Requirements for Key Areas of Improvement in Nursing Homes during 2021-22

During 2021-22, the key of areas for improvement in residential homes related to 9 key issues or themes.

Number of Requirements & Recommendations Made in Residential Homes in 2021-22

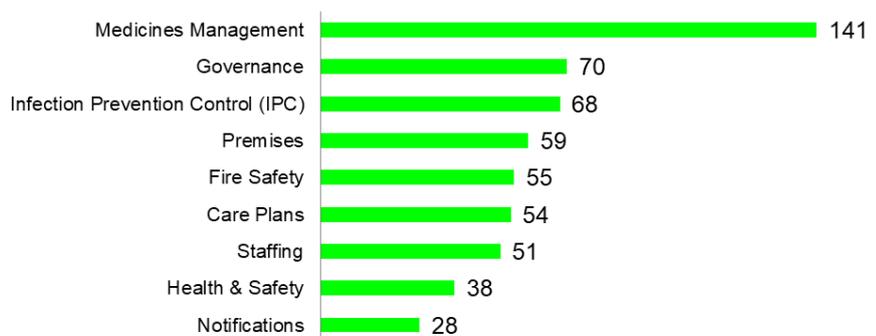


Figure 17: Requirements for Key Areas of Improvement in Residential Care Homes

Whilst the findings show that nursing homes and residential care homes have different areas in need for improvement against their respective standards and regulations, both feature:

- Medicines management;
- Infection Prevention and Control;
- Care Plans;
- Fire Safety; and
- Staffing.

Quality Improvement

The volume or scale of Quality Improvement Plans (QIP) required after an Inspection, can give an indication of the overall service quality in Care Homes, and year-on-year analysis can provide an indication of trends in service quality.

(Note, the number of QIPs may vary depending on the number of inspections carried out).

During 2021-22:

- 5% of nursing care homes; and
- 20% of residential care homes

had no areas for improvement identified and therefore no QIPs issued. These Care Homes met the compliance required against standards at the time of inspection.

Care Homes	QIP required	No QIP required
Nursing	234	12
Residential	192	39

Table 7: Report status by home type

Where a QIP is required and if service provider has not achieved compliance by the set date, RQIA may restate the requirements/ recommendations, or consider other enforcement action.

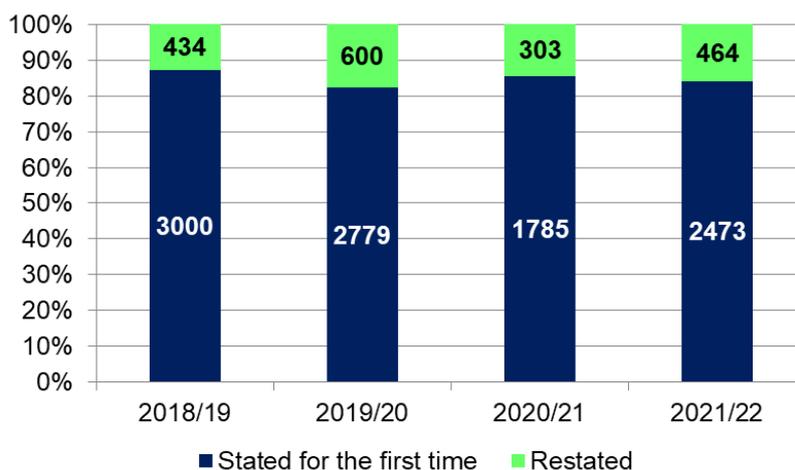


Figure 18 Proportion of requirements and recommendations by status (stated for the first time or restated)

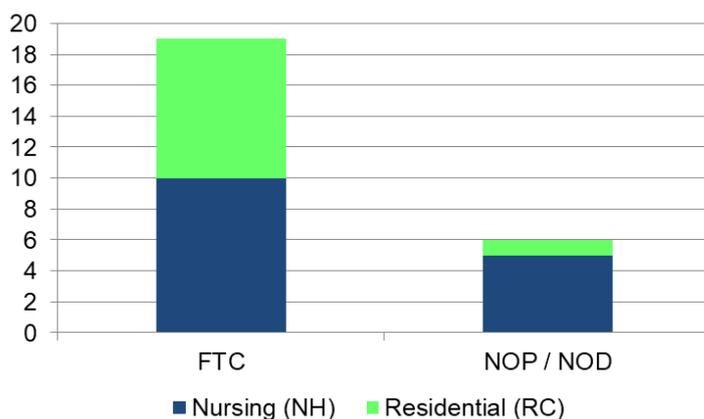
In 2021-22, 56% of nursing homes achieved full compliance at the first follow up inspection, an increase from 44% in 2018-19 year. In residential care homes, in 2021-22, 66% achieved full compliance at first follow up inspection; this was a decrease from 72% in 2018-19.

Enforcement Action in Care Homes

RQIA will initiate enforcement actions if there is a serious risk to service users, or a serious breach in regulation.

RQIA may also initiate enforcement action at any time, based on findings from inspection or follow up inspections and meetings and we may also initiate enforcement actions if there is a serious breach in regulation or a serious risk to service users.

Ultimately, if significant concerns are not resolved, or where there is no engagement from the service, RQIA will move to cancel the registration of a care home or its Responsible Individual.



Enforcement can include:

- Serious Concerns (SC);
- Failure to Comply (FTC);
- Notice of Proposal (NOP); and
- Any subsequent Notices of Decision (NOD).

Figure 19: Enforcement Notices issued in respect of Care Homes during 2021-22

During 2021-22, RQIA took this action in respect of two care homes, in June 2021 and in October 2021. The details are published on our website. The primary reasons in the two cases were:

- Issues around governance, medicines management and recruitment of staff; and
- Significant concerns about the financial viability of the home and the ability of the current registered provider to continue to operate the home.

RQIA is mindful that the closure of a care home is a very serious step and has significant implications for the residents, for their families, and for staff employed there. Very careful thought is given to each situation with a focus on the safety and well-being of the residents, recognising that a forced move of home is itself a distressing and damaging experience. If a move to a new home is the safer approach, we work with the care home and its staff and with the relevant Trusts,

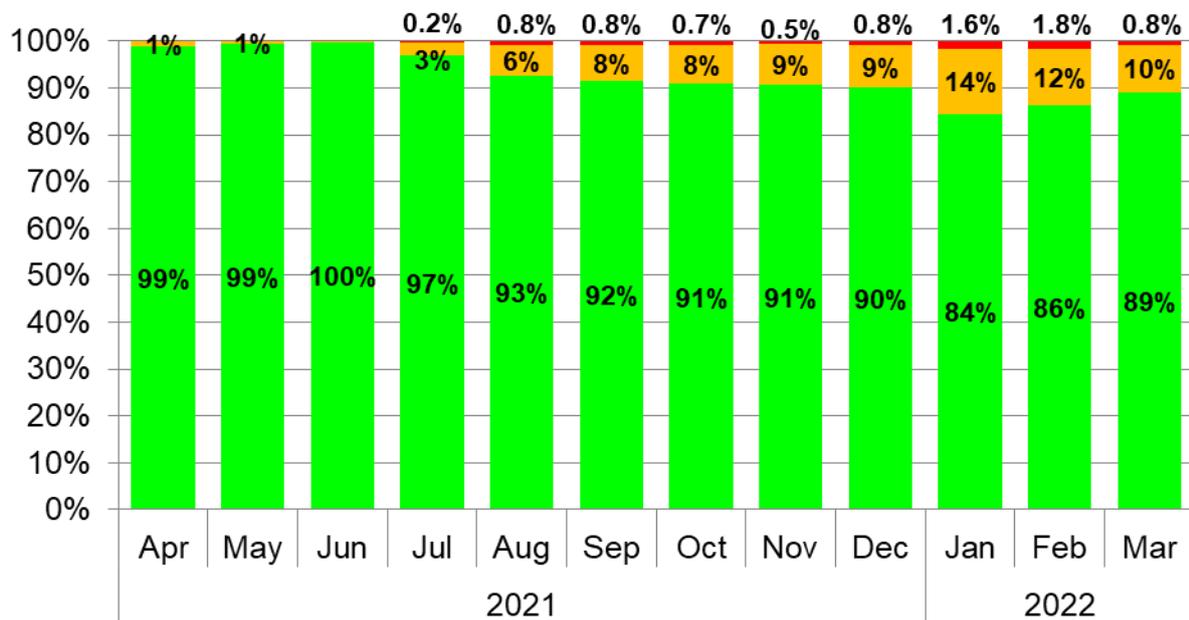
aiming to ensure that the move for each resident is compassionate and sensitive to individual needs (see p.29 for further details).

The Impact of Covid-19 on Care Homes

Since June 2020, RQIA has assisted the health and social care sector to support care homes by establishing an online web portal, enabling Care Homes to submit online information. Each care home can provide information on a daily basis about the impact on that home of Covid-19. The information received each day is shared with the HSC Trusts, Public Health Agency and the Department of Health and informs the regional collaborative response to the Pandemic on an ongoing basis.

RQIA continues to provide guidance and advice to care homes, both about the impact of Covid-19 and other issues in the care home setting. Using data from the online web portal the key issues being experienced and advice being sought from RQIA by care homes during 2021-22 related to:

- Staffing (40%)
- Guidance (16%)
- PPE (11%)
- Testing (11%)
- Visiting (9%)
- Other issues (13%)



- Home has adequate staffing for 72 hours plus
- Homes as adequate staffing for 24-72 hours
- Homes does not have adequate staff currently to meet the care needs today/overnight

Figure 20: Proportion of unique monthly Covid-19 status updates from Care Homes

Care Home staffing availability has been particularly challenging from last summer and has continued to present the most frequently identified factor throughout the winter and into March 2022.

The Experience of Service Users and Families

As part of our inspections of care homes, RQIA inspectors seek the views and experience of residents both directly during the time spent in the home and also through surveys left in the home following an inspection where residents and their families can provide their feedback on their care. On a daily basis, we also take calls from families and carers through our guidance team. The following sets out some of the views residents and their families shared with RQIA over the past year.

In early 2022, the daughter of a lady living in a residential care home contacted RQIA by email to raise concerns about her mother's care and how the home had handled her complaint. In response RQIA invited the relative to meet with senior RQIA management to discuss her concerns and to hear the relative's experience of care. RQIA was able to explain the complex safeguarding and complaints processes, and followed this up with the relevant authorities to reach a resolution to her complaint. This engagement also provided invaluable intelligence to inform RQIA's next inspection of this home, and the relative was able to make direct contact with a named member of RQIA's Care Homes team to help her going forward.

In April 2021, RQIA was contacted by a relative whose mother was living with dementia in a nursing home. The lady had queries regarding her mother's care but wished to maintain her relationship with the home manager. An RQIA inspector discussed her concerns at length and provided advice on how to approach the issues with the manager. Over the following months when the relative had an issue she contacted RQIA to discuss her issues. Through liaison with the home these issues were addressed to the lady's satisfaction.

In June 2021, a patient advocate contacted RQIA raising concerns that they were not allowed to attend a meeting at the home to support this relative. We contacted the lady who indicated that her mother's home was not adhering to the DOH guidance on visiting arrangements. With the lady's consent an RQIA inspector liaised with the home manager to check their understanding of the guidance and the rights of the relative. Following this discussion the manager liaised directly with the lady and the issue was resolved.

A short time later the lady contacted RQIA to advise that her mother was receiving end of life care. She complimented the staff for the care they were providing to both her mother and herself – and thanked the inspector for their support: "From the bottom of my heart I wish to thank you for your solid support. After a year or more of complete emotional turmoil, you have helped me in ways you may never know." In response RQIA's inspector complimented the lady on her determined advocacy for her mother, knowing that in time it would be a source of support and comfort to her.

QUALITY AND AVAILABILITY OF HEALTH AND SOCIAL CARE SERVICES

Quality and Availability of Health and Social Care Services

In accordance with the provision of Articles 4 and 35 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA has a duty to keep the Department of Health informed about the provision of services, and in particular about their availability and their quality. During the 2021-22 year we notified the Department in relation to a number of issues including pressures on availability of inpatient acute mental health services, and specialist residential care for children and young people.

Availability of Acute Mental Health Inpatient Services ('Bed Occupancy')

RQIA undertook a series of inspections to acute mental health inpatient units in which we sought to determine the impact 'over occupancy' (patients being accommodated over and above the bed places available in the ward) was having on patients' care and treatment, human rights, privacy and dignity.

The inspection programme commenced on 29 March 2021 and throughout the remainder of 2021, further inspections were undertaken across the HSC trusts.

During these inspections RQIA identified serious concerns and found significant contingency measures were in place to ensure operational continuity of inpatient services. As a result, RQIA engaged with the HSC Board and worked with the HSC trusts. A bed flow network was established, which includes a co-ordinator in each trust area and some positive impact has been reported, including at pressure points in the system, with vacant beds being identified more efficiently and improved direction of patients appropriate to capacity.

Staff also reported that since the Covid-19 pandemic there is a significant increase in the severity of presentations. This is evidenced by higher levels of acuity and increasingly complex mental health problems, with higher associated risks, and is supported by an increased proportion of patients detained under the Mental Health Order.

Through the Regional Mental Health and Learning Disability Improvement Board meetings there has been some progress with longer term planning to respond to increasing pressures on acute mental health inpatient services.

However, there are considerable challenges to be addressed in respect of workforce, infrastructure and estate and funding. It is most concerning that there are not any specific deliverable actions yet identified to alleviate the immediate pressures identified. RQIA will continue to safeguard patient safety by monitoring individual services and the overall position closely, and will work with all stakeholders towards a robust and sustainable Mental Health and Learning Disability services improvement pathway.

Availability of Short Break/Respite for Children and Young People

Over the course of 2021-22, RQIA took a number of enforcement actions in relation to residential children's services, located across HSC trust areas. In several of these cases the action was taken where a former short stay/respice unit had been repurposed for longer stay use, while the service operated under its existing registration with RQIA. We had adopted a "watchful approach" in terms of progress of such repurposed services, appreciating the pressures on providers and the system overall, but also the need to ensure safe and appropriate service provision.

In two cases the repurposed unit's position became unsustainable, due in both cases to the providers' inability to staff the staffing rotas with the skilled and experienced staff required to meet the needs of the children and young people placed there. While this in itself was a concern, there was also the added aspect that both services were originally registered for short stay/respice. When they were repurposed to meet the acute needs, the units were not available to children and families for their registered purpose, with consequent impacts on those children and families. RQIA will continue to examine the scale of reduced provision of short stay/respice care for children and young people, and the rationale and outcomes from repurposed units. RQIA will inform the Department of Health on its findings.

Emerging Issues as we move into 2022-23

Ionising Radiation (Medical Exposure) regulations (IR(ME)R), Regulation 14

As a result of RQIA's reviews and inspections of all five HSC trusts during 2021-22 under The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018, (IR(ME)R), RQIA advised the Department of Health of RQIA's significant concerns about the potential impact on the safety of radiological and mammography imaging services across all trusts due to the lack of compliance with the requirements of the IR(ME)R, Regulation 14. This is due to workforce issues, in particular, the lack of medical physics experts (MPEs) within the Regional Medical Physics Service (RMPS). Under the 2018 Regulations, the Department of Health is the named Enforcing Authority and post the closure of the HSC Board, is also the commissioning body. While RQIA has no power to take enforcement action, the Authority has raised this issue with the Department of Health. RQIA will continue to work with the HSC trusts in the sharing of good practice and mitigating actions, and will work with the Department of Health in terms of taking work forward to address the issues.

Whole System – Safety and Quality Issues

Through the totality of its work, RQIA has identified system wide concerns relating to the whole health and care sector, with sustained service pressures and safety issues arising across the whole HSC sector. Recently, the Royal College of Nurses formally raised the concerns of their Emergency Department Nurses Network with evidence drawn from stories of personal experience from patients and from staff at many levels, with RQIA.

This demonstrated that there are very serious concerns about safety and quality in some of HSC services. The issues are not unique to a single provider or service, but present across the whole system, often most acutely at the interface between services. RQIA hold the view that the nature and scale of the issues requires effective whole system working, which must itself be underpinned by effective governance.

During the pandemic, the collaboration of the whole health and care system under extreme pressures, and its adoption of an effective crisis and emergency response approach, secured the collective response required to meet the pandemic's unique circumstances. There was a step change in co-ordination and communication.

This response included engaging the public in sharing complex information, and regular communication about the pandemic and its impact on health and care services; and more intensive dialogue between clinicians and across provider organisations. There is much to learn from this as the rebuild and transformation programme across health and social care continues against a backdrop of demographic and technological change. The whole health and social care system in Northern Ireland (public, voluntary, and private) will require embedded whole system regulation, joint working and effective governance, to address these ongoing safety and quality concerns.

RQIA plans to engage with stakeholders to consider how best to undertake a programme of work which will address the safety, quality, regulation and governance issues identified.

Online Providers (Regulation of Telemedicine)

Historically, RQIA has required independent medical agencies offering services in Northern Ireland, but based elsewhere, to register with RQIA to ensure these services are appropriately regulated and inspected. Some agencies dispute the requirement to register with RQIA where they are already registered with their own domestic regulator. However, under the 2003 Order, their registration with another body is not directly relevant for RQIA's purposes.

RQIA is not permitted to transfer its statutory duties to another regulatory body with whom the provider may also be registered in another country/region. It has been RQIA's view that if a patient in Northern Ireland receives treatment, that treatment is being received within this jurisdiction and not necessarily from the country where the medical practitioner is based. Any ambiguity in the interpretation of the regulations requires to be addressed, given the potential growth in such services and the challenge to RQIA to effectively regulate and take enforcement action where its powers under legal jurisdiction are challenged. During 2022-23 RQIA will take this issue forward with the Department of Health, which may require review of the current regulations.

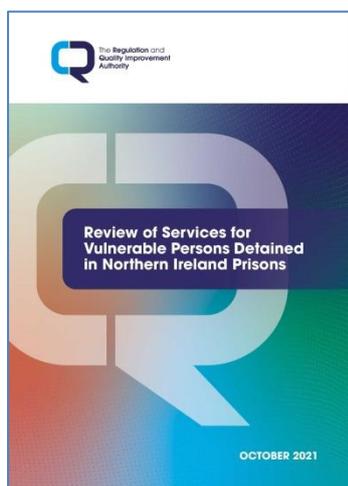
REVIEW OF SERVICES

RQIA's Review Programme

Each year RQIA undertakes a programme of reviews of health and social care services, in response to current events, or to examine emerging issues. These reviews may be initiated by RQIA or commissioned by the Department of Health. In planning reviews and reporting on the findings, RQIA focuses on whether care is safe, effective and compassionate; and on the quality of leadership within a service. Review findings are reported to the Minister and Department of Health. RQIA's review programme provides independent and professional assurance to the Minister and to the public about the quality, safety and availability of health and social care (HSC) services in Northern Ireland, in both the public sector HSC itself and the independent sector. It drives continuous improvement of those services and ensures that the rights of service users are safeguarded. In each review RQIA endeavours to highlight examples of good practice and make recommendations for improvement which aim to support and drive quality improvements for service users. RQIA also aims to provide useful evidence to provide a basis for future policy development in the areas under review.

RQIA Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons.

In July 2020, following criticism by the Prisoner Ombudsman for Northern Ireland of the care provided to vulnerable prisoners, the Ministers of Justice and Health commissioned RQIA to review services provided to vulnerable people in Northern Ireland prisons.



An Expert Review Team, led by RQIA, found evidence of improvement in partnership working and governance arrangements and examples of good practice, such as: health and wellbeing engagement work during Covid-19; the Towards Zero Suicide Initiative; the Forensic Managed Care Network; and the Supporting People at Risk (SPAR) Evolution approach to supporting people in crisis.

However, the Expert Team found a need for further improvement in how services are commissioned, planned and delivered. The team noted that services are under considerable pressure, with demand greatly exceeding capacity.

There are long waiting times for mental health appointments, for addiction appointments and for transfer to acute mental health beds within hospital; and significant lack of psychological support for people with a history of personality disorder and trauma.

Many committed prison service and healthcare staff were working with great compassion and dedication to make things better for vulnerable people in custody, but co-ordinated effort is needed across the Criminal Justice and Health and Social Care systems to improve outcomes.

The Expert Review Team made 16 recommendations, which, if fully implemented, will support better outcomes for vulnerable prisoners - including the avoidance of harm; better prospects for treatment and rehabilitation; reduced reoffending; and reduced risk to wider society. Achieving this will be a considerable challenge in a highly complex system with limited resources. Success depends on sustained commitment and deepening partnership across the Criminal Justice and Health and Social Care systems, recognising that prisons are not “a place apart” but a part of society.

The review was welcomed by the Ministers of Health and of Justice. Health Minister Robin Swann said: “We welcome the review undertaken by the Expert Panel, and along with the HSC Board, South Eastern HSC Trust, Department of Justice and the NI Prison Service will consider the recommendations arising from this report, and produce an implementation action plan. It’s important that we all continue to collaborate and work together to improve outcomes for vulnerable people in prison.”



Justice Minister Naomi Long added: “This review was jointly commissioned by the Departments of Justice and of Health in response to concerns about how best to keep vulnerable prisoners safe when in the care of the Prison Service. RQIA’s report provides an insight into the challenges faced by people in custody and the staff who provide care and support to vulnerable people in prison on a daily basis.

“While it highlights a need for improvement in how services are planned and delivered, as well as a need for a co-ordinated effort across the criminal justice and health and social care systems, it also recognises the commitment of prison staff as they seek to meet the needs of some of the most complex, challenging and vulnerable members of our society.

The Department of Justice will take into account RQIA’s findings and recommendations, and we will work with the Department of Health to oversee its implementation.”

Northern Ireland’s Mental Health Champion, Professor Siobhan O’Neill, also commended this review: “I am assured of their commitment to work together to improve the outcomes for prisoners with mental health issues. The report identifies the need for a government-led strategy, accompanied by additional funding, to deliver interventions and support for people in the care of the prison system who have suicidal thoughts and behaviours. It is vital that the report’s recommendations are fully implemented.”

Reviews in Response to Concerns Regarding the Clinical Practice of a Consultant Neurologist Employed by the Belfast HSC Trust

In May 2018, Belfast HSC Trust announced a recall of 2,500 patients in relation to concerns regarding the clinical practice of Dr Watt, a consultant neurologist employed by the Belfast Trust. The Department of Health’s Permanent Secretary established an Independent Neurology Inquiry, chaired by Brett Lockhart QC, which was converted to a Statutory Public Inquiry in December 2020, under the Inquiries Act 2005.

The Permanent Secretary also directed RQIA to:

- undertake a review of governance arrangements of outpatient services in the Belfast HSC Trust, with a focus on neurology and other high volume specialties (published in February 2020);
- review governance arrangements in independent hospitals and hospices in Northern Ireland, as Dr Watt practised in several independent hospitals; and
- commission an expert review of the records of all patients or former patients of the consultant neurologist, who had died over the previous ten years.

Review of Governance Arrangements in Independent Hospitals and Hospices in Northern Ireland

In June 2021, RQIA published the findings of this review which examined:

- Governance processes for accountability and oversight;
- Patient outcomes and the management of risk;
- The effectiveness of partnership working and communication with GPs, the HSC Board and other HSC Organisations; and
- Arrangements to ensure effective communication with patients and their families

The Review identified issues in relation to:

- Internal leadership and accountability, enabling a comprehensive overview of the services provided.
- The need to strengthen medical governance, particularly in relation to accuracy of records; scope of practice; and practicing privilege arrangements.
- Improvement in information gathering and management for: incidents, complaints, quality and patient outcomes, and patient and family experiences.

- The need for a focus on communication between the independent sector and the wider HSC to ensure the delivery of effective care and continuity of treatment for patients.

RQIA's system-wide recommendations form the basis on which the independent sector can continue to strengthen and improve the key areas of governance that underpin patient safety and quality of care.

Since the fieldwork was completed in 2019, the independent sector has moved rapidly to develop and improve upon their governance systems, particularly in light of the pressures of the Covid-19 pandemic.

RQIA continues to work with the independent sector to monitor progress and ensure further improvements. RQIA is committed to continuously review its approach to registration for the independent sector, recognising the independent sector's growth, increasing diversity and the pace of innovation; and to advise the Department of Health on any changes to the statutory framework that may be desirable.

Expert Review of Records of Deceased Patients of Dr Michael Watt

In 2020, RQIA completed the preparatory phase of this review, including the development of a legal framework to allow RQIA to access the clinical records of the deceased patients of Dr Watt.

To ensure robust oversight and delivery of the second phase, RQIA established a Steering Group, jointly chaired by Aneez Esmail, Professor of General Practice at the University of Manchester and Emer Hopkins, RQIA Director of Hospital Services, Independent Healthcare, Reviews and Audit. Two Authority Members (Professor Stuart Elborn and Ms Jacqui McGarvey) also sit on the steering group along with David Galloway, Northern Ireland Neurological Charities Alliance; Brian O'Hagan, Lay Advisor; and Lynn Long, RQIA's Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare.

A project team was also established, comprising an Ethical Advisory Group; Clinical Advisory Group; Family Liaison Team; and Clinical Records Team.

In accordance with objectives developed by the Clinical Advisory Group, the Royal College of Physicians (RCP) was commissioned to establish an Expert Panel to review of the records of:

- 29 deceased patients whose family members had approached the RQIA with concerns; and
- 16 patients who were included in the Belfast Trust's Cohort 1 neurology recall but unfortunately died before either attending or completing their re-assessment.

In April 2021 RQIA contacted families offering an opportunity to meet its Family Liaison Team to share their views on the care and treatment provided to their relative by Dr Watt. Twenty-five families accepted this offer to engage with the Family Liaison Team and agreed for their information to be shared with RCP's Expert Panel.

In August 2021, the Expert Panel began its review of clinical records and also considered concerns shared with RQIA by the families of the deceased patients. It is anticipated that individual patient summaries will be provided to RQIA in May/June 2022, when RQIA's Family Liaison Team will make arrangements to share individual reports with family representatives.

Throughout this time RQIA has maintained regular contact with affected families, and has also kept the Department of Health updated through the Neurology Recall Assurance Group, chaired by the Permanent Secretary.

Review of Urgent Care Out-of-Hours Services

This Review examined the operational systems in place within Urgent Care Out-of-Hours Services and assessed the governance arrangements that assure the provision of a safe, person-centred, quality service, including the effectiveness of the leadership arrangements.

The Expert Review Team were impressed by many examples of good practice; including improving access to consultations for patients residing in border areas; proactive engagement with nursing homes to reduce calls, audits of clinical notes to improve recording of "safety netting" advice for patients, the establishment of a staff forum to facilitate collaboration between different operational staff and management; and engagement with disability groups to improve accessibility of services.

We commended the providers for their exceptional commitment to delivering high quality, safe and effective care. However, we found that their ability to do so was impacted by a reduction in the number of GPs working in Out-of-Hours Services and limited support being provided by HSC Trusts for these services.

This review paid particular attention to the progress made with respect to the implementation of the recommendations from two previous reviews:

- RQIA Review of GP Out-of-Hours Service (2010); and
- DoH Review of GP-Led Primary Care Services in Northern Ireland (2016).

We found that the majority of the recommendations from both of these reviews had either not been implemented, or had been only partially implemented. This Review highlighted the urgent need for a new operating model for Urgent Care Out-of-Hours Services for Northern Ireland in the context of the wider HSC transformational agenda, to address the immediate challenges and to stabilise services. It made recommendations that, if implemented, we believe would support the establishment of a safe, more effective and sustainable service model, whilst strengthening the governance arrangements within Urgent Care Out-of-Hours Service throughout Northern Ireland.

It is hoped that our assessment of progress against previous recommendations and the new recommendations within this report will inform both the regional work to deliver the transformation of Northern Ireland Urgent Care out of Hours services and also local improvement initiatives.

Full consideration of these recommendations by providers in collaboration with the DoH, and Regional Working Group should support the delivery of services in future which meet the changing needs of our population.

Ongoing Review Activity

Work also continued on a number of reviews which will be published during 2022-23:

- Review of Serious Adverse Incidents (SAIs); and
- Review of Implementation of Choking Recommendations.

Clinical Audits and Quality Improvement Projects

RQIA is committed to promoting leadership in safety and quality in health and social care. Through its Clinical Audit programme, each year RQIA invites applications from the HSC community for funding to undertake clinical audits, guidelines and quality improvement (QI) projects. The programme aims to ensure that the outcomes for patients, clients and carers are improved through the development and integration of audits, guidelines and QI projects, and as a result of their implementation.

Clinical Audits

- Northern Ireland Oesophago-Gastric Cancer Audit - Measuring the quality of care for patients diagnosed 2018-2019 (published January 2022).

Quality Improvement Projects

- The Pro-Vac Movement - a Quality Improvement and Educational Initiative (published February 2022);
- Development and implementation of Postpartum Contraception Service (published March 2022); and
- Introduction of harm reduction resources for clinical staff in acute mental health settings (due for publication in early 2022-23).

In October 2021 RQIA approved funding and support for four new quality improvement projects, which are scheduled for completion in March 2023. These are:

- Thyroid Eye Disease National Quality Improvement project;
- Streamlining Urology Multidisciplinary Meetings;
- Rapid exome sequencing for unwell neonates; and
- Patient engagement through the use of Digital Reminiscence Therapy (RITA).

INVOLVEMENT AND EXPERIENCE

The Experience of Service Users, Families and Staff

RQIA Guidance Team

During the year, visiting restrictions in visiting at care services - including hospitals and care homes- continued due to the Covid-19 pandemic. Whilst RQIA inspectors were able to speak with service users and learn first-hand of their experiences, often families were unable to engage directly with RQIA.

However, on a daily basis, RQIA’s Guidance Team responded to calls from families, the public and service providers, and during 2021-22 we received over 3,700 contacts by telephone or in writing. While the majority of these calls were from staff, management and HSC trusts seeking advice and guidance, RQIA also received over 1,100 contacts from service users, relatives and members of the public wishing to discuss queries or concerns about care services (see Figure 21). In each case RQIA’s Guidance Team listened to the caller, ascertained the issue, and provided appropriate advice. Details of each contact are recorded on the i-Connect information system. Where specific concerns are raised the information provided is assessed and a decision reached on how best to respond. This may include following up the issues raised with management of the service; conducting an unannounced inspection to investigate the concerns; and where necessary, taking enforcement action.

Figure 21: Sources of Contact to RQIA’s Guidance Team

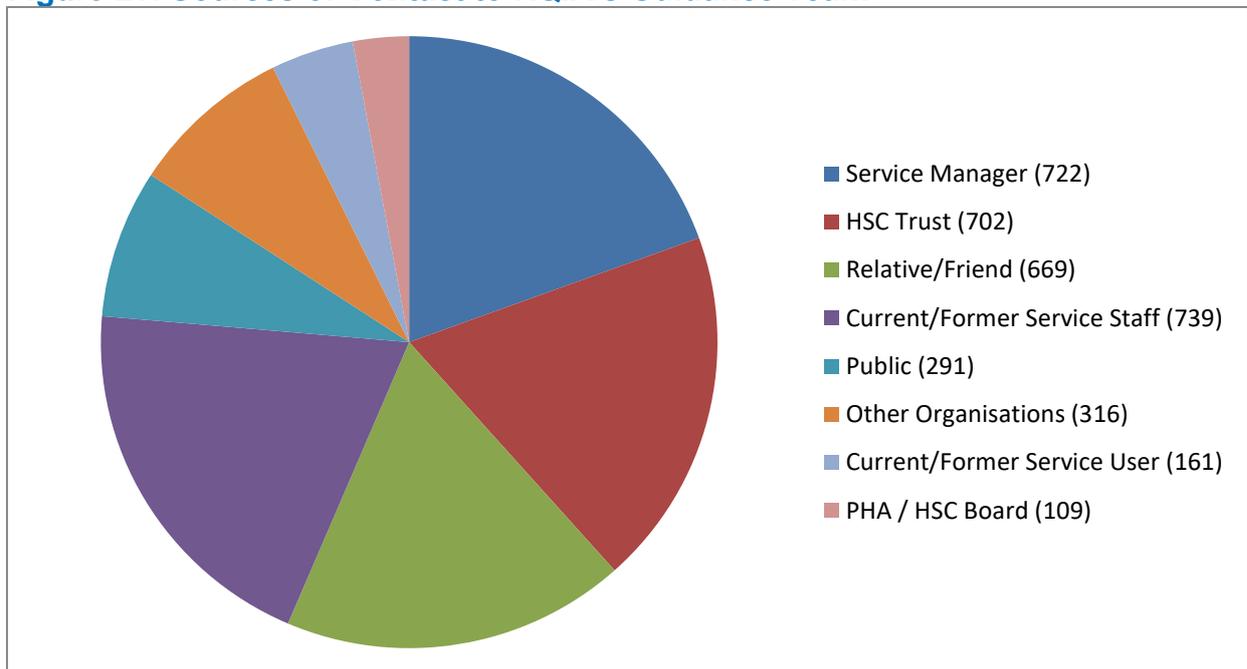
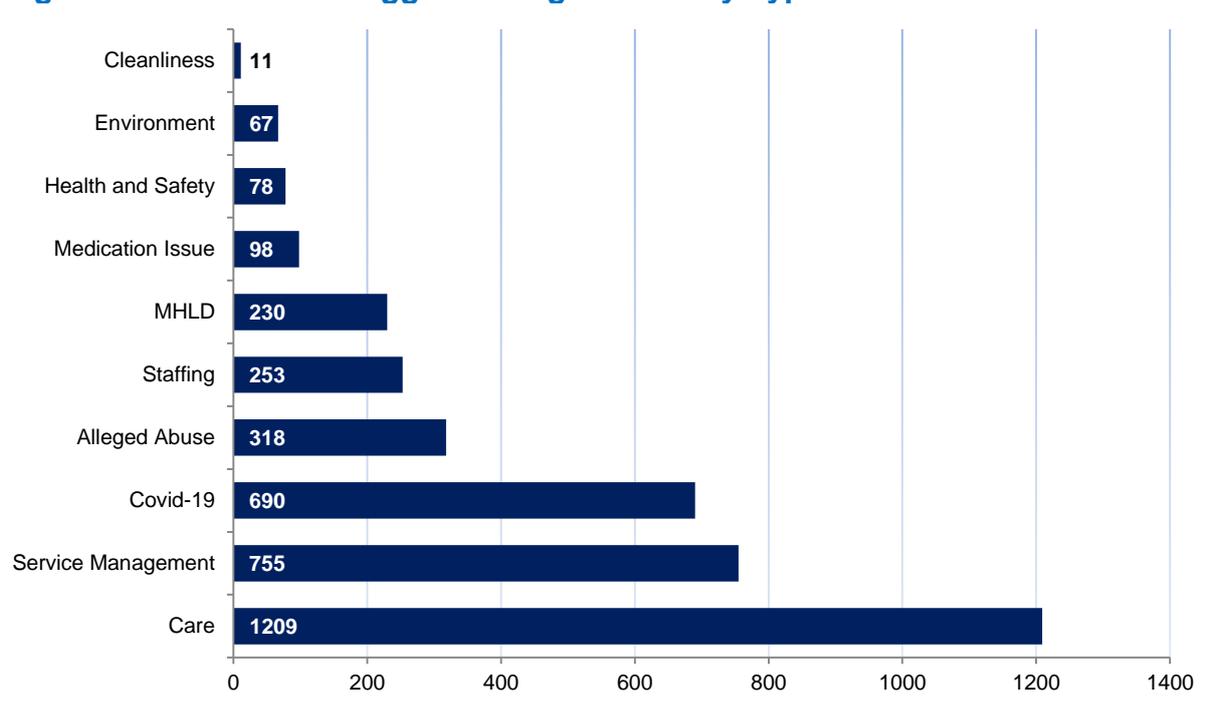


Figure 22 – Concerns Logged during 2021/22 by Type



Whistleblowing

Anyone working in a health and social care setting wishing to raise concerns about wrongdoing in their workplace can bring these to the attention of RQIA under the public interest disclosure legislation.

During the year, RQIA was contacted on 234 occasions by staff from a range of statutory and independent health and social care settings, who wished to raise concerns (whistleblow) about the services being provided in their workplace.

This information provides RQIA with an invaluable insight into services, and included concerns around the quality of care, staffing issues, management and general care concerns. While many staff provided their name and contact details, allowing further information to be sought on their concerns, others wished to remain anonymous. In each case RQIA carefully considered the information to determine what action was required. Where necessary, unannounced inspections were conducted to follow up on concerns, and to drive improvements in quality for those using these services.

Involvement of Families

RQIA also continued its active participation regular meetings, led by the Patient and Client Council, with relatives of people living in care homes – including Care Home Advice Support Northern Ireland (CHASNI).

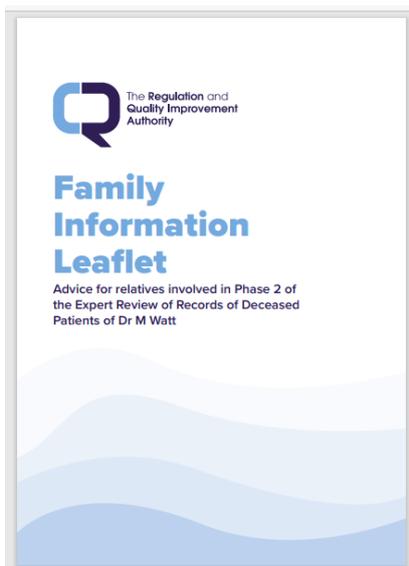


Julieann McNally (CHASNI) meets with Karen Harvey, RQIA

Here, representatives from the HSC Board and Public Health Agency, the Commissioner for Older People Northern Ireland, Age NI and the Alzheimer's Society had an opportunity to discuss and resolve concerns in relation to care and visiting and care partner arrangements.

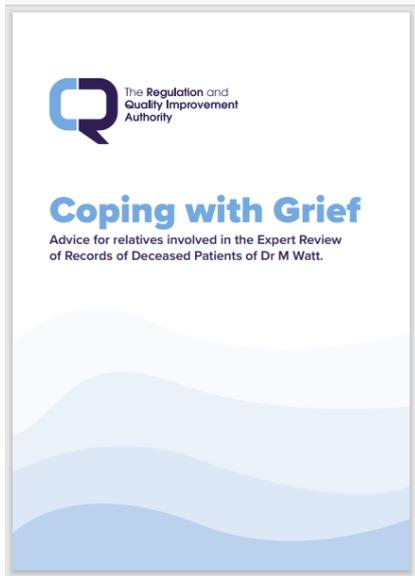
Family Involvement and Engagement in RQIA's Review Programme

A key element of RQIA's Expert Review of Records of Deceased Patients of Dr Watt was to hear the views and experiences of family members. RQIA engaged an expert panel of experienced neurology consultants, from outside of Northern Ireland through The Royal College of Physicians (RCP) to review the records selected for Phase 2 of this Review. These included a group of 29 deceased patients whose families have made contact with RQIA and 16 patients who were included in the Belfast Trust's Cohort 1 live recall but unfortunately died before either attending or completing their re-assessment.



As part of their work, the expert panel committed to consider information shared by families of the deceased patients, following its review of the medical records.

To ensure that this was managed in a sensitive and professional manner, RQIA established a Family Liaison Team comprising RQIA review team staff, with the support of experienced clinicians including a clinical psychologist and consultant medical doctor. A range of information and materials were also developed by the Family Liaison Team for the families and made available on a dedicated section of RQIA's website. These included frequently asked questions, a bereavement support leaflet and the latest information leaflet about the review.



In April 2021, RQIA wrote to the families of the deceased relatives to offer the opportunity to find out more about the Review and to become involved if they wished to do so. Where family contact details were not available, RQIA liaised with the patient's GP in an effort to make contact with their next of kin. A total of 25 families chose to engage with RQIA's Family Liaison Team; all expressed a wish to have their concerns considered by the expert panel. In addition to the face to face meetings, video and telephone calls, the team also supported a telephone help-line and a dedicated email address. A contract with an independent counselling service was also established to support family members, where this was required.

The information from families has formed an integral part of this review and has been considered by the Expert Panel alongside relevant medical records. As the review has progressed, RQIA has maintained regular contact with these family members to ensure they are advised of its progress.

Complaints about Health and Social Care Services

RQIA takes every concern brought to its attention about a health and social care service seriously. Each concern is carefully considered and assessed to determine if there are any issues that require the immediate action by RQIA. Where necessary RQIA may undertake an inspection or follow the issues up with partner organisations, including the relevant Health and Social Care Trusts.



RQIA's "How Can I Raise a Concern ..?" leaflets provide advice and guidance to support the public in raising a complaint about a service. While RQIA does not have legal powers to investigate complaints about services, RQIA provides contact details for organisations that can help in taking a complaint forward- including the Patient and Client Council and the Health and Social Care Trusts. Where a complainant is dissatisfied with the service's response to their complaint, they may raise this matter with the Northern Ireland Public Service Ombudsman.

RQIA Complaints guidance leaflets

Every health and social care service is required to have its own complaints policy and procedures in place. RQIA checks that these are in place during its inspections of these services.

PARTNERSHIP WORKING

Support for Health and Social Care Services During the Covid -19 Pandemic

During 2021-22, RQIA continued to play a key role in the regional response to the Covid-19 pandemic, working closely with and supporting statutory and independent partners across health and social care.

On behalf of the wider HSC, RQIA coordinated the daily Covid-19 status returns from nursing and residential care homes, reported via the online provider web portal. This information helped to inform the Department of Health, Public Health Agency and the Health and Social Care Board and trusts of the current situation within this sector. It also helped RQIA in focusing its attention on those services requiring particular support and attention.

During the year we also disseminated over 200 separate pieces of Department of Health and Public Health Agency guidance to regulated services, including care homes and domiciliary care services. These focused on a range of issues, including: staffing; the vaccination and booster programme; safe visiting in health and social care settings; care partner arrangements, and training resources.

Collaboration

On an ongoing basis RQIA maintains its positive relationships with colleagues at the Department of Health, and other HSC organisations including:

- the HSC Board;
- HSC Trusts;
- the Public Health Agency;
- Northern Ireland Social Care Council;
- Patient and Client Council;
- Northern Ireland Guardian Ad Litem Agency;
- Northern Ireland Practice and Education Council for Nursing and Midwifery; and
- Northern Ireland Medical and Dental Training Agency.

RQIA engages with these organisations through regular one-to-one liaison meetings and calls, sharing learning and discussing common interests and issues of concern.



RQIA Chief Executive Briege Donaghy meets (l) Vivian McConvey Chief Executive of the Patient and Client Council and I Phelim Quinn, HIQA CEO.

RQIA has continued to play a key role in the joined-up and regional response to the Covid-19 pandemic. RQIA worked closely with colleagues across the Department of Health, HSC Board, Public Health Agency and HSC trusts to ensure a coordinated approach to the provision of timely guidance to support regulated services in managing the impact of the pandemic.

RQIA is committed to strengthening effective partnerships with its peer organisations – including health and social care systems regulators, inspectorates and professional regulatory bodies across the UK and Ireland to share best practice and benchmark its work. These included the Care Quality Commission; Care Inspectorate Scotland; Health Inspectorate Wales; the Health Information and Quality Authority; and the Health Care Professionals Council.

RQIA also share best practice through its engagement with the Regional Medical Imaging Board, UK wide groups including the IR(ME)R Four Nations Group; Radiological Safety Working Group; and the Medical Radiation Liaison Group (MRLG).

RQIA also works closely with other inspectorates and representative bodies including:

- Criminal Justice Inspection Northern Ireland;
- Education and Training Inspectorate;
- Her Majesty's Inspector of Prisons;
- The Prisoner Ombudsman for Northern Ireland;
- The Commissioner for Older People for Northern Ireland (COPNI); and
- The Northern Ireland Commissioner for Children and Young People (NICCY).

RQIA also continued its constructive engagement with a range of stakeholder representative organisations, including:

- Independent Health and Care Providers (IHCP);
- UK Homecare Association;
- The Royal Colleges of Nursing, General Practitioners, and Psychiatrists;
- British Dental Association; and
- Association for Real Change, particularly in relation to the impact of Covid-19 on services.

During the year, RQIA has established new and updated memoranda of understanding and information sharing protocols with a range of partner organisations, to support information sharing and cooperation in joint working, and transparency when working on areas of common interest. These included:

- The Independent Sector Complaints Adjudication Service (ISCAS) a voluntary subscriber scheme for independent healthcare providers (April 2021);
- Nursing and Midwifery Council (May 2021); and
- The Health and Social Care Board relating to the regulation and inspection of dental practice. (May 2021).

Partnership Working to Improve Critical and Neonatal Care

As part of an improvement programme of infection prevention and control inspections to augmented care settings, RQIA's HSC Hospitals Programme Team worked as key enablers with stakeholders including Critical Care Network Northern Ireland (CCaNNI) and Neonatal Network Northern Ireland (NINI) to develop a self-assessment tool and action plan for regular self-monitoring of critical care units and neonatal units in all HSC trusts. This signified a move from a compliance approach to a collaboration-based model in assuring practice.

The team undertook a number of validation inspections to neonatal units across Northern Ireland to randomly sample aspects of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings and to validate the findings and actions taken by each HSC trust to promote sustained compliance and quality improvement. Overall, the outcome of these inspections provided assurance of robust oversight and monitoring by trusts in their neonatal units.

Public Involvement in Inspections and Reviews

RQIA is committed to increasing effective engagement with the public and stakeholders to achieve improvements in the safety and quality of health and social care services. RQIA's Service Improvement Officer represents the organisation at the regional Personal and Public Involvement (PPI) Forum, which aims to support HSC organisations in the active and effective involvement of service users, carers and the public in decisions that affect their health and social care.

During the pandemic it was challenging for RQIA to involve lay assessors in on the ground inspection and review activities. However, to ensure RQIA is best placed to reinvigorate involvement as we emerge from the pandemic, RQIA has worked on the development of a lay assessor handbook. This project has been conducted in partnership with members of the public who supported RQIA in this area previously, and with colleagues in Care Inspectorate Scotland's Involvement and Equalities Team.

Other projects have included the development of dementia-friendly questionnaires to support feedback on the quality of care during inspections, developed in partnership with services and service users.

Public Involvement in Children's Services

In March 2022, RQIA established a co-production approach to reviewing the need for publication of the findings and outcomes of inspections of children's services. These are not currently published on RQIA's website, however, during 2022-23 we plan to consult on proposals for an agreed publication framework.



Representatives from RQIA's Children's and Engagement Teams at VOYPIC's Manifestival

In August 2021, RQIA participated in the Voice of Young People in Care's (VOYPIC) Manifestival, a festival celebration to create a manifesto for change for young people in and leaving care. Here we engaged with young people on our work, and discussed how they can become involved in RQIA's work including inspections and reviews.

COMMUNICATION AND ENGAGEMENT

Digital Communication

Throughout the year RQIA continued to add new and updated content to its website www.rqia.org.uk to support service providers and the public alike. During 2021-22 RQIA received some 200,000 visitors, resulting in around 750,000 webpage views, a 25% increase on the previous year.

To date, over 15,500 inspection reports for both regulated and HSC trust services have been published and are available directly through the search function on the RQIA homepage or via an interactive map.

These continue to be the most visited part of the website, with over a quarter million page views during the year. In response to feedback from those visiting the website, each month a list of recent inspection reports made available online over the previous month is published.

RQIA also directs traffic to the website via [@RQIANews](https://twitter.com/RQIANews), the RQIA's Twitter account, where new content added can be notified immediately to almost 5,500 followers.

Media Engagement

Through its engagement with the media, RQIA aims to increase awareness and understanding of RQIA's role, and to provide assurance to health and social care service users and their families. RQIA provides journalists with detailed briefings to describe its role within health and social care, the complexity of its work, and the legal powers available to it in taking this forward.

During the year, RQIA responded to over 80 media requests from print, broadcast and online outlets for briefings, statements or interviews. These focused on a range of issues including: inspection findings and enforcement action in respect of regulated and statutory services; the impact of Covid-19 on services, service users and their families; RQIA's review of the records of deceased patients of Dr Watt, and the review of services for vulnerable persons detained in Northern Ireland prisons; and the publication by the Department of Health of the Nicholl Report into the resignation of RQIA's Board in June 2020.

Political Engagement

Throughout the year, RQIA continued its engagement with representatives from the main political parties to discuss the role of RQIA and specific areas of interest. Where RQIA undertook significant enforcement actions, the Chief Executive liaised directly with local political representatives to ensure they were fully briefed on the rationale for the action and on the carefully considered steps being taken to ensure the ongoing wellbeing and safety of those in receipt of these services.

Northern Ireland Assembly Committee for Health

During the year, RQIA had considerable engagement with the Health Committee.

RQIA provided responses to calls for evidence in respect of the:

- Health and Social Care Bill (in April 2021);
- Severe Fetal Impairment Abortion (Amendment) Bill (in May 2021); and
- Abortion Services (Safer Access Zones) Bill (in November 2021).

In November 2021, RQIA's Chief Executive, lead Director for Reviews and RQIA's Clinical Lead appeared before the Committee for Health to provide an update on the progress on The Expert Review of Records of Deceased Patients of Dr Watt (2008-2018).

RQIA also provided written updates to the Committee in June and November in respect of this review. A further written update was provided to the Committee in March 2022 in relation to Neurology review work streams, care homes, and RQIA's role in respect of Muckamore Abbey Hospital.

Minister of Health Visits RQIA

In December 2021, Robin Swann, Minister of Health, met with RQIA's Interim Chair, Authority members and Executive Management Team to discuss current work, challenges and priorities for the year ahead.



CORPORATE ISSUES

The Authority

The Authority comprises a Chair and members appointed by the Minister of Health. The Chair and Members of the Authority hold corporate responsibility for ensuring that the RQIA fulfils its statutory duties and functions, works towards the aims and objectives set by the Department and approved by the Minister, and promotes the efficient, economic and effective use of staff and other resources. The Chair and Members are accountable to the Minister of Health for the discharge of these responsibilities.

Christine Collin, MBE is interim Chair of RQIA, leading the Authority of six Interim members. During the year one Authority Member resigned to take up a position in another organisation. Profiles of Authority Members are included at Appendix 4.

RQIA Executive Management Team

The Authority has given delegated responsibility (through its Standing Orders) for the day-to-day operation and management of RQIA to the Chief Executive, who is the member of its staff accountable to the Authority for the discharge of these responsibilities. The Chief Executive is also designated (by the Permanent Secretary of the Department of Health, in his role as Accounting Officer for the Department) as the Accounting Officer for the RQIA. In this role, she is responsible for safeguarding the public funds for which she has charge and for ensuring propriety and regularity in handling these funds.

From 1 April to 30 June 2021 Dr Tony Stevens, OBE, was interim Chief Executive. Following an open recruitment exercise, Briege Donaghy took up post as RQIA's Chief Executive on 1 July 2021.

As part of an ongoing restructuring exercise three permanent directors were also appointed during the year. They are

- Elaine Connolly, Director of Adult Care Services (from 1 January 2022);
- Lynn Long, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare (from 1 December 2021); and
- Emer Hopkins, Director of Hospital Services and Independent Healthcare, Reviews and Audit (from 1 December 2021).

During the year, RQIA also received support from a number of additional staff:

- Dr Richard Wright, RQIA's Responsible Officer (a senior medical role);
- Francis Rice, to support and mentor RQIA's Executive Management Team in developing proposals for restructuring and organisational development; and
- Karen Harvey, professional advisor to RQIA's social workers and to lead and support RQIA's Assurance Directorate.

Details of senior employees' remuneration are included within the remuneration report. RQIA does not make any payments in relation to staff benefits.

RQIA Staff

The RQIA's staff are its most valuable asset and responsible for the achievement of corporate objectives and the effective delivery of the work programme. During 2021-22 there was an average permanent headcount of 115 staff in post (108.73 whole time equivalent), excluding Authority Members, bank and agency staff. The staff composition, by headcount, is 73% female and 27% male. During 2021-22, there was an average staff absence rate of 5.71% against a regional key performance indicator of 6.94%, set for RQIA by DoH

During 2021-22, there was a staff turnover of 17.4%, with 20 members of staff leaving RQIA through retirement or taking up new opportunities. At year end RQIA had a 17% vacancy rate in its staffing complement. To address this capacity shortfall RQIA has advertised for a range of administration and inspector positions, which have attracted a very high level of interest. During the year 13 new staff joined teams inspecting care homes, independent health care, hospitals and mental health and learning disability wards and the Business Support Unit.

As a result of the ongoing pandemic and in line with government guidance, RQIA staff continued to work from home where this was practicable. Inspections continued to be delivered at the location of the services where this was practical.

Investors in People (IiP)

Following an extension to the organisation's Investors in People (IiP) accreditation in 2020 due to the Covid-19 Pandemic, RQIA underwent its re-accreditation in 2021-22 and increased its level of award to Silver. During November/December 2021, the assessment involved over 90 people participating in an online survey, contextual meetings with Authority Members, the Chief Executive and senior leaders, and one-to-one discussions with 16 members of staff. The IiP Assessor commented: "Achieving Silver accreditation during a time of unprecedented challenge is a significant achievement. It demonstrates that the RQIA has not only sustained a purpose-values-driven culture but is evolving in the most difficult of circumstances, creating a strong platform for the future as the organisation continues to adapt, transform and thrive."

The IiP Report was shared with staff across the organisation, with a focus on developing a reward and recognition strategy and improving performance management systems. RQIA received a letter from the Minister of Health in December 2021, congratulating the organisation on this achievement.

Staff Training

RQIA is committed to the development of its staff, and ensures that staff have access to training opportunities to enable them to contribute fully to achieving its objectives. In addition to job-specific training, during the year, staff undertook mandatory training on:

- risk management;
- information governance;
- personal and public involvement;

- fraud awareness;
- fire safety;
- display screen equipment; and
- cyber security.

Compliance is managed at director level through RQIA's performance management arrangements. As a result of technical issues across health and social care, staff were unable to access the e-learning platform, which hosts the training courses, until Summer 2021, which delayed uptake in the early part of the year.

RQIA's Belfast Office Headquarters

During the year, RQIA continued planning for its relocation to new offices at James House, as part of the Belfast Optimisation Project which identified new offices for a number of public sector organisations, including RQIA; Northern Ireland Social Care Council; Northern Ireland Guardian Ad Litem Agency; and the Commissioners for older people and for children and young people.

Due to the impact of the Covid-19 pandemic, this relocation has been delayed from mid-2021 until late 2022. RQIA's lease agreement at Riverside Tower, Belfast, concluded in June 2021, when RQIA agreed a short-term lease at Victoria House in Belfast city centre.

Complaints About RQIA

RQIA welcomes contact from people with concerns about its actions or how it conducts its work and considers these as a valuable source of learning for the organisation. The learning from individual complaints is applied to help improve RQIA's systems and processes.

During the year RQIA received 16 complaints or expressions of dissatisfaction in relation to the work of RQIA. These covered a range of themes including how RQIA carried out its inspections; registration processes; and responses to requests for information. Each complaint was managed in line with RQIA's complaints policy and procedure. Eight complaints were resolved at the early resolution stage and two were addressed at the formal resolution stage following a complaints investigation. Following review, three complaints were not considered to fall within the remit of RQIA's complaints policy, or where another process may be used to address the issues raised.

In response the complainants were provided with advice on where to address their complaint, as well as an opportunity to discuss their concerns in a meeting with relevant RQIA staff. At 31 March 2022, three complaints investigations remained ongoing, all at the formal resolution stage.

The regional HSC Complaints Procedure states that complaints should be acknowledged within two working days and a response issued within 20 working days. In line with this direction, all complaints were acknowledged within this deadline.

However, the complexity of some complaints may make it difficult to investigate and to provide a full response within these timescales. In these circumstances regular updates are provided to the complainant on the progress of their complaint.

Where a complainant remains dissatisfied with RQIA's response, they are advised of their right to take their complaint to the Northern Ireland Public Services Ombudsman (NIPSO). RQIA responded to one request for further information from NIPSO, in relation to a complaint about RQIA, which had been subject to investigation earlier in the year.

Freedom of Information and Data Protection

As a public body, RQIA is required to respond to freedom of information (FOI) and subject access requests in line with relevant legislation. During 2021-22, RQIA received 69 FOI requests which related to incident notifications; care partner arrangements; death rates in care settings; RQIA's Expert Review of Records of Deceased Patients of Dr Michael Watt; and specific queries in relation to individual care services. In addition, six subject access requests were also received. There were no reportable personal data related incidents during the year.

Equality

All public bodies are required to review their Equality Scheme under Section 75 of the Northern Ireland Act (1998) every five years. The purpose of this review is to take learning and set direction for the coming years by critically evaluating the way the organisation has implemented Section 75 over the past five years.

This review involved a process of self-assessment, examining what has been achieved, what remains to be done, and lessons learned. This was based on evidence from the organisation from previous Annual Progress Reports on the implementation of Section 75 and the outcomes of a workshop held with RQIA's Executive Management Team, facilitated by BSO's Equality Unit.

A report on RQIA's Five Year Review of its Equality Scheme was presented to RQIA's Authority at its meeting in September 2021, and following approval was submitted to the Equality Commission.

In December 2021, RQIA submitted its annual progress report on the implementation of its equality and disability action plans to the Equality Commission. This report demonstrated its commitment to meet its equality obligations and detailed how RQIA promotes equality of opportunity across all Section 75 groupings.

In early 2022, RQIA established a new Equality Forum to support and progress the mainstreaming of equality, disability and good relations in the work of RQIA. This will ensure that RQIA delivers on its statutory obligations and commitments as outlined in RQIA's Equality Scheme, Equality Action Plan and Disability Action Plan. This will enable the Executive Management Team to provide assurance to the Chief Executive and, through that function, to the Chair and Authority, that RQIA is fulfilling its legal duties. The Forum will also provide a mechanism for sharing information, learning and adoption of best practice across RQIA.

Business Continuity Planning

RQIA has a business continuity plan which requires to be tested to ensure continuity of service in an unplanned emergency situation. Following testing, the plan is updated as necessary to reflect any learning.

In late March 2020, as a result of the pandemic, and in line with government guidance, RQIA implemented its business continuity plan, with all staff working from home where this was practicable. Remote access to ICT systems was introduced for every member of staff and internal and external meetings were held using video-conferencing platforms. To ensure continuity in RQIA services, a small number of staff provided office-based functions to support these new arrangements. Within the office strict social distancing and hand hygiene arrangements were introduced, and a one-way system was put in place to minimise the risk of contact.

These arrangements remained in place throughout the year to ensure the ongoing safety and wellbeing of our staff.

In July 2021, we updated our emergency continuity planning arrangements to reflect, in the main, the move to our new premises. Given the continuing pandemic situation, RQIA also developed its Winter and Services Pressures Resilience Plan 2021-22 and introduced a Pandemic Response Plan Action Card. This Action Card includes: triggers for invoking the emergency response plan; management actions; service prioritisation; communications with the Department of Health and partners; and arrangements for daily monitoring and reporting.

UK Exit from the European Union (Brexit)

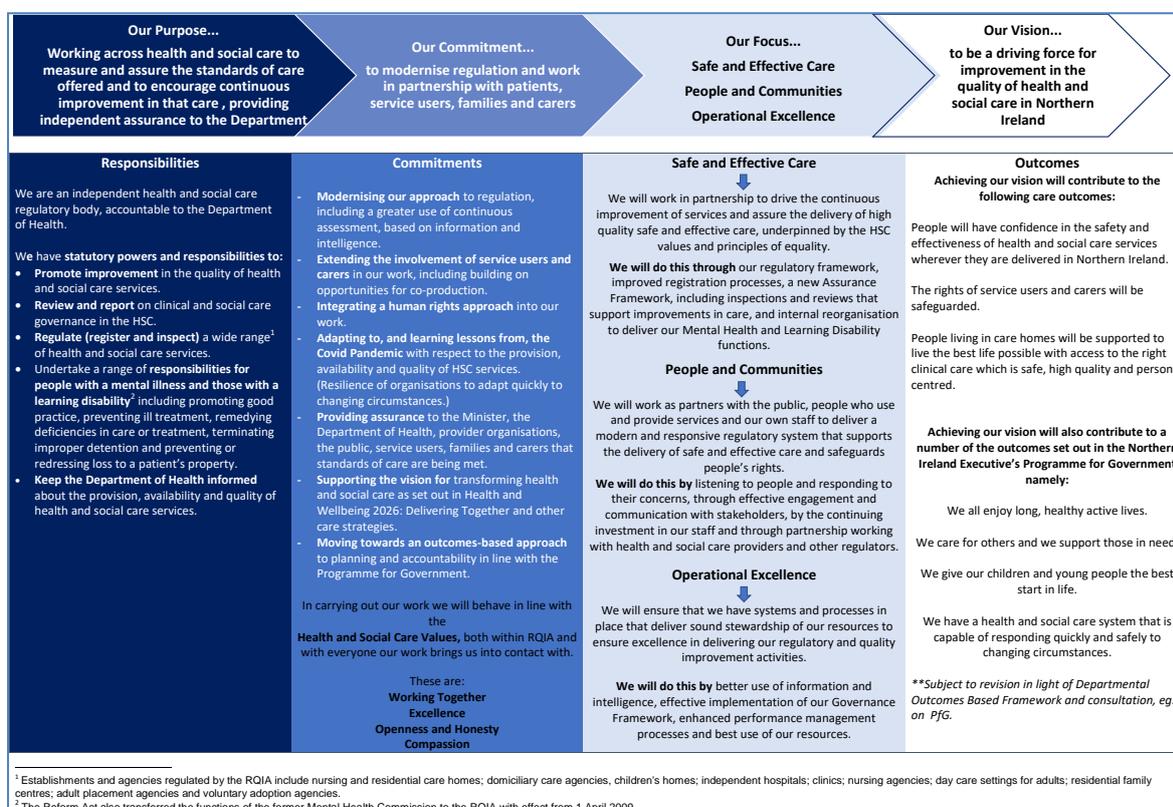
During 2021-22 RQIA continued to work in partnership with colleagues from the Department of Health and HSC in relation to the implications of the UK's exit from the European Union. On a quarterly basis, RQIA attended the EU Exit Forum, where key issues for discussion included the supply of medicines and medical devices; access to health care; information governance, particularly information sharing with EU member states; and staffing.

RQIA has reviewed the impact of Brexit on the business of the organisation. The organisation has a service level agreement with the BSO, which provides services and advice under each of the key areas of focus outlined above. As part of the ALB's EU Exit Forum, assurances have been provided from BSO to confirm that adequate arrangements are in place.

The organisational risk to RQIA is therefore minimal. RQIA continues to assess any associated risk that may emanate from Brexit. The organisation is also mindful of the potential of the impact of Brexit for those services which are inspected and reviewed and continues to monitor this through consideration of governance under the well-led domain.

Strategic Performance Management

In May 2021, RQIA's Corporate Strategy, which covered the period 2017-21, was replaced by a Statement of Strategic Intent.



¹ Establishments and agencies regulated by the RQIA include nursing and residential care homes; domiciliary care agencies, children's homes; independent hospitals; clinics; nursing agencies; day care settings for adults; residential family centres; adult placement agencies and voluntary adoption agencies.

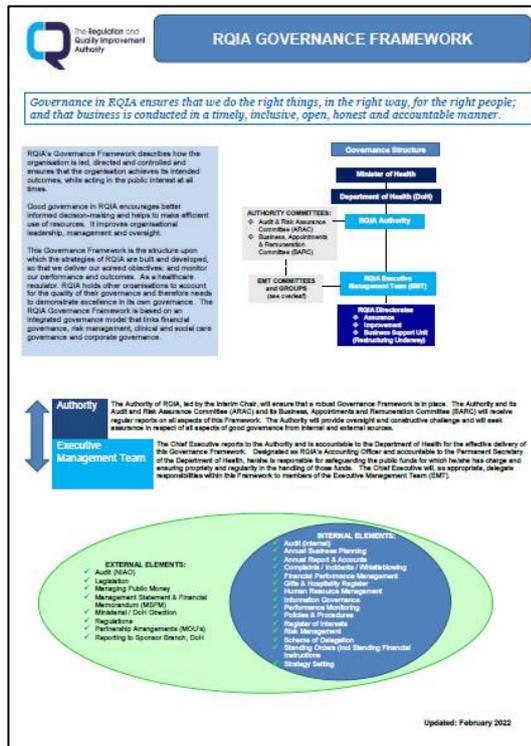
² The Reform Act also transferred the functions of the former Mental Health Commission to the RQIA with effect from 1 April 2009.

The Statement was developed as a high level document, setting out RQIA's purpose, commitment, focus and vision. It was developed in the context of the Northern Ireland Executive's Draft Programme for Government Framework 2016–21, Health and Wellbeing 2026: Delivering Together (Department of Health, 2016), and the HSC reform process.

The strategy identified three themes:

- **Safe and Effective Care:** working in partnership to drive the continuous improvement of services and assure the delivery of high quality safe and effective care, underpinned by the HSC values and principles of equality. Realised through RQIA's regulatory framework, improved registration processes, a new Assurance Framework, including inspections and reviews that support improvements in care, and internal reorganisation to deliver our Mental Health and Learning Disability functions.
- **People and Communities:** working as partners with the public, people who use and provide services and our own staff to deliver a modern and responsive regulatory system that supports the delivery of safe and effective care and safeguards people's rights. Realised through listening to people and responding to their concerns, through effective engagement and communication with stakeholders, by the continuing investment in our staff and through partnership working with health and social care providers and other regulators.

- **Operational Excellence:** ensuring that we have systems and processes in place that deliver sound stewardship of our resources to ensure excellence in delivering our regulatory and quality improvement activities. Realised through better use of information and intelligence, effective implementation of our Governance Framework, enhanced performance management processes and best use of our resources.



In July 2021, the Authority approved the Management Plan for 2021-22, which aimed to support the Statement of Strategic Intent and included details of specific actions, timescales and associated resources to deliver these objectives.

As part of the Management Plan 2021-22, the Governance Framework was reviewed and refreshed, setting out the roles, responsibilities and procedures for the effective and efficient conduct of its business.

It also highlighted the internal and external elements of governance, outlining a timetable for key governance documentation to be presented to the RQIA Authority, its Committees and the Executive Management Team.

The Management Plan for 2021-22 set out 13 actions that RQIA aimed to achieve during the year, with key deliverables focusing on:

- Improving RQIA's Registration function;
- Developing our Assurance / Regulation Framework;
- Delivering our Inspection Programmes;
- Delivering reviews, Audits and quality improvement (QI) projects
- Systems to deliver Mental Health and Learning Disability functions;
- Enhancing our Communications and Engagement;
- Improved Partnership Working;
- Investing in our Staff;
- Complaints Handling;
- Information and Intelligence Capability;
- Managing Performance;
- Internal Audit Programme; and
- Governance Arrangements.

A review of the Plan was undertaken following the mid-year point, when seven additional key deliverables, prioritised by the Authority, were added, making a total of 74 Key Deliverables. At year end, 70% of the actions had been completed; with 23% extended into 2022-23 and the remaining 7% removed, as these were no longer required.

The Authority and the Executive Management Team is presently finalising RQIA's Management Plan for 2022-23, with four key outcomes-focused objectives of Regulation; Improvement; Raising Standards; and People, underpinned by three enabling priorities in collective leadership and effective governance; a confident, competent, supported and enabled workforce; and effective management of resources.

As part of the Transition and Management Plans, RQIA commenced a restructuring exercise, which examined and considered its current organisational structures. Following consultation with staff across the organisation and staff side, this is in the final stages of completion. From January 2022, three new Directorates have been established, with work ongoing to ensure Business Services and the Office of the Chair and Chief Executive is appropriately structured and staffed.

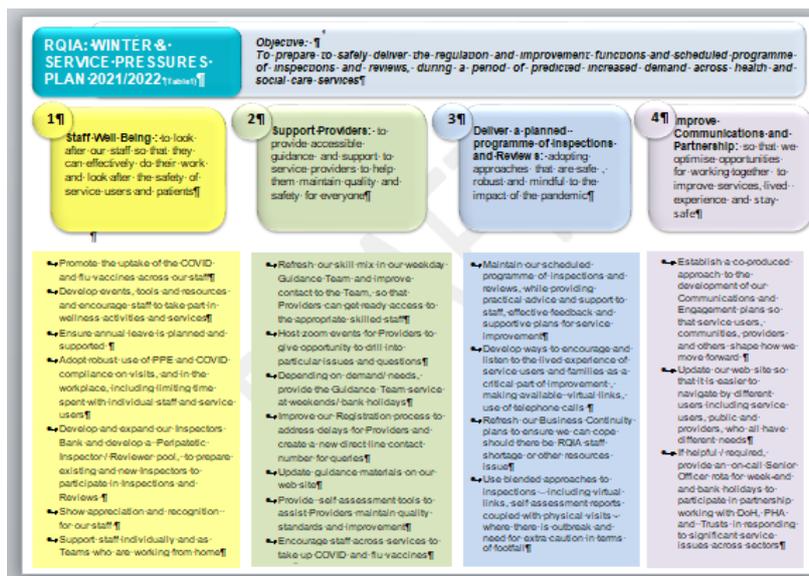
The Chief Executive is refreshing the schedule of performance management meetings for the Directorates and Business Services, which continues to provide the opportunity for detailed reporting against key performance indicators and progress in meeting set objectives.

Directorates and Business Services continued to report on performance to the Authority, through the Business, Appointments and Remuneration Committee, using the Performance Activity Report and monitoring of the Management Plan, which illustrated steady progress on the delivery of identified actions. Reporting in relation to audit, governance, finance and risks is to the Authority through the Audit and Risk Assurance Committee.

RQIA Winter Plan

In July 2021, RQIA commenced the development of its Winter and Service Pressures Resilience Plan 2021-22, to prepare for and support the safe delivery of regulation and improvement functions and scheduled programme of inspections and reviews, during a period of predicted increased demand across health and social care services.

The plan which was endorsed by the Authority focused on four key areas: Staff Well Being; Supporting Service Providers; Continuing inspections and reviews safely; and Improving Communication and Partnership working.



Key actions included:

- Promotion of the Covid-19 and flu vaccines for its own staff and those across services to ensure they conducted their work in line with the latest Covid-19 guidance;
- Using blended approaches to inspections – including virtual links, self-assessment reports coupled with physical visits – where there is outbreak and need for extra caution in terms of footfall;
- A refreshed skill mix in RQIA’s Guidance Team and updated guidance on RQIA’s website to ensure service providers had ready access to appropriate and timely support;
- Improvements to RQIA’s Registration arrangements to address delays in processing and completing the registration of services, managers and amendments to existing registrations;
- Developing ways to encourage and listen to the lived experience of service users and families as a critical part of improvement of services;
- Established a co-produced approach to communications and engagement plans so that service users, communities, providers and others shape how we move forward; and
- Training and resources to support staff wellbeing, and introduced a staff recognition and appreciation strategy.

Financial Summary

In 2021-22 RQIA received income of £8,782,885 which comprised £7,350,928 from the Department of Health through the Revenue Resource Limit, and £1,431,957 from other income. During 2021-22 staff costs were £7,086,682 and other expenditure costs were £1,687,003. At year-end there was a surplus of £9,200, which confirms that RQIA met its financial target of breakeven, which is defined as surplus or deficit not exceeding £20,000.

In 2021-22 RQIA received capital funding from the Department of Health through the Capital Resource Limit amounting to £427,549 which was spent on ICT equipment and licenses to update the iConnect system.

During the year RQIA experienced a high level of vacancies at all levels of the organisation and also received more income from registration of services than anticipated. As a result RQIA requested the DoH to retract £275K of funding in-year. An initial retraction was made in relation to savings arising from the temporary move to Victoria House of £284,500.

Public Sector Payment Policy – Measure of Compliance

RQIA is required to pay non-Health and Social Care trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% of invoices within 10 working days (14 calendar days) is also in place.

	2022	2022	2021	2021
	Number	Value (£)	Number	Value (£)
Total bills paid	1,303	3,307,454	803	2,672,062
Total bills paid within 30 day target	1,299	3,305,505	789	2,654,217
% of bills paid within 30 day target	100%	100%	98%	99%
Total bills paid within 10 day target	1,276	3,137,795	760	2,332,059
% of bills paid within 10 day target	98%	95%	95%	87%

The Late Payment of Commercial Debts Regulations 2002

There was no interest payable arising from claims made by businesses under this legislation (2020-21: Nil).

Accounts Direction

RQIA accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting Manual (FreM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Accounting Policies

The accounting policies follow International Financial Reporting Standards to the extent that it is meaningful and appropriate to the RQIA. Where a choice of accounting policy is permitted, the accounting policy, which has been judged to be most appropriate to the particular circumstances of RQIA for the purpose of giving a true and fair view has been selected. RQIA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.

Anti-Bribery and Anti-Corruption

RQIA has an Anti-Bribery Policy in place, which sets out the position on bribery and context for ensuring that all activities are carried out in an honest and ethical environment. RQIA is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered.

Sustainability and the Environment

RQIA is committed to promoting sustainability within the framework established by the Northern Ireland Executive's Programme for Government, aligned to the outcome of 'we live and work sustainably – protecting the environment'.

RQIA recognises that the health and wellbeing of staff is directly affected by the quality of the environment surrounding them; and we encourage a collective approach to ensuring our staff can draw benefit and enjoyment from our environment. By taking an approach whereby our infrastructure is efficient and sustainable and people are encouraged to make environmentally responsible choices, we are able to manage our resources efficiently and effectively.

The organisation endeavours to ensure that environmental protection and the prevention of pollution are considered in respect of decisions, policies and practices to ensure RQIA's work does not adversely impact upon the environment.

RQIA continues to utilise online systems such as the HSC Human Resources, Payroll, Travel and Subsistence System (HRPTS) and the Financial (FPM) and Electronic Procurement System (eProc) for human resources, procurement and financial processing.

The organisation operates an electronic system, iConnect, for its regulatory functions and includes electronic capture and management of registration, inspection, notification and reporting documentation. In order to reduce reliance on paper, those providers applying to be registered with RQIA can submit documentation via the organisation's web portal.

Following the organisation's move to a smaller office in Victoria House, Belfast, a digitisation project which resulted in the digitisation of historical registration records, was completed.

The Coronavirus Pandemic changed the way staff work, with remote working from home during 2020-21 and throughout 2021-22. This had a positive impact, with reduction of the need for travel to the workplace, with meetings and appointments being held using video-conferencing applications.

The introduction of a blended approach to inspection methodology, to include on-the-ground and remote inspection, also had an impact on reduction of printing and photocopying hardcopy documentation.

Authority meetings and Authority Committee meetings for the Audit, Risk and Assurance Committee (ARAC) and the Business, Appointments and Remuneration Committee (BARC) took place via video conferencing, reducing the need for Authority Members to travel and the printing of papers which have been issued via email.

RQIA reduced its carbon footprint with a move to smaller accommodation with fewer stand-alone offices and meeting rooms. This will be sustained with a further permanent accommodation move to James House, which comprises a modern office estate, and will assist with current lower energy costs and reduced carbon footprint.

RQIA submitted its 'Property Asset Management Plan (PAMP) 2021-22 to 2025-26 and reported savings for its Belfast Headquarters in costs for maintenance, security, cleaning, water, sewerage, rent and energy. Savings were made in security and rent for the Hilltop Office in Omagh. These savings were due to the pandemic and a reduction in staff using the offices.

RQIA remains committed to make a contribution in those areas which it can influence and makes sustainable improvements wherever possible.

Social and Community Matters

In partnership with the Business Services Organisation Equality Unit, RQIA held two health and wellbeing awareness days. In December 2021, the Consultant Lead Clinical Psychologist for Older People in the Northern Trust, an expert in dementia, discussed caring for a loved one who has the condition. The session also focused on diagnosis of the condition and specialist support available in relation to older people's mental health, dementia and delirium. This session was well attended and was particularly relevant to RQIA's inspection teams.

In February 2022, a Specialist Health Visitor from the Attention Deficit Hyperactivity Disorder (ADHD) Behaviour Assessment Service in the Northern Trust discussed assessment, diagnosis and management of the condition and its impact on both those with the condition and their carers.

As part of the Winter Plan, RQIA ran a series of workshops to support the health and wellbeing of its staff. These included a series of interactive sessions on positive mental health, personal resilience and mindfulness. Throughout the year RQIA also shared a range of online resources on connecting with others; homeworking; keeping active; support for parents and carers; and details of support helplines.

On behalf of the RQIA, I approve the Performance Report encompassing the following sections:

- Performance Overview
- Performance Analysis

A handwritten signature in black ink, appearing to read "Brieg Donaghy". The signature is written in a cursive style with a large, sweeping flourish at the end.

Brieg Donaghy
Chief Executive

7 July 2022

SECTION 2

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

Directors Report 2021-22

Ms Christine Collins, MBE, was appointed on 18 June 2020 and continued as RQIA's Interim Chair during 2021-22. Ms Collins leads the Authority of six Interim members, appointed on 30 October 2020:

- Mr Neil Bodger;
- Professor Stuart Elborn;
- Mr Alan Hunter;
- Miss Jacqueline McGarvey;
- Miss Suzanne Rice; and
- Ms Bronagh Scott.

During the year, Mr Hunter resigned to take up a position in another organisation. Profiles of Authority Members are included at Appendix 4.

From 1 April to 30 June 2021, Dr Tony Stevens, OBE, was RQIA's Interim Chief Executive and from 1 July 2021, Ms Briege Donaghy was appointed by the Authority as Chief Executive.

The Executive Management Team is responsible for the day-to-day operations of RQIA and comprises three Directors:

- Elaine Connolly, Director of Adult Care Services (appointed on 1 January 2022);
- Emer Hopkins, Director of Hospital Services, Independent Healthcare, Reviews and Audit (appointed on 1 December 2021); and
- Lynn Long, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare (appointed on 1 December 2021).

RQIA also received support from a number of additional staff:

- Dr Richard Wright, RQIA's Responsible Officer (a senior medical role);
- Francis Rice, to support and mentor RQIA's Executive Management Team in developing proposals for restructuring and organisational development; and
- Karen Harvey, professional advisor to RQIA's social workers and to lead and support RQIA's Assurance Directorate.

During the year there were no personal data related incidents reportable to the Information Commissioner's Office.

RQIA holds a record of Authority Members' Register of Interests on the RQIA website at www.rqia.org.uk/who-we-are/the-authority/authority-meetings/authority-documents/authority-members-register-of-interests/, where Members are required to declare any interest that may conflict with their management responsibilities.

Register of Interests for Executive Directors are recorded on RQIA's Register of Interests, (copies can be made available on request). There were no significant conflicts of interest for Authority Members or staff during the year.

RQIA has developed a Principal Risk Document which identifies the principal risks for the organisation and how these are managed, reviewed and monitored on an ongoing basis. These include:

- Health and Safety;
- Information Governance;
- Cyber Security;
- Management Arrangements, Resources and Capacity;
- Failure to Break Even;
- Disruption to Business Continuity (including the impact of Covid-19);
- Failure to Improve Standards in the Regulated Sector;
- RQIA's functions in respect of the Mental Capacity Act / Mental Health Order;
- Registration; and
- The Muckamore Abbey Hospital Public Inquiry work.

In line with government guidance, during 2021-22, the majority of staff worked from home during the year. RQIA continued to focus on energy reduction, recycling office waste, and use of public transport where this was possible and safe.

Statement of Accounting Officer's Responsibilities

Under the Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003, the Department of Health has directed RQIA to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of RQIA, of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Ms Briege Donaghy of the Regulation and Quality Improvement Authority as the Accounting Officer. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding RQIA's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

1. Introduction / Scope of Responsibility

The Authority is accountable for internal control. As Accounting Officer and Chief Executive of RQIA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's strategic priorities, statutory obligations and business objectives, whilst safeguarding the public funds and assets for which I am responsible, in accordance with the responsibilities assigned to me as Accounting Officer for the RQIA by the Accounting Officer for the Department of Health (DoH).

As Chief Executive I am accountable to the Authority for the day-to-day operations and management of RQIA. As the RQIA's designated Accounting Officer I am accountable to the Accounting Officer of the DoH for the propriety and regularity of the RQIA's spending. I am personally responsible for safeguarding the public funds for which I am responsible and for ensuring propriety and regularity in the handling of those funds. As Chief Executive I support the Authority in developing the RQIA's strategic direction and corporate strategy, and develop the business plan. These must be set in the context of the Department's wider strategic aims, Departmental Requirements and current Public Sector Agreement (PSA) objectives and targets.

As Chief Executive I provide a formal report to the Authority covering matters of strategic importance, including updates on key targets and business objectives, information on enforcement actions, progress in respect of planned and commissioned reviews, serious incidents, complaints and whistleblowing. Formal Authority meetings are held at least six times a year.

As Chief Executive I chair a weekly meeting of the Executive Management Team, which provides strategic oversight of all operational issues impacting on the day-to-day management of the organisation.

RQIA is Northern Ireland's independent regulator of health and social care services. Our ongoing work programmes aim to provide assurance about the safety, quality and availability of these services through: our planned programme of announced and unannounced inspections of regulated services, mental health and learning disability wards, hospitals, and places of detention across Northern Ireland; and our reviews of both health and social care services and independent establishments and agencies. In carrying out its role, RQIA has developed strong and effective partnerships with other health and social care systems regulators, inspectorates, professional regulatory bodies, Arms-Length Bodies, Trusts and HSC Board.

The Chair and Chief Executive normally attend bi-annual accountability reviews with the Permanent Secretary; however these were stood down in 2020-21 as a result of Covid-19 and have not yet been resumed. In their place, quarterly meetings are held between the Chair, the Chief Executive and senior representatives from RQIA's Sponsor Branch.

The Chief Executive and Directors also attend quarterly liaison meetings with DoH to discuss routine issues relating to regulation and quality improvement across the health and social care system.

2. Compliance with Corporate Governance in Central Government Departments: Code of Good Practice NI 2013

RQIA applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements. The Authority does this by ensuring that it has proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

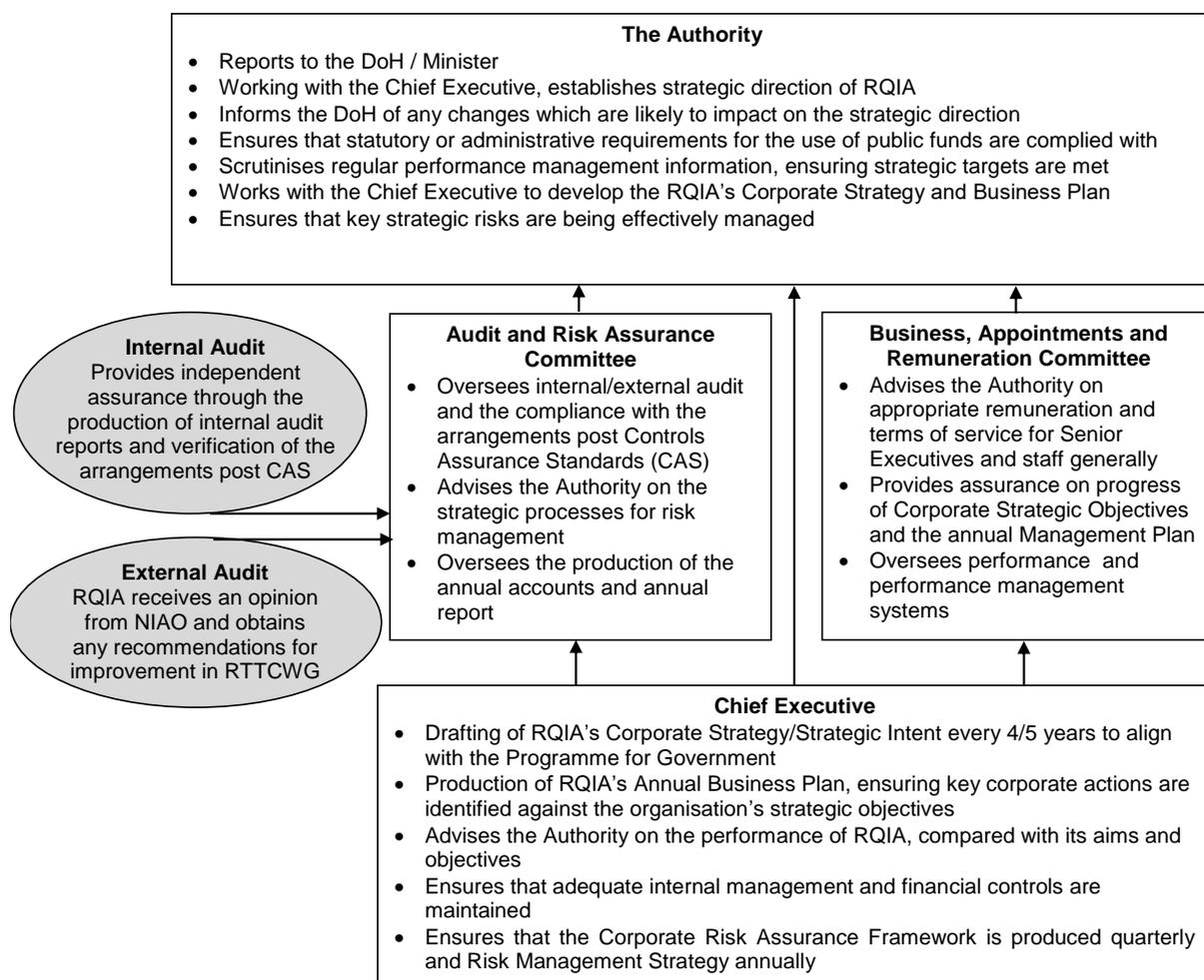
The Authority exercises strategic control over the operation of the organisation through a system of corporate governance, set out in its Standing Orders, which includes:

- A schedule of matters reserved for Authority decisions;
- A scheme of delegation, which delegates decision making authority, within set parameters, to the Chief Executive and the Chief Executive's Scheme of Delegation which controls decision making by other staff; and
- Standing Financial Instructions;
- The establishment and operation of an effective Audit and Risk Assurance Committee; and
- The establishment and operation of an effective Business, Appointments and Remuneration Committee.

The system of internal financial control is based on a framework of production of regular financial information, robust administrative procedures including the segregation of duties and a system of delegation and accountability, supported by key management oversight processes. In particular, it includes:

- Comprehensive budgeting systems with an annual budget;
- Regular reviews by the Authority of periodic financial reports which indicate financial performance against the forecast;
- Setting and monitoring targets of financial and other performance measures;
- Clearly defined capital investment control guidelines;
- As appropriate, formal budget management disciplines;
- Production of RQIA's Property Asset Management Report; and
- Production of RQIA's Annual Report and Accounts.

A robust structure of accountability and responsibility is required as part of a control environment (i.e. governance, risk management and internal control). The respective responsibilities in relation to corporate governance are detailed in the following chart and sections:



RQIA assessed its compliance with best practice in corporate governance using the following tools:

- Accountability process and sponsorship function;
- Assurance Framework;
- Mid-Year Assurance and Governance Framework;
- Independent Assurance – BSO Internal Audit;
- Management Statement / Financial Memorandum;
- Arrangements post controls assurance standards.

The outcomes of the self-assessment post controls assurance standards showed that RQIA continues to follow best practice in corporate governance.

3. Governance Framework

The Authority recognises that to deliver its strategic aims, objectives and priorities successfully, it needs sound corporate governance arrangements in place. Corporate governance is founded in statute, policies, processes, systems, organisational culture and behaviours, and they provides a system for the way in which an organisation is directed, administered, controlled and goes about its business.

RQIA's governance framework sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business. As an Arms-Length Body (ALB), the Authority is committed to governance excellence and is accountable to the Minister for Health for its decisions and activities.

RQIA's Responsibility

RQIA is a non-departmental public body, and provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA is also responsible for encouraging improvements in the quality of these services.

RQIA works within a robust statutory framework. The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, establishes the Authority and defines its roles and functions, including its statutory duties to conduct inspections, investigations and reviews of services and to report its findings to DoH.

As an ALB, the Authority's approach to governance is based upon the Seven Principles of Standards in Public Life – the 'Nolan Principles'.

The Authority demonstrates accountability to DoH through:

- Bi-annual accountability meetings with DoH (stood down in 2021-22 due to Covid-19);
- RQIA's Annual Report which is laid before the NI Assembly;
- Annual auditing of RQIA's accounts by the NIAO;
- Independent scrutiny of RQIA's procedures and processes through BSO Internal Audit;
- Publicly reporting performance in respect of its corporate goals and business targets;
- Consulting before introducing major new policies or operational practices;
- Holding Authority meetings open to the public;
- Publishing information regarding the operation of the Authority, and where appropriate, minutes of meetings and reports;
- Quarterly production of RQIA's Principal Risk Document;
- Having a robust and accessible complaints process; and
- Production of an annual Quality Report.

Authority Responsibility

The Governance framework as described above has been operating in full throughout the year. An Interim Authority was appointed on 30 October 2020, and met eleven times during 2021-22.

The Authority is ultimately accountable to the Minister for all that RQIA does. In order for RQIA to discharge its responsibilities appropriately and effectively, day-to-day management is delegated to the Chief Executive. A number of matters, however, remain reserved for the Authority.

These include:

- ensuring that RQIA fulfills its statutory objectives, general functions and duties and appropriately exercises the legal powers vested in it, under the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 and other legislation;
- determining the overall strategic direction of RQIA within resource limits;
- active engagement in the development of the Corporate Strategy and Business Plan;
- monitoring the performance of the Chief Executive and her team, holding them to account for the exercise of their delegated powers and delivery against plans and budgets;
- promoting and protecting RQIA's values, integrity, and reputation; and
- ensuring high standards of governance which command the confidence of all of RQIA's staff and stakeholders.

In fulfilling its responsibilities, the Authority pays particular attention to:

- maximising the impact and effectiveness of RQIA;
- identifying and managing risks and harnessing opportunities;
- listening and responding to stakeholders;
- ensuring its independence;
- ensuring the prudent use of public funds; and
- ensuring RQIA acts fairly, responsibly, transparently, proportionately and ethically.

In exercising the responsibilities set out above, the Authority is required to meet the following obligations:

- acting collectively in making decisions;
- actively pursuing learning and self-development opportunities;
- expecting the Executive Management Team (EMT) to provide appropriate accurate and timely information and advice to enable informed decision making;
- seeking to achieve consensus on major decisions. However, where this is not possible, collective decisions will be based on a majority vote with the Interim Chair holding a casting vote; and
- delegating responsibility to the Chief Executive, for the efficient and effective operation of RQIA and prudent use of public funds.

The Authority has established clear levels of delegated authority within which:

- some decisions are reserved exclusively for the Authority;
- the Chief Executive is empowered to make decisions and delegate authority to the EMT and staff for the day-to-day operation of RQIA; and
- the Chief Executive is required to escalate high risk and / or high impact issues for the timely attention and consideration of the Authority.

A total of eleven Authority meetings were held during 2021-22. In addition, six Authority workshops took place in 2021-22, addressing strategic issues facing the organisation. It should be noted that the Board Governance Self-Assessment Tool, assessing the performance of the Authority, was not completed during 2020-21 due to the changes at Authority level. The tool will be utilised to complete a Board Effectiveness Audit, to be undertaken by Internal Audit in Quarter 3.

Attendance at 2021-22 Authority Meetings and Workshops		
	Authority Meetings (Total 11)	Authority Workshops (Total 6)
Interim Authority (From 20 October 2020 to date)		
Christine Collins*	11	6
Neil Bodger	8	5
Alan Hunter**	8	3
Suzanne Rice	8	5
Jacqui McGarvey	9	6
Bronagh Scott	11	6
Prof. Stuart Elborn	7	3

* Interim Chair in post from 18 June 2020

** Resigned with effect from 13 January 2022

Audit and Risk Assurance Committee Role and Performance

The Audit and Risk Assurance Committee, as a Committee of the Authority, assists in discharging its responsibilities for issues of risk control and governance. The Audit and Risk Assurance Committee reviews the comprehensiveness of assurances in meeting the Authority and Accounting Officer's assurance needs, and reviews the reliability and integrity of these assurances.

The Audit and Risk Committee consists of three Authority Members, including the Audit and Risk Assurance Committee Chairman.

The Audit and Risk Assurance Committee Chairman and members are appointed to the Committee in accordance with Standing Order 1B of the Authority's Standing Orders, approved on 4 November 2021, and its predecessor provision, Standing Order 5.3 of the August 2020 version of the Standing Orders.

The Terms of Reference of the Audit and Risk Assurance Committee are set out in Annex 2 to the Standing Orders.

The Audit and Risk Assurance Committee supports the Authority in its oversight and responsibility for risk control and guidance. On behalf of the Authority, and of the Chief Executive as Accounting Officer, the Audit and Risk Assurance Committee 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 Audit and Risk Assurance Committee advises the Board and Accounting Officer on:

- the strategic processes for risk management, internal control, governance and the mid-year Assurance Statement and the Governance Statement;
- the adherence to accounting policies, the preparation of annual accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit and the extent of adjustments arising from audit findings;
- the planned activity and recommendations of both internal and external auditors;
- adequacy of management response to issues identified by internal audit activity, and those included in the external auditor's report to those charged with governance;
- assurances relating to the corporate governance requirements for the organisation;
- anti-fraud policies, whistleblowing processes, and arrangements for special investigations;
- the extent to which processes and procedures provide value for money;
- a periodic review of its own effectiveness, however this was not completed due to the changes at Board level;
- an annual review of its own terms of reference; and
- consideration of write-off of losses and authorisation of special payments before submission to the Board for approval.

The Committee met six times during 2021-22 with an average of 89% attendance. The Audit and Risk Assurance Committee did not complete the Audit Committee self-assessment checklist for 2021-22 and plans to do so in Quarter 3.

Attendance at 2021-22 Audit and Risk Assurance Committee Meetings	
Authority Member	Committee Meetings (Total 6)
Neil Bodger (Chair)	6
Prof. Stuart Elborn	4
Bronagh Scott	6

The Business, Appointments and Remuneration Committee Role and Performance

The Business, Appointments and Remuneration Committee (“BARC”) is established as a Committee of the Authority pursuant to Schedule 1 paragraph 5 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Its terms of reference are set out in Annex 1 to the Standing Orders. It consists of up to three Members of the Authority.

It reports to the Authority on the setting and measurement of objectives for the Authority, and the terms and conditions of employment for the staff of the Authority.

The functions of the Committee include:

- To provide assurance and make recommendations to the Authority on the objectives of the Authority;
- To provide assurance and make recommendations to the Authority on human resources matters;
- To provide assurance and make recommendations to the Authority on the progress of the RQIA towards the Authority’s Corporate Strategic Objectives and the Authority’s annual Management Plan objectives; and to consider the effectiveness of performance and performance management systems, including by:
 - Oversight of the proper functioning of performance and appraisal systems;
 - Agreeing and monitoring a remuneration strategy that reflects national agreements and Departmental policy; and
 - Monitoring the application of the remuneration strategy to ensure adherence to all equality legislation.
- To advise the Authority on the appropriate remuneration and terms of service for Senior Executives and staff generally, to ensure that they are fairly rewarded for their individual contribution to the organisation, ensuring that any directions issued by the Department of Health (DoH) on pay are scrupulously observed. This includes having proper regard to the RQIA’s circumstances and performance; and
- To review these Terms of Reference regularly and make recommendations to the Authority as it considers appropriate.

The Business, Appointments and Remuneration Committee met on four occasions during 2021-22; September, October, November and January with three Authority members in attendance for 92% of the period. The Chair, Mr Alan Hunter, resigned as an Authority Member with effect from 13 January 2022 and therefore was unable to attend the January 2022 meeting, when Miss Suzanne Rice acted as Chair.

Attendance at 2021-22 Business, Appointments and Remuneration Committee Meetings	
Authority Member	Committee Meetings (Total 4)
Alan Hunter (Chair)	3
Suzanne Rice	4
Jacqui McGarvey	4

Chief Executive and EMT Responsibility

The Authority has delegated responsibility to the Chief Executive for the day-to-day management of RQIA. The Chief Executive is responsible for leading the EMT and staff in:

- fulfilling RQIA’s statutory responsibilities including the general functions and duties specified in the Management Statement and Financial Memorandum;
- developing plans, programmes and policies for Authority approval, including working with the Authority to develop the Corporate Strategy, Review Programme and Annual Business Plan;
- delivering RQIA’s services in line with targets and performance indicators agreed by the Authority;
- developing RQIA’s relationships with key stakeholders;
- communicating RQIA’s plans and achievements to stakeholders, RQIA’s staff, DoH and the general public;
- acting as RQIA’s Accounting Officer, reporting to the DoH on the use of public funds and with personal accountability and responsibility for RQIA’s:
 - propriety and regularity;
 - prudent and economical administration;
 - avoidance of waste and extravagance;
 - efficient and effective use of available resources; and
 - the organisation, staffing and management of RQIA.
- ensuring that the EMT:
 - acts within the levels of authority delegated by the Authority, escalating any high risk and /or high impact issues for the timely attention and consideration of the Authority;
 - provides accurate and timely information to enable the Authority to fulfill its governance responsibilities effectively; and
 - supports the Authority in fulfilling its role and responsibilities as set out in this governance statement.

During 2021-22 and, following a restructuring exercise, three Directors were appointed on a permanent basis:

- Elaine Connolly as Director of Adult Care Services, which replaced the former Director of Assurance role, covered in the main by a secondee from the Northern HSC Trust and an Associate;
- Emer Hopkins as Director of Hospital Services, Independent Healthcare, Reviews and Audit, which replaced the former Director of Improvement role, covered by Emer Hopkins as Acting Director of Improvement; and
- Lynn Long as the new Director's post of Mental Health, Learning Disability, Childrens' Services and Prison Healthcare.

The Head of the Business Support Unit remains seconded to the PHA from June 2020 and an interim arrangement remains in place from August 2020.

4. Business Planning and Risk Management

Business planning and risk management are at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within RQIA.

RQIA's Performance Management Framework brings together the Corporate Strategy, Annual Business Plan, Risk Management Strategy and Performance Activity Report.

The diagram below demonstrates how RQIA's four year strategy is delivered through the annually produced Risk Management Strategy and Business Plan (known as the Management Plan), which sets out how RQIA intends to deliver its strategic objectives through time bound business actions and also details how it intends to use the resources at its disposal.

In July 2021, the Authority approved the Management Plan for 2021-22, which included details of specific actions, timescales and associated resources to deliver the strategic objectives. The status of the Management Plan actions, measures of success and current financial positions are presented quarterly to the Authority for approval.

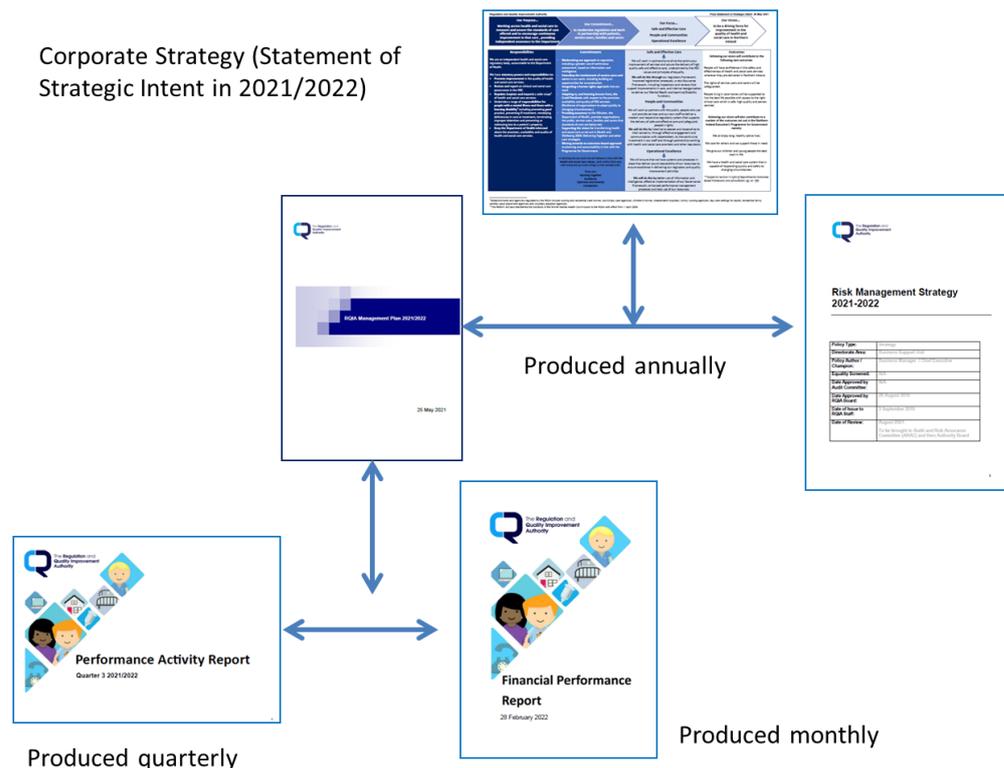
The Performance Activity Report enables the Authority to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Authority for discussion and approval. It is also made available to RQIA's stakeholders on RQIA's website.

The Risk Management Strategy, approved in September 2021, outlines an overall approach to risk management that addresses the current risks facing RQIA in pursuing its strategy, which will also facilitate the effective recognition and management of such risks.

The RQIA Authority is responsible for setting the risk appetite of the organisation. This informs all RQIA plans which must be consistent with it.

The Authority has determined the adoption of a low tolerance to risk to ensure RQIA maintains its independence and high levels of public confidence in our regulatory and improvement activities, as well as consideration of our statutory obligations and the health and safety of all employees, with a marginally higher risk tolerance towards our strategic, business and individual project objectives. The Authority reviews the risk appetite statement and agrees any changes on an annual basis, unless it requires revision in response to any significant risks materialising in the near term.

RQIA's Performance Management Framework



The Authority, Audit and Risk Assurance Committee and EMT provide leadership for risk management.

The EMT has developed a Principal Risk Document, which is reviewed, updated and reported upon quarterly to ARAC. Directorates within RQIA develop and regularly review directorate specific risk registers, which provide a clear linkage between directorate and corporate risks.

The Authority provides leadership through its governance arrangements, annual reviews, and approval of the Risk Management Strategy and Corporate Risk Assurance Framework reports with a specific focus on review and challenge of the corporate risks on a quarterly basis, and has oversight of the risk management process through the Audit and Risk Assurance Committee.

During 2021-22 the Principal Risk Document was revised and seven risks identified initially. Each risk added to the Principal Risk Document is assessed to determine the likelihood and impact of the risk occurring and appropriate mitigating actions were agreed with the EMT and Authority.

The Risk Management Strategy and Risk-On-A-Page procedures are available to all staff to support them with understanding their risk management roles and responsibilities. All staff are trained by completing an online compulsory course every three years. This comprises risk awareness and risk management.

5. Information Risk

The management and control of the risk of loss of electronic information is safeguarded by the provision of secure remote access to a protected ICT environment. Staff adhere to the corporate security policies for ICT, data protection and cybersecurity.

In relation to cyber security arrangements, all electronic systems are hosted by the Business Services Organisation (Information Technology Service) ITS, in its secure infrastructure within the HSC NI virtual environment. Data is contained securely within this network, behind appropriate firewalls. RQIA has arrangements in place through service level agreements and contracts, which provide assurance that third party suppliers are compliant with information governance requirements. Cyber Security Awareness training is provided online for staff and is mandatory.

RQIA has a Business Continuity Plan (BCP) which includes actions to be taken in the event of an ICT disaster, including a cyber-security attack. This requires to be tested, including the potential response to a cyber-security attack.

All data and information is processed and managed as part of RQIA's Information Governance Management Framework which is supported by policies and procedures.

There are procedures in place to ensure compliance with the requirements of the General Data Protection Regulation (GDPR), the Freedom of Information (FOI) Act 2000 and Environmental Information Regulations 2004 (EIR). RQIA also achieved substantive compliance with the HSC arrangements post CAS in Information Management and ICT during 2021-22. The organisation has a nominated Personal Data Guardian, Senior Information Risk Owner, Information Asset Owners and Information Asset Assistants.

All RQIA officers are provided with induction and training in information and ICT policies and procedures and have relevant clauses in their contracts of employment. RQIA is committed to the principles of the DoH Code of Confidentiality and the Protocol for Information Sharing and is a registered data controller with the Information Commissioners Office (ICO).

In 2021-22 there were no data incidents or breaches, which required reporting to the Information Commissioner's Office (ICO).

RQIA has in place a suite of information and ICT policies, which are reviewed every three years, including:

- Information and ICT Security Policy;
- Use of Electronic Mail (E-mail) Policy;
- Use of the Internet Policy;
- Use of ICT Equipment Policy;
- Records Management Policy;
- Retention and Disposal of Documents Schedule;
- Version Control Policy and Guidelines for Electronic Documents; and
- Information Incident Reporting Policy.

RQIA has the following reporting and accountability mechanisms in place:

- Reporting to DoH Information and Analysis Unit on statutory processing of DPA and FOI requests;
- Internal Audit; and
- Governance Statement.

6. Fraud

RQIA takes a zero tolerance approach to fraud in order to protect and support our key public services. Zero-tolerance also means that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven in line with RQIA's Fraud Response Plan. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, defining staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel on fraud reporting arrangements.

A report on fraud incidents is presented to meetings of the Audit and Risk Assurance Committee. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every three years.

7. Public Stakeholder Involvement

RQIA engages with a wide range of members of the public and other stakeholders as part of its routine inspection and review programmes. RQIA engages with services users and carers using a variety of methods (as appropriate) including, one to one meetings, questionnaires and focus groups. RQIA gathers information from a user/carer/stakeholder perspective for the purpose of making clear and informed judgements when assessing associated risks.

As part of our ongoing engagement programme, RQIA has met with a range of stakeholder representative groups to discuss our ongoing work and we have also attended a number of Pensioner Parliament Events. During 2021-22, we established a Communications and Engagement Group, as well as a Communications Collaborative, working closely with representatives from the independent and statutory health and social care sectors, as well as the Patient Client Council (PCC) and other health regulators.

8. Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments' and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2022-23 financial year.

The cash and resource balance to complete for the remainder of 2022-23 will be authorised by the 2022-23 Main Estimates and the associated Budget Bill based on an agreed 2022-23 Budget. In the event that this is delayed, then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash, and the use of resources during the intervening period.

9. Assurance

Since the cessation of Controls Assurance Standards (CAS) from 1 April 2018, RQIA has processes in place to monitor compliance with the required standards, policies, legislation etc. for providing assurance to its Chief Executive and its Authority.

The key elements of assurance in relation to the effectiveness of the system of internal control are:

- Senior managers review performance regularly against the actions and measures of success within RQIA's Annual Business Plan;
- Five post-controls assurance standard self-assessments / checklists are reviewed annually;
- The Internal Audit Unit of BSO provides internal audit services. There is continued coverage of the financial systems through RQIA's corporate risk-based and governance audits;
- A Service Level Agreement (SLA) exists with the Business Services Organisation to provide human resources, organisational development, equality, internal audit, health and safety facilities, information governance, ICT, finance, legal and procurement services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive;
- RQIA relies on the Business Services Organisation for its financial information. The Business Services Organisation has provided assurances on a monthly basis on the quality and completeness of this information;
- In relation to the SLA, annual monitoring meetings are held. Meetings are held with the service leads to discuss requirements and feedback about performance provided through the annual customer service questionnaires;
- The Report to those Charged with Governance issued by the external auditor; and
- RQIA's EMT and Audit and Risk Assurance Committee regularly review an audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports.

10. Sources of Independent Assurance

The Northern Ireland Audit Office

The Northern Ireland Audit Office (NIAO) undertook the financial audit of RQIA. NIAO's approach to the 2021-22 audit was delivered in accordance with the Audit Strategy which was presented to the Audit and Risk Assurance Committee in January 2022.

Internal Audit – Business Services Organisation (BSO)

BSO Internal Audit's primary objective is to provide an independent and objective opinion to the Accounting Officer, Authority and Audit and Risk Assurance Committee on the adequacy and effectiveness of the risk, control and governance arrangements. The basis of this independent and objective opinion is the completion of the Annual Internal Audit Plan.

In 2021-22 Internal Audit reviewed the following systems:

- **Financial Review** – Satisfactory level of assurance received;
- **Governance** – Satisfactory level of assurance received;
- **Information Governance** – Satisfactory level of assurance received;

- **Risk Management** – Satisfactory level of assurance received;
- **Recommendations to Trusts** – Satisfactory level of assurance received; and
- **Registration Process for Agencies** – Limited level of assurance received.

The following significant findings were identified in the above audit assignments, impacting on the assurance provided:

Registration Process for Agencies

This audit, undertaken in September 2021, reviewed the robustness of the registration process undertaken by RQIA in respect of agencies. The audit provided limited assurance on the basis of a limited use of Key Performance Indicators (KPIs) in place to performance manage and measure the timeliness of the registration process.

There were also material delays noted in respect of the process for completing the registration from the point that the initial application was received to the point the registration was granted. Both RQIA and the agency requesting the registration contributed to these significant delays. The electronic system, iConnect, had also not been kept up to date with all the necessary information (including registration date) in respect of registrations.

Internal Audit has identified similar findings where iConnect system has not been fully populated as required in the intelligence monitoring audit conducted in 2020-21.

Three of the six audit recommendations have now been fully implemented and improvements in the areas of:

1. KPIs and timeliness of registration process;
2. iConnect; and
3. Guidance and communication with applicants

are being taken forward by the Registration Improvement Project, under the chair of the Chief Executive. The issue has also been placed on the Principal Risk Document.

A plan is in place to resolve all matters identified by the end of the current financial year, thus ensuring sufficient resources to assess, stabilise and strengthen the team structure, capacity, systems, processes and standard working practices. A suite of KPIs have been developed and implemented.

A Standard Operating Procedure has been developed with clear processes on all aspects of the registration function and actions to reduce the active ongoing cases are being taken forward. Progress is reported on a regular basis to the Project Board, and via the Chief Executive, to the Authority.

There were no priority one weaknesses in control identified in relation to the 2021-22 audit programme.

A review of the implementation of previous priority one and priority two Internal Audit recommendations was carried out at mid-year and again at year-end.

At year-end, 48 (81%) out of the outstanding 59 recommendations examined were fully implemented and a further 11 (19%) were partially implemented.

Other Audits

A number of audits (summarised below) have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan. The recommendations in these Shared Service audit reports are the responsibility of BSO Management to take forward and the reports have been presented to BSO Governance & Audit Committee. Given that RQIA is a customer of BSO Shared Services, the final reports have been shared with RQIA Management and a summary of the reports is presented to the RQIA Audit and Risk Assurance Committee.

Payroll Service Centre (PSC)	Satisfactory – Elementary PSC processes Limited – End-to-End Manual Timesheet Processing, SAP / HMRC RTI Reconciliation, Overpayments and Holiday Pay
Recruitment Shared Service Centre (RSSC)	Satisfactory – RSSC Processing Activities Limited – HSC Recruitment processes <i>(It is appreciated that the HSC Recruitment process and therefore this assurance, is outside BSO's sole responsibility)</i>
Accounts Receivable Shared Service Centre	Satisfactory

In the annual report the Head of Internal Audit reported that there is a satisfactory system of internal control designed to meet the Authority's objectives.

11. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within RQIA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit and Risk Assurance Committee and a plan, to address weaknesses and ensure continuous improvement to the system, is in place.

12. Significant Internal Control Issues

Update on prior year control issues, which were reported in the Mid-Year Statement and are now resolved

Issue

On 17 June 2020, the Acting Chair and eight remaining members of RQIA's Board resigned without notice and with immediate effect. These resignations left the RQIA temporarily without a proper complement of Members. At the same time, the Minister announced an independent review into the circumstances of these resignations.

Response

On 18 June 2020, Christine Collins MBE, was appointed as Interim Chair of RQIA. In August, two Departmental senior officials were appointed by the Minister to the Authority; who were replaced by six Interim Authority Members appointed by the Minister (following an appointments process approved by the Commissioner for Public Appointments) on 30 October 2020. The Interim Authority Members are in place until October 2022 and the Interim Chair's term of office has been extended to 30 September 2022. The Department has advised that the results of the public appointments process for the position of Chair and an appointment process for the Interim Members will be announced as soon as possible.

On 19 July 2021, the Independent Review into the Circumstances of Board Member Resignations in the RQIA (known as the "Nicholl Report") was published. It made far reaching recommendations in respect of the role of Minister and the relationships between the DoH and its Arms' Length Bodies (ALBs), noting systemic issues with communication and working relationships, exacerbated by the severe and unprecedented pressures brought about by the Covid-19 Pandemic.

The Minister accepted the Report's recommendations. RQIA accepted the recommendations and undertook to action those that were within the Authority's control. Since Autumn 2020, the Authority has been committed to working closely with the Minister, Departmental Officials and other partner organisations to ensure it continues to deliver on the core purpose of ensuring that health and social care services in Northern Ireland are safe, effective and of a high quality.

In November 2021, RQIA invited Mr Nicholl to facilitate an Authority Workshop which reflected on the Nicholl Report, exploring accountability, leadership, culture, roles and responsibilities and effective governance.

This resulted in an action plan to establish the Office of the Chair and Chief Executive as the co coordinating centre for the RQIA's relationships with the Department and other stakeholders; introduce Authority Seminars to discuss current topics; develop a Regulation Assurance Framework and commence work on the Partnership Agreement (to be taken in collaboration with the Department). Revised Standing Orders, incorporating changes aligned to the Nicholl Report's recommendations, had been approved by the Authority on 4 November 2021; and the key Authority Committees (Audit and Risk Assurance and Business, Appointments and Remuneration) had been established in November 2020.

As part of strengthening the effective relationship with the Minister, RQIA welcomed a visit by the Minister in December 2021.

Since the re-establishment of the Authority, robust governance structures and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting RQIA's objectives and delivering appropriate outcomes are in place (refer to Sections 2 and 3 of this Governance Statement).

Update on prior year control issues, which were reported in the Mid-Year Statement and continue to be considered control issues

Issue: Mental Capacity Act

In December 2019 the partial implementation of The Mental Capacity Act (Northern Ireland) 2016 (MCA), The Mental Capacity (Deprivation of Liberty) (No2) Regulations 2019 and The Mental Capacity (Money and Valuables) Regulations (Northern Ireland) 2019 came into effect. The Mental Capacity Act (NI) 2016 is ground breaking and fundamental legislation that, when fully commenced, will fuse together mental capacity and mental health law for those aged 16 years and over within a single piece of legislation, as recommended by the Bamford Review of Mental Health and Learning Disability. This new legislation is amongst the most significant pieces of new legislation to be introduced in Northern Ireland in the last 10 years. It confers new responsibilities upon RQIA in exercising its specific functions. Depriving a person of their liberty is one of the most serious infringements on a person's human rights.

The development and implementation of this role was delayed by the Covid-19 Pandemic response, and the repurposing of RQIA during that period. Due to the current capacity and resources within RQIA there is a risk that RQIA fails to meet its statutory functions in respect of this legislation.

Response

Through an internal reorganisation during 2021-22, RQIA will begin to build an organisational structure that will give a focus to the delivery of its mental health and learning disability functions in line with The Mental Capacity Act (Northern Ireland) 2016.

This new Directorate will require the development of new operating procedures and will require the securing of essential additional recurring resources through the submission of a business case to the DoH. RQIA is working with the Department to specify and clearly define RQIA's role in this matter and the resources required to fulfil its role and functions.

Issue: Information Governance

The independent review of information governance (IG) (see Section 5: Information Risk) identified a range of control issues which are being addressed through an agreed action plan. The high level control issues included:

- Staff Training;
- Information Governance Policy and yearly action / development plan;
- Main Information flows and the Information Asset Register;
- Support from the Business Service Organisation;
- Data Protection and GDPR; and
- Records Management.

Response

The recommendations emanating from the review of information governance are being progressed by the RQIA Information Governance Group (IGG), under the chair of the Personal Data Guardian (PDG). Over 60% of these recommendations have been implemented and embedded, with some delayed due to extenuating circumstances, such as development of a regional template for the information asset register, and specific training in data protection, with a focus on dealing with Freedom of Information requests and GDPR legislation for soon to be appointed Business Support Officers across the organisation.

Issue: Muckamore Abbey Hospital Public Inquiry

The Muckamore Public Inquiry commenced formally on 11 October 2021. RQIA has identified a number of urgent preparatory actions to be taken and has commenced this work, limited to existing resources and capacity with some non-recurring revenue from DoH to meet in-year legal costs. Appropriate project oversight structures and accountability mechanism to include the Authority have been developed.

RQIA is also taking steps, working through BSO, to secure the transparent provision of legal support that is, and is capable of being perceived to be, fully independent.

Response

Sponsor Branch (DoH) has been advised of the significant ongoing resource commitment to support this work going forward into next financial year and ensure the organisation can effectively meet its legal obligations under the Inquiries Act. As such, a Business Case outlining the justification for additional resource had been submitted to the DoH and a significant amount of the funding has now been received.

Identification of New Issues

Issue: Accommodation

In April 2022, RQIA was advised that the scheduled accommodation move to James House has been delayed due to a number of contracting issues. RQIA is now scheduled to move in late 2022. However, RQIA's current temporary lease at Victoria House is due to expire on 31 August 2022 and, while there may be potential to extend this, it is unlikely that this will exceed March 2023. Property Asset Management Branch has advised of ongoing issues in relation to funding in respect of delays.

This is an increasing risk for the organisation and, as a result, has been elevated on the Principal Risk Document. In addition, the new accommodation at James House has a limited number of desk spaces, considered to be less than the number of staff employed by RQIA in the Belfast base. The defined number of desk spaces is being examined to determine what combined model will be needed to ensure staff have access to office space, while potentially requiring some staff to work from home on a more frequent basis. This may in due course raise policy issues such as: the calculation of travel costs; provision of suitable equipment for staff working at home; ability to ensure staff have a suitable work environment to ensure health and wellbeing; and costs incurred by RQIA.

Response

RQIA continues to engage with the James House Project Team, Department of Legal Services and Property Assets Management Branch, as well as legal services, in respect of the move and potential lease extension.

RQIA has raised with Sponsor Branch and will request approval to extend the current lease in Victoria House. Consideration is being given to raising the urgency of the matter with the Project's Senior Responsible Owner at the Department of Health.

Issue: Workforce and Impact upon Inspection Activity

At the end of March 2022, 17% of substantive posts in RQIA were vacant; this has come about as a result of the impact of the Pandemic and the loss of RQIA staff to other organisations to fill essential roles on a temporary basis. This has required a dependency on 'acting up' arrangements and use of agency, which sees high turnover and vacancies resulting. In addition to these vacancies, there is also concern about the need for a workforce review to ensure sufficient numbers of staff to deliver RQIA's statutory inspection requirement. This is having a substantial impact on our ability to deliver the volume of inspections required across health and social care services in line with the 2003 Order and associated regulations, as well as the ability to deliver the Review Programme. This is particularly the case in the Mental Health, Learning Disability, Childrens' Services and Prison Healthcare Directorate, and the Independent Healthcare Directorate.

Response

RQIA has established a Workforce and Organisational Development (OD) Committee, as well as establishing baseline vacancy levels for each Directorate and the Business Support Unit and targets for addressing these. There is intensive recruitment underway for permanent staffing, with regular reporting to the Executive Management Team and to the Authority.

A full-time member of staff to work on the Workforce and OD Programme has been put in place and a Workforce Review is underway, which will result in the development of a business case for investment over the next 3-5 years. Regular updates on performance are also discussed with the DoH through quarterly RQIA/DoH Liaison meetings.

Issue: Risk to HSC Human Resources, Payroll, Travel and Subsistence System (HRPTS)

A managed service is provided for the Human Resource, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. This service is provided from servers hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022. By email on 1 April 2022, the supplier providing the managed service informed BSO of the administration.

Response

BSO has advised that the supplier informed BSO that the sub-contractor will continue to trade as normal while the Administrators are exploring options for the company's future, including re-negotiating contractual terms with its existing customers regarding power costs associated with increasing global supply issues.

The supplier has confirmed in writing that the sub-contractor is continuing to operate business as normal, as advised by the Administrator. BSO has invoked its business and technical contingency plans and set up Bronze Command. BSO has met with the Minister, Permanent Secretary, Trade Unions and all stakeholders have been informed of the situation and the contingency plans to address this issue.

13. Conclusion

RQIA has a rigorous system of accountability, which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI).

Further to considering the accountability framework within RQIA, I have taken into consideration the overall satisfactory assurance provided by the Head of Internal Audit.

I have sought assurance from the Executive Management Team that, where significant findings have identified weaknesses in established controls, appropriate mitigations and action plans are in place to address audit recommendations and improve internal controls. On this basis I am content with the operation of this system of internal governance during the period 2021-22.



Briega Donaghy
Chief Executive

7 July 2022

REMUNERATION AND STAFF REPORT

REMUNERATION REPORT

Scope of the Report

The Remuneration Report summarises the remuneration policy of RQIA and particularly its application in respect of senior executives and Authority Members. The Report also describes how RQIA applies the principles of good corporate governance in relation to senior executives' remuneration in accordance with HSS(SM) 3/2001 and subsequent supplements issued by the Department of Health (DoH).

The Business, Appointments and Remuneration Committee

The Authority of RQIA, as set out in its Standing Orders, has delegated certain functions to the Business, Appointment and Remuneration Committee. The membership of this committee is as follows:

- Mr Alan Hunter (previous Chair of this Committee, resigned as an Authority Member on 13 January 2022);
- Ms Suzanne Rice (acted as Chair of this Committee on 20 January 2022); and
- Ms Jacqui McGarvey.

The RQIA Chief Executive and Head of Business Support Unit are in attendance at Committee meetings. The Committee met on four occasions during 2021-22; September, October, November and January. The Chair, Mr Alan Hunter, resigned as an Authority Member with effect from 13 January 2022 and therefore was unable to attend the January 2022 meeting, when Miss Suzanne Rice acted as Chair.

As well as reporting and providing assurance to the Authority on the setting and measurement of strategic objectives and their progress in relation to delivery, the Committee also provides assurance to the Authority on human resource matters, considering the effectiveness of performance and performance management systems, including by:

- Oversight of the proper functioning of performance and appraisal systems;
- Agreeing and monitoring a remuneration strategy that reflects national agreements and Departmental policy; and
- Monitoring the application of the remuneration strategy to ensure adherence to all equality legislation.

The Committee also advises the Authority on the appropriate remuneration and terms of service for Senior Executives, to ensure that they are fairly rewarded for their individual contribution to the organisation, ensuring that any directions issued by the DoH on pay are scrupulously observed. This includes having proper regard to the RQIA's circumstances and performance and reviewing these Terms of Reference regularly, making recommendations to the Authority as it considers appropriate.

The Committee considers the remuneration policy as directed by Circular HSS (SM) 3/2001 issued by DoH in respect of Senior Executives, which specifies that they be subject to the HSC Individual Performance Review system. Within this system, the Chief Executive will agree her annual objectives with the Chair. At the end of each year, the Chair assesses performance and a performance pay award is recommended on the basis of that performance. This recommendation is submitted to the Business, Appointments and Remuneration Committee for endorsement, and to the Authority for approval.

Senior employees' Remuneration (Audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the RQIA were as follows:

Single total figure of remuneration								
	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
Authority Members								
Christine Collins	15-20	10-15	-	-	-	-	15-20	10-15
Neil Bodger	5-10	0-5	-	-	-	-	5-10	0-5
Stuart Elborn	5-10	0-5	-	-	-	-	5-10	0-5
Alan Hunter*	5-10	0-5	-	-	-	-	5-10	0-5
Jacqueline McGarvey	5-10	0-5	-	-	-	-	5-10	0-5
Suzanne Rice	5-10	0-5	-	-	-	-	5-10	0-5
Bronagh Scott	5-10	0-5	-	-	-	-	5-10	0-5
Mary McColgan**	0-5	0-5	-	-	-	-	0-5	0-5
Sarah Havlin**	0-5	0-5	-	-	-	-	0-5	0-5
Seamus Magee**	0-5	0-5	-	-	-	-	0-5	0-5
Gerry McCurdy**	0-5	0-5	-	-	-	-	0-5	0-5
Norman Morrow**	0-5	0-5	-	-	-	-	0-5	0-5
Robin Mullan**	0-5	0-5	-	-	-	-	0-5	0-5
Patricia O'Callaghan**	0-5	0-5	-	-	-	-	0-5	0-5
Denis Power**	0-5	0-5	-	-	-	-	0-5	0-5
Lindsey Smith**	0-5	0-5	-	-	-	-	0-5	0-5

Single total figure of remuneration								
	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
Senior Executives								
Briege Donaghy (i)	70-75 (FYE 95-100)	-	-	-	29	-	100-105	-
Elaine Connolly (ii)	10-15 (FYE 70-75)	-	-	-	28	-	40-45	-
Emer Hopkins (iv)	65-70	55-60 (FYE 65-70)	-	-	23	43	90-95	100-105
Lynn Long (v)	20-25 (FYE 70-75)	-	-	-	37	-	60-65	-
Dermot Parsons (vi)	-	60-65 (FYE 75-80)	-	-	-	5	-	65-70
Anthony Stevens (vii)	35-40 (FYE 145-150)	85-90 (FYE 145-150)	-	-	-	-	35-40	85-90

* Alan Hunter resigned from the Authority on 13 January 2022.

**These Members were awarded back-dated pay in respect of service in previous years and currently do not sit on RQIA's Authority Board.

- (i) Briege Donaghy, Chief Executive from 01/07/2021.
- (ii) Elaine Connolly (Director of Adult Care Services) from 01/01/2022.
- (iii) Emer Hopkins Acting Director of Improvement covering from 01/05/2020 to 31/11/2021. From 01/12/21 Emer was appointed Director of Hospital Services, Independent Healthcare, Reviews and Audit.
- (iv) Lynn Long Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare from 01/12/2021.
- (v) Dermot Parsons (Director of Assurance) left 31/12/2020, (acting Chief Executive from 01/04/2020 to 14/10/2020).
- (vi) Anthony Stevens Interim Chief Executive from 01/09/2020 to 30/06/2021 – non pensionable.

Remuneration Policy

The policy on remuneration of RQIA's Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by DoH.

Performance of senior managers is assessed using a performance management system which comprises individual appraisal and review. Their performance is then considered by the Authority in line with the departmental contract against the achievement of regional, organisational and personal objectives.

RQIA's Business, Appointments and Remuneration Committee considers and agrees the policy for the remuneration of the Chief Executive and directors for current and future years on an annual basis.

As Authority members do not receive pensionable remuneration, there are no entries in respect of pensions. Full details of Authority Members appointments can be found in the Directors' Report.

Contracts

HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation and Circular HSS (SM) 3/2001. All contracts of Senior Executives in RQIA are permanent.

Authority Members contracts are made on a fixed term basis of up to a period of four years, with the option of a single further extension for a period of up to four years. The current Authority Members are interim appointments, appointed on 30 October 2020.

Senior Executives: Dates of Appointment

- Dr Anthony Stevens, acting Chief Executive, was appointed 1 September 2020 and left on 30 June 2021;
- Briege Donaghy, Chief Executive was appointed 1 July 2021;
- Lynn Long appointed Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare from 1 December 2021;
- Emer Hopkins Acting Director of Improvement from 1 May 2020 and appointed Director of Hospital Services, Independent Healthcare, Reviews and Audit from 1 December 2021;
- Dermot Parsons, Director of Assurance left 31 December 2020 and acting Chief Executive from 1 April 2020 to 14 October 2020; and
- Elaine Connolly appointed Director of Adult Care Services from 1 January 2022.

Notice Periods

The notice period for RQIA's senior executives is three months, except in the event of summary dismissal. There are no liabilities in the event of early termination for any of these appointments.

Retirement Age

With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years. Occupational pensions now have an effective retirement age ranging between 55 years and State Pension Age (up to 68 years).

Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances; private office allowances and any other allowance to the extent that it is subject to UK taxation and any gratia payments.

Retirement Benefit Costs

RQIA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme, both RQIA and employees pay specified percentages of pensionable pay into the scheme and the liability to pay benefit falls to the DoH. RQIA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for DoH. The costs of agreed early retirements are met by RQIA and charged to the Statement of Comprehensive Net Expenditure at the time RQIA commits itself to the retirement. Employee contributions are determined by the level of pensionable earnings. The employee contribution rates for the 2021-22 year are as follows for members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	Contribution Rate 2021-22
Up to £15,431.99	5.0%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%
£47,846.00 to £70,630.99	12.5%
£70,631.00 to £111,376.99	13.5%
Over £111,377.00	14.5%

Senior Executives Pension Entitlements (Audited)

The pension entitlements of RQIA senior executives are as follows:

Name	Accrued pension at pension age as at 31/3/22 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/22 £000	CETV at 31/03/21 £000	Real increase in CETV £000s
Senior Executives					
Anthony Stevens (i)	-	-	-	-	-
Briege Donaghy	45-50 Plus lump sum 135-140	0-2.5 Plus lump sum of 2.5-5	1,112	1,045	38
Emer Hopkins	15-20 Plus lump sum 30-35	0-2.5 Plus lump sum of 0-2.5	275	254	15
Lynn Long	15-20 Plus lump sum 20-25	0-2.5 Plus lump sum of 0-2.5	249	212	31
Elaine Connolly	25-30 Plus lump sum 50-55	0-2.5 Plus lump sum of 0-2.5	503	464	26

(i) Anthony Stevens acting CEO from 01/09/2020 to 30/06/21 – non pensionable

The CETV figures at 31 March 2022 and at 31 March 2021 have been supplied by HSC Pension Branch. Pension figures are not available for any senior executive over the normal retiring age. A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (Including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Diversity and Inclusion

In accordance with Section 75 of the Northern Ireland Act 1998, RQIA’s Equality Scheme sets out the arrangements in place for the delivery of its statutory equality obligations. As a member of the HSC Equality Partnership Forum, RQIA works in partnership with other organisations to promote equality and diversity and ensure that processes are in place to consult on and assess the impact of its policies on service users. RQIA staff are invited to attend the Disability Network Tapestry facilitated by BSO and participate in awareness days as part of coordinated activity across the HSC. RQIA provides Equality and Diversity training to its recruitment panels.

Fair Pay Statement (Audited):

The Hutton Fair Pay Review recommended that, from 2011-12, all public service organisations publish their top to median pay multiples each year. The DoH issued Circular HSC (F) 23/2012 and subsequently issued Circular HSC (F) 23/2013, setting out a requirement to disclose the relationship between the remuneration of the most highly paid employee in the organisation and the median remuneration of the organisation’s workforce. RQIA is required to disclose the relationship between the remuneration of the highest paid Director in their organisation and remuneration of the organisation’s workforce. The table below outlines these relationships.

Fair Pay	2021-22	2020-21
Band of Highest Paid Director’s Total Remuneration (£000s):	95-100	145-150
25 th Percentile Total Remuneration (£)	25,655	33,176
Median Total Remuneration (£)	45,839	44,503
75 th Percentile Total Remuneration (£)	45,839	44,503
Ratio (25 th /Median/75 th)	3.8/2.1/2.1	4.5/3.3/3.3
Range of Staff Remuneration	£20k-97k	£18k–148k

* Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The banded remuneration of the highest-paid director in RQIA in the financial year 2021-22 was £95-100k (2021; £145-£150k). This was 3.8 times (2021; 4.5) the 25th percentile remuneration of the workforce, which was £25,655 (2021; £33,176), 2.1 times (2021; 3.3) the median remuneration of the workforce, which was £45,839 (2021; £44,503) and 2.1 times (2021; 3.3) the 75th percentile remuneration of the workforce, which was £45,839 (2021; £44,503). In 2021-22, 0 (2021-20; 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £20k to £97k (2021: £18k to £148k). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

The percentage change in respect of RQIA are shown in the following table:

Percentage change for:	2021-22 Vs 2020-21
Average employee salary and allowances	1.37%
Highest paid director's salary and allowances	(34.7)%

No performance pay or bonuses were payable to RQIA employees in these years.

Reporting of Early Retirement and Other Compensation – Exit Packages (Audited)

Exit package cost band	Number of compulsory 2022	Number of compulsory 2021	Number of other departures 2022	Number of other departures 2021	Total number of exit packages 2022	Total number of exit packages 2021
<£10,000	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-
£100,001- £125,000	-	-	-	-	-	-
Total number exit packages by type	-	-	-	-	-	-
Total resource cost £000's	-	-	-	-	-	-

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972.

The table above shows the total exit cost of exit packages agreed and accounted for in 2021-22 and 2020-21. £nil exit costs were paid in 2021-22, the year of departure (2020-21 £nil).

Where the RQIA has agreed early retirements, the additional costs are met by the RQIA and not by the HSC pension scheme. During 2021-22 there was 1 early retirement (2020-21 there was 1 early retirement) from RQIA agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements was £26k (2021 this was £54k). These costs are borne by the HSC Pension Scheme.

STAFF REPORT

As at 31 March 2022, there were 115 staff in post (108.73 whole time equivalent), excluding Authority Members, bank and agency staff. The staff composition, by headcount, is 73% female and 27% male.

Staff Costs (Audited)	2021-22			2020-21
	Permanently employed staff	Others	Total	Total
Wages and Salaries	5,126,627	472,338	5,598,965	5,189,175
Social Security Costs	524,688	-	524,688	484,163
Other Pension Costs	963,029	-	963,029	914,571
Sub-Total	6,614,344	472,338	7,086,682	6,587,909
Capitalised staff costs	-	-	-	-
Total Staff costs reported in Statement of Comprehensive Expenditure	6,614,344	472,338	7,086,682	6,587,909
Less Recoveries in respect of outward secondments	279,254	-	279,254	281,472
Total Net Costs	6,335,090	472,338	6,807,428	6,306,437

Staff costs have been disclosed in Note 3 (page 144).

Average Number of Whole Time Equivalent Persons Employed (Audited Information)

	2022		2021	
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Administrative and clerical	120*	13	133	119
Total average number of persons employed				
Less average staff number relating to capitalised staff costs				
Less average staff number in respect of outward secondments	(2)		(2)	(2)
Total net average number of persons employed	118	13	131	117

The staff numbers disclosed as Others in 2021-22 relate to temporary members of staff.

*Staff numbers exclude Authority members and the Chair.

Staff Turnover

In 2021-22, there was a staff turnover of 17.4%, with 20 members of staff leaving RQIA through retirement or taking up new opportunities. During the year 13 new staff joined teams inspecting care homes, independent health care, hospitals and mental health and learning disability wards and the Business Support Unit.

Average Number of permanent staff in post (2021-22)	Number of staff leaving RQIA	Staff Turnover (%)
115	20	17.4%

Sickness Absence

During 2021-22, there was an average staff absence rate of 5.71% (2020-21: 6.94%), against a regional key performance indicator target set for RQIA by DoH of 6.94%

Staff Policies

RQIA has a range of policies to support both the organisation and its staff in conducting their work. These include HR, ICT and information governance policies, which are reviewed and updated on a regular basis.

Training and Development

RQIA values its staff and is committed to enhancing their skills and improving their contribution to the organisation's goals. Individuals are encouraged to complete a Personal Development Plan (PDP) as part of the appraisal process. Overall, needs are focused on service delivery with outcomes that relate to performance against business plan goals and the organisation's objectives.

Every staff member receives a formal induction to RQIA upon commencing employment. The induction provides the new start with a comprehensive introduction to the organisation, including governance and management structure, RQIA's objectives, values and principles as well as the strategic objectives for the future.

Disability

RQIA has a Disability Action Plan setting out its commitment to promoting positive attitudes towards disabled people and encouraging participation by disabled people in public life.

Consultancy

RQIA has not engaged any external consultants during the financial year.

Off Payroll Engagements

There were no off-payroll engagements during the financial year.

ACCOUNTABILITY AND AUDIT REPORT

ACCOUNTABILITY AND AUDIT REPORT

Regularity of Expenditure (Audited)

RQIA developed a budget that supported the work of its Management Plan in 2021-22, with the Chief Executive as Accounting Officer, responsible for the propriety and regularity of funding to support the organisation's objectives. The Chief Executive discharges these responsibilities through a governance framework which is reviewed and on which annual independent assurances are obtained.

RQIA has processes, procedures and controls in place to endeavour to ensure that the expenditure and income reported for the year ended 31 March 2022 has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them. RQIA has an Authorisation Framework in place, which sets out the delegated authority for non-pay expenditure, setting out who is authorised to place requisitions for the supply of goods and services and the maximum level of each requisition.

RQIA has a Service Level Agreement with the BSO to provide professional advice regarding the supply of goods and services to ensure proper stewardship of public funds and assets. Under that Service Level Agreement, the Procurement and Logistics Service is a Centre of Procurement Excellence to provide assurance that the systems and processes used in procurement ensure appropriate probity and propriety.

RQIA's Finance Advisor and the Head of the Business Support Unit ensure that expenditure is in accordance with regulations and all necessary authorisations have been obtained.

Assembly Accountability Disclosure Notes

i. Losses and Special Payments (Audited)

Losses Statement

Losses statement	2021-22		2020-21
	Number of Cases	£000	£000
Total number of losses	-	-	-
Total value of losses	-	-	-

Individual losses over £250,000	2021-22		2020-21
	Number of Cases	£	£
Cash losses	-	-	-
Claims abandoned	-	-	-
Administrative write-offs	-	-	-
Fruitless payments	-	-	-
Stores losses	-	-	-

Special payments	2021-22		2020-21
	Number of Cases	£000	£000
Total number of special payments	-	-	-
Total value of special payments	-	-	-

Special Payments over £250,000	2021-22		2020-21
	Number of Cases	£	£
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
Total special payments	-	-	-

Other Payments (Audited)

There were no other special payments or gifts made during the year.

ii Fees and Charges (Audited)

There were no other fees and charges during the year.

iii Remote Contingent Liabilities (Audited)

In addition to liabilities reported within the meaning of IAS37, RQIA also reports liabilities for which the likelihood of transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. RQIA had no remote contingent liabilities.

On behalf of the RQIA, I approve the Accountability Report encompassing the:

- Governance Report
- Remuneration and Staff Report
- Accountability and Audit Report

A handwritten signature in black ink, appearing to read "Briega Donaghy". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Briega Donaghy
Chief Executive

7 July 2022

**CERTIFICATE AND REPORT OF THE COMPTROLLER
AND AUDITOR GENERAL**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Regulation and Quality Improvement Authority for the year ended 31 March 2022 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Regulation and Quality Improvement Authority's affairs as at 31 March 2022 and of the Regulation and Quality Improvement Authority's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of Regulation and Quality Improvement Authority in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Regulation and Quality Improvement Authority's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Regulation and Quality Improvement Authority's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Regulation and Quality Improvement Authority is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate and report. The Regulation and Quality Improvement Authority and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Regulation and Quality Improvement Authority and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Regulation and Quality Improvement Authority and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Regulation and Quality Improvement Authority and the Accounting Officer are responsible for

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Regulation and Quality Improvement Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by Regulation and Quality Improvement Authority will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Regulation and Quality Improvement Authority through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on Regulation and Quality Improvement Authority's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Regulation and Quality Improvement Authority's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.

A handwritten signature in black ink that reads "Kieran J Donnelly". The signature is written in a cursive style with a light blue rectangular highlight behind it.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court, Galwally
BELFAST
BT8 6RB

20 July 2022

SECTION 3

ANNUAL ACCOUNTS

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

FOREWORD

The accounts for the year ended 31 March 2022 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting manual (FrEM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

CERTIFICATE OF THE INTERIM CHAIR AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 131-157) which I am required to prepare on behalf of the Regulation and Quality Improvement Authority have been compiled from and are in accordance with the accounts and financial records maintained by the Regulation and Quality Improvement Authority and with the accounting standards and policies for HSC bodies approved by the DoH.



Briega Donaghy
Chief Executive

7 July 2022

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 131 to 157) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Christine Collins, MBE
Interim Chair

7 July 2022

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2022

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2022 £	2021 £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	1,431,957	1,147,826
Deferred income	4.3	-	-
Total operating income		1,431,957	1,147,826
Expenditure			
Staff costs	3	(7,086,682)	(6,587,909)
Purchase of goods and services	3	(1,040,572)	(757,568)
Depreciation, amortisation and impairment charges	3	(100,780)	(167,492)
Provision expense	3	15,090	(74,400)
Other expenditure	3	(560,741)	(706,834)
Total operating expenditure		(8,773,685)	(8,294,203)
Net Expenditure		(7,341,728)	(7,146,377)
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		(7,341,728)	(7,146,377)
Revenue Resource Limit (RRL) received from DoH	22.1	7,350,928	7,165,459
Surplus/(Deficit) against RRL		9,200	19,082
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2022 £	2021 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	-	118
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2022		(7,341,728)	(7,146,259)

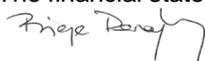
The notes on pages 135-157 form part of these accounts.

STATEMENT of FINANCIAL POSITION as at 31 March 2022

This statement presents the financial position of RQIA. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2022		2021	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	83,433		91,961	
Intangible assets	6.1/6.2	493,894		159,459	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
Total Non Current Assets			577,327		251,420
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	144,146		78,243	
Other current assets	13	48,291		15,082	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	20,039		14,800	
Total Current Assets			212,476		108,125
Total Assets			789,803		359,545
Current Liabilities					
Trade and other payables	14	(1,247,709)		(998,317)	
Other liabilities	14	-		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	(81,276)		(118,400)	
Total Current Liabilities			(1,328,985)		(1,116,717)
Total assets less current liabilities			(539,182)		(757,172)
Non Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			-		-
Total assets less total liabilities			(539,182)		(757,172)
Taxpayers' Equity and other reserves					
Revaluation reserve		3,102		3,102	
SoCNE Reserve		(542,284)		(760,274)	
Total equity			(539,182)		(757,172)

The financial statements on pages 131 to 134 were approved by the Board on 7 July 2022 and were signed on its behalf by:



Briege Donaghy, Chief Executive

The notes on pages 135-157 form part of these accounts.



Christine Collins, MBE, Interim Chair

STATEMENT of CASH FLOWS for the year ended 31 March 2022

The Statement of Cash Flows shows the changes in cash and cash equivalents of RQIA during the reporting period. The statement shows how RQIA generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by RQIA. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to RQIA's future public service delivery.

	NOTE	2022 £	2021 £
Cash flows from operating activities			
Net operating expenditure		(7,341,728)	(7,146,377)
Adjustments for non cash costs	3	105,337	260,887
(increase) in trade and other receivables		(99,112)	(8,931)
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories		-	-
Increase in trade payables		249,392	110,995
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant & equipment and intangibles		-	(19,914)
Movements in payables relating to the purchase of intangibles		(400,858)	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	(22,034)	-
Net cash inflow/(outflow) from operating activities		(7,509,003)	(6,803,340)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(26,691)	-
(Purchase of intangible assets)	6	-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		(26,691)	-
Cash flows from financing activities			
Grant in aid		7,540,933	6,803,511
Capital element of payments – finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		7,540,933	6,803,511
Net increase (decrease) in cash & cash equivalents in the period		5,239	171
Cash & cash equivalents at the beginning of the period	12	14,800	14,629
Cash & cash equivalents at the end of the period	12	20,039	14,800

The notes on pages 135-157 form part of these accounts.

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2022

This statement shows the movement in the year on the different reserves held by RQIA, analysed into 'Statement of Comprehensive Net Expenditure Reserve' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of RQIA, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2020		(417,421)	2,984	(414,437)
Changes in Taxpayers Equity 2020-21				
Grant from DoH		6,803,511	-	6,803,511
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(7,146,377)	118	(7,146,259)
Transfer of asset ownership		(17,787)	-	(17,787)
Non cash charges – auditors remuneration	3	17,800	-	17,800
Balance at 31 March 2021		(760,274)	3,102	(757,172)
Changes in Taxpayers Equity 2021-22				
Grant from DoH		7,540,933	-	7,540,933
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(7,341,728)	-	(7,341,728)
Transfer of asset ownership		585	-	585
Non cash charges – auditors remuneration	3	18,200	-	18,200
Balance at 31 March 2022		(542,284)	3,102	(539,182)

The notes on pages 135-157 form part of these accounts

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FreM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Regulation and Quality Improvement Authority (RQIA). Where the FreM permits a choice of accounting policy, the accounting policy which has been judged to be most appropriate to the particular circumstances of RQIA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the RQIA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

In line with the FreM, sponsored entities such as the RQIA which show total net liabilities, should prepare financial statements on a going concern basis. The cash required to discharge these net liabilities will be requested from the Department when they fall due, and is shown in the Statement of Changes in Taxpayers' Equity.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and liabilities.

1.2 Property, Plant and Equipment

Property, plant and equipment assets comprise Plant & Machinery (Equipment), Information Technology, Furniture and Fittings, and Assets under Construction. This includes donated assets.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

RQIA does not own any land or buildings nor does it occupy any provided to it by DoH.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Assets classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.3 Depreciation

RQIA does not have depreciation on freehold land.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the ALB expects to obtain economic benefits or service potential from the asset.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	2 – 10 years
Other Equipment	3 – 15 years

Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.4 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.5 Intangible assets

Intangible assets includes any of the following held – software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of RQIA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life.

They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, RQIA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.6 Non-current assets held for sale

RQIA does not hold any non-current assets for sale.

1.7 Inventories

RQIA does not hold any inventories.

1.8 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of RQIA and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

1.9 Grant in aid

Funding received from other entities, including the Department of Health and Health and Social Care Board, are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.10 Investments

RQIA does not have any investments.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

1.11 Research and Development expenditure

RQIA does not have any research and development expenditure.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. RQIA holds no cash equivalent investments.

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

RQIA as lessee

RQIA does not hold any Finance Leases.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

RQIA as lessor

RQIA does not act as a lessor.

1.14 Private Finance Initiative (PFI) transactions

The RQIA has had no PFI transactions during the year.

1.15 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

RQIA has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

Financial assets

Financial assets are recognised on the Statement of Financial Position when RQIA becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the RQIA's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when RQIA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within RQIA in creating risk than would apply to a non-public sector body of a similar size, therefore RQIA is not exposed to the degree of financial risk faced by business entities.

RQIA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing RQIA in undertaking activities. Therefore RQIA is exposed to little credit, liquidity or market risk.

Currency risk

RQIA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. There is therefore low exposure to currency rate fluctuations.

Interest rate risk

RQIA has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of RQIA's income comes from other public sector bodies, RQIA has low exposure to credit risk.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

Liquidity risk

Since RQIA receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.16 Provisions

In accordance with IAS 37, provisions are recognised when the RQIA has a present legal or constructive obligation as a result of a past event, it is probable that the RQIA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the relevant discount rates provided by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.17 Contingent liabilities/assets

RQIA had no contingent liabilities or assets at either 31 March 2022 or 31 March 2021.

1.18 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2022. It is not anticipated that the level of untaken leave will vary significantly from year to year. [Untaken flexi leave is estimated to be immaterial to the RQIA and has not been included]

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Superannuation Scheme.

RQIA participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the ALB and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. RQIA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by RQIA and charged to the Statement of Comprehensive Net Expenditure at the time RQIA commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

FReM provides an interpretation of the IAS 19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. The 2021-22 accounts are based on membership data as at 31 March 2016 since it was not practicable to utilise data as 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling forward the liability calculated as at 31 March 2016 to 31 March 2022.

The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

1.19 Value Added Tax

RQIA, as a non-departmental public body, cannot recover VAT incurred through the central VAT agreement.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.20 Third party assets

RQIA does not hold material assets belonging to third parties.

1.21 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.22 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had DoH bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.23 Charitable Trust Account Consolidation

RQIA held no charitable trust accounts at 31 March 2022 or 31 March 2021.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

1.24 Accounting Standards that have been issued but have not yet been adopted

The International Accounting Standards Board have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury.

A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS 16 Leases:

IFRS 16 (Excluding PFI)

IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current 'off-balance sheet' treatment of operating leases under IAS 17. A lessee is now required to recognise a "right-of-use" asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value. RQIA has set the low value financial threshold at £5k and from the lease agreement can determine the non-cancellable periods for which RQIA has the right to use the underlying asset. One key consideration is calculating the implicit interest rate within the lease agreement. Based on RQIA's review to date of operating leases associated with buildings, equipment and other assets there is likely to be minimal financial impact on the 22/23 financial statements.

IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

Management currently assess that there will be minimal impact on application to the RQIA's consolidated financial statements.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic purpose of RQIA is to monitor the availability, quality and standards of health and social care services in Northern Ireland and act as a driving force in promoting improvements in the quality of these services. RQIA's Board acts as the chief operating decision maker, receives financial information on RQIA as a whole, and makes decision on that basis. RQIA therefore reports on a single operational segment basis.

NOTE 3 EXPENDITURE

	2022	2021
	£	£
Operating expenses are as follows:-		
Staff costs: ¹		
Wages and Salaries	5,598,965	5,189,175
Social security costs	524,688	484,163
Other pension costs	963,029	914,571
Supplies and services – general	39,822	26,948
Establishment	140,696	115,475
Premises	60,339	167,178
Rentals under operating leases	180,342	231,756
Miscellaneous expenditure	95,737	104,441
BSO Services	516,425	513,409
Training	63,980	18,801
ICT Maintenance	85,612	65,810
ICT Hardware and Software	25,131	44,965
Staff Substitution	373,582	156,624
Total Operating Expenses	8,668,348	8,033,316
Non cash items		
Depreciation	34,357	36,629
Amortisation	66,423	130,863
Loss on disposal of property, plant & equipment (including land)	1,447	1,195
Increase/Decrease in provisions (provisions provided for in year less any release)	(16,560)	74,400
Cost of borrowing of provisions (unwinding of discount on provisions)	1,470	-
Auditors Remuneration	18,200	17,800
Total non cash items	105,337	260,887
Total	8,773,685	8,294,203

¹ Further detailed analysis of staff costs is located in the Staff Report on page 117 within the Accountability Report.

During the year the RQIA purchased no non audit services from its external auditor (NIAO) (2020-21: £1,250).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 4 INCOME

4.1 Income from Activities

The RQIA did not receive income from activities in 2021-22 and 2020-21.

4.2 Other Operating Income

	2022	2021
	£	£
Other income from non-patient services	262,674	4,402
Other income from fees levied on registered bodies	890,029	861,952
Seconded staff	279,254	281,472
TOTAL INCOME	1,431,957	1,147,826

4.3 Deferred income

The RQIA had no income released from conditional grants in 2021/22 and 2020/21.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 Property, plant and equipment – year ended 31 March 2022

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2021	-	35,599	280,953	111,496	428,048
Indexation	-	-	-	-	-
Additions	-	-	26,691	-	26,691
Transfers	-	-	836	-	836
Disposals	-	(35,598)	(141,071)	(111,496)	(288,165)
At 31 March 2022	-	1	167,409	-	167,410

Depreciation

At 1 April 2021	-	35,599	191,885	108,603	336,087
Indexation	-	-	-	-	-
Transfers	-	-	251	-	251
Disposals	-	(35,598)	(141,071)	(110,049)	(286,718)
Provided during the year	-	-	32,910	1,447	34,357
At 31 March 2022	-	1	83,975	1	83,977

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£		£	£
Carrying Amount					
At 31 March 2022	-	-	83,434	(1)	83,433
At 31 March 2021	-	-	89,068	2,893	91,961

Asset financing

Owned	-	-	83,434	(1)-	83,433
Carrying Amount At 31 March 2022	-	-	83,434	(1)-	83,433

Any fall in value through negative indexation or revaluation is shown as impairment.

In terms of asset financing, RQIA owns all assets carried. None of RQIA's assets were purchased through finance lease, PFI or other service concession arrangements.

All of RQIA assets are funded through a capital allocation from DoH.

The disposals relate to move out of Riverside Tower (see also disposals in note 6.1).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.2 Property, plant and equipment – year ended 31 March 2021

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2020	-	35,599	298,010	107,852	441,461
Indexation	-	-	-	3,644	3,644
Additions	-	-	19,914	-	19,914
Transfers	-	-	(20,136)	-	(20,136)
Disposals	-	-	(16,835)	-	(16,835)
At 31 March 2021	-	35,599	280,953	111,496	428,048

Depreciation

At 1 April 2020	-	35,599	176,067	102,255	313,921
Indexation	-	-	-	3,526	3,526
Transfers	-	-	(2,349)	-	(2,349)
Disposals	-	-	(15,640)	-	(15,640)
Provided during the year	-	-	33,807	2,822	36,629
At 31 March 2021	-	35,599	191,885	108,603	336,087

Carrying Amount

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£		£	£
At 31 March 2021	-	-	89,068	2,893	91,961
At 31 March 2020	-	-	121,943	5,597	127,540

Asset Financing

Owned	-	-	89,068	2,893	91,961
Carrying Amount At 31 March 2021	-	-	89,068	2,893	91,961

Asset Financing

Owned	-	-	121,943	5,597	127,540
Carrying Amount At 1 April 2020	-	-	121,943	5,597	127,540

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.1 Intangible assets – year ended 31 March 2022

	Software Licenses £	Information Technology £	Assets under Construction £	Total £
Cost or Valuation				
At 1 April 2021	119,466	1,067,144	-	1,186,610
Additions	400,858	-	-	400,858
Reclassification	-	-	-	-
Transfers	-	-	-	-
Disposals	(74,574)	(599,454)	-	(674,028)
At 31 March 2022	445,750	467,690	-	913,440

Depreciation

At 1 April 2021	119,466	907,685	-	1,027,151
Disposals	(74,574)	(599,454)	-	(674,028)
Provided during the year	-	66,423	-	66,423
At 31 March 2022	44,892	374,654	-	419,546

Carrying Amount

	Software Licenses £	Information Technology £	Assets under Construction £	Total £
At 31 March 2022	400,858	93,036	-	493,894
At 31 March 2021	-	159,459	-	159,459

Asset Financing

Owned	400,858	93,036	-	493,894
Carrying Amount At 31 March 2022	400,858	93,036	-	493,894

Any fall in value through negative indexation or revaluation is shown as impairment.

In terms of asset financing, RQIA owns all assets carried. None of the RQIA's assets were purchased through finance lease, PFI or other service concession arrangements.

All of RQIA assets are funded through a capital allocation from DoH.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.2 Intangible assets – year ended 31 March 2021

	Software Licenses £	Information Technology £	Asset under Construction £	Total £
Cost or Valuation				
At 1 April 2020	119,466	1,067,144	-	1,186,610
Additions	-	-	-	-
Reclassification	-	-	-	-
Transfers	-	-	-	-
At 31 March 2021	119,466	1,067,144	-	1,186,610
Depreciation				
At 1 April 2020	119,466	776,822	-	896,288
Provided during the year	-	130,863	-	130,863
At 31 March 2021	119,466	907,685	-	1,027,151
Carrying Amount				
At 31 March 2021	-	159,459	-	159,459
At 31 March 2020	-	290,322	-	290,322
Asset Financing				
Owned	-	159,459	-	159,459
Carrying Amount At 31 March 2021	-	159,459	-	159,459
Asset Financing				
Owned	-	290,322	-	290,322
Carrying Amount At 1 April 2020	-	290,322	-	290,322

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of RQIA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body.

The majority of financial instruments relate to contracts to buy non-financial items in line with RQIA's expected purchase and usage requirements and RQIA is therefore exposed to little credit, liquidity or market risk.

NOTE 8 INVESTMENTS AND LOANS

RQIA had no investments or loans at either 31 March 2022 or 31 March 2021.

NOTE 9 IMPAIRMENTS

RQIA had no impairments in 2021-22 or 2020-21.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale at either 31 March 2022 or 31 March 2021.

NOTE 11 INVENTORIES

RQIA did not hold any inventories for resale at either 31 March 2022 or 31 March 2021.

NOTE 12 CASH AND CASH EQUIVALENTS

	2022	2021
	£	£
Balance at 1 April	14,800	14,629
Net change in cash and cash equivalents	5,239	171
Balance at 31 March	20,039	14,800

The following balances at 31 March were held at

	2022	2021
	£	£
Commercial Banks and cash in hand	20,039	14,800
Balance at 31 March	20,039	14,800

The bank account is operated by Business Services Organisation (BSO) on behalf of RQIA.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2022 £	2021 £
Amounts falling due within one year		
Trade receivables	57,311	19,896
Other receivables – not relating to fixed assets	-	-
Other receivables	86,835	58,347
TOTAL TRADE AND OTHER RECEIVABLES	144,146	78,243
Prepayments	48,291	15,082
Accrued income	-	-
TOTAL OTHER CURRENT ASSETS	48,291	15,082
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	192,437	93,325

The balances are net of a provision for bad debts of £Nil (2020-21: £Nil).

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2022 £	2021 £
Amounts falling due within one year		
Other taxation and social security	251,517	239,708
Trade capital payables – property, plant and equipment and intangibles	-	-
Trade revenue payables	33,455	199,659
Payroll payables	505,078	510,357
BSO payables	449	538
Other payables	-	-
Accruals	56,352	28,141
Accruals and deferred income – relating to property, plant and equipment	-	19,914
Accruals and deferred income – relating to intangibles	400,858	-
Trade and other payables	1,247,709	998,317
Total payables falling due within one year	1,247,709	998,317
Amounts falling due after more than one year	-	-
Total non-current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	1,247,709	998,317

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2022

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2022
	£	£	£	£	£	£
Balance at 1 April 2021	-	-	118,400	-	-	118,400
Provided in year	-	-	-	-	-	-
(Provisions not required written back)	-	-	(16,560)	-	-	(16,560)
(Provisions utilised in the year)	-	-	(22,034)	-	-	(22,034)
Cost of borrowing (unwinding of discount)	-	-	1,470	-	-	1,470
At 31 March 2022	-	-	81,276	-	-	81,276

Comprehensive Net Expenditure Account charges

	2022	2021
	£	£
Arising during the year	-	74,400
Reversed unused	(16,560)	-
Cost of borrowing (unwinding of discount)	1,470	-
Total charge within Operating expenses	(15,090)	74,400

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2022
	£	£	£	£	£	£
Not later than one year	-	-	81,276	-	-	81,276
Later than one year and not later than five years	-	-	-	-	-	-
Later than five years	-	-	-	-	-	-
At 31 March 2022	-	-	81,276	-	-	81,276

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2021

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2021
	£	£	£	£	£	£
Balance at 1 April 2020	-	-	44,000	-	-	44,000
Provided in year	-	-	74,400	-	-	74,400
(Provisions not required written back)	-	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-	-
Cost of borrowing (unwinding of discount)	-	-	-	-	-	-
At 31 March 2021	-	-	118,400	-	-	118,400

Comprehensive Net Expenditure Account charges	2021	2020
	£	£
Arising during the year	74,400	38,100
Reversed unused	-	-
Cost of borrowing (unwinding of discount)	-	-
Total charge within Operating expenses	74,400	38,100

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2021
	£	£	£	£	£	£
Not later than one year	-	-	118,400	-	-	118,400
Later than one year and not later than five years	-	-	-	-	-	-
Later than five years	-	-	-	-	-	-
At 31 March 2021	-	-	118,400	-	-	118,400

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 16 CAPITAL AND OTHER COMMITMENTS

RQIA had no capital commitments at either 31 March 2022 or 31 March 2021.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2022	2021
	£	£
Obligations under operating leases comprise		
Buildings		
Not later than one year	57,900	57,848
Later than one year but not later than five years	-	-
Later than five years	-	-
	<u>57,900</u>	<u>57,848</u>
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<u>-</u>	<u>-</u>

17.2 Finance Leases

RQIA had no finance leases at either 31 March 2022 or 31 March 2021.

17.3 Commitments under Lessor Agreements – Operating Leases

RQIA did not act as a lessor at either 31 March 2022 or 31 March 2021.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off balance sheet PFI contracts and other service concession arrangements.

RQIA had no commitments under PFI and other concession arrangement contracts at 31 March 2022 or 31 March 2021.

18.2 On balance sheet (SoFP) PFI Schemes

RQIA had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2022 or 31 March 2021.

NOTE 19 CONTINGENT LIABILITIES

The RQIA did not have any quantifiable contingent liabilities at 31 March 2022 or 31 March 2021.

19.1 Financial guarantees, indemnities and letters of comfort

RQIA did not have any financial guarantees, indemnities or letters of comfort at either 31 March 2022 or 31 March 2021.

NOTE 20 RELATED PARTY TRANSACTIONS

RQIA is an arm's length body of the Department of Health and as such the Department is a related party.

During the 2021-22 year RQIA has had various material transactions with the DoH and with other entities for which the DoH is regarded as the parent department, particularly with the Business Services Organisation (BSO) which provides financial, human resources, procurement, legal, IT and corporate services to RQIA through Service Level Agreements.

During the year, none of the Authority members, members of the key management staff or other related parties have undertaken any material transactions with RQIA.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 21 THIRD PARTY ASSETS

RQIA held no assets at either 31 March 2022 or 31 March 2021 belonging to third parties.

NOTE 22 Financial Performance Targets

22.1 Revenue Resource Limit

RQIA is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit for RQIA is calculated as follows:

	2022	2021
	Total	Total
	£	£
DoH (excludes non cash)	7,245,591	6,904,572
Non cash RRL (from DoH)	105,337	260,887
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	7,350,928	7,165,459

22.2 Capital Resource Limit

RQIA is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2022	2021
	£	£
Gross capital expenditure by RQIA	427,549	19,914
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	427,549	19,914
Capital Resource Limit	472,549	20,000
Overspend/(Underspend) against CRL	-	(86)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

22.3 Financial Performance Targets

RQIA is required to ensure that it breaks even on an annual basis by containing its net expenditure to within +/-0.25% of RRL or £20,000, whichever is greater.

	2021-22 £	2020-21 £
Net Expenditure	(7,341,728)	(7,146,377)
RRL	7,350,928	7,165,459
Surplus/(Deficit) against RRL	<u>9,200</u>	<u>19,082</u>
Break Even cumulative position (opening)	51,380	32,298
Break Even Cumulative position (closing)	<u><u>60,580</u></u>	<u><u>51,380</u></u>

Materiality Test:

	2021-22 %	2020-21 %
Break Even in year position as % of RRL	<u>0.13%</u>	<u>0.27%</u>
Break Even cumulative position as % of RRL	<u>0.82%</u>	<u>0.72%</u>

RQIA met its requirements to contain net resource outturn within +/-0.25% of RRL or £20,000, whichever is greater.

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having material effect on the accounts.

DATE OF AUTHORISED ISSUE

The Accounting Officer authorised these financial statements for issue on 20 July 2022.

SECTION 4

APPENDICES

APPENDIX 1

Performance Activity: Key Performance Indicators

RQIA reports on its activity and performance through its quarterly Performance Activity Report (PAR), which forms a key component of RQIA's Performance Framework. Key Performance Indicators (KPIs) and performance against these targets are detailed in the table below:

Activity Area	KPI	Performance
Registration	100% of manager absences to be processed within 6 weeks' of receipt	83% completed within target
Inspection	100% of inspections completed in year in respect of care homes	98% inspected once; 45% received statutory minimum of two or more inspections
	100% of inspections completed in year in respect of agencies and day care services	71% received statutory minimum of one inspection
	100% of inspections completed in year in respect of children's services	100% inspected once; 33% received statutory minimum of two or more inspections
	100% of inspections completed in year in respect of independent healthcare. Revised target 80%	Revised target exceeded 91% of inspections delivered
	100% of mental health and learning disability wards to receive at least one inspection	75% of wards inspected
	10% of onsite inspections completed to care homes and children's homes to be conducted partially or entirely out of hours	13.5% inspections out of hours
	100% of inspection reports should be issued to the service provider no later than 28 days' after completion of the inspection	71% of Assurance directorate reports and 84% of Improvement directorate reports issued within the 28 day target

Activity Area	KPI	Performance
Mental Health	100% of Serious Adverse Incident (SAI) reports screened within 7 days' of receipt	90% reviewed within 7 days
	100% of patient detention forms (form 10s) to be assessed by an inspector within 28 days' of receipt	99% reviewed within 28 days
	90% of required second opinions completed within 6 weeks	98% reviewed within 6 weeks
Complaints against RQIA	90% of complaints acknowledged in writing within 2 working days' of complaint received 90% of complaints completed response within 20 working days' of receipt, or updates provided to complainant at least every 20 working days' thereafter	100% acknowledged within 2 days 94% completed within target
Media Requests	90% of media requests responded to within deadline agreed with requestor	100% responded to within KPI target
Freedom of Information/ Subject Access Requests	100% of requests responded to within the statutory timeframe of 20 working days' from the point of a valid request being received	52% responded to within KPI target
Mandatory Training	95% of Mandatory Training Courses to be completed by RQIA Staff	Regional e-learning platform experienced technical issues during year
Employee Absence	Employee Absence due to Sickness: Regional key performance indicator target set for RQIA by DoH: 6.94%	Sickness absence rate 5.71%

Appendix 2: Enforcement Action 1 April 2021 – 31 March 2022

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
15 Main Street Residential Care Home, Conlig (Praxis Care Group / Challenge)	16 December 2021	Three failure to comply notices were issued in relation to infection prevention and control, staffing arrangements and monthly monitoring reports.	9 February 2022
Alpha24 Healthcare Nursing Agency (London)	20 April 2021	Two failure to comply notices were issued in relation to recruitment processes and governance.	20 July 2021
Arbour House Residential Care Home, Warrenpoint (Ms A Woods)	30 November 2021	A notice of proposal, followed by a notice of decision, was issued to place the following condition on the registration of Arbour House: "There are to be no admissions to the home without the prior approval of RQIA."	10 January 2022 Condition of Registration took effect
Ballymena Dental Centre, Ballymena (Mrs M Shah)	22 December 2021	A notice of proposal, followed by a notice of decision, to place a condition on the registration of Ballymena Dental Centre: "To cease and desist from providing private dental care and treatment until remedial works have been completed to the fixed electrical installation, and a condition certificate to BS7671, by a competent person/company has been obtained, and provided to RQIA, confirming that the installation is operating in a 'satisfactory' condition."	4 March 2022
Ben Madigan Care (Nursing) Home Newtownabbey (Amore (Ben Madigan) Limited)	30 September 2021	One failure to comply notice issued in relation to governance arrangements.	30 November 2021

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Camlo Homes, Residential Care Home, Belfast		A notice of proposal, followed by a notice of decision, issued to place one condition on registration of Camlo Homes Ltd: The Responsible Person must ensure that a manager is appointed who satisfies the requirements for registration with RQIA as soon as reasonably practicable.	2 April 2021 Condition of Registration took effect
Carn-vaddy Residential Care Home, Ballymena (Ms M Magee)	16 December 2020 5 March 2021	Three failure to comply notices were issued, in relation to management, medicines management and recruitment. A notice of proposal, followed by a notice of decision, was issued to cancel the registration of the Responsible Individual for Carn-vaddy and being the provider registered to carry on the establishment known as Carn-vaddy.	11 June 2021: Registration of the Responsible Individual of Carn-Vaddy cancelled.
City View Court Nursing Home , Belfast, (Kathryn Homes)	21 October 2021	One failure to comply notice issued in relation to management and governance arrangements in the home. One failure to comply notice issued in relation to management and governance arrangements in the home. A notice of proposal, followed by a notice of decision, was issued to place the following conditions of registration: 1. Appoint a manager with the competence and skill; 2. Admissions to cease until RQIA is assured that compliance the failure to comply notices are achieved and sustained; Ensure the Regulation 29 monthly monitoring reports are shared with RQIA until such time that RQIA is satisfied that the home is operating in sustained compliance with relevant regulations and Care Standards;. An application for registration of a Responsible Individual is to be submitted without delay.	24 January 2022

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
The Court Care Home, Ballymoney (Court Care Home Ireland Ltd)	30 July 2021	A notice of proposal to refuse the application for registration of a named responsible individual. Not adopted as application withdrawn on 6 August 2021.	26 August 2021
The Court Care (Nursing) Home, Ballymoney (Court Care Home Ireland Ltd)	4 August 2021	A notice of proposal, followed by a notice of decision, to cancel the registration of The Model Group (NI) Limited in accordance with Article 18 (4) (a) and Article 18 (6) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 in respect of The Court Care Home.	7 October 2021 The Court Care Home closed.
Divine Health Services Ltd, Domiciliary Care Agency, Belfast (DS Mandisodza)	11 May 2021	A notice of proposal to cancel the registration of Divine Health Services Ltd. (non operational service).	Ongoing at 31 March 2022
First Choice Selection Services Ltd Domiciliary Care Agency, Belfast (Mr P Crean)	8 February 2022	A notice of proposal to refuse the application for registration of a named manager.	Ongoing at 31 March 2022
Fruithill Nursing Home, Belfast (Mr P McGranaghan)	19 October 2021	Two failure to comply notices issued in relation to governance and medicines management.	7 December 2021
Gosna Care Agency Ltd, Belfast	23 October 2019	Following a successful application for urgent procedure under Article 21 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA cancelled the registration of the Registered Person of Gosna Care Agency with immediate effect. An appeal to The Care Tribunal. Care Tribunal concluded during 2021-22 was not upheld.	23 October 2019

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Greenhaw Lodge Care Centre , Derry (Larchwood Care Homes Ltd)	21 September 2020 22 September 2020	Four failure to comply notices were issued in relation to governance, health and welfare of patients, and the fitness of the premises. A Notice of Proposal to cease admissions on a temporary basis and in relation to monthly monitoring reports Following a successful application for urgent procedure under Article 21 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA placed a condition of registration on Greenhaw Lodge Care Centre: That appropriate arrangements are made for all current patients, to be re-accommodated to suitable accommodation forthwith and to remain in such accommodation until such times that remedial works required in respect of the water supply, pipework internal repairs and refurbishment (the Works) are completed.	1 June 2021
Greenpark Private Nursing Home, Armagh (Mr D Gribben)	26 May 2021	Two failure to comply notices were issued in relation to medicines management and governance.	26 August 2021
Hillside Residential Unit, (Residential Care Home) Omagh (Knockmoyle Lodge Ltd)	2 February 2021	One failure to comply notice was issued, in relation to governance and management oversight.	2 April 2021
Kingdom Healthcare Ltd Domiciliary Care Agency, Belfast (Ms P Casement)	10 February 2022	Five failure to comply notices were issued in relation to governance and management oversight, recruitment, induction and training of staff.	Ongoing at 31 March 2022

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Lakeview Hospital, Londonderry (WHSCT)	11 March 2022	Two improvement notices were issued in relation to adult safeguarding and incident management, and care and treatment arrangements.	Ongoing at 31 March 2022
Massereene Manor Nursing Home, Antrim, (Hutchinson Homes Ltd)	16 December 2021	One failure to comply notice was issued in relation to staffing arrangements in the home.	16 February 2022
Medcom Personnel Ltd Domiciliary Care Agency, Antrim	14 April 2021	One failure to comply notice was issued in relation to recruitment processes and records.	20 July 2021
Mertoun Park Residential Care Home, Belfast (BHSCT)	19 October 2021	An urgent order to place three conditions of registration issued on 19 October 2021: To cease immediately the accommodation of a named individual within Mertoun Park to protect the health and well-being of the current service users; Up until such time as the cessation of the accommodation is effected Mertoun Park must maintain the following staffing levels: Day duty – 4 staff; Night Duty -3 waking staff; No further admissions to be permitted to Mertoun Park until cessation of accommodation of the named individual comes into effect.	27 October 2021
Provident Healthcare NI (Nursing Agency) Belfast (Mr S Jasi)	16 February 2022	A notice of proposal, followed by a notice of decision, to place the following conditions of registration: The nursing agency must not become operational (supply registered nurses) without prior approval by RQIA. The Agency must notify RQIA eight weeks prior to the date the service is proposing to become operational; A permanent manager should be appointed who satisfies the requirements for registration with RQIA and an application to RQIA prior to the date the service proposes to become operational.	Ongoing at 31 March 2022

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Redford Residential Care Home, Cullybackey (Mr J Wallace)	11 June 2021	One failure to comply notice was issued in relation to recruitment processes.	6 August 2021
Shaftesbury Mews Nursing Home, Newtownabbey, (Amore (Watton) Ltd	14 December 2021	A notice of proposal, followed by a notice of decision, to refuse the registration of a named individual as registered manager.	16 February 2022
Summerhill Residential Care Home, Bangor (Mr H Warden)	25 November 2021	Two failure to comply notices were issued in relation to governance and management oversight.	25 January 2022
T-Gem Healthcare (Domiciliary Care Agency), Dundrum	9 August 2021	Three failure to comply notices were issued to in relation to safeguarding, governance and medicines management.	1 November 2021
Ward 27 Downshire Hospital, Downpatrick, (South Eastern Health and Social Care Trust)	25 May 2021	One improvement notice was issued in relation to the mixed model of care and the ward environment.	Ongoing at 31 March 2022
Weavers House Residential Care Home Cookstown (Kathryn Homes Ltd)	28 May 2021	Two failure to comply notices were issued in relation to the home's water system and the overall oversight and governance in the home.	20 July 2021
Weavers House Nursing Home, Cookstown (Kathryn Homes Ltd)	28 May 2021	Two failure to comply notices were issued in relation to the home's water system and the overall oversight and governance in the home.	20 July 2021
Wood Green Residential Care Home, Jordanstown (Wood Green Management Company (NI) Ltd)	06 May 2021	Two failure to comply notices were issued in relation to medicines management.	18 June 2021

Category of Service	Date of Issue	Details of RQIA enforcement action	Date of compliance
Nursing Agency Belfast	30 November 2021	A notice of proposal to refuse the registration of a new service.	Ongoing at 31` March 2022

Name of Service Provider	Date of Issue	Details of RQIA enforcement action	Date of compliance
Praxis Care Group/ Challenge Children's Home, SEHSCT area	3 March 2022	UP Urgent procedure to cancel registration.	3 March 2022 Cancellation of registration took effect.
Positive Futures (Children's Home) NHSCT area	13 December 2021	One improvement notice was issued in relation to management and governance arrangements.	Ongoing at 31 March 2022
Praxis Care Group/ Challenge Children's Home, SEHSCT area	11 October 2021 4 February 2022	Two failure to comply notices were issued in relation to the statement of purpose and governance arrangements at the home. One improvement notice was issued in relation to governance arrangements.	Ongoing at 31 March 2022
Praxis Care Group/ Challenge Children's Home, SEHSCT area	16 November 2021	One improvement notice was issued in relation to safeguarding arrangements. A notice of proposal, followed by a notice of decision, to place the following conditions of registration: To cease new admissions and to cease short breaks provision to this service.	20 January 2022 Condition of Registration took effect.

Appendix 3: Conditions of Registration as a Result of Enforcement Action

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Angels Recruitment Agency Ltd, Domiciliary Care Agency, Londonderry,	The condition of registration requires the registered provider to notify RQIA when they are proposing to become operational.	28 May 2019	Ongoing at 31 March 2022
Angels Recruitment Agency Ltd, Nursing Agency Londonderry	The condition of registration requires the registered provider to notify RQIA when they are proposing to become operational.	28 May 2019	Ongoing at 31 March 2022
Arbour House Residential Care Home, Warrenpoint	There are to be no admissions to the home without the prior approval of RQIA.	07 December 2021:	Ongoing at 31 March 2022
Camlo Homes, Residential Care Home, Belfast	The Responsible Person must ensure that a manager is appointed who satisfies the requirements for registration with RQIA as soon as reasonably practicable. This will be kept under review by RQIA.	02 April 2021	Ongoing at 31 March 2022
Fortview Residential Care Home, Omagh	The condition of registration states that there will be no new admissions in a residential category of care without the approval of RQIA.	19 November 2019	Ongoing at 31 March 2022
Jordan Dental Care, Belfast	Dental care and treatment using advanced sedation techniques cannot be undertaken in Jordan Dental Care without the prior written authority of the RQIA.	22 March 2021	Ongoing at 31 March 2022
Medcom Personnel Ltd. Nursing Agency	The condition on registration requires the registered provider to notify RQIA when they are proposing to become operational.	21 December 2020.	Ongoing at 31 March 2022

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Peniel Nursing Care Services, Belfast	The condition on registration requires the registered provider to notify RQIA when they are proposing to become operational.	10 May 2019	Ongoing at 31 March 2022
Pine Lodge, Belmont Road, Belfast (BHSCT)	The condition on registration requires the registered provider to notify RQIA when they are proposing to become operational.	26 November 2019	Ongoing at 31 March 2022

Appendix 4: Authority Members' Profiles (as at 31 March 2022)

Ms Christine Collins MBE was appointed Interim Chair of the Authority on 18 June 2020. She retired from the Civil Service in 2005 and since this time has immersed herself in the world of human rights, equality and advocacy with a particular focus on those living with disability and/or rare disease. Christine was the founding Chair of the Northern Ireland Rare Disease Partnership; and a Patient Public Voice representative on the UK Rare Disease Advisory Group. She was a Northern Ireland Member of the UK Rare Disease Forum and is actively involved in the development and implementation of both the UK and Northern Ireland Rare Disease plans. Christine was a Commissioner at the Northern Ireland Human Rights Commission from 2011 to 2017. She is currently Chair of the Patient and Client Council and a member of the Duty of Candour Work Stream, part of the Inquiry into Hyponatremia Related Deaths Implementation programme.

Mr Neil Bodger was appointed to the Authority on 30 October 2020. He has been involved in international managerial and company finance at senior management for over 30 years. Mr Bodger has been a panel member and chair of the Education Authority Appeals Tribunals for 20 years, and has worked as a chair of audit and risk management committees for 22 years. Mr Bodger is currently a member of the Probation Board for Northern Ireland and chair of its audit committee, a board member of Libraries NI and a Governor of South Eastern Regional College. He also chairs RQIA's Audit and Risk Assurance Committee.

Professor Stuart Elborn CBE was appointed to the Authority on 30 October 2020. He is Professor of Medicine and Pro-Vice-Chancellor for Medicine, Health and Life Sciences at Queen's University Belfast and a visiting Professor at Imperial College London. His clinical and research interests are focused on identifying new targets and diagnostics for infection and inflammation in lung disease and developing better therapies for people with cystic fibrosis and bronchiectasis. In these areas he has led in use of digital platforms and artificial intelligence in healthcare delivery. Professor Elborn currently leads an academic /industry consortium to develop capacity for Covid-19 testing in Northern Ireland.

Ms Jacqui McGarvey was appointed to the Authority on 30 October 2020. She is a qualified Social Worker with over 35 years' extensive experience working within Children and Families, Adult and Disability Services. Prior to June 2016, Jacqui was Assistant Director in Health and Social Services Trusts involving strategically developing, managing services and ensuring an integrated governance framework was in place. Jacqui previously commissioned services for children and families and was Policy Advisor for Safeguarding. She was involved in Audit of Hospitals for Children with Mental Health/Learning Disabilities for the Department of Health, Social Services and Public Safety. Jacqui has been an Independent Social Work Consultant since June 2016. During this time she was appointed by the Safeguarding Board for Northern Ireland to undertake serious case management reviews for children, and as a panel member for National Independent Review Panel for People with a Disability by the Health Service Executive, Ireland. Ms McGarvey was also an interim appointment for non-judicial panel member of the Historical Institutional Abuse Statutory Redress Board and is currently a non-executive member of the Northern Ireland Social Care Council.

Miss Suzanne Rice was appointed to the Authority on 30 October 2020. She is the current Senior Vice President of the Law Society of Northern Ireland, and Council Member and Chair of the Law Society's Family Law Committee. Miss Rice is a specialist solicitor in all aspects of family law, most notably divorce and children's law, and currently represents the profession in ongoing government initiatives towards improving children's law services. In March 2020, she was appointed Presiding Member of the Department of Justice's Civil Legal Service Agency Appeal Panel.

Ms Bronagh Scott was appointed to the Authority on 30 October 2020. She is a registered nurse, and during her career she has held executive director of nursing roles in Northern Ireland, England and Wales. In 2015, she was appointed as the nurse adviser to the Expert Independent Panel chaired by Professor Bengoa, tasked with leading an informed debate on the best configuration of Health and Social Care services in Northern Ireland. Ms Scott is a trustee for the charity United Response, which provides community based services for people with learning disability and severe head injuries across England and Wales. In December 2021, Bronagh was appointed as Non-Executive Chair to the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). She is currently working in advisory capacity with the Chief Nursing Officer on Covid-19 surge planning.

Mr Alan Hunter who was appointed to the Authority on 30 October 2020 resigned from this position on 13 January 2022.

Appendix 5: Glossary

ALB	Arms' Length Body
ARAC	RQIA Audit, Risk and Assurance Committee
AUC	Assets Under Construction
BARC	RQIA Business, Appointments and Remuneration Committee
BSO	Business Services Organisation
CCaNNI	Critical Care Network Northern Ireland
CETV	Cash Equivalent Transfer Value
CHASNI	Care Homes Advice and Support Northern Ireland
COPNI	Commissioner for Older People Northern Ireland
CRL	Capital Resource Limit
DoH	Department of Health
DPA	Data Protection Act
EDM	Enforcement Decision Meeting
EIR	Environmental Information Regulations
EMT	RQIA Executive Management Team
eProc	Electronic Procurement System
FLO	Fraud Liaison Officer
FOI	Freedom of Information
FPM	Finance Process Manager
FTC	Notice of Failure to Comply with Regulations
FreM	Financial Reporting Manual
GDPR	General Data Protection Regulations
GP	General Practitioner
HRTPS	Human Resources, Payroll, Travel and Subsistence System
HSC	Health and Social Care
ICO	Information Commissioner's Office
ICT	Information Communication Technology
IFRS	International Financial Reporting Standards
IGG	RQIA Information Governance Group
IHCP	Independent Home and Care Providers
IiP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
ISCAS	Independent Sector Complaints Adjudication Service
ITS	BSO Information Technology Service
MHLD	Mental Health and Learning Disability
MPMNI	Managing Public Money Northern Ireland
NIAO	Northern Ireland Audit Office
NICCY	Northern Ireland Commissioner for Children and Young People
NIPSO	Northern Ireland Public Service Ombudsman
NNNI	Neonatal Network Northern Ireland
NOD	Notice of Decision to place conditions of registration
NOP	Notice of Proposal to place conditions of registration
OD	Organisational Development
ONS	Office of National Statistics
OPCAT	United Nations Optional Protocol for the Convention Against Torture
PAMP	Property Asset Management Plan

PDG	Personal Data Guardian
PFI	Private Finance Initiative
PPE	Personal Protective Equipment
PSA	Public Sector Agreement
QIP	Inspection report Quality Improvement Plan
RCP	Royal College of Physicians
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incident
SC	Serious Concerns meeting
SLA	Service Level Agreement
SoFP	Statement of Financial Position
SPAR	Supporting People at Risk



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street,
Belfast
BT1 4LS



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews