



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

# RQIA ANNUAL REPORT AND ACCOUNTS

1 April 2022 - 31 March 2023

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Any enquires regarding this document/publication or for details about the reuse of the information in this document please write to: RQIA, James House, 2-4 Cromac Avenue, Gasworks, Belfast, BT7 2JA; or email: [malachy.finnegan@rqia.org.uk](mailto:malachy.finnegan@rqia.org.uk).

This report is also available on RQIA's website at [www.rqia.org.uk](http://www.rqia.org.uk).

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## Chair and Members' Foreword



Christine Collins, MBE  
RQIA Chair

I am pleased, on behalf of the Authority, to present this Annual Report and Accounts for the 2022 to 2023 year.

It has been a year of considerable progress for The Regulation and Quality Improvement Authority (RQIA), in its journey of transition following the turbulence of the COVID period. This progress has been due to the efforts of many individuals; I should like to recognise in particular Suzanne Rice and Jacqui McGarvey, who served as Members from October 2020 to January 2023, and whose expertise and experience made an invaluable contribution to the development of RQIA.

This year has seen the development of RQIA's five-year Strategic Plan, in consultation with the public, elected representatives and stakeholders across the health and social care system. This engagement has reinforced the need for clarity around the role and responsibilities of RQIA; and for more, and better, dialogue and communication around key issues facing us all as we try to make our health and social care system the best it can be.

The Strategic Plan, and its Year One Management Plan, have been shaped and focussed by the views expressed in the consultation process. RQIA's day to day operations are already changing to reflect what was learnt. For example, the project to find a way of reporting publicly on RQIA's scrutiny of Children's Services, whilst protecting vulnerable service users and respecting their privacy, shows how genuine co-production can work to bring about real change and improvement, supported by those impacted.

Detailed work, undertaken to develop new ways to carry out for RQIA's core statutory functions, has demonstrated the need for change, in operational procedures, in resourcing and capacity, and in the statutory framework. The existing statutory framework is under ever increasing pressure from the pace of change in health and social care, locally and internationally.

Current operational and resource constraints, including scarcity of skilled staff and outdated IT systems make RQIA's task in discharging its statutory duties increasingly difficult.

New ways of providing services, and entirely new services, need a different, flexible, information led and risk based approach. Patients and service users have a right to effective protection; and the Department, service providers and their staff need sound, professionally based scrutiny of services and information in addressing the challenges they face.

This is even more important as we face the challenges of extremely tight budgets and increasing needs for services. We must work smarter to maintain standards and secure quality and safety.

Finally, I should like to publicly welcome the appointment of the new Authority Members, who bring significant experience and expertise from their previous roles, including in the Authority itself, to the task of providing leadership and strategic direction to the RQIA. I would also like to recognise and thank the RQIA's staff for their commitment and professionalism throughout the year. Above all, I would like to thank all those people in Northern Ireland who have contributed to the past year's progress through their energy and initiative in engaging with RQIA, whether by bringing forward concerns, or by participating in consultation or other events. You have made a difference; it may not be obvious, but it is real. Thank you!



**Christine Collins MBE**  
**Chair**  
**6 July 2023**

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## **SECTION 1**

# **PERFORMANCE REPORT**

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## PERFORMANCE OVERVIEW

The purpose of this performance overview is to provide a short summary of RQIA's purpose, the outcomes it is aiming to achieve, its objectives, its performance against delivering those objectives and the impact of and management of key risks.

### The Regulation and Quality Improvement Authority

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 (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 its 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 Core Purpose

To secure and to improve the safety and quality of health and social care services in Northern Ireland.

### RQIA Values

As the independent system regulator, RQIA's values are:

- Putting those impacted by the health and social care system at the heart of all that we do;
- Using evidence as the foundation for all our actions;
- Speaking and acting independently and with integrity; and
- Working in partnership with others.

Together with the shared HSC values of working together, excellence, openness and honesty, and compassion underpin all RQIA's actions and decisions.

### RQIA's Duties

- Keep the Department of Health informed about the provision of health and social care services, in particular their availability and quality;
- Encourage improvement in the quality of those services;
- Protect the interests of those with mental health conditions and learning disabilities; and

- Register, inspect, and enforce adherence to regulations and standards for service providers that fall within the scope of RQIA's statutory powers.

## **RQIA's Functions**

RQIA's functions include:

- Reviewing and reporting on clinical and social care governance in the HSC.
- 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 aimed at protecting 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.
- 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 whistle blow 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, families, carers, advocates 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 2022-23, in partnership with the wider HSC, RQIA continued to play 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.

Internally, RQIA's restructure was completed with three Directorates in place:

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

These are supported by RQIA's Business Services, and the Office of the Chair and Chief Executive has now been established.

Robust risk management processes are well embedded within RQIA, and are underpinned by appropriate training.

Looking ahead, RQIA, like the rest of the health and social care system is dealing with sharply increasing and varied demands at a time when capacity is restricted, especially in terms of skilled staff. The multiple Public Inquiries, in particular the ongoing Muckamore Public Inquiry, and their aftermath and increasing statutory obligations, notably the Mental Capacity (Northern Ireland) Act 2016 place additional inescapable pressures on staff and systems. The financial outlook for 2023-24 adds to the challenges. Under these pressures, the Authority is clear that we must not abandon oversight regimes, or adherence to quality standards. Neither can we shy away from firm regulatory action when necessary. These provide essential protections for the safety and well-being of service users, the public, and staff. Over the past year, we have worked to identify the additional capacity needed to meet the specific requirements set currently in the regulations governing our activities, especially in the social care and children's sectors, utilising our current methodologies.

However, the Authority is conscious that filling this gap in this traditional way would involve recruiting skilled staff; of which there is an exceptionally short supply, and a considerable financial investment. This could not be regarded as either efficient or effective. The Authority is therefore exploring a phased development process, managed within a constrained financial context, recognising the need for modernisation of IT and development of risk analysis methods, and for legislative changes (including updated Fees and Frequencies Regulations) to enable and support a modernised approach to sustain quality and drive improvement through regulatory oversight. This pragmatic, intelligence-led and risk-based approach is aimed at moving, over a five-year period, through digital transformation to a new IT enabled, knowledge and risk-based operational model, and an effective, enabling set of relationships across key stakeholders.

The Authority believes that the updated partnership approaches which we are working to develop with a range of regulators, coupled with a modernised ICT system and analytics leveraging professional, informed judgement, will deliver an information-led, agile and risk-based methodology. This is essential if we are to overcome the systemic challenges and work together to bring about improvement in the quality and availability of services. Our clear focus is on driving improvement in service availability, safety and quality. Key to this is accurate, timely and connected information and its management; and effective engagement and communication.

## **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 current economic situation and legacy of the Covid-19 pandemic, the outlook for 2023-24 and beyond remains constrained, particularly in respect of resource funding.

On an ongoing basis, RQIA continues to undertake robust 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

RQIA notes that sufficient staff, with the required skills and experience, are required to deliver RQIA's statutory duties as set out under the 2003 Order, the 1986 Order, and other legislation. RQIA has undertaken a substantial review of the workforce capacity and demand. As a result, a strategic outline case identifying the need for workforce investment to meet statutory requirements for frequency of inspections of registered services was submitted to the DoH in August 2022; and a business case in respect of funding for the duties under the Mental Capacity Act was submitted in January 2023. There has also been discussion with DoH on the need for an update of the current founding legislation, established in 2003 and of the 2005 Fees and Frequency regulations which have not been updated since 2003 and 2005 respectively.

## Strategic Overview

During 2022-23, RQIA developed its corporate Strategic Plan 2022-28, which was approved by the Authority in March 2023, following public consultation. The Strategic Plan includes four strategic objectives:

- Scrutiny: register, inspect, report and enforce;
- Improve: safety and quality;
- Build: partnerships to strengthen safety; and
- Inform: service transformation.

These are underpinned by three enabling priorities:

- Excellence in collective leadership and effective governance;
- Develop a confident, competent, supported and enabled workforce; and
- Ensure effective management of our resources, including Finance, Information Technology and Accommodation.

Actions from the previous year's Management Plan were carried forward for delivery into 2022-23, along with new actions from the Strategic Plan.

## 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 2022 to 31 March 2023.

During this time, key achievements include:

The 2022-23 year has seen some continued impact of the Covid-19 pandemic and, in the latter part, a journey towards normalising arrangements for health and social care provision, including our associated work in regulation, inspection and reporting.

All of our inspections were delivered through physical inspection at the service, including care homes, children's homes, dentists and independent hospitals, as well as within the health and social care hospitals and statutory services provided by the HSC Trusts.

- A total of 1,722 inspections were completed during 2022-23, including registered services and the statutory services provided by the HSC Trusts.
- The majority of inspections were unannounced, 79% across all services, and when we look at services excluding Dental Practices, it is 88% that are unannounced. Our inspections of Dental Practices are largely announced to ensure time is available between patient appointments for our Inspectors to speak with the staff and examine information about standards.
- We inspected all Nursing Care Homes and Residential Care Homes, of which there are 472, at least once in this year, and 49% of the Care Homes, were inspected on two or more occasions during the year. Inspection Reports are published on our website.
- All Children's Homes were inspected once, of which there are 48, and 63% were inspected on 2 or more occasions during the year.
- There are 51 Mental Health and Learning Disability inpatient wards across the region and we inspected almost half of these this year, with some wards visited by inspectors more than once during the year.
- We take actions to require services to improve where we find regulations or standards are not being met and also take enforcement action across a range of services.

- We recorded 3,485 concerns during the year, which is a small increase from last year. We will continue to raise awareness of how to contact us where patients, families, carers and staff can bring their concerns about services to our attention. Just over one hundred of these were from staff working across health and social care. Staff can make a safe disclosure to RQIA, under Whistleblowing arrangements and we will use this as part of intelligence about safety and quality of services.
- We continued to contribute to the National Preventive Mechanism (NMP). We are one of four organisations in Northern Ireland (and 21 nationally) designated as a NPM by the UK government to ensure the protection of the rights of all those in places of detention.
- RQIA has a budget of £9.65m, £8.52m of this comes from government through the Department of Health, and £1.13m from fees we charge to services that are required to register with us. We employ 131 staff. During the year, 15 members of staff left RQIA and 32 new staff joined the organisation to support its regulatory, inspection and administrative work.
- Through our Annual Management Plan we used our resources and statutory powers to undertake our role within these constraints. Additional work was prioritised in line with priorities and available resources.
- During 2022-23 we published the findings and made recommendations in relation to an Expert Review of Records of Deceased Patients (Neurology). We will take forward the recommendations from this important work into 2023-24.
- Earlier in 2022-23 we published the Review of the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland. We will continue to offer our support to develop a new system, based on coproduction, to ensure the health and social care system has an effective process for identifying and applying learning when things go wrong.
- RQIA continued to work on strengthening partnership arrangements with a range of organisations. This is an important part of our strategic priorities, to optimise opportunities for collaborating to share information about service safety and quality.
- We undertook two public consultations. One related to the plan to publish inspection reports relating to children's services. The plan for publication came from a task and finish group that involved key stakeholders to consider how best to do so, while mindful to privacy of those directly affected and public interest. The outcome of the consultation and plans for the way ahead is now published on our website.

- As we look ahead into 2023-24 our Strategic Plan (2022 to 2028), which we had consulted on during 2022-23, sets out the priorities for the foreseeable future. Our Management Plan for 2023-24 highlights the aspects of it that we plan to achieve in the year ahead. We will report progress on that through our quarterly performance and activity reports, and at our Authority meetings across the year.

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**  
**6 July 2023**

# RQIA Annual Report 2022-23 Key Statistics



## Corporate Information



**Budget - £9.65m**



**£8.52m** revenue resource limit (DOH funded)

**£1.13m** other income, including fees

During the year **32 new staff** joined RQIA

## Staffing



**131 staff** (123.84 whole time equivalent)

Staff Turnover: **12.74%**

**74% Female / 26% Male**

average staff absence rate of **4.10%** against a regional key performance indicator of **6.18%**

## Information Requests

**93** Media responses

**55** Freedom of Information requests

**12** Subject Access requests



## Complaints About RQIA

During 2022-2023, **11** complaints were received about RQIA, which were all managed in line with the regional complaint process. Complaints were received about RQIA carried out its oversight of health and social care services; contact about RQIA's role in the review of neurology services; registration functions; and complaints about inspection processes.



## Website



During 2022-23 RQIA's website received around **200,000** visitors. Our most visited pages were Inspection reports; guidance on RQIA's Web Portal for Providers; and details of our Enforcement Activity throughout the year.

# Inspections

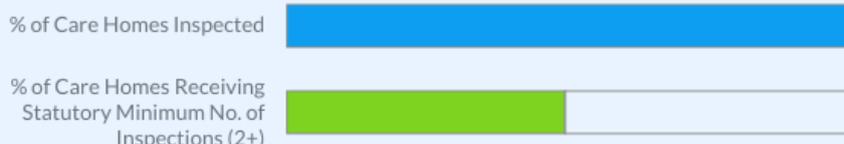
1,722 Inspections conducted by RQIA during 2022-23



**9** Acute Hospitals inspected

## Care Homes

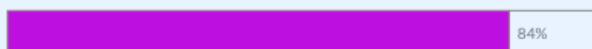
100% of all operational care homes were inspected  
49% had received the statutory minimum of inspections (2+)



**13**

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

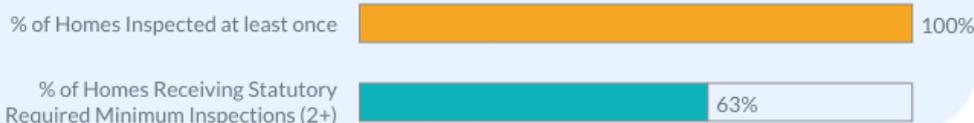
## Domiciliary Care Agencies, Nursing Agencies, Adult Placement Agencies & Day Care Settings



84% of these services inspected at least once

## Children's Homes

100% inspected at least once  
63% received the statutory required minimum inspections (2+)



**202**

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



15% of children's homes inspections out of hours



24% of adult care homes inspections took place out of hours

# Inspections

## Dental Practices, Independent Clinics, Independent Medical Agencies and Independent Hospitals

75% of Independent Healthcare Services were inspected at least once



45% of Dental Practices were inspected at least once\*



\*NB. The requirement from 1 April 2022 is for dental practices to be inspected once every two years

## Mental Health and Learning Disability

48% of Mental Health and Learning Disability Wards inspected at least once



### Mental Health (NI) Order 1986

During the year, RQIA reviewed **8,104** assessments forms and **1,106** detention forms



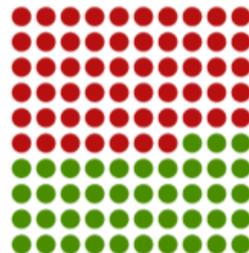
90% of SAI Reports were reviewed within 7 days of receipt

### Serious Adverse Incident (SAI) Reports

160 reports were received in relation to mental health patients/services



## Reporting



43% of inspections resulted in no requirements or recommendations for improvement

## Registration



1,555 services were registered with RQIA  
1,829 registration applications were received

## Concerns

**3382**

contacts/concerns were recorded and individually case managed



45% of these calls related to Nursing and Residential Care Homes



In 2022-23 93% of concerns were non-Covid related

## Whistleblowing

103 whistleblowing disclosures were made to RQIA by current staff from a range of statutory and independent health and social care settings



## Enforcement

**173** Enforcement Decision Meetings (EDMs) took place in 2022-23, resulting in:

- 31** Serious Concerns Meetings
- 26** Failure to Comply Notice Intention Meetings
- 18** Notice of Proposal Intention Meetings
- 3** Improvement Notice Intention Meetings
- 1** Escalation Meeting
- 8** Decision Making Panel Meetings

During 2022-23, RQIA commenced enforcement action against a range of services:



■ Nursing Home    ■ Nursing Agency  
■ Children's Home    ■ Domiciliary Care Agency  
■ Residential Care Home    ■ Day Care Setting

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## **PERFORMANCE ANALYSIS**

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## Performance Analysis

The purpose of this Performance Analysis is to provide a detailed view of RQIA's performance during 2022-23.

## Regulation of Health and Social Care Services

In line with service-specific legislation and standards set by the Department of Health, RQIA registers and inspects a wide range of health and social care services. Some services are required to register with us and pay RQIA a fee for registering and an annual fee thereafter. These 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

In Northern Ireland service that are listed under Part III of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) must be registered by RQIA before they can legally operate. Prior to registration, each application is subject to a rigorous examination process to ensure the service provider and manager can demonstrate a clear understanding of the requirements of relevant regulations and standards, and that the proposed service meets these requirements. During 2022-23, RQIA received 1,829 registration applications, which included requests to register services and managers, or to vary, amend or cancel an existing registration.

Registration applications are 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, 1,815 registrations were completed including: 137 service applications, 347 manager applications and 239 applications to vary existing registrations.

### Frequency of Inspection

Under Part III of the Order 2003 – Regulation of Establishments and Agencies, and in line with The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 (as amended), RQIA is required to inspect every nursing home, residential care home and children's home at least twice each year; private dental services once every two years, voluntary adoption agencies once every three years and all other registered 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 capacity and resource shortfalls, RQIA has advised the Department of Health of its adoption of a risk-based approach to inspection, focusing on areas of risk brought to our attention through information we receive. Under this approach all care homes have at least one physical inspection per year; those that are identified at greater risk are monitored closely and may be visited more often.

**Table 1: Services Registered Under Part III of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 – Regulation of Establishments and Agencies (2022-23)**

Service Type	Registered as at 31.03.2023	Change since 01.04.2022
<b>Agencies and Day Care</b>	<b>547</b>	<b>+6</b>
Adult Placement Agencies	5	+1
Domiciliary Care Agencies	300	-2
Nursing Agencies	77	+10
Day Care Settings	165	-3
<b>Care Homes</b>	<b>472</b>	<b>-5</b>
Nursing Homes	242	-4
Residential Care Homes	230	-1
<b>Children's Services</b>	<b>52</b>	<b>-</b>
Children's Homes	48	-
Voluntary Adoption Agencies	3	-
Residential Family Centres	1	-
<b>Independent Healthcare</b>	<b>484</b>	<b>+22</b>
Independent Clinics	10	+3
Independent Hospitals	88	+16
Dental Practices	378	+3
Independent Medical Agencies	8	-
<b>Grand Total</b>	<b>1,555</b>	<b>+23</b>

Under Part IV of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 – Quality of Health and Personal Social Services, RQIA also provides the Department of Health with assurance of the quality of care, against The Quality Standards for Health and Social Care (2006), in relation to a range of services, which are not required to register with RQIA under legislation (see Table 2 below).

**Table 2: Services Subject to Quality Oversight Under Part IV of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 – Quality of Health and Personal Social Services (at 31 March 2023)**

<b>Service Type</b>	<b>Number of Services as at 31.03.2023</b>
<b>Hospitals</b>	
HSC Hospitals	29
<b>Mental Health &amp; Learning Disability (MHL D)</b>	
MHL D Facilities	51
<b>Independent Healthcare</b>	
Services using Ionising Radiation Treatments	63
<b>Children’s Services</b>	
School Boarding Departments	4
Young Adult Supported Accommodations	23
Child and Adolescent Mental Health Facilities (CAMHS)	3
<b>Secure Settings</b>	
HM Prisons	5
Police Custody Suites	1
<b>Grand Total</b>	<b>179</b>

## Inspections

RQIA’s inspections of regulated services are undertaken in line with Part III of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and its associated service-specific regulations and standards.

Under Part IV of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and a range of other legislation, standards and guidance, RQIA inspects and has oversight of Mental Health and Learning Disability services; services using ionising radiation treatments; Children’s services; and health care in secure settings including prisons and police custody suites.

RQIA’s inspection teams comprise experienced nurses, social workers, pharmacists, estates and finance officers, who assess a range of aspects of service provision and delivery.

In advance of every inspection, inspectors review information held on RQIA's i-Connect information management system about that service's regulatory and inspection history. This includes a wide range of intelligence: statutory notifications from the service relating to specific categories of incidents which may have occurred; details of serious concerns or enforcement action; complaints or compliments from service users, their families or advocates; whistleblowing from staff members; information from other statutory organisations such as HSC trusts, the Patient and Client Council, the Commissioners for Older People and for Children and Young People.

During 2022-23 RQIA undertook a total of 1,722 inspections, compared to 1,732 in 2021-22, and 1,549 in 2020-21.

In its inspections of these services, the majority of which are unannounced (79% compared to 67% in 2021-22). 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.

During each inspection we consider the quality of leadership and management within each service, 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 where possible, inspectors also speak with carers, friends and relatives about their experience of the services they receive.

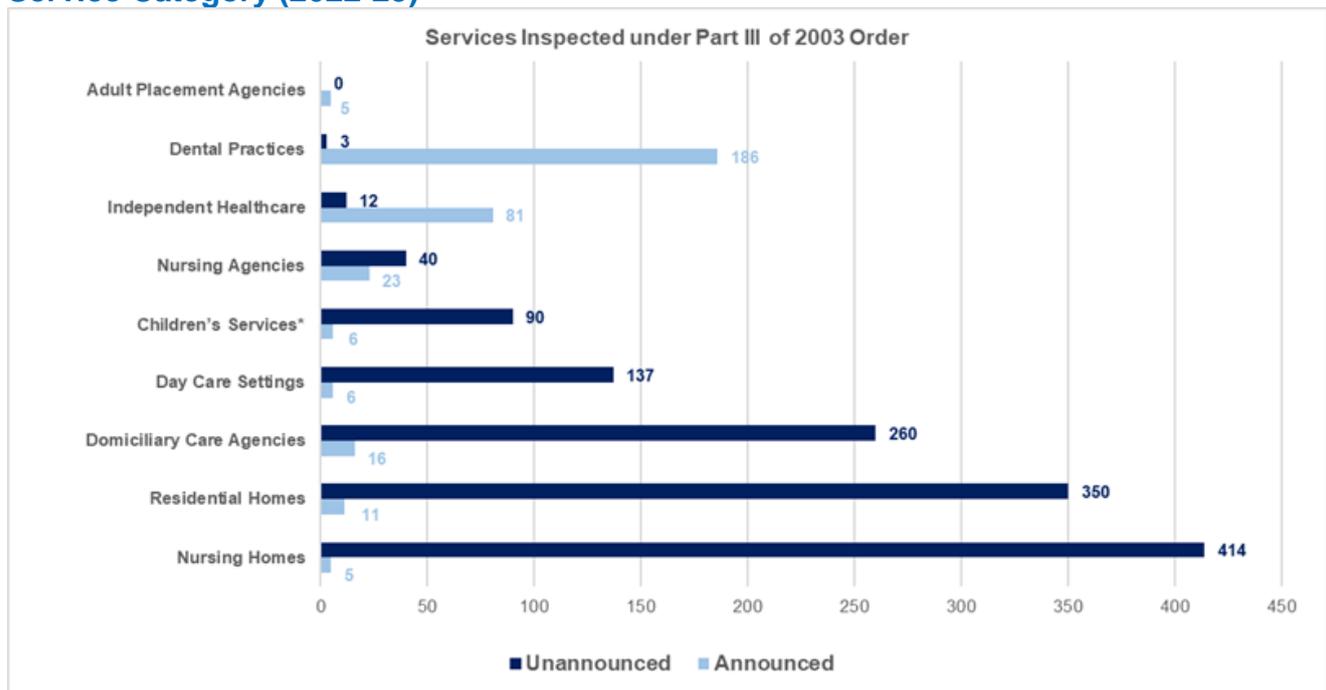
During 2022-23, we commenced a project to recruit inspection support volunteers to work alongside inspectors to capture the experiences of service users. This approach will be piloted during 2023-24.

While Covid-19 restrictions during the year continued to impact 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.

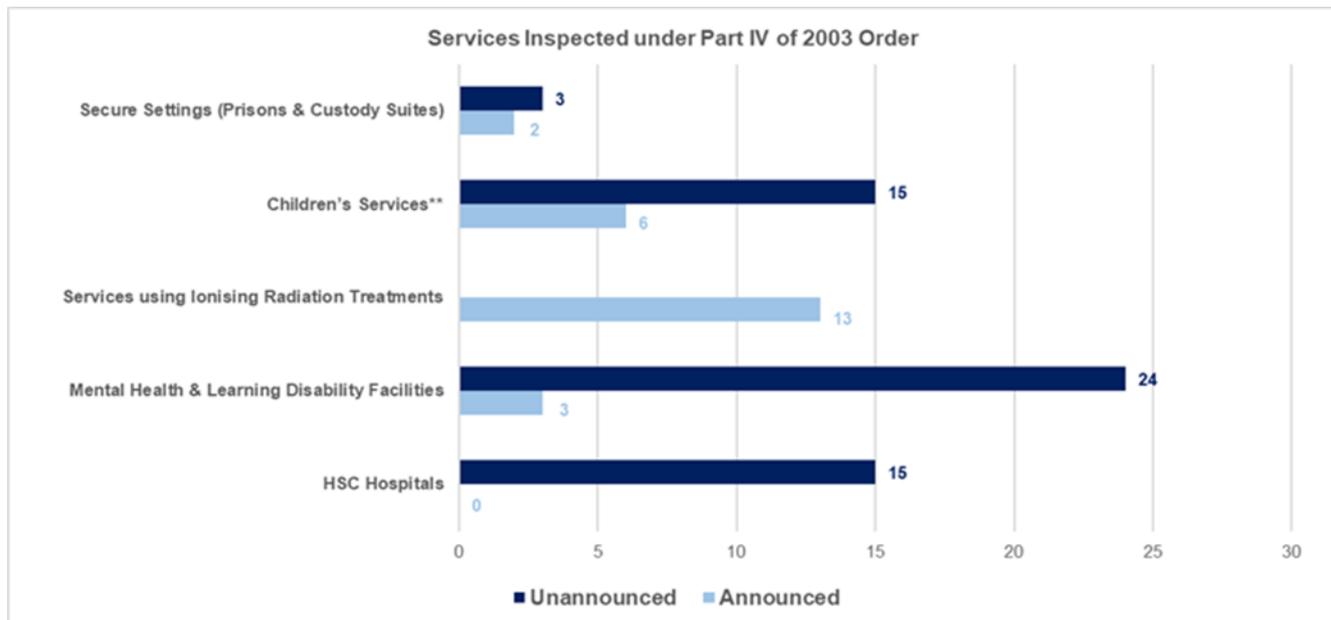
To ensure compliance with Covid-19 guidance and to safeguard those living and working in these services, RQIA's inspectors utilised appropriate personal protective equipment (PPE) and followed relevant infection prevention and control guidance.

**Figure 1: Number of Services Inspected under Part III of 2003 Order by Service Category (2022-23)**



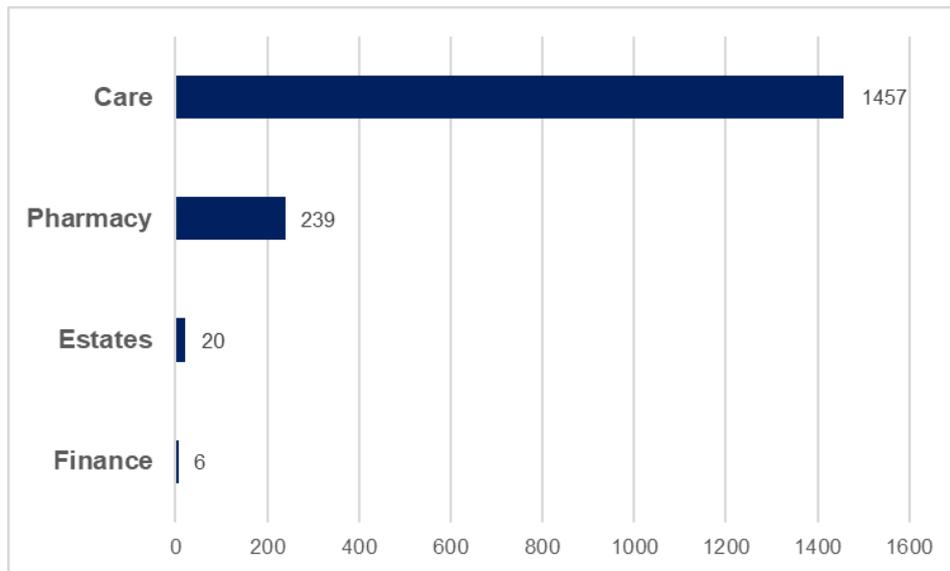
\* Children's Homes, Residential Family Centres and Voluntary Adoption Agencies

**Figure 2: Number of Services Inspected under Part IV of 2003 Order by Service Category (2022-23)**

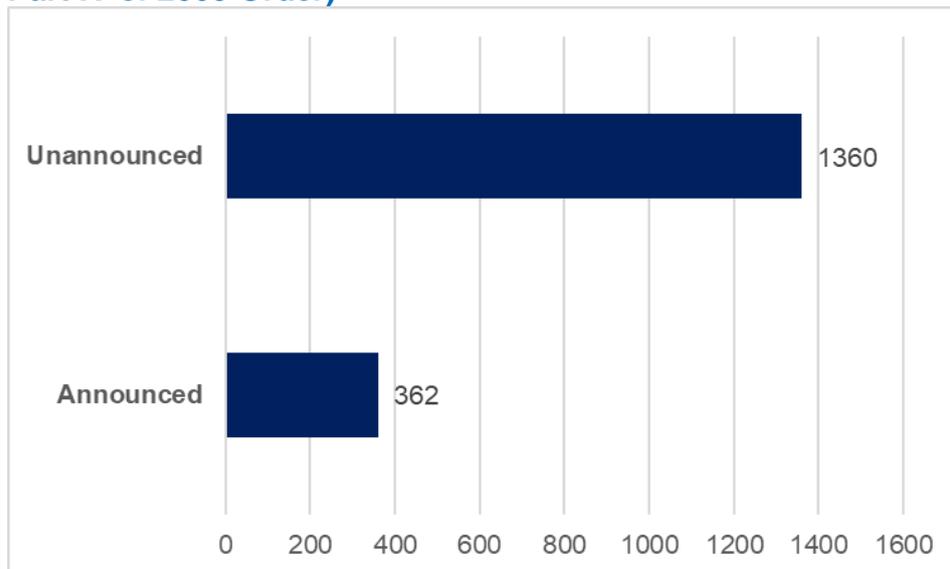


\*\* School Boarding Departments, Young Adult Supported Accommodation, Child and Adolescent Mental Health Services (CAMHS)

**Figure 3: Inspections by Discipline during 2022-23 (Under Part III and Part IV of 2003 Order)**



**Figure 4: Announced vs Unannounced Inspections (Under Part III and Part IV of 2003 Order)**



## Informing Inspections

### Notifications

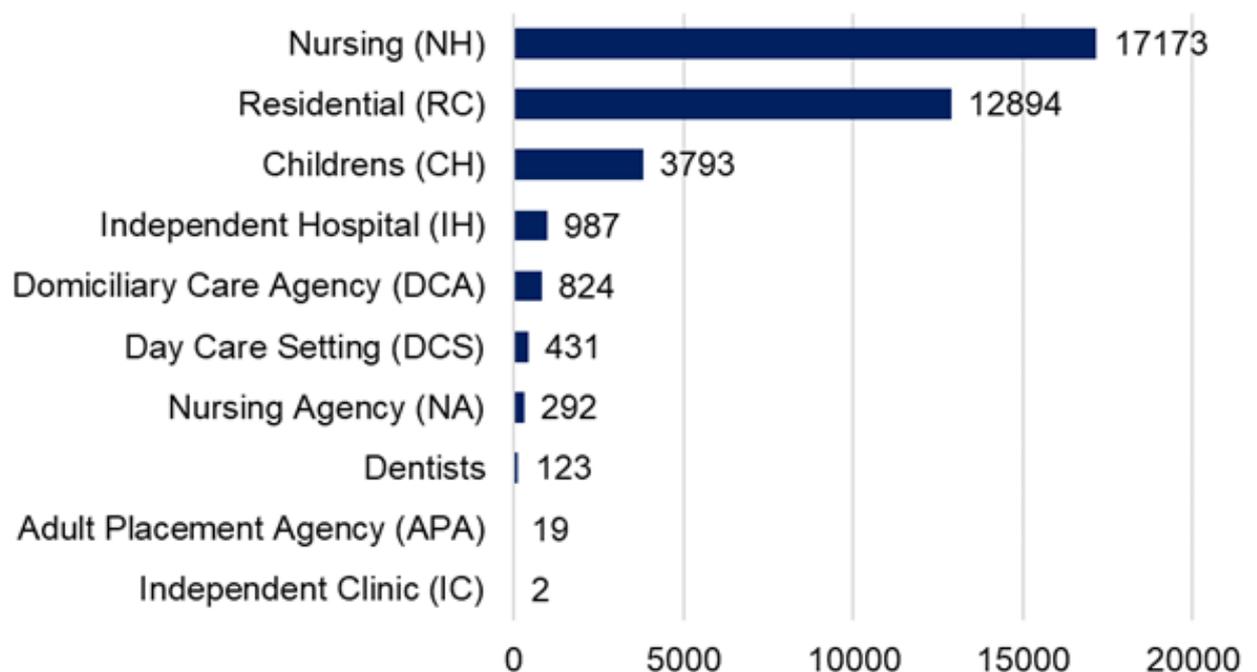
The primary means of communication between RQIA and service providers for issues relating to inspections and for notifications is via a secure online web-based portal. There are almost 5,300 registered users on this system – including service providers and managers.

Every registered provider is required to notify RQIA where 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
- misconduct.

During the year, 36,538 notifications were submitted to RQIA via this portal in relation to services registered under Part III of the 2003 Order (see Figure 5). 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 5: Notifications by Service Type 2022-23**



## Safeguarding

RQIA receives information in relation to safeguarding issues in registered services under Adult Safeguarding Prevention and Protection in Partnership (Department of Health, Department of Justice, July 2015).

While RQIA is not required to be notified of safeguarding allegations or incidents in services under Part IV of the 2003 Order, RQIA has powers under the Order to request information to assist us to carry out our work.

Since 2019, RQIA has required the Belfast HSC Trust to notify us about safeguarding allegations or incidents in relation to Muckamore Abbey Hospital.

In each case where we receive information on safeguarding allegations or incidents, these are recorded and followed up in line with this safeguarding guidance. RQIA does not investigate safeguarding issues, but does actively participate in investigations led by HSC trusts and/or the Police Service of Northern Ireland, acting on any regulatory aspects that are identified as part of that investigation.

Registered providers are required as part of the notification system to advise RQIA of safeguarding and or staff misconduct incidents.

The table below provides a breakdown of the number of safeguarding notifications recorded by service type.

**Table 3: Safeguarding Notifications by Service Type: 2022-23**

<b>Service Type</b>	<b>Number of Notifications</b>
Nursing (NH)	793
Residential (RC)	472
Domiciliary Care Agency (DCA)	108
Day Care Setting (DCS)	61
Children's (CH)	54
Nursing Agency (NA)	13
Adult Placement Agency (APA)	6
Independent Hospital (IH)	1
<b>Grand Total</b>	<b>1,508</b>

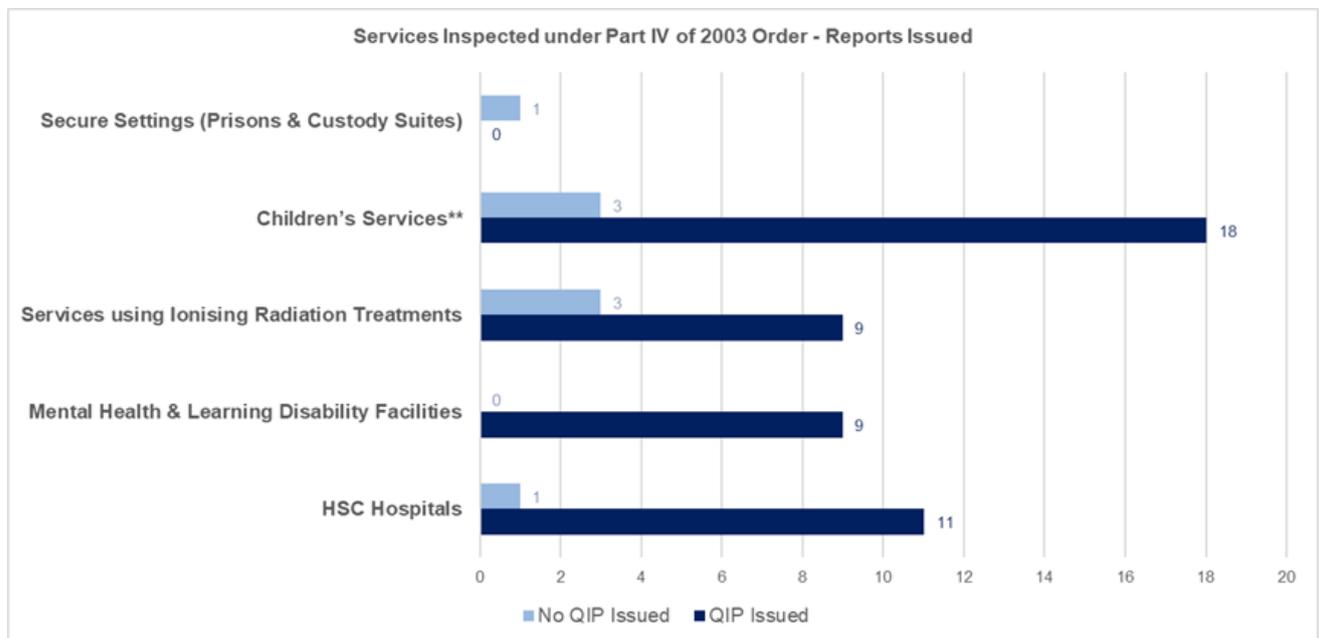
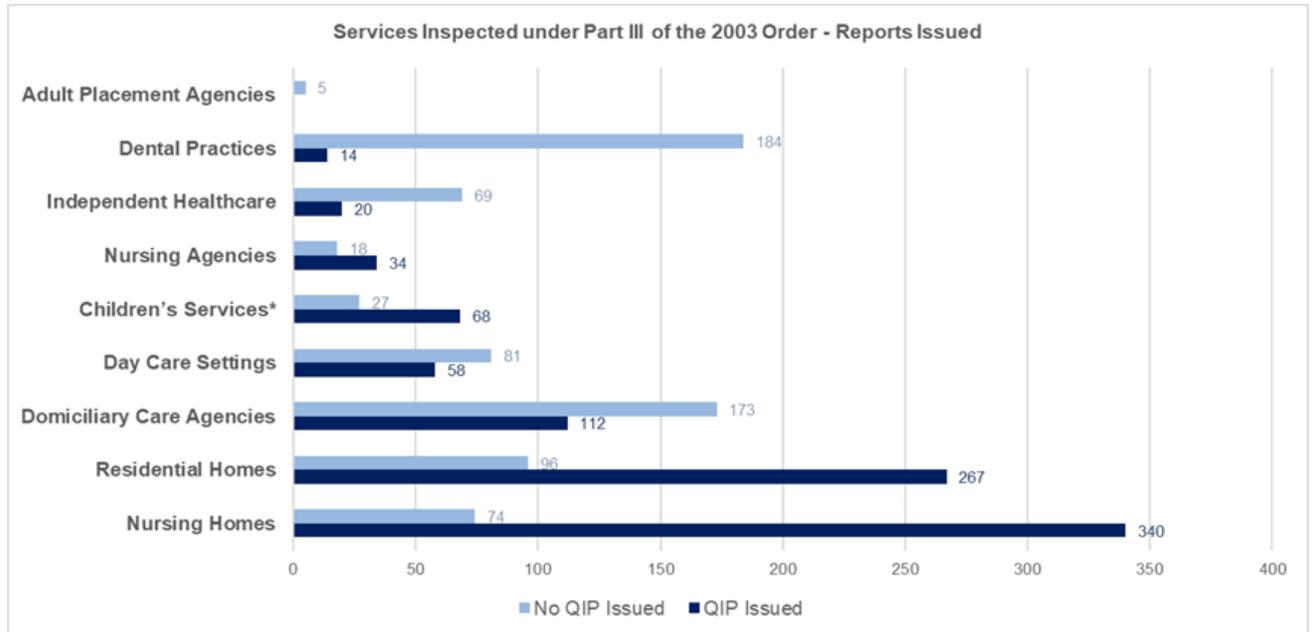
## Outcome of Inspections

At the end of each inspection RQIA provides verbal feedback to the management of the service, highlighting areas of good practice and issues that require immediate attention. This is followed up by a formal written report. Where an inspection involves care, pharmacy, estates and/or finance inspectors, a combined report is produced. Where a service does not meet 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. In addition, an enforcement notice may be issued.

RQIA reports that the outcome of 735 inspections (43%) 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 a slight decrease from 45% of inspections in 2021-22.

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

**Figure 6: Inspection Report Outcomes 2022-23**



Key: QIP: Quality Improvement Plan

## Enforcement

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

This is determined at an internal enforcement decision meeting (EDM), which involves the inspector for the service, senior inspectors and the assistant director. Throughout this process, RQIA's decision-making places a clear focus on the safety of those in receipt of the service.

Where the issues do not meet the threshold for issuing a formal enforcement notice, a "serious concerns" meeting is held with the service provider. Here RQIA details the concerns and sets out actions required by the management of the service to address these issues, within clearly defined timescales. RQIA assesses the service's progress through a follow-up unannounced inspection.

Where more serious concerns have been identified RQIA holds an "intention to take enforcement action" meeting 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.

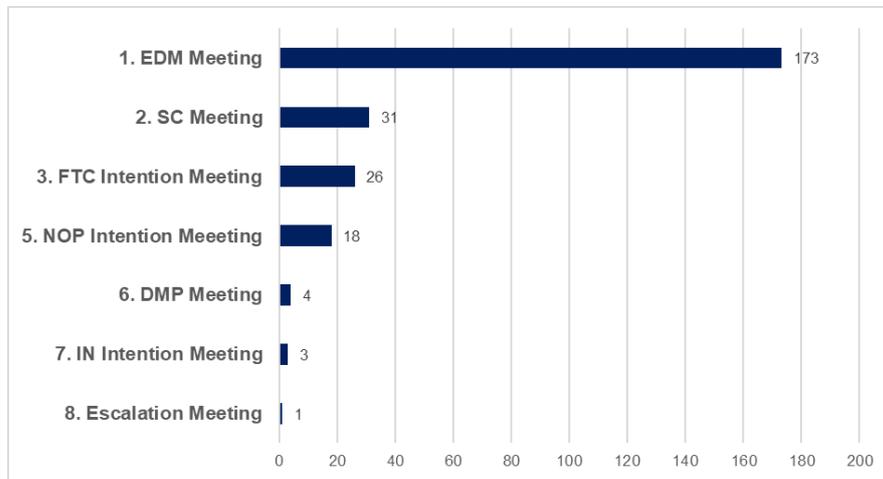
Where a provider is unable to provide assurances of their ability to address the concerns highlighted, RQIA may issue one or more enforcement notices. These may include:

- improvement notices
- notices of failure to comply with regulations
- a notice of proposal to place conditions on the registration of the service which may include deregistering a service or provider
- immediate action through an urgent Order from a Justice of the Peace.

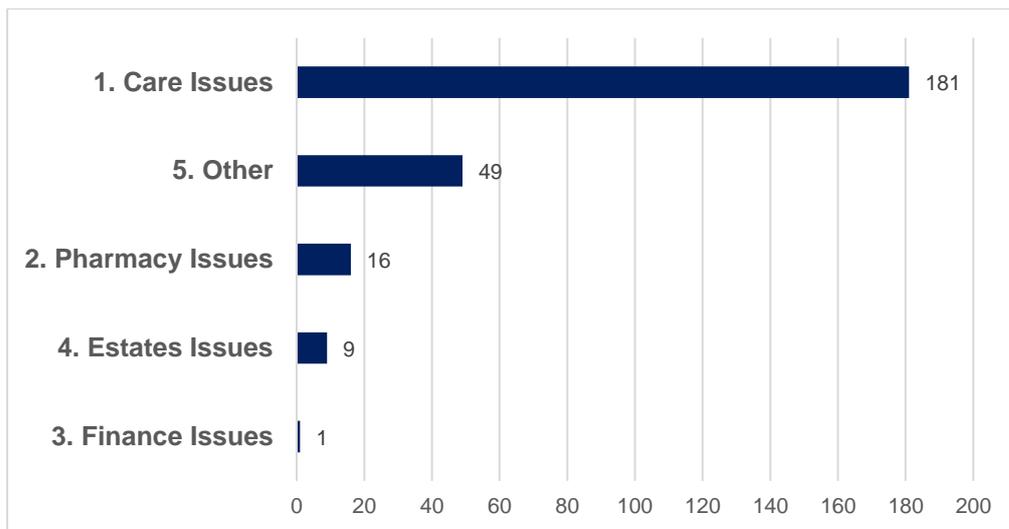
During 2022-23 RQIA held 173 internal EDMs to determine the actions required to address identified concerns. This is an increase from 141 EDMs the previous year. As a result, 32 serious concerns and escalation meetings were held (42 in 2021-22); and 47 intentions to take enforcement action meetings (62 in 2021-22).

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

**Figure 7: Enforcement Meetings during 2022-23**

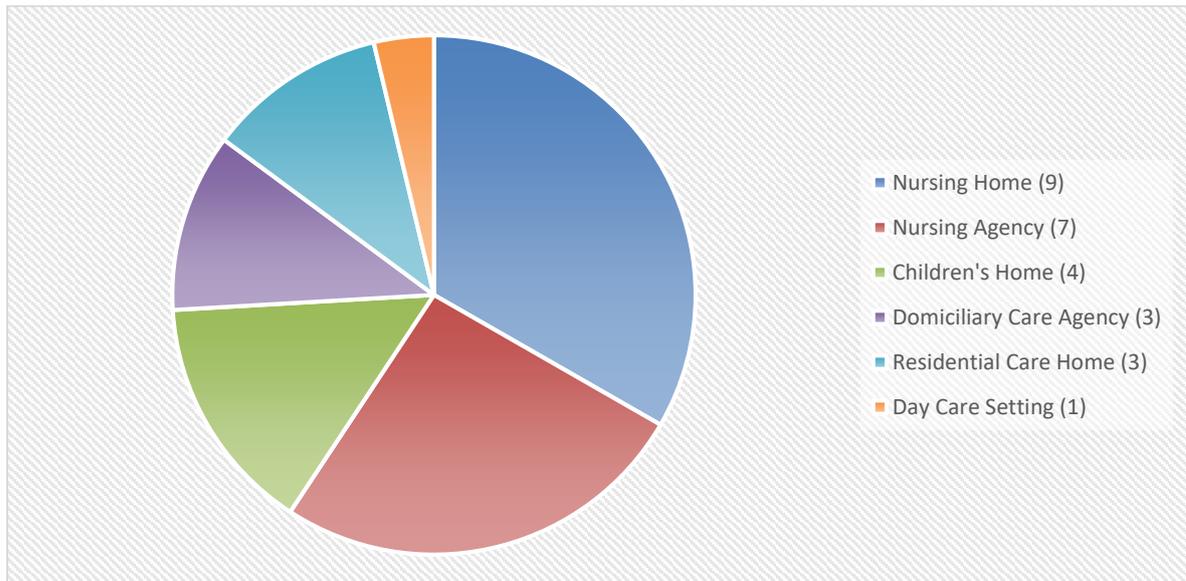


**Figure 8: Enforcement Meetings during 2022-23 by Issue Type**



During 2022-23 RQIA initiated enforcement action on 26 occasions across a range of registered services. The majority of this action involved issuing enforcement notices to ensure concerns at a service were appropriately addressed in a timely manner. (See Appendix 2 and 3 for further details.)

**Figure 9: Enforcement Action by Service Type 2022-23**



RQIA also took actions in relation to the quality of services provided by HSC Trusts under Part IV of the 2003 Order.

These included: an improvement notice issued to South Eastern Health and Social Care Trust relating to the mixed model of care and the ward environment at Ward 27, Downshire Hospital; and two improvement notices to the Western Health and Social Care Trust in relation to adult safeguarding and incident management, and care and treatment arrangements at Lakeview Hospital.

### **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
- action to deregister the service or provider (for registered services)

The most significant of these powers relating to registered services is the deregistration of a service or provider. This has very significant consequences for service users, families, staff and for a provider, as the service must cease to operate.

During 2022-23, RQIA moved to cancel the registration of five 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 two nursing agencies, a domiciliary care agency, a nursing home, and a children's home.

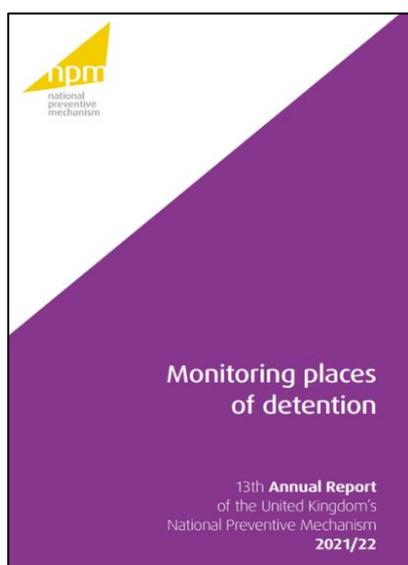
RQIA also moved to place conditions on the registration of five non-operational services (two domiciliary care agencies, two nursing agencies and one children's home) requiring that they must not become operational without prior approval from RQIA

Further details of RQIA's enforcement actions during 2022-23 are included at Appendix 2 and 3.

## Human Rights

RQIA places a clear focus on protecting the human rights of all those using health and social care services across Northern Ireland, with a human rights-based approach adopted across our inspections and review programme. This aims to ensure 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. This approach is supported with focused mandatory Human Rights training for all RQIA staff, providing an overview of relevant human rights standards, and standards, tools and methodologies for those involved in delivering RQIA's inspection programme.

RQIA is designated as a body within the National Preventive Mechanism (NPM) by the UK government, 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. In these setting, RQIA monitors the treatment of and conditions for detainees and makes recommendations to support improvements in these settings.

During 2022-23 work commenced on the establishment of a Northern Ireland National Preventive Mechanism sub-group, comprising RQIA, Criminal Justice Inspection Northern Ireland, the Independent Monitoring Board and the Custody Visiting Scheme, to strengthen the protection of people in detention through partnerships across member organisations.

The Mental Capacity Act (Northern Ireland) 2016 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.

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**REGULATION ACTIVITY 2022-23**

**SERVICE FOCUS**

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## Care Homes

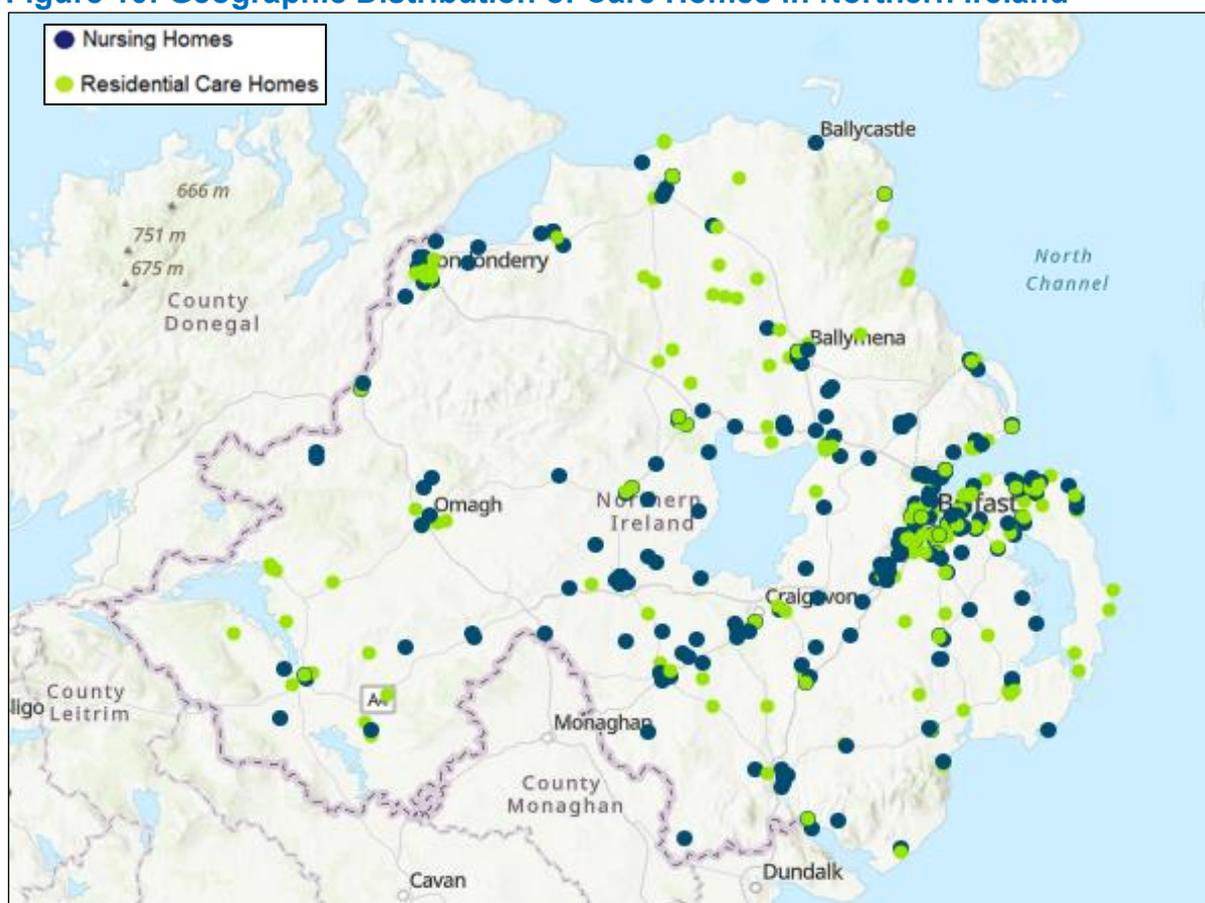
All care homes in Northern Ireland are required to register with RQIA. At the end of March 2023, there were 472 care homes registered with RQIA, both nursing and residential. Approximately 16,000 residents are accommodated in care homes across Northern Ireland.

**Table 4: Registered Care Homes at 31 March 2023**

Type	2018	2019	2020	2021	2022	2023
Nursing	248	248	248	248	246	242
Residential Care	209	232	235	233	231	230
<b>Total</b>	<b>457</b>	<b>480</b>	<b>483</b>	<b>481</b>	<b>477</b>	<b>472</b>

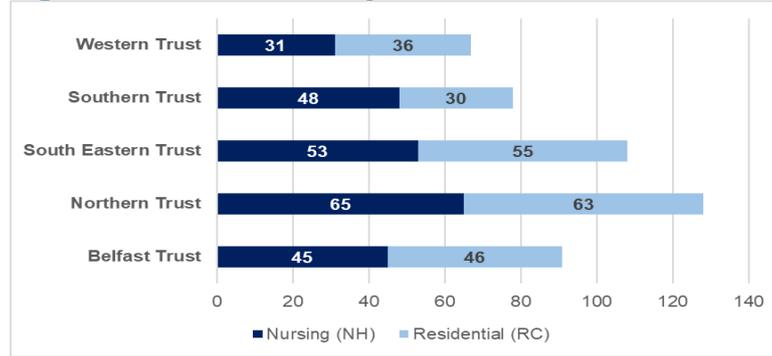
There are 242 care homes registered as nursing and 230 registered as residential. The map below shows their locations across Northern Ireland.

**Figure 10: Geographic Distribution of Care Homes in Northern Ireland**



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 11: Care Homes by Trust Area at 31 March 2023**



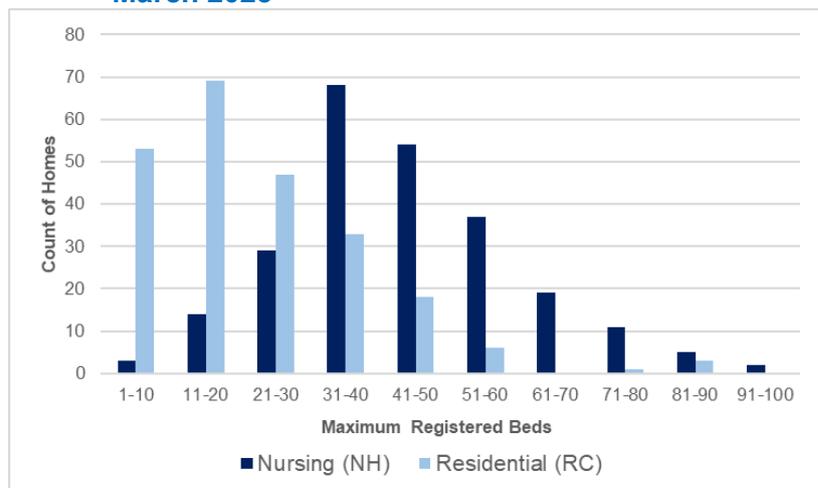
There is a clear disparity in the geographical distribution of care homes between the eastern and western areas of Northern Ireland. RQIA works closely with the Western HSC Trust around care home availability. The number of care homes has remained broadly steady over the past five years. However, RQIA has noted a very slight reduction in the overall number of care homes, some providers citing the impact of the current economic climate. In addition, there was a small reduction in service applications in respect of registering a new care home with RQIA.

**Table 5: Maximum Approved Beds in Care Homes from 2018 to 2023**

Type	2018	2019	2020	2021	2022	2023
Nursing	11,362	10,684	10,799	10,735	10,706	10,605
Residential Care	4,643	5,208	5,294	5,288	5,280	5,280
<b>Total</b>	<b>16,005</b>	<b>15,892</b>	<b>16,093</b>	<b>16,023</b>	<b>15,986</b>	<b>15,885</b>

**Figure 12: Frequency Distribution of Maximum Approved Beds per Home at 31 March 2023**

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

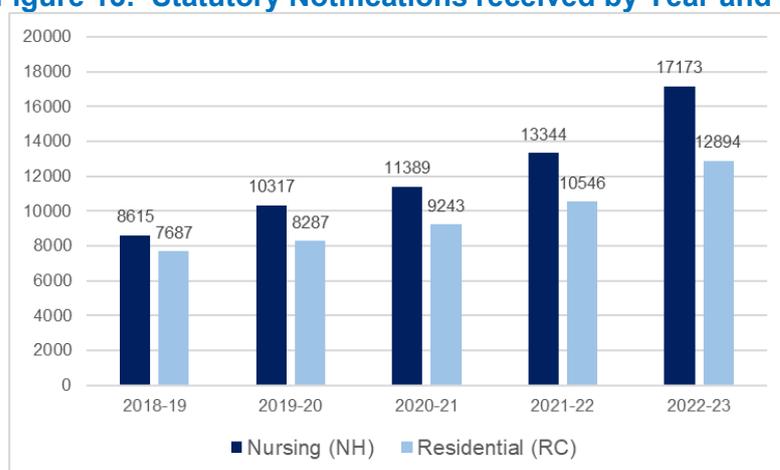


Care homes vary in the type of care provided, including care for the elderly; learning disability; dementia; mental disorder; physical disability; drug / alcohol dependence; terminal illness; and sensory impairment. Each home has a statement of purpose describing the type of care it is registered to provide. As outlined in Figure 12 above care homes range from small two bedded facilities up to 100 beds.

## 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.

**Figure 13: Statutory Notifications received by Year and Care Home Type**



Across both nursing homes and residential care homes, the number of notifications received has increased from 16,302 in 2018-19 to 30,067 in 2022-23, a 84% increase over this 5 year period.

## Most Frequent Notifications

During 2022-23, the four notification types which were reported most often were:

- accidents in nursing and residential homes
- 'other events' in nursing and residential homes
- deaths in nursing homes
- injuries in nursing homes.

Notifications are assessed on receipt by the inspection team and data from notifications is reviewed by the inspector prior to inspection for themes and trends and to help to guide the focus of the inspection. RQIA inspectors monitor the frequency of reporting from each care home and may undertake enquiries when there is a notable change. An increase in notifications is not necessarily an indicator for concern. It may 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.

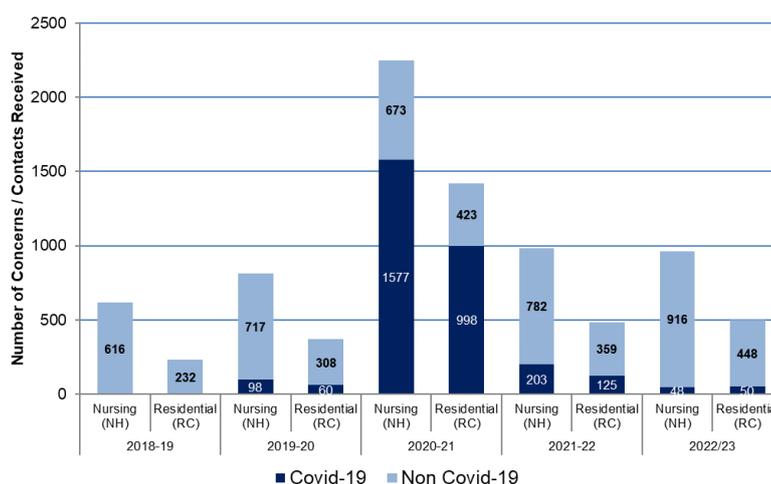
New categories and sub-categories have been introduced to our reporting systems to improve the detail of the information we hold, for example: safeguarding, Serious Adverse Incidents (SAI), falls. Guidance for providers was updated to reflect the changes. This has enabled RQIA to track the notification of safeguarding and SAI investigations more effectively and identify any trends to inform inspection and regulatory action.

## Concerns

The term “concern” refers to any information pertinent to RQIA’s functions which RQIA becomes aware of, that is not captured through any other business or regulatory process. They can come to our attention from: telephone calls or emails from service users, families or staff; serious adverse incidents; Department of Health early alerts; or whistleblowing allegations. Contacts from service staff looking for advice are also recorded within the concerns data.

**Figure 14: Concerns by Home Type and Covid-19 from 2018-19 to 2022-23**

From 2018-19 to 2022-23, there has been an increase in the number of concerns and contacts received. The notable increase in 2020-21 was as a result of the regional HSC response to the Covid-19 pandemic issues.



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

During 2022-23, of the 1,569 contacts received:

- 54% (853) were from care home managers or current/former staff; (around one third of these contacts related to care home managers/staff seeing advice from RQIA)
- 27% (424) from service users, their relatives or members of the public; and
- 18% (292) 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.

Our system for recording concerns has been updated to reflect adult safeguarding referrals made by RQIA and others. This enables the inspector to use the intelligence when preparing for inspection and to track the outcomes

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

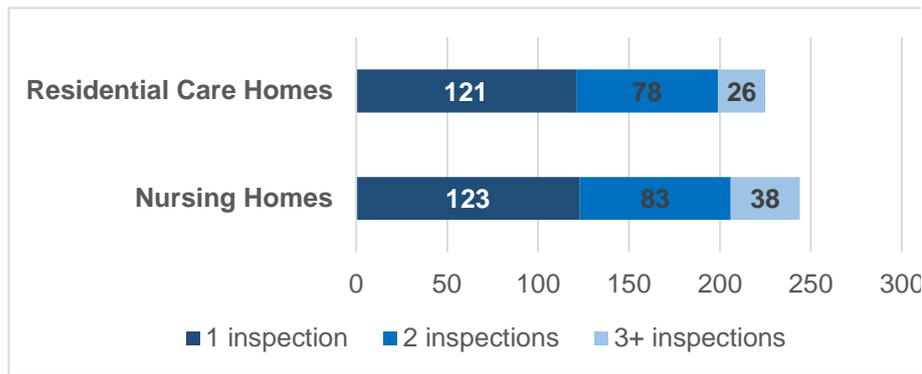
<b>Main Issue</b>	<b>Count of Concerns</b>
Care	293
Service Management	57
Allegations of Abuse	25
Covid-19	12
Environment	12
Staffing	11
Health and Safety	7
Medication Issue	3
Cleanliness	2
Other	2
<b>Grand Total</b>	<b>424</b>

## Care Homes Inspection Activity

During 2022-23, 780 inspections to care homes were carried out using a risk-based, targeted approach to inspection. Work is ongoing to use our information as effectively as possible to help us to determine risk in care homes. This will assist us with effective inspection planning and prioritisation of our resources to the homes of greatest concern. In order to make a determination of risk inspectors review notifications, concerns, the registration status of the manager, manager turnover, quality improvement plans (QIP) from the previous inspection and any recent enforcement action. This work will develop further in 2023-24.

We are pleased to report that every care home in Northern Ireland received at least one inspection in 2022-23.

**Figure 15: Frequency of Inspections per Care Home 2022-23**

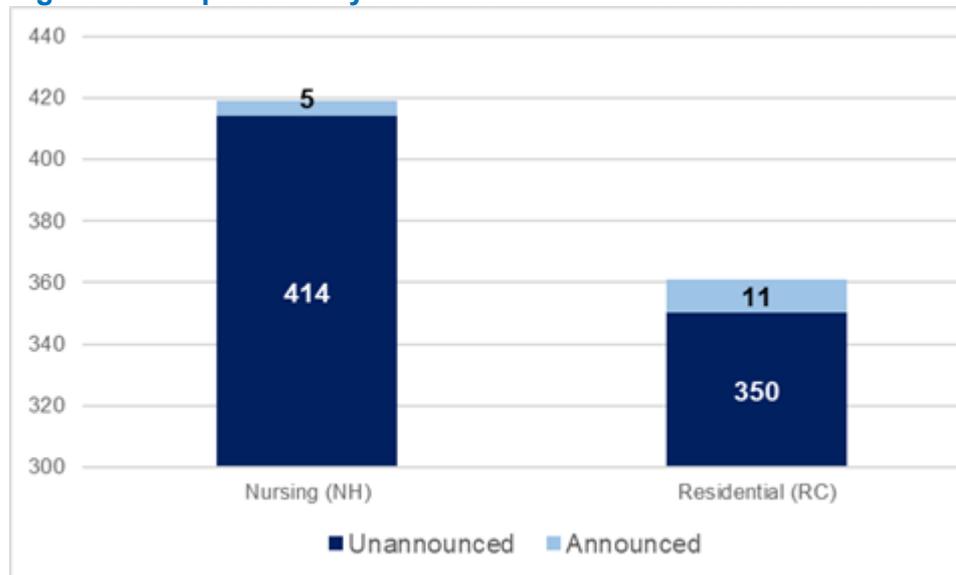


During 2022-23:

- 14% (64) had 3 or more inspections.
- 34% (161) had two inspections; and
- 52% (244) of homes had 1 inspection;

Inspections can be announced or unannounced. In 2022-23, unannounced inspections accounted for 98% (n=764) of all care home inspections.

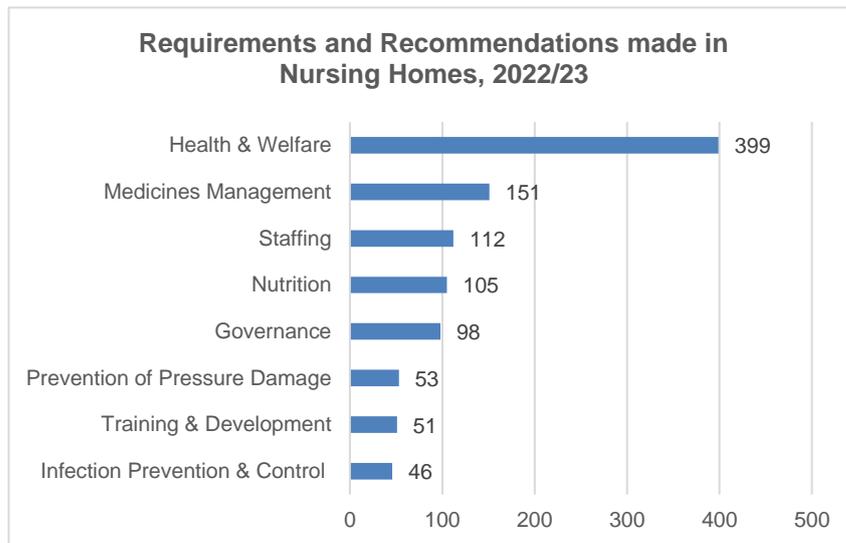
**Figure 16: Inspections by Unannounced / Announced 2022-23**



## Care Homes: Inspection Findings

Where areas for improvement are identified during the inspection, the inspection report requires the provider to make those improvements, referring to the particular regulations or minimum care standards. RQIA develop a Quality Improvement Plan (QIP) appended to the inspection report, which outlines the areas requiring improvement and the timescales for compliance to be achieved. The provider is required to respond to the QIP. These areas will then be focused on at future inspections.

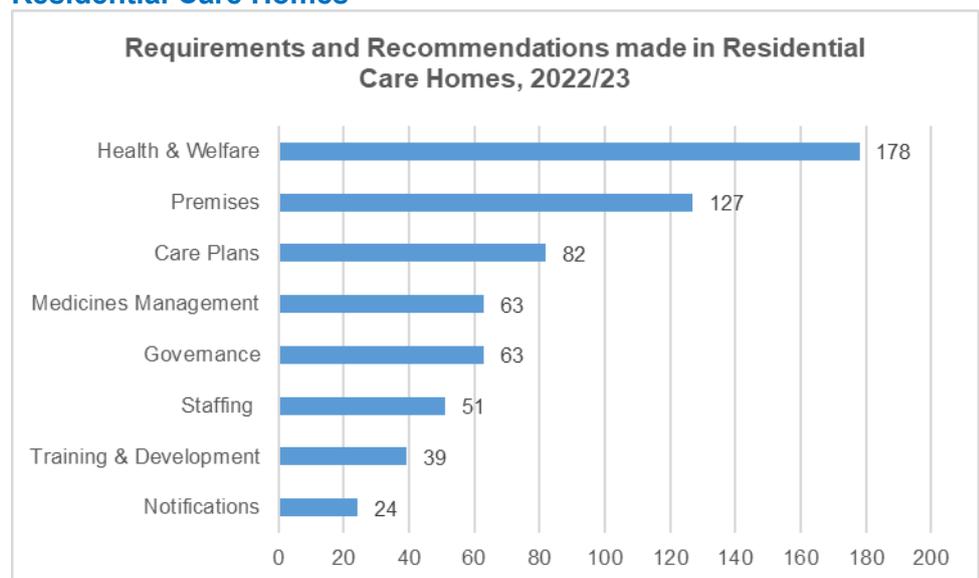
**Figure 17: Requirements for Key Areas of Improvement in Nursing Homes during 2022-23**



During 2022-23, the key improvements required in nursing homes related to 8 issues or themes.

**Figure 18: Requirements for Key Areas of Improvement in Residential Care Homes**

During 2022-23, the key of areas for improvement in residential homes related to eight key issues or themes.



There are some areas of commonality in the areas for improvement identified in nursing and residential care homes and the overwhelming focus is on the health and welfare of those accommodated in the care homes.

### Compliance with Quality Improvement Plans

The number and type of areas for improvement within a QIP can give an indication of the overall service quality in Care Homes. A year-on-year analysis can provide an indication of trends in service quality. The majority of inspections result in a QIP being produced. A small number of homes had no QIP. The compliance with the QIP is assessed at subsequent inspections and if compliance has not been achieved, RQIA may consider further action.

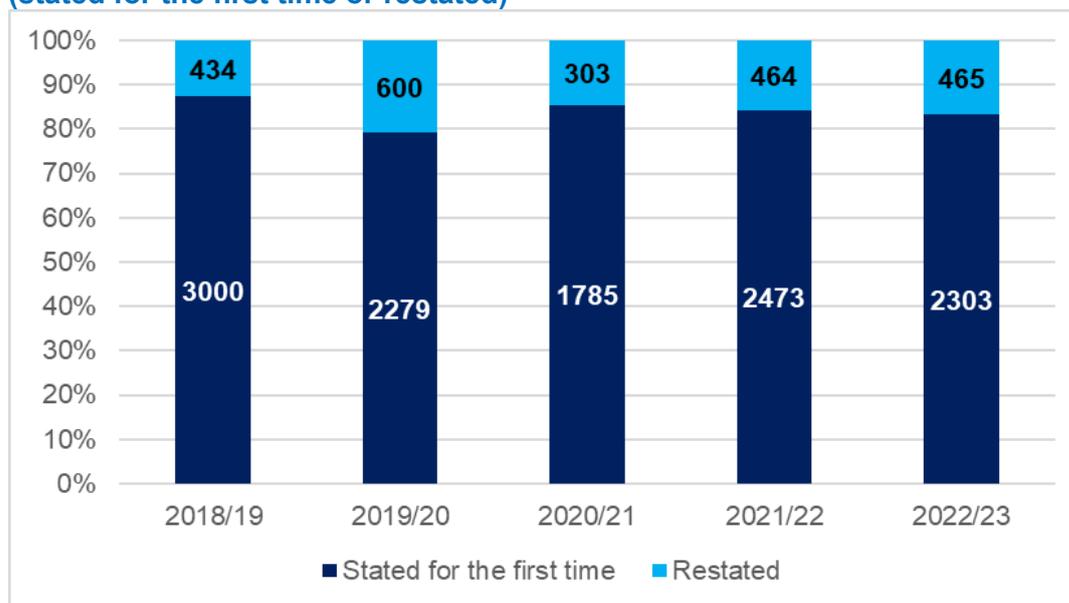
During 2022-23:

- 6% of nursing care homes; and
- 16% 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.

**Table 7: Report status by home type**

Care Homes	QIP Required	No QIP Required
<b>Nursing (NH)</b>	227	15
<b>Residential (RC)</b>	194	36

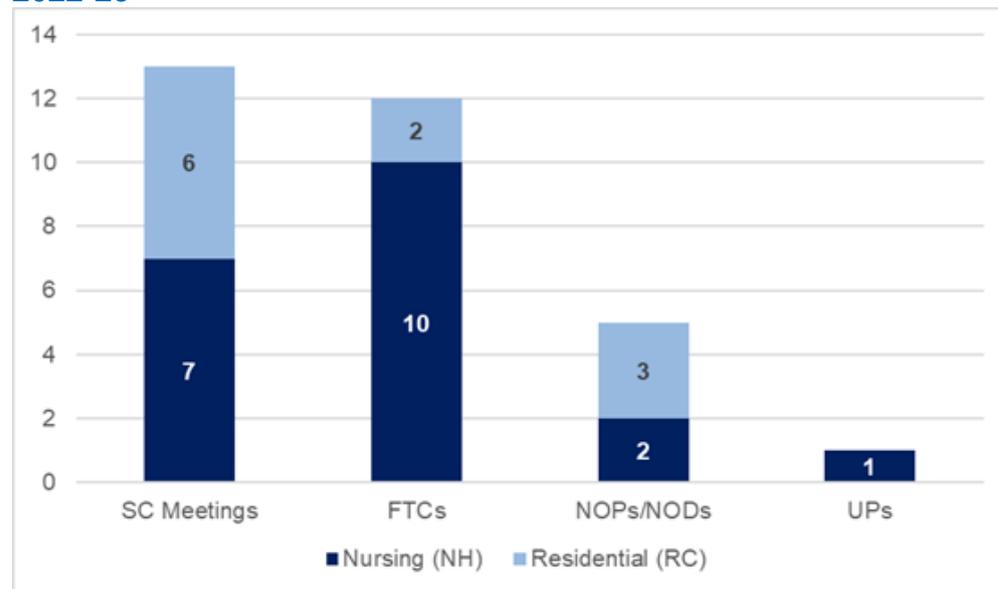
**Figure 19 Proportion of requirements and recommendations by status (stated for the first time or restated)**



## Enforcement Action in Care Homes

Where there are serious or repeated breaches in regulations or standards, RQIA can initiate enforcement action. This can also be initiated outside the inspection process if relevant intelligence is received. There are a range of actions which can be considered under the legislation and our enforcement policy and procedures. These can range from a “serious concerns” meeting up to cancellation of registration. Cancellation of registration can take place either through the ordinary procedures or through Urgent Procedures by application to a Justice of the Peace if there is judged to be a risk to health and welfare of those using the service.

**Figure 20: Enforcement Notices issued in respect of Care Homes during 2022-23**



Enforcement can include:

- A serious concerns meeting with the provider
- Issue of a Failure to comply with regulations notice (FTC)
- A Notice of Proposal (NOP) and subsequent Notice of Decision (NOD)
- Urgent Procedures to cancel Registration (UP)

On 13 June 2022 RQIA sought an Urgent Order from a Justice of the Peace to cancel the registration of Model Group NI Ltd in respect of The Model Care Home, a nursing home in Ballymoney. The Model Group NI Ltd was operating the home without being appropriately registered. RQIA had offered the provider opportunities to remedy the situation in the interests of those accommodated in the Model Care Home; however, this was not taken up.

In June 2022 information was shared with RQIA in respect of the provider organisation's finances and their mismanagement of patients' monies, which represented serious breaches of the Regulations and ongoing risks to patients' continuity of care. RQIA sought the urgent order as we believed that unless this was granted, the existing serious risks would have escalated to the detriment of patient safety and well-being.

## **Care Homes – Moving to Normalisation following Covid 19**

Since 2020, RQIA has assisted the wider HSC to support care homes through a number of initiatives. During 2022-23 year there has been a return to normalisation for those who live in our care homes and also those who work there.

There has been a noted decrease in outbreaks to care homes. In common with the procedure for any outbreak of infection, each outbreak is managed within individual care homes with support from Public Health Agency Duty Room. There were no further lockdown periods during 2022-23.

RQIA continued to work alongside colleagues from the Public Health Agency, Patient Client Council, Department of Health and Independent Sector colleagues to ensure the safety and welfare of care home residents and the general public.

RQIA was also an active member of the Care Homes Visiting Platform, chaired by PHA, and engaged in the stepped approach to normalising visiting in care homes. The final guidance “Visiting with Care; The New Normal” was issued in late 2022 and there are now no restrictions on visiting in care homes other than what was in place prior to the pandemic. Routine testing and Infection prevention and control guidance has also been updated, meaning care homes have moved to a more normal environment for all.

The Covid-19 Vaccination Programme led by PHA continues.

## Children's Services

At the end of March 2023, there were 85 children's services subject to RQIA regulation and inspection on an ongoing basis. This is a reduction of one since March 2022.

There is an ongoing identified need for additional provision of children's services in Northern Ireland. During the year, a number of HSC trusts and private providers submitted applications to register new services, with nine children's residential homes in the advanced stages of registration with RQIA.

Children's services vary in the type of services, and in the oversight arrangements including:

- children's residential homes; a nursing home for children; voluntary adoption agencies; and a residential family centre, which must be registered by RQIA under Part III of the 2003 Order before they can legally operate.
- young adult supported accommodation; school boarding departments; children's hospice; inpatient wards for children with mental health and learning disabilities; secure accommodation and the health and social care needs of children accommodated in the regional juvenile justice centre are not registered under Part III but subject to oversight under Part IV of the 2003 Order 2003.

## Statutory Notifications

Children's Homes, Residential Family Centres, Voluntary Adoption Agencies, Children's Hospice and one Nursing Home for Children are required to notify RQIA of certain events adversely affecting their children and young people such as \*accidents; allegations of misconduct; complaints; deaths; illness/infectious diseases; injuries; medication issues; incidents involving the Police (PSNI), child protection and exploitation. On average, RQIA receive 3,800 notifications annually from these services. (\*Note: Only children's services that are required to register with RQIA are required to notify RQIA of all categories of events.)

During 2022-23, the four notification types which were reported most often were:

- Incidents involving the PSNI (69.5%)
- Behavioural issue (6.0%)
- Incidents involving self-harm (4.4%)
- Staff misconduct and safeguarding (4.2%)

There was a slight decrease of 1.5% in the number of statutory notifications received during 2022-23. The largest number of reported incidents were those involving the PSNI. This is not unexpected as the PSNI are involved in all incidents of children going missing, as well as other incidents. RQIA provided feedback to the consultation of the Interface Protocol PSNI HSC Trusts Missing Children.

This protocol aims to ensure safe and effective responses are made when children are defined as missing from care. If the protocol is fully implemented it will lead to an enhanced focus on missing children which is driven by a risk led protocol. We anticipate this change could result in a reduction in notifications of this type.

## Monthly Monitoring Reports

### Visits by Registered Provider - Monthly Report on the Conduct of the Home

During 2022-23 RQIA undertook a review of the reports of visits to children's homes submitted to RQIA in accordance with Regulation 32 (5) (a) of the Children's Homes Regulations (Northern Ireland) 2005. The review identified significant variations in the quality of information submitted, the timeliness of the submissions and the amount of confidential and other information about children and young people contained in reports.

RQIA has a duty to ensure that information collected is necessary and expedient for the purpose of its functions. In working to address the significant variations RQIA refreshed the template and guidance documents, for those completing the Regulation 32 reports, with the purpose of addressing the significant variations.

RQIA were keen to hear the views from providers with respect to these changes and to support this we shared the draft guidance document and draft template with relevant stakeholders and held an engagement event in September 2022 prior to the launch of the new process from October 2022. RQIA continue to monitor submissions of monthly monitoring reports and analyse the information contained to support decision making with respect to the service.

## Inspections

During 2022-23, 117 inspections to children's services were carried out using a targeted approach to inspection, analysing intelligence and data gathered by RQIA to inform our risk assessment and subsequent inspection plan for each individual children's home.

The inspection number increased from 103 during 2021-22. Work is ongoing to use our information as effectively as possible to help us to determine risk in children's residential homes.

This approach aims to inform a proportionate regulatory response, including the timeliness of the required interventions and focussing on optimal deployment of RQIA's limited resources according to risk.

**Table 8 Inspections of Children’s Services**

<b>Service Type</b>	<b>Number of Inspections</b>
<b>Inspected Under Part III of 2003 Order</b>	
Children’s (CH)	94
Residential Family Centre (RFC)	1
Voluntary Adoption Agency (VAA)	1
<b>Inspected Under Part IV of 2003 Order</b>	
Young Adult Supported Accommodation	12
MHLD Facilities (CAMHS)	5
Boarding Department	4
<b>Grand Total</b>	<b>117</b>

In order to make a determination of risk inspectors review notifications, concerns, the registration status of the manager, manager turnover, provider’s monthly monitoring reports, quality improvement plans (QIP) from the previous inspection and any recent enforcement action. This work will develop further in 2023-24.

The Children’s Services inspections increased by 14% compared with the previous year and we can report that every children’s residential home in Northern Ireland received at least one inspection in 2022-23.

### **Themes identified**

In 2022-23 the most frequent areas for improvement related to matters of safeguarding, staffing and the premises. Other areas cited less frequently were records; the service’s Statement of Purpose, governance arrangements; individualised care; engagement; welfare and recruitment.

In total 218 areas for improvement were made for the first time and 59 were stated for the second time, having not been addressed. These areas for improvement will be used by the Children’s team as a focus for assessing improvement during the 2023/24 inspection year.

### **Enforcement Action in Children’s Services**

Where there are serious or repeated breaches in regulations or standards, RQIA can initiate enforcement action. This can also be initiated outside the inspection process if relevant intelligence is received. There are a range of actions which can be considered under the legislation and our enforcement policy and procedures. These can range from a serious concerns meeting up to cancellation of registration if the service is registered under Part III of the Order. Cancellation of registration can take place either through the ordinary procedures or through Urgent Procedures by application to a Magistrate if there is judged to be a risk to health and welfare of those using the service.

Enforcement can include:

- A serious concerns meeting with the provider
- Issue of an Improvement Notice for failure to comply with a statement of minimum standards (IN)
- Issue of a Failure to Comply with regulations Notice (FTC)
- A Notice of Proposal (NOP) and subsequent Notice of Decision (NOD)
- Urgent Procedures to cancel Registration (UP)

## **Enforcement in respect of Children's Services during 2022-23**

Seven serious concerns meetings were held with providers, four IN meetings were held resulting in three IN being served. One FTC intention meeting was held which didn't result in a FTC notice being served.

In 2022-23 five NOP intention meetings were held. This is an increase of 80% from the previous year 2021-22. Three of these meetings resulted in the service having conditions applied to their registration.

The increase in the NOP intention meetings can be attributed to ongoing scrutiny of children's residential homes focused on areas of serious concern or when the service has determined that it needs to temporarily pause operation. This approach has been successful in enabling services to focus on improvement strategies and recover from a period of crisis. During the same period RQIA monitored the plans to reinstate full operation, assessing whether each plan was realistic and effective and had the opportunity at the earliest stage to take a measured and stepped approach to resuming full service delivery.

During an inspection on 1 April 2022, RQIA identified significant concerns in relation to the poor physical environment and the fire detection system at a registered Children's Services facility in the Belfast Trust area. Access to therapeutic support available to support children living at this home also gave rise to concern.

RQIA found that appropriate arrangements were not in place to provide sufficient support, guidance and direction for the staff team. Furthermore, evidence was not available to provide assurance that children accommodated experienced consistent responses, which were effective and compassionate. These factors constituted a serious risk to the care and safety of children and staff. These findings followed a period of careful monitoring and encouragement by RQIA inspectors to improve care in the facility.

As a result of these serious concerns, on 8 April 2022 RQIA commenced enforcement action to cancel registration of this service, which took effect on 20 June 2022. The safety and wellbeing of vulnerable children is of paramount importance to RQIA, and throughout this time RQIA worked with the Trust to ensure that alternative, appropriate and safe care was provided for the users of the service.

## **Children's Services: Annex Provision**

These services were permitted, established and approved by RQIA following correspondence being issued from the Department of Health (DoH), in letters dated 26 November 2020 and 2 September 2021. The DoH correspondence set out the parameters around the Department's agreement during the COVID Pandemic for Trusts' use of flexible approaches and alternative facilities on a temporary basis.

RQIA recognised that these arrangements provided Trusts with important flexibility to develop bespoke arrangements necessary to meet the particular needs of children and young people in line with their individual care plans during the pandemic.

These arrangements expired on 2 March 2022. Following meetings with five Trusts it was determined that four annexes were still operating beyond 2 March 2022. Agreement was sought and received from the Department of Health to extend the date of expiry of Annex provision for these services to support them to obtain the necessary registration. It is anticipated that all four services will be registered as a Children's Home during the first quarter of 2023-24.

### **Availability of Placements**

In June 2022 RQIA wrote to DoH in relation to the lack of availability of Short Breaks in Children's Services. RQIA had noted during the pandemic short break services had been repurposed to meet residential care needs; this had not been reversed or additional provision made. This was brought to the attention of the Department of Health.

RQIA noted an increase in requests for emotional and behavioural difficulties (EBD) children's homes to accommodate children with a LD increasing placement options for children with LD and ASD. It is important when considering these changes that services recognise the need to ensure the homes environment and staff training needs are aligned to the new category of care and early indicators show deficits needing to be addressed in QIPs.

## **Regional Children's Services Provision**

### **Regional Secure Accommodation**

RQIA completed two inspections to this service. The outcomes from inspection evidenced a continued increase in the complexity of needs within the children and young people requiring admission to the service. These needs led to an increase in the use of restrictive practices, to support the safety of the individual children and young people and staff. There is clear evidence that the service has continued to review and develop their restrictive practice framework. Staff have a better understanding of the definition of restrictive practices and how to respond in an appropriate and proportionate manner, based on the level of presenting risk.

Audits show evidence of staff striving to engage and work in partnership with external professionals to ensure multidisciplinary involvement in the implementation and review of any restrictive practices for young people within the service. RQIA will continue to review the progress with this framework to ensure that a consistent and robust approach that is consistent with children's rights and safety needs is in place.

RQIA has raised concerns regarding the severity of the conditions suffered by the children and young people and the availability of resources in the Regional Secure Centre.

We are concerned there may be a correlation between children remaining in a secure setting and subject to restrictions, for longer than is necessary. RQIA have identified that regional co-ordination is required to reach a consensus on agreed processes for admission to and discharge from to the Regional Secure Centre.

### **Regional Inpatient Services for Children with Mental Health and/or Learning Disability**

In Northern Ireland there are three Child and Adolescent Mental Health Services (CAMHS) wards, located across two sites in the Belfast HSC Trust area. During the year RQIA conducted inspections at these wards.

With respect to the service for children with learning disability the inspection team identified an excellent exemplar of child centred, child focused and needs led care planning. The care plan model was identified by the inspection team as an exemplar of an accessible, easy reference to guide staff on how to care for and support a young person in a way that is individualised and centred around their own needs.

The services operational policy had been strengthened in relation to the admissions criteria and process in order to ensure that referrals are appropriate; and that discharge planning is confirmed as a central process right from the point of admission. The inspection team welcomed plans to implement monthly meetings with relevant heads of programmes across community teams and service representatives to further develop and strengthen external professionals understanding of the role, purpose and function of the hospital unit; and strengthen shared understanding of respective roles. This improvement is and will continue to be central to ensuring children do not stay in this service longer than absolutely necessary.

With respect to the service for children with mental health needs we identified that significant work had been undertaken since the last inspection to develop a new care plan format. This quality improvement project was welcome by staff and following a pilot is now being rolled out across the service.

Discussion with staff and senior managers evidenced a commitment to continue to build upon a rights based approach to care; and the inspectors heard that plans were in progress to develop a Children's Rights Group, supported by external facilitators and enable young people to have a voice and influence decision making regarding issues that matter to them.

The inspectors were assured that the service recognises young people's rights to choice, autonomy, and encourages them to be active agents in their own care. Progress regarding this project will be reviewed during future inspection activity.

### **Working in Partnership**

RQIA attended the Northern Ireland Commissioner for Children and Young People (NICCY) launch of "Looked After, a formal investigation into a life of a child in care of the state". RQIA met with NICCY representatives during February 2023 and shared the progress made by RQIA in relation to the one recommendation RQIA received. RQIA and NICCY will continue to develop relationships and our mutual commitment to work together to improve children's outcomes and lived experiences.

### **Child Protection Inspection**

RQIA undertook a joint inspection with CJI and ETI in relation to Child Protection services in Education, Justice and PSNI, Social Services and Health. The findings highlighted opportunities for each service to improve their multi-agency responses to children in need of safeguarding and protection. It is hoped this report will be published later in 2023.

### **Publication of Children's Inspection Reports**

During 2022-23 RQIA spent time reviewing its current policy of not publishing inspection reports in respect of Children's Services and on 14 July 2022 we commenced a 14-week period of consultation on the proposed publication of RQIA inspection reports of Services for Children and Young People. To raise awareness of the consultation process we engaged a wide range of stakeholder groups and shared the consultation with all registered providers of children's services and 16+ services and 47 representative and advocacy groups (including regulators and partner organisations).

The consultation period lasted for a 14-week period from 14 July 2022 to 20 October 2022. During that time, we held four online public consultation events for service providers of regulated services for children and young people and the general public. We received support from VOYPIC (Voice of Young People in Care) to engage with a range of children and young people who were using children's services during the consultation period. Additionally, our inspectors raised awareness of the consultation during the inspections of children's services undertaken during the consultation period.

Following the completion of the consultation phase, a plan for publication was developed and approved by the Authority on 20 April 2023. The next step in this process is the establishment of a short life working group to take forward the necessary actions, including ensuring meaningful involvement of children, young people and key stakeholders.

### **Independent Review of Children's Social Care Services**

RQIA welcomed the opportunity to be involved in the review through meetings with Professor Ray Jones and the review team and during attendance at a series of workshops relating to various topics affecting children's social care services.

RQIA looks forward to the publication of Professor Jones' report following the conclusion of the review intended for June 2023. RQIA have welcomed the opportunity to be part of the recently developed children's social care services strategic reform board. The aim of this board is to support the implementation of a reform programme across children's services considering the challenges to the work strategically and coherently and to develop effective and sustainable solutions to them.

### **Hospital Inspection Programme**

Northern Ireland's HSC acute hospitals fall under Part IV of the 2003 Order. These services are not required to register with RQIA. However, RQIA has a duty to inspect, report our findings and require HSC Trusts to make improvements; and to inform the Department of Health of our findings.

During the year, RQIA's Hospitals Programme Team completed 14 inspections including: visits to two Emergency Departments; Antrim Area Hospital acute services; and a programme of inspections to augmented care areas.

Independent hospitals are required to register with RQIA under Part III of the Order, and a number of inspections at independent hospitals were also carried out over the course of the year. RQIA continued to handle applications for new and growing private health care businesses and noted significant growth of this sector.

The Hospital Programme team also noted an increase in the number of concerns received by RQIA from staff and patients in HSC hospitals. The team uses this information to inform decisions about what hospitals and areas of provision to inspect. RQIA works across the health and social care system to identify the areas for review, in order to support delivery of safe services.

RQIA considers that at a time when services are under pressure, it is important for all organisations in the health and social care system to work together in an integrated way to plan, deliver and monitor the quality of care. Good governance, and strong and visible leadership within services can help to ensure staff are clear about how they best safely prioritise care.

## Independent Health Care

A range of independent healthcare services are required to register with RQIA. Throughout the year, RQIA's Independent Health Care team conducted over 280 inspections in Dental Practices, Independent Clinics and Independent Medical Agencies.

Within dental practices we noted high levels of compliance across most areas inspected, resulting in no enforcement actions, and we commend dentists across Northern Ireland for providing high quality and safe services.

The team also inspected nine services that provide ionising radiation treatments including x-rays, MRIs and CT scans. Through a service level agreement, we work in partnership with the United Kingdom Health Security Agency (UKHSA), who provide clinical expertise on all matters related to radiology and compliance with The Ionising Radiation (Medical Exposure) Regulations 2018, known as IR(ME)R. In February 2023, five RQIA inspectors attended IR(ME)R training provided by UHKSAs to expand our capacity in this area.

Although RQIA found high levels of compliance and safe practice in most of the areas visited during the year, a key issue for services is the difficulty in accessing sufficient specialist support from the limited number of medical physics experts available through the Regional Medical Physics Service, based in the Belfast Health and Social Care Trust for the independent testing and monitoring of specialist equipment. RQIA understands that shortage of skilled staff is a UK wide issue.

During the year, the Independent Health Care team responded to queries from the public. However, some services are not within the RQIA legislative scope for registration, for example, abortion advice centres staffed by non-medical staff, cosmetic treatments not undertaken by doctors, and private ambulance services. RQIA continues to highlight these gaps in the legislation to the Department of Health.

## Mental Health and Learning Disability

It is the RQIA's general duty under the Mental Health (Northern Ireland) Order 1986 to keep under review the care and treatment of persons suffering or appearing to be suffering from mental disorder. It has specific responsibilities to assess the health and social care services (whether in an acute or a community setting) provided to people with mental ill health or a learning disability, and to make inquiry into any case where it appears to RQIA that there may be ill-treatment, deficiency in care or treatment; or improper detention in a hospital or guardianship; and or where there may risk of loss or damage to a patient's property; due to their mental disorder.

At present there are 51 mental health and learning disability wards across Northern Ireland, located across 16 sites. While there is no legislative frequency of inspection, during the year RQIA conducted 27 inspections across 24 wards across Northern Ireland.

**Table 9 Mental Health/Learning Disability Service Inspections 2022-23**

<b>HSC Trust Area</b>	<b>Number of wards inspected</b>	<b>Number of inspections</b>
Belfast HSC Trust	10	10
Northern HSC Trust	2	3
South Eastern HSC Trust	3	3
Southern HSC Trust	3	5
Western HSC Trust	6	6
<b>Total</b>	<b>24</b>	<b>27</b>

## Patient Experience

RQIA places a clear emphasis on talking directly to patients and engaging with family members, asking them about their experiences. These views inform our wider programme of announced and unannounced inspections. Using a human rights based approach to inspection, we examine the quality of these services, and make recommendations for improvement.

During inspections we gathered the views of patients and/or their relatives, through face-to-face interviews, telephone engagement and questionnaires. Most patients and their relatives were happy with the care and treatment received and were complimentary of the staff providing the care. Any concerns raised were in relation to the quality of food, communication difficulties with staff and delayed discharges. RQIA responds to any concerns raised, and all patient and relative views are shared with the HSC Trust, who are asked to address the issues raised. Information received from patient and/or relatives is also included in the inspection report and can be used to determine the outcomes of an inspection.

## **Pressures on Mental Health and Learning Disability Services**

During the year RQIA noted significant challenges for mental health and learning disability services across Northern Ireland. These include workforce issues and staff shortages and the majority of inpatient wards operating over capacity on a regular basis. The lack of sufficient inpatient learning disability beds results in delays to admissions or admissions to mental health wards, which is impacting on the availability of mental health places. RQIA continues to monitor the impact of these pressures on the quality of care and treatment for patients across the inpatient settings. While RQIA notes the work to address these pressures as part of the strategic reform programme to implement the Mental Health Strategy, RQIA continues to bring these matters to the attention of the Department of Health.

RQIA also contributed to the Department of Health Regional Workforce Review across Learning Disability teams and Services, which is currently examining current learning disability workforce availability, identifying current and potential future gaps and agreeing collectively on how to address these gaps.

## **Serious Adverse Incident Reports**

RQIA monitors all serious adverse incidents (SAIs) relating to patients who are known to mental health and learning disability services, including those in prisons. During the year, we received 144 SAI reports, and reviewed recommendations. Where there were concerns relating to deficiencies in care or treatment, and wider service safety and quality issues. These were followed up to ensure both appropriate actions were taken and that there was learning from these incidents.

## **Mental Health Forms**

RQIA has a statutory responsibility to screen a range of forms from health and social care trusts under The Mental Health (Northern Ireland) Order 1986, including those relating to assessment and detention of patients. During the year we examined over 9,200 forms and followed up any errors, including any improper detentions with the relevant Trust.

We also have a responsibility to safeguard the rights of detained patients who refuse their prescribed treatment, or do not have the capacity to consent to treatment. In delivering this responsibility, we appoint experienced consultant psychiatrists as second opinion appointed doctors (SOADs) to provide a second opinion on the proposed treatment, including medication reviews and electroconvulsive therapy (ECT) where there may not be the consent of the patient. They also provide an additional level of safeguarding by assessing whether the views and rights of the patient have been taken into account. During the year 551 requests were managed for the provision of second opinion in relation to Part IV of the Mental Health (Northern Ireland) Order 1986, including 508 medication reviews and 43 relating to ECT.

## **Enforcement at Mental Health and Learning Disability Services**

In May 2021, RQIA issued an improvement notice to South Eastern Health and Social Care Trust relating to the mixed model of care and the ward environment at Ward 27, Downshire Hospital. RQIA worked collaboratively with colleagues at the Trust with compliance with the actions detailed in the improvement notice achieved in March 2023. This resulted in significant improvements for patients receiving care and treatment at this ward. A new state of the art Psychiatric Intensive Care Unit has been built and commissioned, and a number of patients who were delayed in their discharge for significant periods of time, have been successfully resettled into the community.

In March 2022, RQIA issued two improvement notices to the Western Health and Social Care Trust in relation to adult safeguarding and incident management, and care and treatment arrangements at Lakeview Hospital.

During the year, RQIA continued to monitor progress with the service through review of submitted live action plans. Further inspections will be undertaken to assess compliance with the actions outlined in the Improvement Notices.

## **Muckamore Abbey Hospital**

During the year RQIA continued to monitor the quality of care and treatment of patients in Muckamore Abbey Hospital through its inspection and ongoing oversight of this service. We noted some areas that continued to require improvement to support the delivery of care. These areas were in the main related to staffing, adult safeguarding and the resettlement of patients who are delayed in their discharge. RQIA have continued to engage with patients and their families as part of our regulatory work. RQIA continue to support work in Muckamore Abbey Hospital through our attendance at Muckamore Department Assurance Meetings, and various formal meetings associated with the historical safeguarding investigation. In accordance with responsibilities under Article 4 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA continued to keep the Department of Health informed on the quality of care provision at the Muckamore Abbey Hospital, and RQIA's work to support improvements in the outcomes of those living at this hospital.

## **Muckamore Abbey Hospital Inquiry**

The Muckamore Abbey Hospital Public Inquiry, chaired by Tom Kark KC, was established under the Inquiries Act 2005, to examine the issue of abuse of patients at Muckamore Abbey Hospital (MAH) and to determine why the abuse happened and the range of circumstances that allowed it to happen. The purpose of the Inquiry is to ensure that such abuse does not occur again at MAH or any other institution in Northern Ireland which provides similar services.

RQIA established an internal response mechanism for the Muckamore Abbey Hospital Inquiry, for which RQIA has been granted Core Participant status. RQIA has endeavoured to assist the Inquiry through the provided evidence to the Inquiry. RQIA places a clear focus on continuous improvement in relation to its use of and response to intelligence about services and its approach to inspections.

The inquiry hearings commenced in June 2022, and on 9 June 2022, RQIA, as a core participant, made its opening statement to the inquiry, describing its role as Northern Ireland's health and social care regulator, and its involvement at this service. During the year the Inquiry focused on patient experience, taking evidence from a range of individuals and organisations.

In preparation for the next phase of the Inquiry commencing in April 2023, focusing on the effectiveness the legislation, policies and regulations, RQIA collated all relevant information on its involvement at the hospital. RQIA submitted its written statement to the Inquiry in late February 2023, which focused on the history of RQIA; its statutory remit and objectives; inspection procedure and methodology; procedures for ensuring improvement in services; and RQIA's roles and responsibilities in relation to Muckamore Abbey Hospital. RQIA's Chief Executive provided oral evidence to the Inquiry on 3 May 2023, based upon this statement. RQIA continues to identify learning opportunities from the ongoing Inquiry.

## **Prison Health Care**

In Northern Ireland the provision of health care for prisoners is delivered by the South Eastern Health and Social Care Trust. Throughout the year RQIA works with partner organisations including Criminal Justice Inspection Northern Ireland (CJI), the Education and Training Inspectorate (ETI) and the Police Service of Northern Ireland (PSNI) to support joint work including inspections and adult safeguarding processes.

During 2022-23, RQIA, in partnership with His Majesty of Prisons, CJI and ETI, undertook, an inspection to Maghaberry Prison. In addition, and in partnership with CJINI and ETI, RQIA also undertook a follow-up review of the four Prison Care and Supervision Units (CSUs).

We found that the delivery of available health care was good across all sites with good leadership and governance mechanisms in place, along with evidence of patient focused quality improvement initiatives. RQIA also observed improvements on the waiting times for patients transferring to inpatient mental health wards.

Common issues included:

- access to a specialist personality disorder service
- patients with mental health issues were being placed in CSUs, under a very restricted regime,
- compliance with the regional adult Safeguarding policy
- limited provision for social care in prison

RQIA will continue to work with the South Eastern HSC Trust and other stakeholders to ensure these issues are addressed.

The reports from the inspection and reviews will be published during 2023-24.

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## **QUALITY AND AVAILABILITY OF HEALTH AND SOCIAL CARE SERVICES**

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## **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 quality and availability. During the year we notified the Department in relation to a number of issues either through regular liaison meetings or via formal letter.

## **Whole HSC System: Service Safety and Sustained Pressures**

In April 2022 RQIA highlighted to the Department of Health service safety and sustained pressures across the whole HSC system. This was based on high level evidence, drawn from a range of sources, which included: RQIA inspection findings; media reports; Early Alert reports; personal stories of experience from patients and from staff at many levels, including concerns raised from the Royal College of Nursing Emergency Department Nurses network; and analysis of the concerns reported to RQIA. These were not unique to a single provider or service, and often presenting most acutely at the interface between services. RQIA considered that the nature and scale of the issues requires effective whole system working, underpinned by effective governance. RQIA proposed assessing the extent to which 'whole system working' is in place across the health and care system and a rapid review relating to 'safety culture' across the system. RQIA continues to liaise with the Department of Health on this issue.

## **Short break service provision and residential service provision for children and young people**

In June 2022 RQIA advised the Department of Health of issues of availability and quality in the provision of services for children and young people.

RQIA was aware that some children's homes registered with RQIA to provide short breaks have amended their Statement of Purpose to provide medium to long-term care for children and young people. This is in response to the increased demand for emergency provision of children's residential care.

RQIA was also aware that a number of young people were in receipt of 16+ care provision within services, that met the definition of domiciliary care/supported living care provision, which are required to be registered with RQIA. At that time RQIA was taking steps to scope and better understand this service provision and sought legal advice regarding the requirement for these services to fall to be regulated in line with current regulations and minimum standards.

## **Unregistered Children’s Homes and Annexes**

During the pandemic the DoH established a provision, allowing HSC Trusts to create annexes to registered existing children’s homes, without the requirement for separate registration. This direction ceased in Spring 2022.

Since that time RQIA has registered a number of these services, and is progressing the registration of two remaining annexes.

In early 2023, RQIA identified further services that meet the definition of children’s homes (which are required to register with RQIA) operating without registration. RQIA is currently engaged in serious concerns processes with the HSC Trusts involved, and has advised SPPG and DoH of our concerns. Work is underway to address these matters.

## **Safety of Radiological and Mammography Imaging Services**

In May 2022 RQIA wrote to the Department of Health to advise of its concerns in respect of the safety of radiological and mammography imaging services, following RQIA’s reviews and inspections of all these services in all five HSC Trusts under The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 and of workforce issues, in particular a deficit of medical physics experts within the Regional Medical Physics Service.

## **Regional Fetal Medicine Service**

In July 2022 RQIA notified the Department of Health of its concerns in relation to the Regional Fetal Medicine Service, particularly around a lack of clarity on arrangements for clinicians who are required to provide or arrange care for women requesting termination of pregnancy at gestations beyond 22 weeks.

## **Care, Treatment and Services for Patients at Muckamore Abbey Hospital**

Following a detailed inspection at Muckamore Abbey Hospital during July 2022, in August, RQIA highlighted to the Department of Health its serious concerns on the safety and quality of care and treatment, and the services provided for the current patients remaining in the hospital, stating that comprehensive action needed to be taken.

RQIA’s inspection identified that the governance and operational systems across Muckamore Abbey Hospital fell below the requirements set out in the Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DoH, March 2006). Also it was not satisfied that care of an appropriate quality was being delivered to the remaining patients currently residing in the hospital. RQIA made three recommendations to the Belfast HSC Trust in relation to: Workforce; Vision and clarity for the future; and Oversight of delivery of care and treatment.

Furthermore, RQIA stated that Trust must provide strong operational leadership to bring stability to the service, and that the wider HSC system could provide additional support in achieving stabilisation of the workforce.

These recommendations were made with a view to a clear focus on securing the safety and well-being of patients and improving their current care, treatment, experience and quality of life; and preventing further distress to patients and to their families, during the transition period. RQIA also gave an assurance that it would continue to monitor the position in MAH very closely, and support improvement work in relation to care and services delivered to patients.

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## **REVIEW PROGRAMME**

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## RQIA's Review Programme

In response to current events, or to examine emerging issues RQIA may conduct reviews of health and social care services, using its powers under Article 35 of the 2003 Order. These may be initiated by RQIA or commissioned by the Department of Health or another HSC organisation. In planning reviews and reporting on the findings, RQIA focuses on safe, effective and compassionate care; and on the quality of leadership within a service.

The purpose of the review programme is to provide independent and professional assessments to the Minister, through the Department of Health, and to the public about the quality, safety and availability of health and social care (HSC) services in Northern Ireland. It also aims to drive continuous improvement in these services and to ensure the rights of service users are safeguarded.

In each review RQIA aims to identify areas for improvement, and make recommendations as well as highlight examples of good practice. RQIA shares lessons learned and supports and drives quality improvements for service users across the sector. Where relevant, RQIA also provides evidence to form a basis for future policy development in the areas under review. The findings of each RQIA review are reported to the Minister and Department of Health and published on the RQIA website, with the aim of further improving and developing leadership, patient safety, service delivery, and compassionate care for service users.

### Expert Review of Records of Deceased Patients (Neurology)

In May 2018, Belfast HSC Trust announced a recall of 2,500 patients following concerns raised 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 KC, subsequently converted to a Statutory Public Inquiry in December 2020.

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 (published in June 2021)
- 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.

RQIA commissioned the Royal College of Physicians (RCP) in August 2021 to undertake an expert review of the clinical records of certain deceased patients who had been under the care of Dr Watt, with the intention to understand his clinical practice, to ensure learning for others and to help make care better and safer in the future. Much has been learned through the record review alone, but this has been greatly enriched by the direct involvement by families of the deceased patients with RQIA.

The RCP established an Expert Panel for the purpose, which found that there were significant failures in the care and treatment of patients, highlighting concerns over clinical decision-making, diagnostic approach, communications with other clinicians, and poor communication with patients and with families. The Expert Panel also reported that they were deeply saddened by the accounts provided by families.

RQIA commended the courage and openness of all those families who came forward to engage in this Review. These family accounts starkly illustrate how failings by an individual practitioner, and by the system, led to deep human impacts and resulting harm, both to the deceased patients and to their bereaved families.

As Northern Ireland's independent regulator for health and social care, RQIA is committed to using its role and powers to ensure that the recommendations within this report are implemented. RQIA is also determined that the actions it takes, driven by the findings from this Review, will improve clinical practice, the safety of services and the experience of patients and of families.

## **RQIA Review of the Implementation of Recommendations to Prevent Choking Incidents Across Northern Ireland**

In May 2022, RQIA published its independent Review of the implementation of recommendations to prevent choking incidents in Northern Ireland.

This examined the measures and governance arrangements in place to prevent choking, in line with current guidance, focusing on the work undertaken in high-risk areas across health and social care, including stroke care, care of the elderly and services for those with physical, mental health or learning disabilities.

The Review found that there was a clear and urgent need to improve the quality and safety of care provided to people at risk of choking. It reported that between 2016 and 2021 there had been 21 deaths from choking and noted that while a Best Practice Guidance Letter, to improve the safety of care for people who are at risk of choking, was issued in February 2021, since then, there had been a further 10 deaths from choking across Northern Ireland.

The key recommendations in the Review included: training for staff including clinicians, catering and domestic teams; shorter waiting times for assessment by speech and language therapy; better systems for communication between staff, and safer systems for ordering and storing food.

RQIA noted that people with difficulty in eating, drinking, and swallowing suffer both from a reduced quality of life and real risk of harm including, tragically, loss of life. The vast majority of those who die from choking are known to have a swallowing difficulty. Many already have a care plan in place, however choking incidents may occur due to failures in communication of the care plan, and when people are inadvertently provided with, or are able to access, food and drink that is not suitable or safe for them. They and their families and carers must receive good quality guidance, along with practical support, to ensure their safety and a good quality of life.

The Review examined how the guidance is being implemented and makes 12 recommendations, which if fully implemented, will ensure better outcomes for people living with eating, drinking and swallowing difficulties and should see a reduction in choking-related harm. RQIA will work with the Trusts and others to make sure that this guidance, is implemented where it matters, on the ground.

The review was also welcomed by the Department of Health's Chief Allied Health Professions Officer, Prof Suzanne Martin, who said: "The Department of Health is committed to working with the RQIA, HSC Trusts and providers of health and social care to support improvement, and to ensure better and safer outcomes for people at risk of choking."

## **RQIA Review of the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland**

In July 2022, RQIA published its report on the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland. This review was commissioned by the Department of Health in response to the recommendations of the Inquiry into Hyponatremia, in order to assess the effectiveness of the current SAI process. It was conducted by an Expert Panel, including patient and service user representation; with input from families impacted by SAI events and their subsequent review. During the review RQIA engaged with a wide range of individuals, organisations and groups from across the HSC system.

Serious Adverse Incident reviews are intended to be a fundamental part of how Northern Ireland's health and social care system learns and improves, by openly discovering what happened in events where harm occurs; identifying remedial measures, and communicating these across the region so improving safety.

Regional Guidance for the reporting and follow-up of SAIs, issued by the Department of Health, has been in place since 2004. The SAI process, its implementation, and its effectiveness in identifying causes of harm, and improving safety has come under close scrutiny in recent years.

The Expert Review Team concluded that the current system for investigating and learning from SAIs in Northern Ireland is failing to deliver on its intended purpose, of discovering what went wrong; identifying remedial measures; and ensuring that these are applied across the region.

This Review makes five strategic recommendations, aimed at securing major changes in how SAI reviews are conducted; and how findings and learning are communicated and put into action across the whole health and social care system.

Implementing these five recommendations requires both a concerted commitment to the redesign of the regional procedure, and to changing how it is applied on the ground.

This demands a new approach, embedding the principles of just culture and the effective involvement of patients and their families, into the health and social care system at every level.

HSC leaders and managers must work to make sure that if something goes wrong, all staff are confident to speak up and supported to participate fully in the SAI review process, knowing that doing so will help them keep their patients and service users safe and improve the quality of care they are able to deliver.

Patients and service users, and their loved ones and advocates, must also be able to participate fully in the process, so they find out what happened and can help make sure it won't happen again.

RQIA thanks the Expert Review Team and the patients, relatives and staff who participated in this Review. We believe the full implementation of the Review's recommendations will make Northern Ireland's health and social care services safer and of better quality.

## **Other Review Activity**

In June 2022, members of RQIA's Review team attended the International Association of Forensic Mental Health Services (IAFMHS) Conference in Berlin, Innovations and Resilience through Adversity: Advances in Forensic Mental Health Assessment & Treatment. At this conference RQIA presented the findings of its Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons (October 2021), which highlighted the need for a government-led strategy to improve the quality and accessibility of mental health services in order to reduce the risk of self-harm and suicide within the prison population.

During the year, RQIA completed its Review of the governance arrangements in place to support safety within Maternity Services in Northern Ireland, which will be published in early 2023-24.

## **Clinical Audits and Quality Improvement Projects**

RQIA is committed to promoting leadership in safety and quality in HSC sector. Each year, through its Clinical Audit and Quality Improvement (QI) programme, RQIA invites applications from the HSC community for funding to undertake clinical audits and QI projects.

The programme aims to ensure that the outcomes for patients, clients and carers are improved through the development and integration of audits, and QI projects, and as a result of their implementation.

During 2021-22, RQIA approved funding and support for four quality improvement projects, which were completed in March 2023:

- Thyroid Eye Disease National Quality Improvement Project
- Streamlining Urology Multidisciplinary Meetings
- Rapid Exome Sequencing for Unwell Neonates;
- Patient engagement through the use of Digital Reminiscence Therapy (RITA)

Each project report will be published on RQIA's website in early 2023-24.

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## **INVOLVEMENT AND EXPERIENCE**

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## The Experience of Service Users, Families and Staff

### RQIA Guidance Team

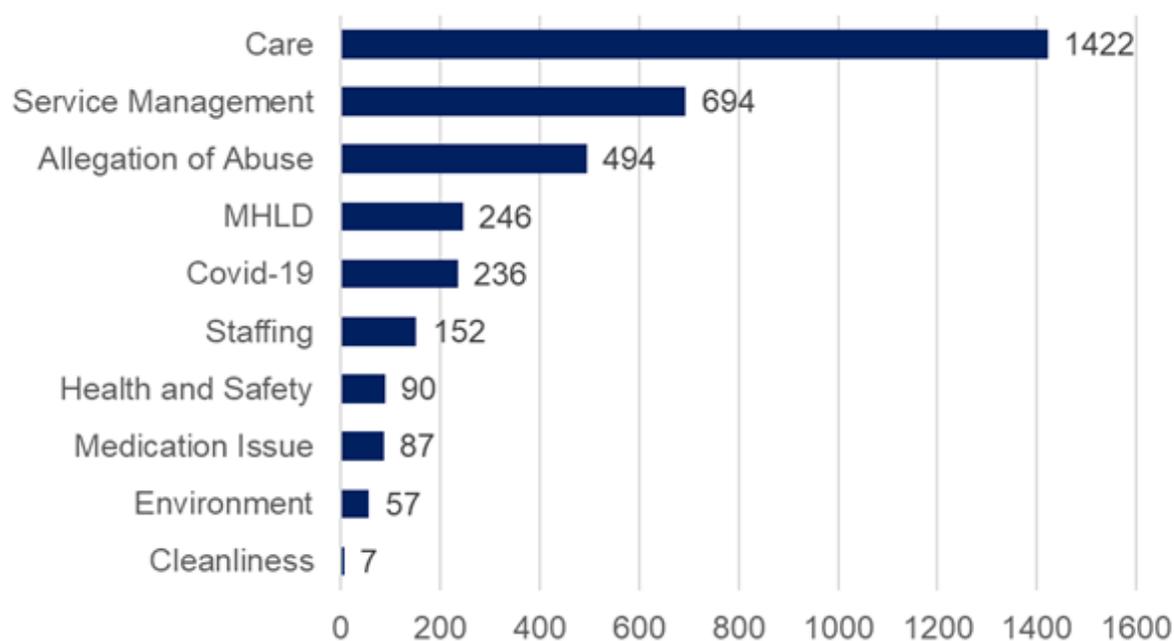
During the year, visiting restrictions in visiting at care services - including hospitals and care homes- continued due to the Covid-19 pandemic. Whilst RQIA inspectors were able to speak with service users and learn first-hand of their experiences, often families were unable to engage directly with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

However, on a daily basis, RQIA's Guidance Team responded to calls from families, the public and service providers, and during 2022-23 we received almost 3,500 contacts by telephone, email or in writing. While the majority of these contacts were from staff, management and HSC Trusts seeking advice and guidance, RQIA also received almost 1,000 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 ascertained and clarified the nature of the issue or concern, and provided appropriate advice. 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. RQIA also records details of each contact on its i-Connect information system.

**Figure 21: Sources of Contact to RQIA's Guidance Team**



**Figure 22 – Concerns Logged during 2022-23 by Type**



## Whistleblowing

Anyone currently working for a health and social care service can make a disclosure to RQIA about a concern or wrongdoing within that service, under The Public Interest Disclosure (Northern Ireland) Order 1998. This legislation protects workers and details the type of disclosures that may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

During the year, RQIA was contacted on 103 occasions by current staff from a range of statutory and independent health and social care settings, who wished to raise concerns (whistleblow) about their workplace. Around one half of these disclosures were from care home staff, while one fifth were from HSC trust services, including mental health services and HSC hospital staff. See table below:

**Table 10: Whistleblowing Disclosures by Service Type**

Service Type	% of the Total Received
<b>Registered Services</b>	
Nursing Home	32
Residential Care Homes	19
Domiciliary Care Agency	17
Other Registered Services	10
<b>HSC Services</b>	
Acute HSC Hospital	7
Mental Health and Learning Disability Service	11
Other HSC Service	3

Such information provides RQIA with an invaluable insight into services. The vast majority related to issues around the health and safety of individuals, whilst a small number of disclosures related to alleged fraud, damage to the environment or a breach of legal duty. While some staff wished to remain anonymous, others provided their name and contact details, allowing RQIA to follow up their concerns more fully. 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.

In partnership with Public Health Agency, the Department of Health's Strategic Planning and Performance Group (SPPG) 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.

## Complaints about Health and Social Care Services

One of the most important ways for RQIA to help ensure that care services improve is by listening to the people who use the services or have family and friends who avail of these services. RQIA receives concerns about health and social care services from a range of sources, through telephone calls to our Guidance Team, or emails to our staff. Each concern received is taken seriously, and is carefully considered and assessed to determine if there are any issues that require immediate action by RQIA. In response, RQIA may take a range of actions, from recording the information to help inform our knowledge of a service, following up these concerns with the relevant Health and Social Care Trust, to undertaking an unplanned inspection of the service. RQIA continues to display contact information in care homes and leave contact cards for those who were unable to speak with an Inspector during inspections of various health and social care services.



RQIA distributes "How Can I Raise a Concern ..?" leaflets, which 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 support complainants in navigating the health and social care complaints process, 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

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.

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## **PARTNERSHIP WORKING**

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## Collaboration

RQIA is committed to maintaining its positive relationships with the Department of Health, and with HSC organisations including:

- Strategic Planning and Performance Group;
- 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.

These include quarterly liaison meetings with HSC Trusts focusing on a range of service-specific operational issues.

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; the Health Care Professionals Council, Professional Standards Authority; The General Medical Council, General Dental Council; Nursing and Midwifery Council; and the Health and Safety Executive.



Briege Donaghy, RQIA Chief Executive meets Dr Colin Sullivan Chief Executive, Human Tissue Authority and Ian Trenholm, Chief Executive, Care Quality Commission (CQC)

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 Health and Care Professions Council (April 2022)
- The General Dental Council (May 2022)

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

During 2022-23, 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 Strategic Planning and Performance Group 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 80 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.

## Partnership Working

### Improving service user, family and carer involvement in the work of Regulation

In November 2022, RQIA held stakeholder event “Listening to and Reflecting Service Users and Families Lived Experience in our RQIA Inspection Reports”, attended by around 50 people. During the event, participants had an opportunity to discuss the role of the Inspection Support Volunteer (formerly called ‘Lay Assessor’); improving ways to share inspection findings and reports with families and others; and listening and reflecting lived experience in RQIA’s inspection reports.

At this event RQIA committed to:

- Relaunch the Inspection Support Volunteer role working with the ‘Volunteer Now’ organisation, inviting people who have the interest, compassion and skills to work with our Inspectors, and be supported, to take time to listen to residents and patients when we are carrying out our Inspections and reflect their experience in our inspection reports.
- Test tools and approaches that enable people living with dementia to express their views and experience about the care and support they are receiving.
- Redesign our inspection reports so that they are easier to read by a wide range of people, and ensure that it records the most important findings at the start of the Report



All stakeholders who attended this event were also invited to be part of a new Involvement Advisory Network, which aims to involve people with an interest in each of the particular actions to develop, review and evaluate these approaches.

## My Home Life Leadership Support Programme

Care home managers and staff play a unique role in supporting some of the most vulnerable people in our society. The My Home Life Leadership Support Programme is an internationally recognised programme, which is delivered in Northern Ireland by Ulster University, specifically for care home managers and staff in leadership roles. My Home Life aims to improve the quality of life for people living, dying, visiting, and working in nursing and residential homes. The programme runs over a 10-month period during which participants are guided by professional facilitators to advance their skills, engage with evidence-based relationship-centred practice, and resolve the very complex issues that impact upon the quality of their service.



RQIA inspectors join cohort of Care Home Managers at My Home Life Leadership Support Programme

During the year, RQIA inspectors have been involved in supporting the delivery of this leadership programme through their attendance and participation in a face-to-face meeting with each of the cohorts through October and November 2022. RQIA will continue its partnership with this programme, and planning has taken place for the new cohorts coming forward in 2023.

## 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, we

focused on developing the Inspector Support Volunteer role (previously Lay Assessor).

Prior to launching this role, we formed a Task and Finish group to create a robust system to support the new Inspector Support Volunteers, developing on-boarding processes, induction and training.

We engaged with Volunteer Now and University of Ulster in the development of the processes, and launched the recruitment exercise in late March 2023. We anticipate piloting this role in our care homes inspections during 2023-24.

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

During discussions with service providers, RQIA staff, the Alzheimer's Society (Advocacy Group) and Age NI (Carers and Service Users), RQIA considered that the Service User questionnaire used within dementia care settings needed to be improved in order to support meaningful engagement and more effectively capture the lived experience of people in receipt of care services. As part of an engagement process with service providers, including supported living and day care settings, a revised 'dementia friendly' questionnaire was piloted by RQIA's Agencies Team. Service user feedback to was very positive, and during 2023-24 the findings from this pilot will help inform ongoing inspection methodology within dementia care settings.

A project was also undertaken by the RQIA Agencies Team to develop an evidence based, 'easy read' service user questionnaire for use during inspections within learning disability care settings.

RQIA engaged and involved service users and other stakeholders in the co-design of this questionnaire, which was then reviewed with the ARC TILLI service user group who facilitated any required changes. Feedback was received from 450 service users and this approach has helped to facilitate a more cooperative relationship with service users which can be maintained and developed. The project has also helped to empower service users to influence and more actively engage in the inspection process.

In partnership with the Public Health Agency, we co-produced a Dysphagia checklist for RQIA inspectors, which will be introduced during 2023-24.

## **Public Consultations**

During 2022-23, RQIA engaged extensively with the public and stakeholder groups in relation to two public consultations.

### **Consultation on RQIA's Draft Strategic Plan 2022-2028**

In August 2022, RQIA launched a public consultation on its Draft Strategic Plan, which set out an overview of RQIA's proposed strategic direction for the next five years. In October and November, RQIA held a series of online and in-person events with a wide range of stakeholders and members of the public. At the conclusion of the process, RQIA had received responses from 45 organisations and individuals including service users, groups from the independent sector and charitable organisations, government organisations and elected representatives.

Over 77% of respondents indicated that they strongly agreed or agreed that the proposed four strategic objectives:

- Scrutiny: Register, Inspect, Report and Enforce
- Improve: Safety and Quality
- Build: Partnerships to strengthen safety
- Inform: Service Transformation

would address RQIA's core purpose: to keep people safe, securing and improving the safety and quality of health and social care services in Northern Ireland.

An updated Strategic Plan was approved in principle at the Authority Meeting in March 2023. Prior to its publication in 2023-24, RQIA will share this plan with the Department of Health for its endorsement.

## Consultation on Proposal to Publish RQIA Inspection Reports Relating to Children's Services

In March 2022, RQIA established a co-production approach to reviewing arrangements for publication of the findings and outcomes of inspections of children's services. Unlike other Inspection Reports, these are not currently published on RQIA's website.

This involved representatives from the Voice of Young People in Care (VOYPIC); the Children's Law Centre; the Northern Ireland Commissioner's Office for Children and Young People; an internationally recognised Human Rights expert; and the Information Commissioner's Office (ICO) and HSC Trust staff representatives.

At the conclusion of this process, in July 2022, RQIA launched a twelve-week public consultation on the proposals developed for an agreed publication framework.

During the consultation period, RQIA held a number of online and in person engagement events involving service providers of regulated services for children and young people, the public and advocacy organisations for children and young people and special interest groups. RQIA also engaged with a wide range of stakeholders, including service providers and their staff, Members of the Legislative Assembly (MLAs), Councils, voluntary and independent sector organisations and other statutory bodies. Staff and the children and young people using the children's services were also consulted during inspections undertaken during the consultation period.

The consultation found widespread agreement to the proposal to publish inspection reports relating to children's services and, in April 2023, the Authority approved the establishment of a short-life working group to agree the approach through to implementation, ensuring continued engagement and co-production with children and young person's representatives.

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## **COMMUNICATION AND ENGAGEMENT**

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## Digital Communication

RQIA continued to add new and updated content to its website [www.rqia.org.uk](http://www.rqia.org.uk) to support service providers and the public alike. During 2022-23 RQIA received around 200,000 visitors, resulting in over 750,000 webpage views.

To date, over 17,000 inspection reports for independent, voluntary and statutory health and social care services have been published on RQIA's website, [www.rqia.org.uk/inspections](http://www.rqia.org.uk/inspections) and are available directly through the search function on the RQIA homepage or via an interactive map.

RQIA's inspection reports continue to be the most visited pages on the website, with over a quarter million page views during the year. In supporting the regional approach to the Covid-19 pandemic, RQIA's Web Portal for providers was used to collect important information from care homes. Web pages displaying guidance and advice to support providers using Web Portal on RQIA's website were visited over 30,000 times during the year.

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 over 5,900 followers.

## Media Engagement

Through its engagement with the media, RQIA aims to increase awareness and understanding of RQIA's role, and to provide information 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 and the legal powers available to it in taking this forward; as well as information about particular issues which may be of public interest.

During the year, RQIA responded to almost 100 requests from print, broadcast and online media outlets for briefings, statements or interviews. These focused on a range of issues including: specific care services; inspection findings and enforcement action in respect of regulated and statutory services; and RQIA's reviews, including the Expert Review of Records of Deceased Patients (Neurology).

## Political Engagement

Throughout the year, RQIA continued its engagement with representatives from the main political parties, and during March 2023 RQIA's Chair and Chief Executive met the health spokesperson from each party to discuss the outcome from the public consultation on the draft Strategic Plan, the role of RQIA and specific areas of interest. We will continue to engage with political representatives on an ongoing basis.

Where RQIA undertook significant enforcement actions or held substantial concerns about a particular health and social care service, the Chief Executive spoke directly with local political representatives to ensure they were fully briefed on the issues raised and on the carefully considered steps being taken to ensure the ongoing wellbeing and safety of those in receipt of these services.

## Department of Health Permanent Secretary Visits RQIA

In May 2022, Mr Peter May, visited RQIA's offices and met with RQIA's Interim Chair, Authority members and Executive Management Team to discuss RQIA's role and priorities for the year ahead. Mr May also received presentations from operational teams across RQIA about their work.



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## **CORPORATE ISSUES**

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## The Authority

The Authority consists of a Chair and up to 12 Members. New Authority Members were appointed in February 2023 by the Department of Health, in the absence of the Northern Ireland Executive. 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 Collins, MBE, was interim Chair of RQIA from June 2020 until 30 September 2022, taking up appointment as Chair of RQIA on 1 October 2022, for a four-year term.

On 1 February 2023 the following Authority Members were appointed for a four-year term: Mr Neil Bodger and Professor Stuart Elborn, who were previously interim Authority Members, and Ms Cheryl Lamont, Dr Nazia Latif, Mr Alphonsus Maginness, Dr Mary McIvor, and Mrs Sarah Wakfer. The appointment of Ms Bronagh Scott, a former interim member, was also extended for one year from this date.

Profiles of each Authority Member are included at Appendix 4.

## RQIA Executive Management Team

Through its Standing Orders, the Authority has delegated responsibility for the day-to-day operation and management of RQIA to the Chief Executive, Briege Donaghy, who is 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 RQIA Accounting Officer. In this role, she is responsible for ensuring propriety and regularity in handling RQIA's budget.

The Chief Executive is supported by three permanent directors, responsible for leading their teams and delivering on RQIA's duties in respect of the following areas:

- Elaine Connolly, Director of Adult Care Services
- Lynn Long, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare
- Emer Hopkins, Director of Hospital Services and Independent Healthcare, Reviews and Audit

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

- Dr Richard Wright, RQIA's Medical Lead and Responsible Officer (a senior medical role), who was replaced by Dr Ian Steele in October 2022, on a permanent basis

- Francis Rice, to support and mentor RQIA's Executive Management Team
- Karen Harvey, professional advisor to RQIA in relation to social work.

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 2022-23 there was an average permanent headcount of 131 staff in post (123.84 whole time equivalent), excluding Authority Members, bank and agency staff. The staff composition, by headcount, is 74% female and 26% male. During 2022-23, there was an average staff absence rate of 4.10% against a regional key performance indicator of 6.18%, set for RQIA by DoH.

During 2022-23, there was a staff turnover of 12.74%, with 15 members of staff leaving RQIA through retirement or taking up new opportunities. At year end RQIA had 11 substantive posts which were vacant as part of routine staff turnover. RQIA continues to recruit to positions as they become available, including administration and inspector positions. During the year 32 new staff joined teams inspecting care homes, independent health care, hospitals and mental health and learning disability wards and business support roles.

RQIA staff continued to follow government guidance, working in a hybrid manner including both working from home and in the office.

## **Investors in People (IiP)**

In the previous year, 2021-22, RQIA underwent its IiP re-accreditation and increased its level of award to Silver.

The IiP Assessor commented that this increased award demonstrated that RQIA has sustained a purpose-values-driven culture and continues to evolve, creating a strong platform for the future as the organisation continues to adapt, transform and thrive.

RQIA has developed its Recognition and Appreciation Strategy in response to the IiP findings. The Strategy sets out RQIA's Authority and the Executive Management Team's commitment to recognising and appreciating our employees. The overall aim of the Strategy and accompanying Delivery Plan is to recognise and value our staff who are our primary asset in delivering our objectives. Both formal and informal activities are noted in the Delivery Plan, with three staff events held during 2022-23, in May, June and November 2022, when several teams from across the organisation took the opportunity to present achievements. RQIA also enhanced its performance management and reporting systems during the year.

RQIA continues to meet in its Joint Negotiating Forum with Trade Unions on a regular basis when topics relating to our workforce are discussed, such as: vacancies; recruitment; organisational development; workforce resources and capacity.

During March 2023, to coincide with our move to James House, our new permanent accommodation, we launched the RQIA Pilot Hybrid Working Scheme. The Scheme utilises a hybrid working model with the majority of staff opting to work some of their working week in the office and some at home.

The RQIA Health, Safety and Wellbeing Group also continued its work during 2022-23 and commenced further development of the RQIA Staff Safety, Health and Wellbeing Programme, to include: Mental Health Wellbeing; Emotional Wellbeing; Physical Wellbeing; and Financial Wellbeing.

## Staff Training

RQIA is committed to supporting and developing its staff, and we ensure that staff have access to training opportunities to enable them to contribute fully to achieving RQIA's organisational objectives. In addition to job-specific training, during the year, all staff undertook mandatory training on:

- Cyber Security Awareness
- Display Screen Equipment Awareness
- Engage and Involve: Personal and Public Involvement;
- Fire Safety Awareness
- Fraud Awareness
- Infection Prevention and Control (Tier 1)
- Information Governance Awareness
- Risk Management Awareness

RQIA staff have also been asked to complete eight cyber security campaigns up to the end of March 2023, as part of the Regional HSC Cyber Awareness Campaign. Campaigns have included topics such as: Phishing Security; Remote Working; Password Security; Device Security; Cyber Awareness; Email Essentials; and Data Security.

A Staff Training and Development Calendar will be launched in April 2023 and will cover details for Mandatory Training Modules, as well as other themed areas, to include:

- Understanding Human Resources Policy and Procedures
- Mental Capacity Act and the Mental Health Order 1986
- Safeguarding
- Human Rights.

RQIA manages compliance at directorate level through its performance management arrangements. At year end RQIA achieved 100% levels for all mandatory training.

## **RQIA's Belfast Office Headquarters**

During the year, RQIA made final preparations 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; Children's Court Guardian Agency for Northern Ireland; and Northern Ireland Practice and Education Council for Nursing and Midwifery.

Due to the impact of the Covid-19 pandemic, this relocation was delayed from mid-2021 until March 2023. Therefore, in the interim, 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 2022/2023, 11 complaints were received about RQIA. Complaints were received in relation to a range of matters. These included how RQIA carried out its oversight of health and social care services; contact about RQIA's role in the review of neurology services; registration functions; and complaints about inspection processes.

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.

Learning from individual complaints is applied to help improve our systems and processes.

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 2022-23, RQIA received 55 FOI requests which related to: RQIA's Expert Review of Records of Deceased Patients of Dr Michael Watt; incident notifications; business contracting arrangements; inspection findings and activity; and specific queries in relation to individual care services. In addition, 11 subject access requests (SAR) were also received. All requests were acknowledged within the statutory timeframe and over three-quarters were responded to within the timeframe. For those which did not meet the statutory timeframe due to the complexity and/or volume of material being requested, requestors were kept informed when a delay was experienced.

As part of the FOI/SAR process, RQIA has introduced screening of new requests and a review of responses by the Chief Executive. The Chief Executive also meets the Complaints and Representations Manager who coordinates this process on a weekly basis. This is being embedded in the performance management framework for individual Directors and accountability. All requests are reviewed by the Chief Executive and the Head of Corporate Affairs.

There were no reportable personal data related incidents during the year.

## Equality

In common with all public bodies, each year, RQIA must provide a report to the Equality Commission with an overview of how it has delivered its obligations and duties under Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report provides an overview of RQIA's activities and actions that result in positive outcomes for the Section 75 groups. It demonstrated RQIA's commitment to meet its equality obligations and detailed how RQIA promotes equality of opportunity across all Section 75 groupings. In line with requirements, RQIA's annual progress report was submitted to the Equality Commission on 31 August 2022

Under Section 75 of the Northern Ireland Act (1998), every five years all public bodies are required develop a draft Equality and Disability Action Plan. During the year, with support from the Business Services Organisation's Equality Unit and RQIA's Equality Forum we developed an Equality Action Plan, which identifies actions RQIA wishes to take to tackle inequalities across all equality categories. We also developed a Disability Action Plan which identifies a series of actions to promote positive attitudes towards disabled people and encourage their participation in our work areas.

In February 2023, RQIA's draft Equality and Disability Action Plan 2023-28 was endorsed by RQIA's Business, Appointments and Remuneration Committee (BARC), and approved by RQIA's Authority in March 2023, prior to a 13-week public consultation commencing in early April 2023, in partnership with 10 other health and social care organisations.

During the year, RQIA's newly established Equality Forum met on a regular basis to support and progress the mainstreaming of equality, disability and good relations in the work of RQIA. The Forum also supports RQIA in delivering on its statutory obligations and commitments as outlined in RQIA's Equality Scheme, Equality Action Plan and Disability Action Plan and provides a mechanism for sharing information, learning and adoption of best practice across RQIA. It also enables 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 in this area.

## **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.

As a result of the Pandemic in recent years, RQIA implemented its business continuity plan, with all staff working from home where this was practicable. Remote access to ICT systems continued to be used by every member of staff and internal and external meetings were held using video-conferencing platforms. This was replaced at the end of March 2023 with the introduction of the RQIA Pilot Hybrid Working Scheme, implementing a flexible arrangement to permit staff to apply for a scheme which would blend working from the office with working from home, where appropriate.

During the year, as a result of staffing shortages within the Mental Health, Learning Disability, Children's Services and Prison Healthcare; Hospital Services, Independent Healthcare, Reviews and Audit; and Adult Care Services directorates business contingency arrangements were invoked. Emergency arrangements ensured management actions; service prioritisation; communications with the Department of Health and partners; and arrangements for daily monitoring and reporting were in place. These arrangements were 'stood down' following the appointment of additional staff. Business continuity arrangements were also adopted during a number of days when trade union strike action was taken.

RQIA also updated its ICT business continuity planning, following thorough testing during 'down-time' of our electronic system, iConnect and our web portal when the systems were upgraded to a new software platform. We will undertake comprehensive testing of our business continuity arrangements into 2023-24 to ensure we are prepared for eventualities, such as a cybersecurity attack.

Following the move to our permanent accommodation at the end of March 2023, we will again update our emergency continuity planning arrangements to reflect arrangements in the new premises.

## UK Exit from the European Union (Brexit)

During 2022-23 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. RQIA has continued to review the impact of Brexit on the business of the organisation, and as part of the ALB's EU Exit Forum is satisfied that appropriate arrangements continue to be in place.

RQIA is also mindful of the potential 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

During 2022-23, RQIA took forward the development of its corporate Strategic Plan, which was approved by the Authority in March 2023



The Strategic Plan covers 2022-2028, which included details of the four strategic objectives of:

1. Scrutiny: register, inspect, report and enforce
2. Improve: safety and quality;
3. Build: partnerships to strengthen safety; and
4. Inform: service transformation.

underpinned by three enabling priorities:

- Excellence in collective leadership and effective governance;
- Develop a confident, competent, supported and enabled workforce
- Ensure effective management of our

resources, including Finance, Information Technology and Accommodation.

The Plan comprises a series of outcomes and was approved following an extensive public consultation from August to November 2022. 170 stakeholders engaged in our consultation process, through online and in-person events and through our digital consultation.

Actions from the previous year's Management Plan were carried forward for delivery into 2022-23, along with new actions from the Strategic Plan. The status of the actions, measures of success and current financial positions are presented quarterly to the Authority for approval.

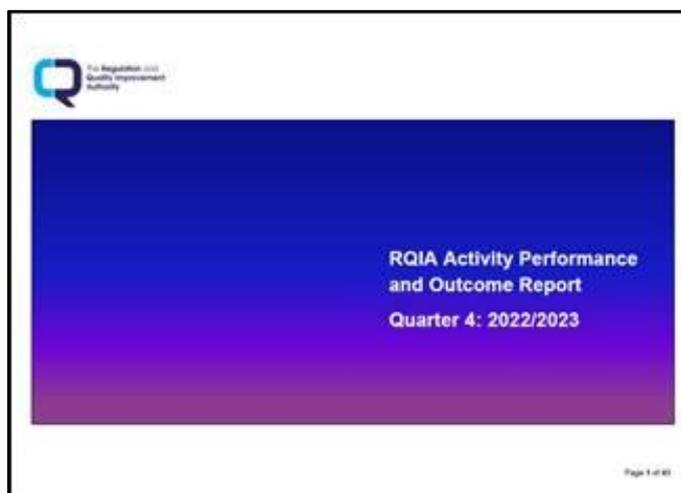
Our Activity Performance and Outcomes Report enables the Authority to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Authority, via the Business, Appointments and Remuneration Committee (BARC), for discussion and approval. The Report is complimented by the Financial Performance Report, presented to the Authority via the Audit and Risk Assurance Committee (ARAC) on a regular basis.

RQIA operates in accordance with its Governance Framework, which sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business. The Framework also highlights the internal and external elements of governance, outlining a timetable for key governance documentation to be presented to the Authority, and its Committees through the Chief Executive.

As part of the Transition and Management Plans during 2020-21 and 2021-22, RQIA completed a restructuring exercise, which examined and considered its current organisational structures.

Following consultation with staff across the organisation and staff side, three new Directorates are now operating and 2022-23 saw work finalised to ensure the establishment of the Office of the Chair and Chief Executive and to appoint a new Head of Business Services.

The Chief Executive continues to hold performance management and accountability meetings for the Directorates and the divisions, which 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 Activity Performance and Outcomes Report, which illustrated steady progress on the delivery of our responsibilities. Reporting in relation to audit, governance, finance and risks is to the Authority through the Audit and Risk Assurance Committee.

## **Financial Summary**

In 2022-23 RQIA received income of £9,662,546 which comprised £8,530,849 from the Department of Health through the Revenue Resource Limit, and £1,131,697 from other income. During 2022-23 staff costs were £7,500,002 and other expenditure costs were £2,152,900. At year-end there was a surplus of £9,644, which confirms that RQIA met its financial target of breakeven, which is defined as surplus or deficit not exceeding £20,000.

In 2022-23 RQIA received capital funding from the Department of Health through the Capital Resource Limit amounting to £242,138 which was spent on ICT equipment and licenses to update the iConnect system.

During the year RQIA experienced a reduction in accommodation expenditure, as a result RQIA requested the DoH to retract £125k of funding in-year.

A further retraction of £52,163 was made in relation to the implications of the PSNI Holiday Pay and Sick Pay case.

## **Public Sector Payment Policy – Measure of Compliance**

The Department requires that RQIA pay its non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. RQIA's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is as follows:

**Table 11**

	2023	2023	2022	2022
	Number	Value (£)	Number	Value (£)
Total bills paid	1,423	3,546,425	1,303	3,307,454
Total bills paid within 30 day target	1,414	3,541,220	1,299	3,305,505
<b>% of bills paid within 30 day target</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Total bills paid within 10 day target	1,289	3,191,350	1,276	3,137,795
<b>% of bills paid within 10 day target</b>	<b>91%</b>	<b>90%</b>	<b>98%</b>	<b>95%</b>

### **The Late Payment of Commercial Debts Regulations 2002**

There was no interest payable arising from claims made by businesses under this legislation (2021-22: 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 (FrM) 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-Fraud and Anti-Bribery Policy and associated Response Plan in place, which sets out the position on fraud and bribery and the context for ensuring that all activities are carried out in an honest and ethical environment. RQIA adopts a zero-tolerance approach to bribery and corruption.

## Sustainability and 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.

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'.

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 utilises a range of 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 also 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 temporary offices in Victoria House, Belfast, and to a permanent smaller office space at James House, Belfast, a project to digitise historical registration records was completed.

The Coronavirus Pandemic has changed the way staff work, with a hybrid approach to working from home and in the office. This had a reduced the need for daily travel to the workplace, with many meetings and appointments taking place using online applications. Authority meetings and Authority Committee meetings for the Audit, Risk and Assurance Committee (ARAC) and the Business, Appointments and Remuneration Committee (BARC) also took place online, and utilising electronic documents.

At year end, RQIA further reduced its carbon footprint with a move to its new office accommodation a modern office estate with fewer stand-alone offices and meeting rooms, and lower energy requirements.

RQIA submitted its 'Property Asset Management Plan (PAMP) 2022/23-2026/27 and reported savings for its office space in relation to maintenance, security, cleaning, water, sewerage, rent and energy costs. Savings were also made in security and rent for the Hilltop Office in Omagh.

RQIA is committed to making 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 disability awareness days. The first event held in February 2023, facilitated by Autism NI, provided staff an opportunity to learn more about the effects of autism and how to help support colleagues who may live with the effects of autism. In March 2023, a senior gastroenterology dietitian from the South Eastern HSC Trust provided information on bowel conditions. A British Sign Language interpreter was present at each Awareness Day and additional information was provided at the end of each session through a Disability Insight leaflet.

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

- Performance Overview
- Performance Analysis



**Briega Donaghy**  
**Chief Executive**  
**6 July 2023**

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## **SECTION 2**

# **ACCOUNTABILITY REPORT**

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## **CORPORATE GOVERNANCE REPORT**

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## Directors Report 2022-23

Christine Collins, MBE, was appointed on 18 June 2020 and continued as RQIA's Interim Chair until 30 September 2022. Following a public appointments process, Christine was appointed as substantive Chair from 1 October 2022 for a four-year term.

During the year, from 1 April 2022 to 31 January 2023, the five Interim Authority Members appointed on 30 October 2020 continued in office. They were:

- Neil Bodger;
- Stuart Elborn;
- Jacqueline McGarvey;
- Suzanne Rice; and
- Bronagh Scott.

Following a public appointments process, seven Authority Members were appointed on 1 February 2023. They are:

1. Neil Bodger
2. Stuart Elborn
3. Cheryl Lamont;
4. Nazia Latif;
5. Alphy Maginness;
6. Mary McIvor; and
7. Sarah Wakfer.

Bronagh Scott's interim appointment was extended for a further year, bringing the complement of Authority Members to eight. Profiles of the Chair and Authority Members are included at Appendix 4.

Briege Donaghy continued as RQIA's Chief Executive during 2022-23. She is responsible to the Authority for the day to day operations and management of the RQIA, and is supported by the heads of the 3 operational Directorates and the Head of Business Support

The RQIA's executive management team ("EMT") comprises three operational directors:

- Elaine Connolly, Director of Adult Care Services;
- Emer Hopkins, Director of Hospital Services, Independent Healthcare, Reviews and Audit; and
- Lynn Long, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare.

RQIA also received support from a number of additional staff:

- Richard Wright, RQIA's Medical Lead and Responsible Officer (a senior medical role), replaced by Ian Steele in October 2022;

- Francis Rice, to support and mentor RQIA's Directors and assist with organisational development; and
- Karen Harvey, professional advisor to RQIA's social workers and to assist with support to the Adult Care 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](#), where Members are required to declare any interest that may conflict with their role and 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 principal risks include:

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

In line with government guidance, during 2022-23, the majority of staff worked from home during the year, with the RQIA Pilot Hybrid Working Scheme being introduced to coincide with the move to RQIA's new accommodation at James House at the end of March 2023. 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 Briega 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 management 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 registered services (under Part III of the 2003 Order), places of detention across Northern Ireland and inspections of statutory services including mental health and learning disability wards, NHS hospitals; and Reviews of both health and social care services and independent establishments, agencies and services. 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, the Public Health Agency and the Strategic Planning and Performance Group of the Department of Health.

The Chair and Chief Executive attend bi-annual accountability reviews with the Permanent Secretary; these recommenced post pandemic and the first occurred on 12 January 2023. Meetings are held between the Chair, the Chief Executive and senior representatives from RQIA's Sponsor Branch, in advance of quarterly Liaison Meetings, where the Chief Executive and Directors meet with the DoH Sponsor Branch representatives to discuss issues relating to regulation and quality improvement across the health and social care system, keeping the Department informed about service provision and particularly about their availability and their quality.

## **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;
- Standing Financial Instructions;
- The establishment and operation of an effective Audit and Risk Assurance Committee;
- The establishment and operation of an effective Business, Appointments and Remuneration Committee;
- The establishment of a Medical Appointments Committee to conduct functions under the Mental Health Order;
- The establishment of an Enforcement Committee to conduct enforcement functions under the 2003 Order; and
- The establishment and operation of an effective Legislative and Policy Committee (established in March 2023).

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.

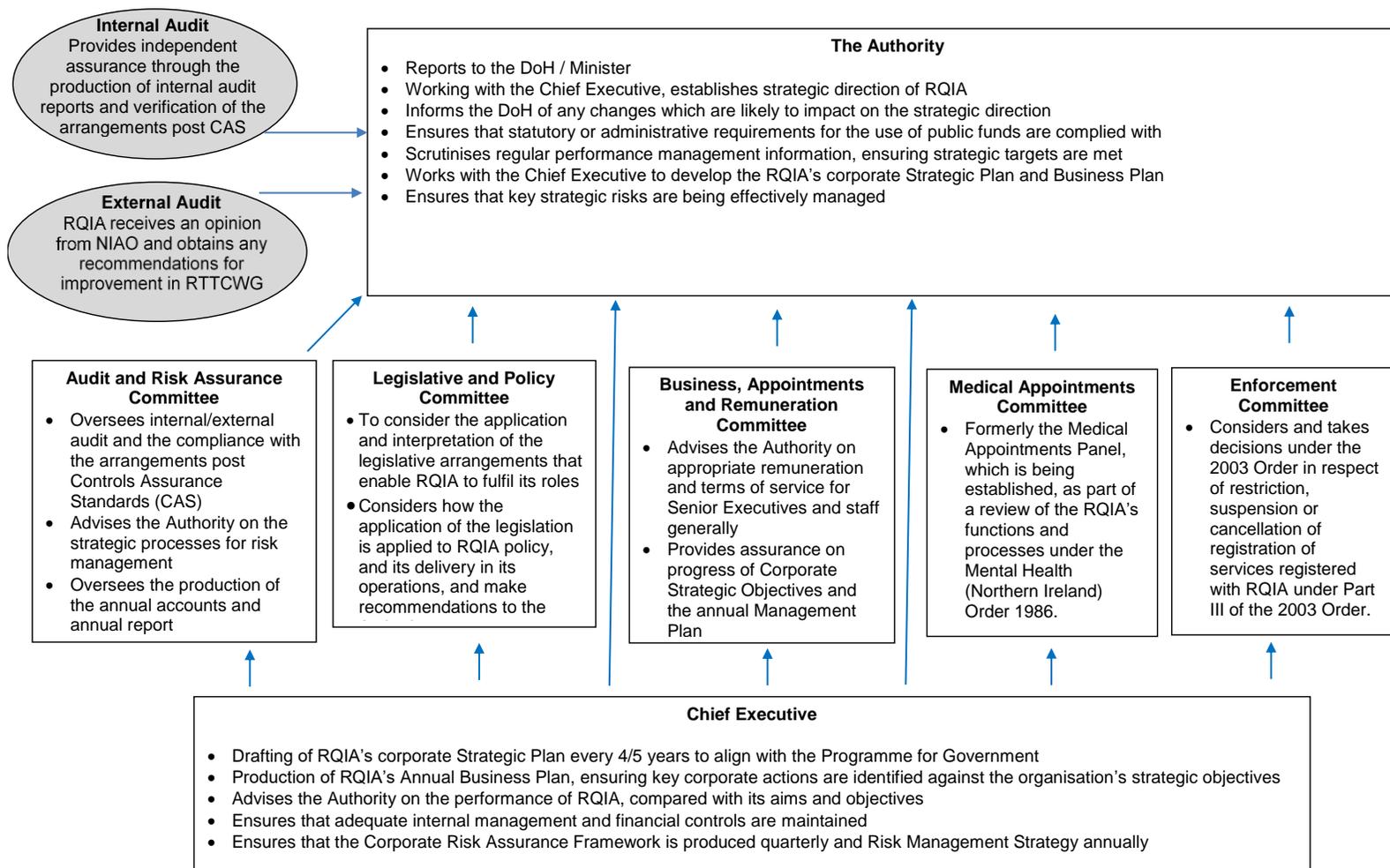
A robust structure of accountability and responsibility is required as part of a control environment (i.e. governance, risk management and internal control).

The respective responsibilities in relation to corporate governance are detailed in the chart overleaf and following 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; and
- 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 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 also encourages improvements in the quality of these services through its regulation and review actions; and protects the interests of those with mental health issues or learning disabilities.

The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, established the Authority, operational from 2005, and defines its roles and functions, including its statutory duties to conduct inspections, investigations and reviews of services and to report its findings to the DoH. The Health and Social Care (Reform) Act 2009 abolished the Mental Health Commission and transferred its duties and functions under the Mental Health (NI) Order 1986 to the RQIA. Additional functions in respect of mental health were placed on the RQIA by the Mental Capacity Act (Northern Ireland) 2016.

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;
- 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. Following a public appointments process, seven members were appointed to the Authority on 1 February 2023, and the term of one Interim Member was extended for a further year. The Authority met in formal session seven times during 2022-23.

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, the Mental Health Order (Northern Ireland) 1986 and other legislation;
- Determining the overall strategic direction of RQIA within resource limits;
- Supported by the Chief Executive, developing the corporate Strategic Plan and Management 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;
- With the support of the Chief Executive, communicating RQIA's plans and achievements to stakeholders, RQIA's staff, DoH and the general public;
- 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;
- Through the Chief Executive, ensuring the Executive Management Team (EMT) 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 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 seven Authority meetings were held during 2022-23. In addition, six Authority workshops took place in 2022-23, addressing strategic issues facing the organisation. The Authority Governance Self-Assessment Tool, assessing the performance of the Authority, was completed during 2022-23 and was utilised to complete a Board Effectiveness Audit, by Internal Audit in Quarter 3, the result of which was Satisfactory Assurance.

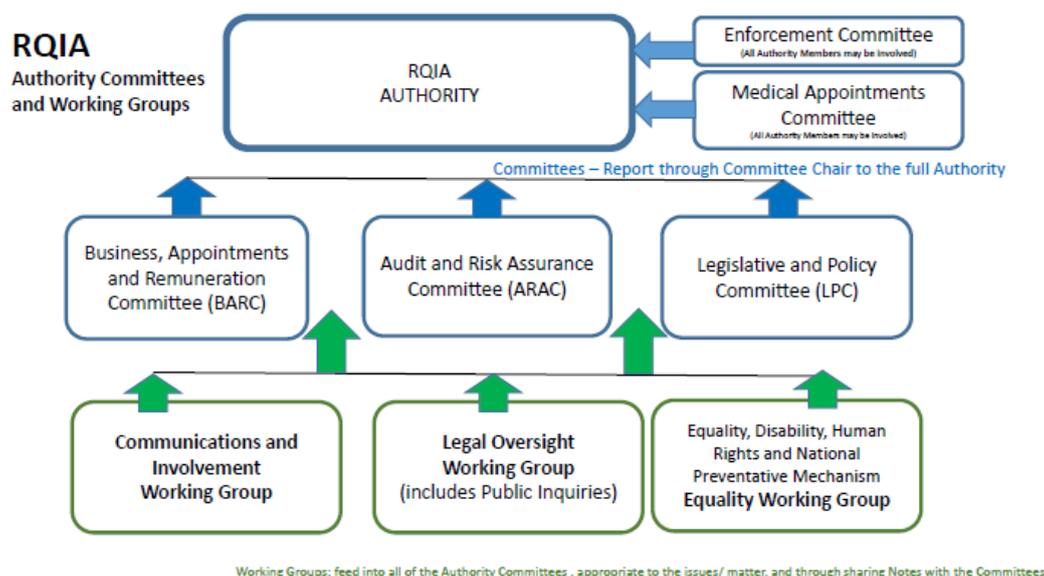
<b>Attendance at 2022-23 Authority Meetings and Workshops</b>		
	<b>Authority Meetings (Total 7)</b>	<b>Authority Workshops (Total 6)</b>
Christine Collins*	7	6
Jacqui McGarvey	5	6
Bronagh Scott	5	5
Suzanne Rice	4	4
Stuart Elborn	6	2
Neil Bodger	3	3
Alphy Maginness**	1	N/A
Cheryl Lamont**	1	N/A
Mary McIvor**	1	N/A
Nazia Latif**	1	N/A
Sarah Wakfer**	1	N/A

\* Interim Chair in post from 18 June 2020 to 30 September 2022 and following a public appointments process, appointed as substantive Chair from 1 October 2022 for a four-year term

\*\*Appointed with effect from 1 February 2023

The Authority met with the Permanent Secretary on 3 May 2022. There were also three Authority Seminars during the year, covering topics such as the Registration Improvement Project; Trauma Informed Organisations; Reviewing the Board Effectiveness Self-Assessment and Case Study; and an “In Conversation” event for the Interim Authority Members with the Chief Executive in attendance.

Following appointment of new Authority Members in February 2023, Members agreed the construct of the following Authority Committees and Working Groups.



## Audit and Risk Assurance Committee Role and Performance

The Audit and Risk Assurance Committee, as a Committee of the Authority, assists the Authority 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 has consisted of three Interim Authority Members, including the Audit and Risk Assurance Committee Chair until February 2023, when it increased to four Authority Members.

The Audit and Risk Assurance Committee Chairman and members were 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 Authority 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 Authority 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 Authority for approval.

The Committee met five times during 2022-23 in May, June, August, November 2022 and March 2023. The Audit and Risk Assurance Committee plans to complete the Audit Committee self-assessment checklist in Quarter 2 of 2023-24.

<b>Attendance at 2022-23 Audit and Risk Assurance Committee Meetings</b>	
<b>Authority Member</b>	<b>Committee Meetings (Total 5)</b>
Neil Bodger (Chair)	5
Bronagh Scott	4
Stuart Elborn~	3
Alphy Maginness**	1
Mary McIvor**	1

\*\*Appointed with effect from 1 February 2023

~Left Committee to take up Chair of BARC in February 2023

## The Business, Appointments and Remuneration Committee Role and Performance

The Business, Appointments and Remuneration Committee 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.

The Business, Appointments and Remuneration Committee has consisted of three Interim Authority Members, including the Business, Appointments and Remuneration Committee Chair until February 2023, when it increased to four Authority Members.

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 Business 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 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 five occasions during 2022-23 in May, June, August, November 2022 and February 2023.

During 2022-23, the Authority Chair, Christine Collins, also attended the meetings in May, August and November 2022.

<b>Attendance at 2022-23 Business, Appointments and Remuneration Committee Meetings</b>	
<b>Authority Member</b>	<b>Committee Meetings (Total 5)</b>
Suzanne Rice (Interim Chair)	4
Jacqui McGarvey	4
Christine Collins	3
Stuart Elborn (Chair)^	1
Cheryl Lamont	1
Nazia Latif	1
Sarah Wakfer	1

\*\*Appointed with effect from 1 February 2023

^ Took over Chair from February 2023

## **The Legislative and Policy Committee Role and Performance**

The Legislative and Policy Committee is a new Committee of the Authority established in March 2023, as a committee of the Regulation and Quality Improvement Authority pursuant to Schedule 1 paragraph 9 of The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003.

The Legislative and Policy Committee consists of four Authority Members, including the Legislative and Policy Committee Chair.

The Committee is established so as to consider the legislative context that enables RQIA to fulfil its duties and to make recommendations to the Authority in terms of the interpretation, impact and policy aspects of such legislation.

It constitutes part of the governance arrangements of the Authority in terms of considering, determining and advising the Authority on legislative and policy issues that are relevant to the role and functions of RQIA, under its founding legislation and other legislation as it applies to the role of RQIA, and as set out in the Department of Health Social Services and Public Safety Framework Document, 2011 (The Department produced a Framework Document to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (2009). The Framework Document describes the roles and functions of the various health and social care bodies and the systems that govern their relationship with each other and the Department).

The functions of the Committee include:

- To consider the application and interpretation of the legislative arrangements that enable RQIA to fulfil its role as: regional regulator of health and social care services in Northern Ireland under The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003; its functions under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2018 and the Mental Health (Northern Ireland) Order 1986; and its role under the National Preventative Mechanism<sup>1</sup>.
- The Committee will also consider other legislation that may apply to RQIA in the wider context.
- The Committee will consider how the application of the legislation is applied to RQIA policy, and its delivery in its operations, and make recommendations to the Authority in this regard.
- In so doing, the Committee make seek expert opinion to assist it in its considerations.

The Legislative and Policy Committee met in March 2023 for its inaugural meeting, with all Members in attendance.

<b>Attendance at 2022-23 Legislative and Policy Committee Meetings</b>	
<b>Authority Member</b>	<b>Committee Meetings (Total 1)</b>
Alphy Maginness (Chair)	1
Mary McIvor	1
Nazia Latif	1
Sarah Wakfer	1

## **The Medical Appointments Committee**

The Medical Appointments Committee (formerly the Medical Appointments Panel) is in the process of being re-established, as part of a review of the RQIA's functions and processes under the Mental Health (Northern Ireland) Order 1986. During the year, it met 11 times; the Chair, Christine Collins, was present at all meetings and Alphy Maginness joined the Committee on appointment, attending one meeting in the 2022-23 year. The intention is that this will be a Committee of the Authority, with a quorum of two Authority Members, on a rotating basis. Other committee members include RQIA's Medical Lead and Responsible Officer and the Director of Mental Health, Learning Disability, Children's Services and Prison Health (or her designated deputy) in attendance and ensuring the provision of advice and secretariat services.

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<sup>1</sup> The UK National Preventive Mechanism was established in 2009 to strengthen the protection of people in detention through independent monitoring.

In coordination across the four nations of the UK, the NPM focuses attention on practices in detention that could amount to ill-treatment, and works to ensure its own approaches are consistent with international standards for independent detention monitoring

## The Enforcement Committee

The Enforcement Committee meets on an ad hoc basis to consider and take decisions under the 2003 Order in respect of restriction, suspension or cancellation of registration of services registered with RQIA under Part III of the 2003 Order. It is a Committee of the whole Authority, with a quorum of two Authority Members; the Chief Executive (or her designated deputy) is also in attendance and ensures the provision of advice and secretariat services.

The Committee met nine times during the 2022-23 year. There has been no requirement to meet since February 2023, when the new Authority Members took up appointment.

<b>Attendance at 2022-23 Enforcement Committee</b>	
<b>Authority Member</b>	<b>Enforcement Meetings (Total 9)</b>
Christine Collins	5
Neil Bodger	5
Suzanne Rice	3
Jacqui McGarvey	2
Bronagh Scott	1
Stuart Elborn	0

## Chief Executive and EMT Responsibility

The Authority has delegated responsibility to the Chief Executive for the day-to-day operations and management of RQIA. The Chief Executive is responsible to the Authority 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 Strategic Plan, Review Programme and Annual Business Plan;
- Delivering RQIA's services in line with targets and performance indicators agreed by the Authority;
- Supporting the development of RQIA's relationships with key stakeholders;
- Supporting the communication of RQIA's plans and performance to stakeholders, the general public; the Department of Health and RQIA's staff;
- Ensuring that the RQIA staff:
  - act 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;
  - provide accurate and timely information to enable the Authority to fulfill its governance responsibilities effectively; and
  - support the Authority in fulfilling its role and responsibilities as set out in this governance statement.

- 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.

There are three Directors:

- Elaine Connolly as Director of Adult Care Services;
- Emer Hopkins as Director of Hospital Services, Independent Healthcare, Reviews and Audit; and
- Lynn Long as Director of Mental Health, Learning Disability, Children’s Services and Prison Healthcare.

As part of RQIA’s wider restructuring, a new role, Head of Corporate Affairs, was created to lead the establishment of the Office of the Chair and Chief Executive. The then Head of Business Services, Jacqui Murphy, was substantively appointed to the role in November 2022. As part of the restructuring, the RQIA welcomed Dr Ian Steele as Medical Lead and Responsible Officer, who took up the post on 31 October 2022.

## 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 Strategic Plan, Annual Business Plan, Risk Management Strategy and the Activity Performance and Outcomes Report.

The diagram below demonstrates how RQIA’s corporate Strategic Plan will be delivered through the Risk Management Strategy and Business 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.

During 2022-23, RQIA took forward the development of its corporate Strategic Plan, which was approved by the Authority in March 2023. The Strategic Plan covers 2022-2028, which included details of the four strategic objectives of:

1. Scrutiny: register, inspect, report and enforce;
2. Improve: safety and quality;
3. Build: partnerships to strengthen safety; and
4. Inform: service transformation.

This is underpinned by three enabling priorities, namely:

- Excellence in collective leadership and effective governance;
- Develop a confident, competent, supported and enabled workforce; and
- Ensure effective management of our resources, including Finance, Information Technology and accommodation.

The Strategic Plan focuses on outcomes, and was approved by the Authority following an extensive public consultation from August to November 2022. 170 stakeholders engaged in our consultation process, through online and in-person events and through our digital consultation.

Actions from the previous year's Management Plan were carried forward for delivery into 2022-23, along with new actions from the evolving Strategic Plan. The status of the actions, measures of success and current financial positions are presented quarterly to the Authority for approval.

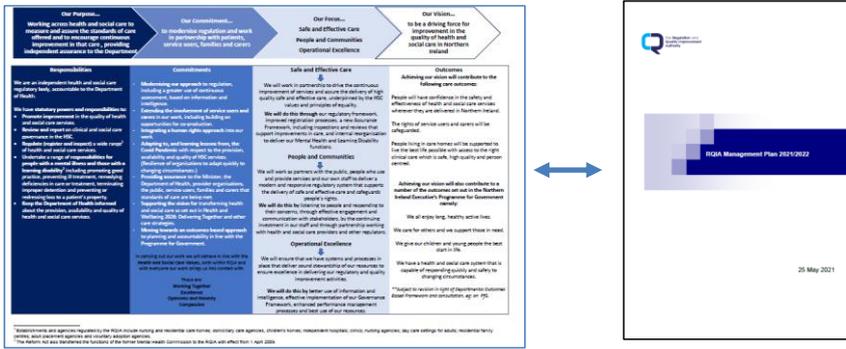
The Activity Performance and Outcomes Report enables the Authority to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Authority, via the Business, Appointments and Remuneration Committee, for discussion and approval.

RQIA continues to operate under its Risk Management Strategy, approved by the Authority in September 2021, which was updated with key sections on risk appetite and a process for de-escalating risks, and considered by the Authority at its workshop in January 2023. The Strategy 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 Strategy will be reviewed in July 2023 at an Authority workshop.

The 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 reviewed the risk appetite statement at its workshop in January 2023. It will be further reviewed in July 2023.

# RQIA's Performance Management Framework

Produced in 2021-22 and rolled forward



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 the Audit and Risk Assurance Committee. 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.

In 2022-23 the RQIA corporate risk register, (“Principal Risk Document”) included 11 risks. 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. Stage I of this Plan in relation to RQIA’s electronic information system, iConnect and its Web Portal, was successfully tested in March 2023, when the system was taken down during a critical software upgrade.

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.

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 2022-23 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 Governance Policy;
- Data Protection Policy;
- Records Management Policy;
- Information Asset Register Procedure;
- Freedom of Information (FOI) Policy;
- Retention and Disposal of Documents Schedule; and
- Information Security Policy and its associated standards in relation to:
  - Email Communications;
  - Removable Media;
  - Use of Internet Services;
  - Asset Management;
  - Clear Desk and Screen;
  - Data Transfer;
  - Encryption;
  - Incident Identification and Reporting;
  - Remote and Mobile Working; and
  - Accounts and Passwords.

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 Anti-Bribery 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 Business Services Organisation (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 engagement programme, RQIA has met with a range of stakeholder representative groups to discuss our ongoing work. Examples include:

- The Patient and Client Council's group of relatives with people living in care;
- The Care Home Engagement Platform;
- The Northern Ireland Commissioner for Children and Young People;
- Independent Health and Care Providers (IHCP);
- Care Opinion;
- UK Homecare Association;
- Association for Real Change UK;
- The Royal Colleges of Nursing, General Practitioners, and Psychiatrists; and
- British Dental Association.

RQIA also held two events, one in June and one in November 2022, with HSC staff, independent sector providers, members of the public, carers, patients and service users and their families who have had previous engagement with RQIA, to hear their views and opinions on how RQIA could improve its processes and approach to engagement, involvement and learning from the experience of staff, service users, their families, carers and advocates.

RQIA also engaged extensively with the public and stakeholder groups in relation to two public consultations:

- **Consultation on proposal to publish RQIA inspection reports relating to children's services:** this consultation ran from July to October 2022 when RQIA engaged with a wide range of stakeholders, including service providers, Members of the Legislative Assembly (MLA's), Councils, voluntary and independent sector organisations and other statutory bodies asking them to contribute to the consultation. During the consultation period a number of online and in person engagement events were held with service providers of regulated services for children and young people, the public and advocacy organisations for children and young people and special interest groups. This consultation was supported by a collaborative group, with representatives from:
  - The Voice of Young People in Care (VOYPIC);
  - The Children's Law Centre;
  - The Northern Ireland Commissioner's Office for Children and Young People;
  - A Human Rights expert;
  - The Information Commissioner's Office (ICO); and
  - HSC Trust staff representatives.

Staff and the children and young people using the children's services were also consulted about the proposals during inspections undertaken during the consultation period. The consultation found wide agreement to the proposal to publish inspection reports relating to children's services, subject to safeguards. In April 2023 the Authority approved the establishment of a short-life working group to agree the approach through to implementation, ensuring continued engagement and co-production with children and young person's representatives.

- **Consultation seeking views on the RQIA Draft Strategic Plan 2022-2028:** this Consultation launched in August 2022, with both online and in-person events during October and November 2022, with a range of stakeholders including:
  - The Independent Health and Care Providers Network;
  - Royal College of Psychiatrists;
  - Patient and Client Council; and
  - The Belfast HSC Trust Personal and Public Involvement Group.

All events were well attended by around 125 people, with 45 organisations and individuals who responded to our digital consultation, including service users, groups from the independent sectors and charitable organisations, government organisations and a political party. The consultation closed on 17 November 2022, with over 77% of responders indicating that they strongly agreed or agreed that the proposed four strategic objectives would address RQIA's core purpose in keeping people safe by improving safety and quality in health and social care.

The Chair and Chief Executive also met with the Health Spokespersons of the main political parties to brief them on the draft Strategic Plan and the response to the Consultation. The updated Strategic Plan was approved in principle at the Authority Meeting of 16 March 2023 and the plan for sharing with the Department of Health and publication was agreed by the Authority in April 2023.

As part of the Strategic Plan and the Annual Business Plan for 2023-24, we will enhance our engagement and involvement work, developing an Engagement and Communications Strategy.

## **8. Budget Position and Authority**

The Northern Ireland Budget Act 2023 was passed by Parliament and received Royal Assent on 8 February 2023 which authorised the cash and use of resources for all departments and other bodies for the full 2022-23 year, and also included a Vote on Account for the early months of the 2023-24 financial year. This will be followed by a further Budget Bill which the Secretary of State will bring to Parliament in due course, following the 2023-24 Northern Ireland Budget which he set in his Written Ministerial Statement on 27 April 2023.

The Written Ministerial Statement has enabled the Department of Health to issue opening allocations for 2023/24 which will enable essential services to continue. However, despite plans to deliver significant efficiencies, the budget allocation provided has resulted in a significant funding gap. The Department of Health and its Arm's Length Bodies are currently working on the development of further savings measures to bridge the gap. However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system which would be very damaging for service delivery.

## **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, procurement and some legal and 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 2022-23 audit was delivered in accordance with the Audit Strategy which was presented to the Audit and Risk Assurance Committee in March 2023.

### 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 2022-23 Internal Audit reviewed the following systems:

<b>Audit</b>	<b>Level of Assurance Received</b>
Financial Review	Satisfactory
Performance Management	Satisfactory
Authority Effectiveness	Satisfactory
Inspection: Mental Health and Learning Disability	Limited
IT: Cyber Security	Satisfactory

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

## **Inspection: Mental Health and Learning Disability (MHL D)**

This audit, undertaken in November 2022, considered the adherence to inspection methodology, including the use of a risk-based approach and subsequent enforcement notice decision making. The focus of the audit was to ensure that RQIA has adequate systems and processes in place in relation to inspections of MHL D facilities and that these are operating effectively. The audit provided limited assurance on the basis that RQIA is not compliant with its responsibilities in relation to the Mental Capacity Act, acknowledging this is due to lack of allocated resources to undertake the role of RQIA as set out in the Act.

An intelligence led and risk-based approach has been developed in terms of identifying wards and services that will be subject to inspection and this approach needs further developed. Performance targets need to be developed to reflect the adoption of a risk-based approach.

There is an inspection process in place which is led by senior grade staff from relevant professional backgrounds. Performance Reports are presented to both Executive Management Team and the Authority, highlighting the volume of inspections that have taken place.

Internal Audit also noted that management has taken action to enhance the inspection process, following significant issues identified at Muckamore Abbey Hospital. This approach, adopted since 2019, has included a much more joined up approach and methodology to inspections across whole sites. Work to develop themes and trends is also progressed. Intelligence obtained is considered on an ongoing basis and information from across services/sites shared regularly during weekly team briefings and directorate briefings.

The two significant findings in the audit, impacting on the assurance provided are:

1. Under legislation, RQIA has oversight responsibility in respect of people who are deprived of their liberty for periods exceeding six months and also for providing consent to responsible authorities to manage money and valuables in excess of £20,000 for people who lack capacity to do so themselves. RQIA is not currently discharging this responsibility due to no resource allocation having been made to RQIA to enable it to fulfil its duties under the Mental Capacity Act. A business case was prepared and submitted to DoH in January 2023.
2. At the outset of the year, RQIA had set itself an objective to visit all 51 MHL D wards within the year. Whilst there is no specific target set in Regulations under the 2003 Order, the RQIA's duties under both the 2003 Order and the Mental Health Order 1986 impose a requirement to scrutinise mental health and learning disability services, and consider the experience of individuals in receipt of those services.

In 2021-22 RQIA visited 22 out of the 51 wards. In 2022-23 RQIA had visited 27 wards out of 51 wards located over the HSC hospital (or other) sites. The following are noted:

- Recruitment has been a focus for any vacant posts in this area so that capacity to deliver inspections is maximised as far as possible.
- A Strategic Outline Case (SOC) was submitted to DoH in August 2022 establishing the 'workforce gap' between demand and capacity across programmes.
- Given the adoption of an intelligence led, risk-based approach, new indicators need to be developed that will enable monitoring the effectiveness of the adopted approach.
- The risk-based approach needs to be formally documented and defined in procedure and supported by engagement with stakeholders.

The recommendations are being taken forward by the Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare and the Mental Health and Learning Disability Team. RQIA's responsibilities in relation to the Mental Capacity Act are placed on the Principal Risk Document; and careful consideration will be given to the inclusion of other aspects of mental health and learning disability during the review of the Risk Strategy. Progress with actions is reported on a regular basis to the Chief Executive; also to the Audit and Risk Assurance Committee as part of the RQIA Audit Action Plan and then to the Authority.

There were no priority one weaknesses in control identified in relation to the 2022-23 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, 59 (80%) out of the outstanding 74 recommendations examined were fully implemented and a further 15 (20%) 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 and 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.

Shared Service Audit	Assurance
Payroll Shared Service	<p>Satisfactory: <b>Elementary PSC processes</b> – specifically current overpayment administration, regular pre-closedown checks, manual timesheet management, pay awards, industrial action, sickness absence payments, new starts, protections, and file access</p> <p>Limited: SAP / HMRC Real Time Information (RTI) Reconciliation, Historic Sickness Absence, Net &amp; Historic Overpayments Backlog, and Agenda for Change 13.9 and 14.4 (previously reported as holiday pay)</p>
Recruitment Shared Service	Limited: Recruitment processes
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory

In her 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: RQIA Authority**

On 17 June 2020, the Acting Chair and eight remaining Authority members of the RQIA resigned without notice and with immediate effect. These resignations left the RQIA temporarily without a proper complement of Members.

#### **Response**

On 18 June 2020 the Minister of Health appointed Christine Collins MBE as Interim Chair. On 14 August 2020, pending the completion of a process approved by the NI Commissioner for Public Appointments to appoint Members to the Authority, the Health Minister approved the temporary appointment of two Departmental senior officials to the Authority.

On 31 October 2020, six Interim Members were appointed until October 2021; this was extended to January 2023. A Public Appointments process completed in January 2023, when eight Authority Members were appointed for a four-year term, including: Stuart Elborn and Neil Bodger, formerly Interim Members. Bronagh Scott's term as an Interim Member was extended for a further year.

The Authority continues to action the recommendations within its control from the Independent Review into the Circumstances of Board Member Resignations in the RQIA (known as the "Nicholl Report") (July 2021). This has resulted in working closely with the Minister, Departmental Officials and other partner organisations to ensure it continues to deliver on the core purpose of securing and improving the safety and quality of health and social care services in Northern Ireland.

A further Authority Workshop with Mr Nicholl, the author of the Independent Review was held during 2022-23, exploring effective governance and assisted the Authority in the development of the Partnership Agreement between the DoH and RQIA.

The Office of the Chair and Chief Executive has now been established to provide central co-ordination for RQIA's relationships with the Department and other stakeholders and to support the Chair, Authority Members and the Chief Executive, in carrying out RQIA's responsibilities.

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 issues which were reported in the Mid-Year Statement and are now resolved**

### **Issue: Accommodation**

In April 2022, RQIA was advised that the scheduled accommodation move to James House had been delayed due to several contracting issues. Property Asset Management Branch had advised of ongoing issues in relation to funding in respect of delays. The lease for RQIA's temporary accommodation, Victoria House, had been extended to the end of February 2023 and the landlord had advised that a further extension to the lease was unable to be provided past this date.

### **Response**

Following negotiations with the James House Project Team, Department of Legal Services and Property Assets Management Branch, as well as legal services, RQIA managed to secure access to its permanent accommodation and successfully took up residency in James House on 27 March 2023.

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

### **Issue: Workforce and Impact upon Inspection Activity**

RQIA has been reporting an under-achievement against the statutory frequency of inspections set out for some regulated services, those identified in Part III of the 2003 Order. This is depicted, for example, in the frequency of planned inspections of registered care homes, whereby The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 required two Inspections each year of all registered Care Homes (there are 471 nursing and residential care homes in Northern Ireland). It is determined that the capacity required to carry out such a frequency exceeds RQIA workforce capacity. Planned inspections are carried out (at least one in all Care Homes – 98% unannounced) and additional inspections are as a result of an assessment of risks, based on assessment of intelligence we receive from registered Service Provider notifications and concerns raised with us by public, service users and others; and other sources of intelligence.

There is a need to ensure sufficient numbers of staff to deliver RQIA's statutory inspection requirement, whilst the legislation as set out remains extant. Currently workforce capacity limitations have a substantial impact on our ability to deliver the degree of scrutiny and volume of inspections, whether required by the legislation generally, or specified in Regulations.

## **Response**

RQIA has undertaken a substantial review of the workforce capacity and demand. This has used real-time review of caseloads and time spent on key tasks and has looked to benchmarks in other jurisdictions. As a result, a strategic outline case (SOC) for workforce investment was submitted to the DoH in August 2022.

This has also led to discussing the need for an update of the current founding legislation which dates to 2003 and of the 2005 Fees and Frequency regulations. Fees for initial registration and annual renewal have not been updated since 2005 and give no opportunity for RQIA to adjust fees to reflect actual costs of registration, inspection and enforcement. RQIA is developing a Regulation Framework to enable an intelligence led, risk-based approach, establishing a universal basis for intelligence monitoring and assessment, risk judgement and regulatory response to ensure a robust and consistent approach, enabling use of the available resources to best effect against presenting risks. However, there is a risk of legal challenge as the RQIA cannot meet the frequency of inspections required under the 2005 Regulations within its existing resources.

## **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 implemented, 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 legislation is amongst the most significant pieces of legislation to be introduced in Northern Ireland in the last 10 years. It confers new responsibilities upon the RQIA in exercising 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 redirection of the RQIA's activities during that period.

RQIA has not been allocated resources to enable fulfilling of its role within the Act and does not currently meet its statutory functions in respect of this legislation.

## **Response**

Through an internal reorganisation during 2021-22, RQIA has created a dedicated mental health and learning disability team within the Directorates structure.

A business case was submitted to the DoH in January 2023 establishing the resources RQIA considers are required to fulfil its role under the Mental Capacity Act. We understand the DoH is considering this submission. Given the current financial context, there is a concern that the capacity needed will not be resourced. The risk as a result is that people could be deprived of their liberty inappropriately or their assets (over £20,000) mismanaged. This issue is on the RQIA Principal Risk Register.

## **Issue: Information Governance**

An independent review of information governance (IG) 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 RQIA has an established Information Governance Group which has oversight of the management of IG within the organisation and is completing delivery of the IG action plan, with one only action remaining from the independent review.

The RQIA electronic information system, iConnect, is approaching end of life in relation to the required software and aligned support and maintenance. The system has undergone a software upgrade in March 2023, for which a business case was submitted and approved at end of the last fiscal year. This upgrade has ensured compliance with maintenance and cyber security. A further business case is being taken forward to consider the future ICT needs of the organisation. The strategic outline case for that is expected to be available within the 2023-24 year.

## **Issue: Registration Processes**

Internal Audit in September 2021 issued a report on Registration Process for Agencies which gives a Limited Assurance on KPIs and timeliness of registration processes, iConnect, quality checks and learning and guidance and communication with applicants. The RQIA further identified the need for improvement of the Registration system, processes and timeliness.

## **Response**

The Internal Audit had demonstrated that there needed to be improvement made to the registration service with four areas identified for reform:

- KPIs and timeliness of registration process;
- iConnect;
- Quality Checks and learning; and
- Guidance and communication with applicants.

An improvement project, overseen by the Chief Executive and Directors at Project Board level, continues to take forward this important work. Detailed reporting is now included in the Activity Performance and Outcomes Report.

## **Issue: Muckamore Abbey Hospital Inquiry (MAHI)**

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.

## **Response**

The RQIA's Sponsor Branch at the DoH has been advised of the significant ongoing resource commitment to support this work going forward into the next financial year and ensure that RQIA can effectively meet its legal obligations under the Inquiries Act. A business case was approved in part for the associated legal cost in-year. A decision to move to procurement of a commercial legal firm was completed in order to provide RQIA with independent legal advice and support in this regard, and the independent Legal Firm was appointed, effective from November 2022.

RQIA is a core participant in the Muckamore Abbey Public Inquiry and will require both legal and administrative resources for the duration of the Inquiry.

## Identification of New Issues

### Issue: Changing Strategic Environment for Health and Social Care Provision

New services can be delivered in novel ways, including extra territorial provision. Globally, there are a number of new ways of providing health and social care services; and new services. The current legislative base (now more than 20 years old) is not well placed to deal with these challenges, and RQIA is increasingly facing expectations from the public that protective action can and will be taken, when the legislation does not permit this.

### Response

The Authority has established a dedicated Legislative and Policy Committee, to provide a focus for its consideration of these issues and delivery trends nationally and internationally, and to enable the Authority to develop and provide advice and information for the Department; the issues have been raised by the Chair in Accountability meetings.

## 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 2022-23.



**Briega Donaghy**  
Chief Executive

**6 July 2023**

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## **REMUNERATION AND STAFF REPORT**

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## 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, Appointments and Remuneration Committee. During 2022-23, the membership of this committee was as follows:

<b>BARC Members 1 April 2022 to 31 January 2023</b>
<b>Authority Member</b>
Suzanne Rice (Interim Chair)
Jacqui McGarvey
Christine Collins

<b>BARC members 1 February 2023 to 31 March 2023</b>
<b>Authority Member</b>
Stuart Elborn (Chair)
Cheryl Lamont
Nazia Latif
Sarah Wakfer

The RQIA Chief Executive, the Head of Corporate Affairs and the Head of Business Services are in attendance at Committee meetings. The Committee met on five occasions during 2022-23 in May, June, August, November 2022 and February 2023. Suzanne Rice acted as Interim Chair until Stuart Elborn took over from 1 February 2023. During 2022-23, the Authority Chair, Christine Collins, also attended the meetings in May, August and November 2022.

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 Members of the RQIA were as follows:

Single total figure of remuneration								
Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
Christine Collins (Chair)	20-25	15-20	-	-	-	-	20-25	15-20
Mary McColgan**		0-5	-	-	-	-		0-5
Suzanne Rice****	5-10	5-10	-	-	-	-	5-10	5-10
Alan Hunter*	0-5	5-10	-	-	-	-	0-5	5-10
Neil Bodger	5-10	5-10	-	-	-	-	5-10	5-10
Stuart Elborn	5-10	5-10	-	-	-	-	5-10	5-10
Bronagh Scott	5-10	5-10	-	-	-	-	5-10	5-10
Jacqueline McGarvey****	5-10	5-10	-	-	-	-	5-10	5-10
Sarah Havlin**	-	0-5	-	-	-	-	-	0-5
Seamus Magee**	-	0-5	-	-	-	-	-	0-5
Gerry McCurdy**	-	0-5	-	-	-	-	-	0-5
Norman Morrow**	-	0-5	-	-	-	-	-	0-5
Robin Mullan**	-	0-5	-	-	-	-	-	0-5
Patricia O'Callaghan**	-	0-5	-	-	-	-	-	0-5
Denis Power**	-	0-5	-	-	-	-	-	0-5
Lindsey Smith**	-	0-5	-	-	-	-	-	0-5
Mary McIvor***	0-5	-	-	-	-	-	0-5	
Nazia Latif***	0-5	-	-	-	-	-	0-5	
Alphonsus Maginness***	0-5	-	-	-	-	-	0-5	
Sarah Wakfer***	0-5	-	-	-	-	-	0-5	
Cheryl Lamont***	0-5	-	-	-	-	-	0-5	

## Senior employees' Remuneration (Audited)

Single total figure of remuneration								
	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
<b>Executive Management</b>								
Briege Donaghy (i)	100-105	70-75 (FYE 95-100)	-	-	37	29	135-140	100-105
Elaine Connolly (ii)	70-75	10-15 (FYE 70-75)	-	-	45	28	115-120	40-45
Lynn Long (iii)	70-75	20-25 (FYE 70-75)	-	-	41	37	110-115	60-65
Emer Hopkins (iv)	70-75	65-70	-	-	30	23	100-105	90-95
Anthony Stevens (v)		35-40 (FYE 145-150)	-	-		-		35-40

\* 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 are not currently Members.

\*\*\*These Members were appointed 1 February 2023

\*\*\*\* Suzanne Rice's and Jacqui McGarvey's term ended on 31 January 2023

(i) Briege Donaghy, Chief Executive from 01/07/2021

(ii) Elaine Connolly (Director of Adult Care Services) from 01/01/2022.

(iii) Lynn Long Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare from 01/12/2021.

(iv) Emer Hopkins Acting Director of Improvement covering Lourda Geoghegan's post from 01/05/2020 to 31/11/2021. From 01/12/21 Emer was appointed Director of Hospital Services, Independent Healthcare, Review and Audit Programmes.

(v) Anthony Stevens Interim Chief Executive from 01/09/2020 to 30/06/2021 – non pensionable.

## REMUNERATION REPORT

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

### 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 senior executives 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. The current Authority Members were appointed on 1 February 2023, with Bronagh Scott being extended as an Interim Authority Member for a further year.

### Senior Executives: Dates of Appointment

- Briege Donaghy, Chief Executive was appointed 1 July 2021;
- Elaine Connolly, Director of Adult Care Services was appointed 1 January 2022;
- Emer Hopkins, Director of Hospital Services, Independent Healthcare, Reviews and Audit was appointed 1 December 2021; and
- Lynn Long, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare was appointed from 1 December 2021.

### 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 at 31 March 2023 are as follows for members of the HSC Superannuation Scheme:

<b>Annual pensionable earnings (full-time equivalent basis)</b>	<b>Contribution Rate 2022-23 (phase 1)</b>
Up to £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%
£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10.0%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

With effect from 1 April 2022, all active members of the HSC Pension Scheme transitioned to the new 2015 HSC Pension Scheme. For those members who were previously in the legacy schemes, the 1995 and 2008 sections, the benefits they had accrued on those schemes will remain with them and are fully protected until they retire. Those affected by the McCloud remedy and retiring after 1 October 2023 will be asked to make a choice about some of their pension benefits as part of their retirement process.

## Senior Executives Pension Entitlements (Audited)

The pension entitlements of RQIA senior executives are as follows:

Name	Accrued pension at pension age as at 31/3/23 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/23 £000	CETV at 31/03/22 £000	Real increase in CETV £000s
<b>Senior Executives</b>					
Anthony Stevens (i)	-	-	-	-	-
Briege Donaghy	45-50 Plus lump sum 140-145	0-2.5 Plus lump sum of 0-2.5	1,200	1,112	15
Emer Hopkins	20-25 Plus lump sum 30-35	0-2.5 Plus lump sum of 0-2.5	306	275	7
Lynn Long	15-20 Plus lump sum 25-30	0-2.5 Plus lump sum of 0-2.5	327	249	16
Elaine Connolly	25-30 Plus lump sum 55-60	0-2.5 Plus lump sum of 0-2.5	582	503	20

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

The CETV figures at 31 March 2023 and at 31 March 2022 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.

RQIA's Appointment and Remuneration Committee considers and agrees the policy for the remuneration of the Chief Executive and senior executives for current and future years on an annual basis.

### 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)

Fair Pay	2022-23	2021-22
Band of Highest Paid Director's Total Remuneration (£000s):	100-105	95-100
25 <sup>th</sup> Percentile Total Remuneration (£)	23,949	25,655
Median Total Remuneration (£)	43,806	45,839
75 <sup>th</sup> Percentile Total Remuneration (£)	47,672	45,839
Ratio (25 <sup>th</sup> /Median/75 <sup>th</sup> )	4.3/2.3/2.1	3.8/2.1/2.1
Range of Staff Remuneration	£7k-102k	£20k-97k

\* 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 2022-23 was £100-105k (2022; £95-100k). This was 4.3 times (2022; 3.8) the 25th percentile remuneration of the workforce, which was £23,949 (2022; £25,655), 2.3 times (2022; 2.1) the median remuneration of the workforce, which was £43,806 (2022; £45,839) and 2.1 times (2022; 2.1) the 75th percentile

remuneration of the workforce, which was £47,672 (2022; £45,839). In 2022-23, 0 (2021-22; 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £7k to £102k (2022: £20k to £97k). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind. Changes in pay ratios are assumed to be mainly due to leavers who are higher up the payscale and new entrants who are lower on the payscale in 2022-23. The percentage change in respect of RQIA are shown in the following table:

Percentage change for:	2022-23 vs 2021-22
Average employee salary and allowances *	(1.8)%
Highest paid director's salary and allowances	5.6%

\* The percentage change has decreased in line with increased employee numbers and associated range of grades.

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 2023	Number of compulsory 2022	Number of other departures 2023	Number of other departures 2022	Total number of exit packages 2023	Total number of exit packages 2022
<£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 2022-23 and 2021-22. £nil exit costs were paid in 2022-23, the year of departure (2021-22 £nil). Where the RQIA has agreed early retirements, the additional costs are met by the RQIA and not by the HSC pension scheme. During 2022-23 there were no early retirements (2021-22 there was 1 early retirement) from RQIA agreed on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements in 2023 was £nil (2022 this was £26k). These costs are borne by the HSC Pension Scheme.

## STAFF REPORT

Staff Costs (Audited)	2022-23			2021-22
	Permanently employed staff	Others	Total	Total
Wages and Salaries	5,291,409	522,975	5,814,384	5,598,965
Social Security Costs	597,738	-	597,738	524,668
Other Pension Costs	1,087,880	-	1,087,880	963,029
<b>Sub-Total</b>	<b>6,977,027</b>	<b>522,975</b>	<b>7,500,002</b>	<b>7,086,682</b>
Capitalised staff costs	-	-	-	-
<b>Total Staff costs reported in Statement of Comprehensive Expenditure</b>	<b>6,977,027</b>	<b>522,975</b>	<b>7,500,002</b>	<b>7,086,682</b>
Less Recoveries in respect of outward secondments	257,096	-	257,096	279,254
<b>Total Net Costs</b>	<b>6,719,931</b>	<b>522,975</b>	<b>7,242,906</b>	<b>6,807,428</b>

Staff costs have been disclosed in Note 3 (page 171).

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

	Permanently employed staff No.	Others No.	2023	2022
			Total No.	Total No.
			Administrative and clerical	128*
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	126	14	140	131

The staff numbers disclosed as Others in 2022-23 relate to temporary members of staff.

\*Staff numbers exclude Authority Members and the Chair.

As at 31 March 2023, there were 133 staff in post (125.84 whole time equivalent including those on temporary contracts), excluding Authority Members, bank and agency staff. The staff composition, by headcount, as follows:

	Number of Staff (Headcount)	Male		Female	
		No.	%	No.	%
<b>Directors and CEO</b>	4	0	0	4	100
<b>Employees</b>	129	35	27%	94	73%

### **Staff Turnover**

During 2022-23, there was a staff turnover of 12.74%, with 15 members of staff leaving RQIA through retirement or taking up new opportunities.

### **Sickness Absence**

During 2022-23, there was an average staff absence rate of 4.10% against a regional key performance indicator of 6.18%, set for RQIA by DoH.

### **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 / action 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. RQIA will publicly consult on its refreshed Plan during April to June 2023.

### **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.

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**ACCOUNTABILITY AND AUDIT REPORT**

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## ACCOUNTABILITY AND AUDIT REPORT

### Regularity of Expenditure (Audited)

RQIA developed a budget that supported the work of its strategic objectives during 2022-23 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 2023 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, supported by the Business Services Organisation, ensure that expenditure is in accordance with regulations and all necessary authorisations have been obtained.

## ACCOUNTABILITY AND AUDIT REPORT

### i. Losses and Special Payments (Audited)

#### Losses Statement

Losses statement	2022-23		2021-22
	Number of Cases	£000	£000
Total number of losses	-		-
Total value of losses		-	-

Individual losses over £250,000	2022-23		2021-22
	Number of Cases	£	£
Cash losses	-	-	-
Claims abandoned	-	-	-
Administrative write-offs	-	-	-
Fruitless payments	-	-	-
Stores losses	-	-	-

Special payments	2022-23		2021-22
	Number of Cases	£000	£000
Total number of special payments	-		-
Total value of special payments		-	-

Special Payments over £250,000	2022-23		2021-22
	Number of Cases	£	£
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
<b>Total special payments</b>	-	-	-

#### 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.

A handwritten signature in black ink, appearing to read "Briega Donaghy". The signature is written in a cursive, flowing style.

**Briega Donaghy**  
**Chief Executive**  
**6 July 2023**

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

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## **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 2023 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 2023 and 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 The 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 The 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.

My responsibilities and the responsibilities of the Authority and 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 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 Authority and Accounting Officer for the financial statements**

As explained more fully in the Statement of Accounting Officer Responsibilities, the 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;
- ensuring the annual report, which includes the Remuneration and Staff Report is prepared in accordance with the applicable financial reporting framework; and
- 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 The 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 The 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 The 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 and posting of unused 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](http://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.



*Dorinnia Carville*  
*Comptroller and Auditor General*  
*Northern Ireland Audit Office*  
*106 University Street*  
*BELFAST*  
*BT7 1EU*  
*1 August 2023*

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## **SECTION 3**

# **ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023**

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# THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

## ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### FOREWORD

The accounts for the year ended 31 March 2023 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 CHAIR AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 156-186) 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  
6 July 2023

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 156-188) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



**Christine Collins, MBE**  
Chair  
6 July 2023

**STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2023**

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	2023 £	2022 £
<b>Income</b>			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	1,131,697	1,431,957
Deferred income	4.3	-	-
<b>Total operating income</b>		<b>1,131,697</b>	<b>1,431,957</b>
<b>Expenditure</b>			
Staff costs	3	(7,500,002)	(7,086,682)
Purchase of goods and services	3	(1,251,848)	(1,040,572)
Depreciation, amortisation and impairment charges	3	(284,609)	(100,780)
Provision expense	3	(25,917)	15,090
Other expenditure	3	(590,526)	(560,741)
<b>Total operating expenditure</b>		<b>(9,652,902)</b>	<b>(8,773,685)</b>
<b>Net Operating Expenditure</b>		<b>(8,521,205)</b>	<b>(7,341,728)</b>
Finance income	4	-	-
Finance expense	3	-	-
<b>Net expenditure for the year</b>		<b>(8,521,205)</b>	<b>(7,341,728)</b>
Adjustment to net expenditure for non cash items	22.1	329,725	105,337
Net expenditure funded from RRL		(8,191,480)	(7,236,391)
Revenue Resource Limit	22.1	8,201,124	7,245,591
<b>Surplus/(Deficit) against RRL</b>		<b>9,644</b>	<b>9,200</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>			
	NOTE	2023 £	2022 £
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	-	-
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
<b>Items that may be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of investments		-	-
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2023</b>		<b>(8,521,205)</b>	<b>(7,341,728)</b>

The notes on pages 160-186 form part of these accounts.

## STATEMENT of FINANCIAL POSITION as at 31 March 2023

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	2023		2022	
		£	£	£	£
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	145,668		83,433	
Intangible assets	6.1/6.2	389,189		493,894	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
<b>Total Non Current Assets</b>			<b>534,857</b>		<b>577,327</b>
<b>Current Assets</b>					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	109,228		144,146	
Other current assets	13	56,876		48,291	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	15,132		20,039	
<b>Total Current Assets</b>			<b>181,236</b>		<b>212,476</b>
<b>Total Assets</b>			<b>716,093</b>		<b>789,803</b>
<b>Current Liabilities</b>					
Trade and other payables	14	(1,234,485)		(1,247,709)	
Other liabilities	14	-		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	(38,219)		(81,276)	
<b>Total Current Liabilities</b>			<b>(1,272,704)</b>		<b>(1,328,985)</b>
<b>Total assets less current liabilities</b>			<b>(556,611)</b>		<b>(539,182)</b>
<b>Non Current Liabilities</b>					
Provisions	15	(65,353)		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
<b>Total Non Current Liabilities</b>			<b>(65,353)</b>		<b>-</b>
<b>Total assets less total liabilities</b>			<b>(621,964)</b>		<b>(539,182)</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		3,102		3,102	
SoCNE Reserve		(625,066)		(542,284)	
<b>Total equity</b>			<b>(621,964)</b>		<b>(539,182)</b>

The financial statements on pages 156 to 159 were approved by the Board on 6 July 2023 and were signed on its behalf by:



Brieg Donaghy, Chief Executive

The notes on pages 160 to 186 form part of these accounts.



Christine Collins, MBE, Interim Chair

## STATEMENT of CASH FLOWS for the year ended 31 March 2023

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	2023 £	2022 £
<b>Cash flows from operating activities</b>			
Net operating expenditure		(8,521,205)	(7,341,728)
Adjustments for non cash costs	3	329,725	105,337
Decrease/(increase) in trade and other receivables		26,333	(99,112)
<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/(decrease) in trade payables		(13,224)	249,392
<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		251,338	(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	(3,621)	(22,034)
<b>Net cash inflow/(outflow) from operating activities</b>		<b><u>(7,930,654)</u></b>	<b><u>(7,509,003)</u></b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	-	(26,691)
(Purchase of intangible assets)	6	(493,476)	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
<b>Net cash outflow from investing activities</b>		<b><u>(493,476)</u></b>	<b><u>(26,691)</u></b>
<b>Cash flows from financing activities</b>			
Grant in aid		8,419,223	7,540,933
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
<b>Net financing</b>		<b><u>8,419,223</u></b>	<b><u>7,540,933</u></b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		<b>(4,907)</b>	<b>5,239</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	12	<b><u>20,039</u></b>	<b><u>14,800</u></b>
<b>Cash &amp; cash equivalents at the end of the period</b>	12	<b><u>15,132</u></b>	<b><u>20,039</u></b>

## STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2023

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 £
<b>Balance at 31 March 2021</b>		<b>(760,274)</b>	<b>3,102</b>	<b>(757,172)</b>
<b>Changes in Taxpayers Equity 2021-22</b>				
Grant from DoH		7,540,933	-	7,540,933
(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
<b>Balance at 31 March 2022</b>		<b>(542,284)</b>	<b>3,102</b>	<b>(539,182)</b>
<b>Changes in Taxpayers Equity 2022-23</b>				
Grant from DoH		8,419,223	-	8,419,223
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(8,521,205)	-	(8,521,205)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	19,200	-	19,200
<b>Balance at 31 March 2023</b>		<b>(625,066)</b>	<b>3,102</b>	<b>(621,964)</b>

The notes on pages 160-186 form part of these accounts

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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 contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Regulation and Quality Improvement Authority (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 2023

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**

Department of Finance (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**

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

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 RQIA expects to obtain economic benefits or service potential from the asset. 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.

<b>Asset Type</b>	<b>Asset Life</b>
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.

The overall useful life of the DoH body's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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.

#### 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.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 1.8 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed 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.

Income is stated net of VAT.

### 1.9 Grant in aid

Funding received from other entities, including the Department, 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.

### 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.

### 1.13 Leases

Under IFRS 16 Leased Assets which the RQIA has use/control over and which it does not necessarily legally own are to be recognised as a 'Right-Of-Use' (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the RQIA's threshold limit which is currently £5,000.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### **Short term leases**

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised.

Examples of short term leases are software leases, specialised equipment, hire cars and some property leases.

### **Low value assets**

An asset is considered “low value” if its value, when new, is less than the capitalisation threshold. The application of the exemption is independent of considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new. Examples of low value assets are, tablet and personal computers, small items of office furniture and telephones.

### **Separating lease and service components**

Some contracts may contain both a lease element and a service element. DoH bodies can, at their own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help DoH bodies where it is time consuming or difficult to separate these components.

### **RQIA as lessee**

The ROU asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- Indexation;
- amounts payable for residual value;
- purchase price options;
- payment of penalties for terminating the lease;
- any initial direct costs; and
- costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

Finance charges are recognised in calculating the ALB's surplus/deficit.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayers equity. After transition the difference is recognised as income in accordance with IAS 20.

### **Subsequent measurement**

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by;

- Increasing the carrying amount to reflect interest;
- Reducing the carrying amount to reflect lease payments made; and
- Re-measuring the carrying amount to reflect any reassessments or lease modifications, or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- A change in lease term;
- change in assessment of purchase option;
- change in amounts expected to be payable under a residual value guarantee; or
- change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either 'fair value' or 'current value in existing use'.

### **Depreciation**

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is that for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

### **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.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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.

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of 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 in creating risk than would apply to a non-public sector body of a similar size, therefore the RQIA is not exposed to the degree of financial risk faced by business entities.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

There are 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 its activities. Therefore, the RQIA is exposed to limited 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 contracts with other public sector bodies, there is low exposure to credit risk.

### **Liquidity risk**

Since RQIA receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

## **1.16 Provisions**

In accordance with IAS 37, provisions are recognised when there is 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 2023 or 31 March 2022.

## **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.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

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 2023. 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 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 Superannuation 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 the RQIA and charged to the Statement of Comprehensive Net Expenditure at the time the 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. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

### **1.19 Value Added Tax**

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

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.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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 2023 or 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.

#### 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.

### 1.25 Judgments in applying accounting policies and key sources of estimation uncertainty

In the process of applying RQIA's accounting policies no other significant judgments have been made. There are no key assumptions concerning the future or other key sources of estimation that have a significant risk of raising a material adjustment to the carrying amounts of assets or liabilities within the next financial period.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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

	2023	2022
	£	£
<b>Operating expenses are as follows:-</b>		
Staff costs: <sup>1</sup>		
Wages and Salaries	5,814,384	5,598,965
Social security costs	597,738	524,688
Other pension costs	1,087,880	963,029
Supplies and services – general	37,144	39,822
Establishment	158,591	140,696
Premises	88,279	60,339
Bad debts	3,154	0
Rentals under operating leases	138,855	180,342
Miscellaneous expenditure	151,603	95,737
BSO Services	547,771	516,425
Training	30,845	63,980
ICT Maintenance	56,633	85,612
ICT Hardware and Software	14,991	25,131
Staff Substitution	595,309	373,582
<b>Total Operating Expenses</b>	<u>9,323,177</u>	<u>8,668,348</u>
<b>Non cash items</b>		
Depreciation	33,660	34,357
Amortisation	250,949	66,423
Loss on disposal Information Technology (IT)	(1)	1,447
Increase/Decrease in provisions (provisions provided for in year less any release)	25,917	(16,560)
Cost of borrowing of provisions (unwinding of discount on provisions)	-	1,470
Auditors Remuneration	19,200	18,200
<b>Total non cash items</b>	<u>329,725</u>	<u>105,337</u>
<b>Total</b>	<u><u>9,652,902</u></u>	<u><u>8,773,685</u></u>

<sup>1</sup> Further detailed analysis of staff costs is located in the Staff Report on page 142 within the Accountability Report.

During the year the RQIA purchased no non audit services from its external auditor (NIAO) (2021/22: £Nil)

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### NOTE 4 INCOME

#### 4.1 Income from Activities

The RQIA did not receive income from activities in 2022-23 and 2021-22.

#### 4.2 Other Operating Income

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Other income from non-patient services	23,079	262,674
Other income from fees levied on registered bodies	851,522	890,029
Seconded staff	257,096	279,254
<b>TOTAL INCOME</b>	<b>1,131,697</b>	<b>1,431,957</b>

#### 4.3 Deferred income

The RQIA no income released from conditional grants in 2022/23 and 2021/22.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### NOTE 5.1 Property, plant and equipment - year ended 31 March 2023

	Assets under Construction £	Plant and Machinery (Equipment) £	Information Technology (IT) £	Furniture and Fittings £	Total £
<b>Cost or Valuation</b>					
At 1 April 2022	-	1	167,409	-	167,410
Indexation	-	-	-	-	-
Additions	-	-	95,894	-	95,894
Transfers	-	-	-	-	-
Disposals	-	(1)	(2,974)	-	(2,975)
At 31 March 2023	-	-	<b>260,329</b>	-	<b>260,329</b>

#### Depreciation

At 1 April 2022	-	1	83,975	1	83,977
Indexation	-	-	-	-	-
Transfers	-	-	-	-	-
Disposals	-	(1)	(2,974)	(1)	(2,976)
Provided during the year	-	-	33,660	-	33,660
At 31 March 2023	-	-	<b>114,661</b>	-	<b>114,661</b>

#### Carrying Amount

	Assets under Construction £	Plant and Machinery (Equipment) £	Information Technology (IT) £	Furniture and Fittings £	Total £
At 31 March 2023	-	-	<b>145,668</b>	-	<b>145,668</b>
At 31 March 2022	-	-	83,434	(1)	83,433

#### Asset financing

Owned	-	-	145,668	-	145,668
<b>Carrying Amount At 31 March 2023</b>	-	-	<b>145,668</b>	-	<b>145,668</b>

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.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### NOTE 5.2 Property, plant and equipment - year ended 31 March 2022

	Assets under Construction £	Plant and Machinery (Equipment) £	Information Technology (IT) £	Furniture and Fittings £	Total £
<b>Cost or Valuation</b>					
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	-	<b>1</b>	<b>167,409</b>	-	<b>167,410</b>

#### 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	-	<b>1</b>	<b>83,975</b>	<b>1</b>	<b>83,977</b>

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

#### Asset financing

Owned	-	-	83,434	(1)	83,433
<b>Carrying Amount At 31 March 2022</b>	-	-	<b>83,434</b>	<b>(1)</b>	<b>83,433</b>

#### Asset Financing

Owned	-	-	89,068	2,893	91,961
<b>Carrying Amount At 1 April 2021</b>	-	-	<b>89,068</b>	<b>2,893</b>	<b>91,961</b>

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### NOTE 6.1 Intangible assets - year ended 31 March 2023

	<b>Software Licenses £</b>	<b>Information Technology £</b>	<b>Asset under Construction £</b>	<b>Total £</b>
<b>Cost or Valuation</b>				
At 1 April 2022	445,750	467,690	-	913,440
Additions	-	65,806	80,438	146,244
Reclassification	-	-	(80,438)	(80,438)
Transfers	-	80,438	-	80,438
			-	-
At 31 March 2023	<b>445,750</b>	<b>613,934</b>	-	<b>1,059,684</b>

#### Depreciation

At 1 April 2022	44,892	374,654	-	419,546
Provided during the year	200,429	50,520	-	250,949
At 31 March 2023	<b>245,321</b>	<b>425,174</b>	-	<b>670,495</b>

#### Carrying Amount

	<b>Software Licenses £</b>	<b>Information Technology £</b>	<b>Asset under Construction £</b>	<b>Total £</b>
At 31 March 2023	<b>200,429</b>	<b>188,760</b>	-	<b>389,189</b>
At 31 March 2022	<b>400,858</b>	<b>93,036</b>	-	<b>493,894</b>

#### Asset Financing

Owned	200,429	188,760	-	389,189
<b>Carrying Amount At 31 March 2023</b>	<b>200,429</b>	<b>188,760</b>	-	<b>389,189</b>

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 2023

### NOTE 6.2 Intangible assets - year ended 31 March 2022

	Software Licenses £	Information Technology £	Assets under Construction £	Total £
<b>Cost or Valuation</b>				
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
<b>Carrying Amount At 31 March 2022</b>	<b>400,858</b>	<b>93,036</b>	-	<b>493,894</b>

#### Asset Financing

Owned	-	159,459	-	159,459
<b>Carrying Amount At 1 April 2021</b>	-	<b>159,459</b>	-	<b>159,459</b>

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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 2022.

### NOTE 9 IMPAIRMENTS

RQIA had no impairments in 2022-23 or 2021-2022.

### NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale at either 31 March 2023 or 31 March 2022.

### NOTE 11 INVENTORIES

RQIA did not hold any inventories for resale at either 31 March 2023 or 31 March 2022.

### NOTE 12 CASH AND CASH EQUIVALENTS

	2023	2022
	£	£
Balance at 1 April	20,039	14,800
Net change in cash and cash equivalents	(4,907)	5,239
<b>Balance at 31 March</b>	<b>15,132</b>	<b>20,039</b>

#### The following balances at 31 March were held at

	2023	2022
	£	£
Commercial Banks and cash in hand	15,132	20,039
<b>Balance at 31 March</b>	<b>15,132</b>	<b>20,039</b>

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

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2023 £	2022 £
<b>Amounts falling due within one year</b>		
Trade receivables	18,667	57,311
Other receivables - not relating to fixed assets		-
Other receivables	90,561	86,835
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>109,228</b>	<b>144,146</b>
Prepayments	56,876	48,291
Accrued income	-	-
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>56,876</b>	<b>48,291</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>166,104</b>	<b>192,437</b>

The balances are net of a provision for bad debts of £Nil (2021/22: £Nil).

### NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2023 £	2022 £
<b>Amounts falling due within one year</b>		
Other taxation and social security	408,006	251,517
Trade capital payables – property, plant and equipment and intangibles	149,520	400,858
Trade revenue payables	146,861	33,455
Payroll payables	392,599	505,078
BSO payables	-	449
Other payables	-	-
Accruals	137,499	56,352
Accruals and deferred income - relating to property, plant and equipment	-	-
Accruals and deferred income - relating to intangibles	-	-
<b>Trade and other payables</b>	<b>1,234,485</b>	<b>1,247,709</b>
<b>Total payables falling due within one year</b>	<b>1,234,485</b>	<b>1,247,709</b>
<b>Amounts falling due after more than one year</b>	-	-
<b>Total non-current other payables</b>	-	-
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>1,234,485</b>	<b>1,247,709</b>

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2023

Provisions have been made for 2 types of potential liability: Clinical Negligence and Employment Law and Holiday Pay.

#### *Clinical Negligence*

For the Clinical Negligence provision RQIA has estimated an appropriate level of provision based on professional legal advice. A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022. The total is estimated at £38,219 for RQIA.

#### *Holiday Pay Liability*

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement.

The HSC working group considering resolution of the liability has indicated that any interim solution is likely to be at least 4 years away as it will require system change. In light of industrial action, there is also no indication of when Trade Unions discussions re settlement of the historic liability can be conducted and in the absence of a Minister, agreeing a settlement may also be delayed.

As a result of this the level of uncertainty around the timing of the liability has increased and it has been treated as a provision at 31 March 2023 (included within accruals in 2022). The best estimate of the value of the liability is based on the position in the NHS in England, Scotland and Wales. The total is estimated at £65,353 for RQIA.

	<b>Pensions relating to former directors</b>	<b>Pensions relating to other staff</b>	<b>Clinical negligence</b>	<b>CSR restructuring</b>	<b>Other</b>	<b>2023</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Balance at 1 April 2022	-	-	<b>81,276</b>	-	-	<b>81,276</b>
Provided in year	-	-	-	-	65,353	65,353
(Provisions not required written back)	-	-	(39,436)	-	-	(39,436)
(Provisions utilised in the year)	-	-	(3,621)	-	-	(3,621)
Cost of borrowing (unwinding of discount)	-	-	-	-	-	-
<b>At 31 March 2023</b>	<b>-</b>	<b>-</b>	<b>38,219</b>	<b>-</b>	<b>65,353</b>	<b>103,572</b>

#### **Comprehensive Net Expenditure Account charges**

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Arising during the year	65,353	-
Reversed unused	(39,436)	(16,560)
Cost of borrowing (unwinding of discount)	-	1,470
<b>Total charge within Operating expenses</b>	<b>25,917</b>	<b>(15,090)</b>

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2023
	£	£	£	£	£	£
Not later than one year	-	-	38,219	-	-	38,219
Later than one year and not later than five years	-	-	-	-	65,353	65,353
Later than five years	-	-	-	-	-	-
<b>At 31 March 2023</b>	-	-	<b>38,219</b>	-	<b>65,353</b>	<b>103,572</b>

### 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
<b>At 31 March 2022</b>	-	-	<b>81,276</b>	-	-	<b>81,276</b>

### 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	-
<b>Total charge within Operating expenses</b>	<b>(15,090)</b>	<b>74,400</b>

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 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	-	-	-	-	-	-
<b>At 31 March 2022</b>	-	-	<b>81,276</b>	-	-	<b>81,276</b>

### NOTE 16 CAPITAL COMMITMENTS

RQIA had no capital commitments at either 31 March 2023 or 31 March 2022.

### 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 financial years.

Obligations under operating leases comprise	2023 £	2022 £
<b>Land</b>		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	-
<b>Buildings</b>		
Not later than one year	-	57,900
Later than one year but not later than five years	-	-
Later than five years	-	-
	-	<b>57,900</b>
<b>Other</b>		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023**

In March 2023 the RQIA moved into new premises at James House, Gasworks, Belfast, which is owned by the Department of Finance. RQIA's accommodation arrangements are in the form of a license agreement for an initial period of 5 years at a cost of £1 per annum if requested, after which the licence can be renewed. The licence does not confer any tenancy upon the licensee (RQIA) and possession of the premises is retained by the licensor and accordingly is outside the scope of IFRS 16.

### **17.2 Finance Leases**

RQIA had no finance leases at either 31 March 2023 or 31 March 2022.

### **17.3 Operating Leases**

RQIA did not issue any operating leases at either 31 March 2023 or 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 2023 or 31 March 2022.

### **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 2023 or 31 March 2022.

## **NOTE 19 CONTINGENT LIABILITIES**

The RQIA did not have any quantifiable contingent liabilities at 31 March 2023 or 31 March 2022.

### **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 2023 or 31 March 2022.

## **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 2022-23 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.

## **NOTE 21 THIRD PARTY ASSETS**

RQIA held no assets at either 31 March 2023 or 31 March 2022 belonging to third parties.

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023**

### **NOTE 22 FINANCIAL PERFORMANCE TARGETS**

RQIA is allocated a Revenue Resource Limit (RRL) and a Capital Resource Limit (CRL) and must contain spending within these limits.

The resource limits for a body may be a combination of agreed funding allocated by commissioners, the Department of Health, other Departmental bodies or other departments. Bodies are required to report on any variation from the limit as set which is a financial target to be achieved and not part of the accounting systems.

Following the implementation of review of Financial Process, the format of Financial Performance Targets has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. In 2022-23 RQIA has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL. RQIA has also remained within the 2021-22 restated materiality threshold limit.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

### 22.1 Revenue Resource Limit

The RQIA is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit (RRL) for RQIA is calculated as follows:

	2022-23 £	2021-22 Restated £
<b>Revenue Resource Limit (RRL)</b>		
RRL Allocated From:		
DoH (SPPG)	-	-
DoH (Other)	8,201,124	7,245,591
PHA	-	-
Other	-	-
<b>Total</b>	<b>8,201,124</b>	<b>7,245,591</b>
<b>Less RRL Issued To:</b>		
RRL Issued	-	-
<b>RRL to be Accounted For</b>	<b>8,201,124</b>	<b>7,245,591</b>
<b>Revenue Resource Limit Expenditure</b>		
Net Expenditure per SoCNE	(8,521,205)	(7,341,728)
<b>Adjustments</b>		
Capital Grants	-	-
Research and Development under ESA10	-	-
Depreciation/Amortisation	284,609	100,780
Impairments	-	-
Notional Charges	19,200	18,200
Movements in Provisions	25,916	(15,090)
PPE Stock Adjustment	-	-
PFI and other service concession arrangements/IFRIC	-	-
Profit/(loss) on disposal of fixed asset	-	1,447
Other (Specify)	-	-
Net Expenditure Funded from RRL	(8,191,480)	(7,236,391)

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

	2022-23	2021-22
Surplus/(Deficit) against RRL	9,644	9,200
Break Even cumulative position (opening)	60,580	51,380
Break Even cumulative position (closing)	70,224	60,580

### Materiality Test:

The RQIA is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits

	2022-23	2021-22
	%	%
Break Even in year position as % of RRL	0.12%	0.13%
Break Even cumulative position as % of RRL	0.86%	0.84%

### 22.2 Capital Resource Limit

The RQIA is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2022-23	2021-22
	£	£
Gross capital expenditure by RQIA	242,138	427,549
Less IFRIC 12/PFI and other service concession arrangements spend *		
FTC issued to third parties		
(FTC received from third parties)		
(Receipts from sales of fixed assets)		
Net capital expenditure	242,138	427,549
Capital Resource Limit	242,138	427,549
Adjustment for Research and Development under ESA10		
Overspend/(Underspend) against CRL	-	-

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023**

### **NOTE 23 EVENTS AFTER THE REPORTING PERIOD**

There are no events after the reporting period having material effect on the accounts.

#### **Date of authorisation for issue**

The Accounting Officer authorised these financial statements for issue on 01 August 2023.

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## **SECTION 4**

## **APPENDICES**

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## 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	91% completed within target
Inspection	100% of inspections completed in year in respect of care homes	100% inspected once; 49% received statutory minimum of two or more inspections
Inspection	100% of inspections completed in year in respect of agencies and day care services	84% received statutory minimum of one inspection
Inspection	100% of inspections completed in year in respect of children's services	100% inspected once; 63% received statutory minimum of two or more inspections
Inspection	100% of inspections completed in year in respect of independent healthcare.	75% of Independent Healthcare Services inspected. 45% of dental practices inspected out of a target of 50%
Inspection	100% of mental health and learning disability wards to receive at least one inspection	48% of wards inspected
Inspection	10% of onsite inspections completed to care homes and children's homes to be conducted partially or entirely out of hours	23% inspections out of hours

Activity Area	KPI	Performance
<b>Inspection</b>	100% of inspection reports should be issued to the service provider no later than 28 days' after completion of the inspection	82% of Adult Care Services directorate reports, 65% of Hospitals and Independent Healthcare directorate and 53% of MHL & Children's Services directorate reports issued within the 28 day target
<b>Mental Health</b>	100% of Serious Adverse Incident (SAI) reports screened within 7 days' of receipt	90% reviewed within 7 days
<b>Mental Health</b>	100% of patient detention forms (form 10s) to be assessed by an inspector within 28 days' of receipt	98% reviewed within 28 days
<b>Mental Health</b>	90% of required second opinions completed within 6 weeks	98% reviewed within 6 weeks
<b>Complaints against RQIA</b>	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  100% completed within target, or provided with updates every 20 working days
<b>Media Requests</b>	90% of media requests responded to within deadline agreed with requestor	100% responded to within KPI target
<b>Freedom of Information/ Subject Access Requests</b>	100% of requests responded to within the statutory timeframe of 20 working days' from the point of a valid request being received	70 % responded to within KPI target

Activity Area	KPI	Performance
<b>Mandatory Training</b>	95% of Mandatory Training Courses to be completed by RQIA Staff	99% RQIA Staff have completed their mandatory training courses
<b>Employee Absence</b>	Employee Absence due to Sickness: Regional key performance indicator target set for RQIA by DoH: 6.94%	4.10% sickness absence rate

## Appendix 2: Enforcement Action 1 April 2022 – 31 March 2023

### Adult Services Registered under Part III of 2003 Order

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Abbey View (Nursing Home), Bangor (Maria Mallaband Ltd)	25 April 2022	Three failure to comply notices were issued in relation to relation to governance and management oversight, person-centred care, monthly monitoring reports.	25 July 2022
Adelaide House, (Residential Care Home), Belfast (Presbyterian Council of Social Witness)	17 June 2022	Two failure to comply notices were issued in relation to staffing, and moving and handling of patients.	9 August 2022
Aisling Better Care (Domiciliary Care Agency) Dunmurry (Aisling Better Care)	12 May 2022	A notice of proposal, followed by a notice of decision, to cancel registration as it has been non-operational since 5 September 2021.(non-operational service).	5 September 2022
Apodi Healthcare Limited, (Nursing Agency), Maidenhead (Apodi Healthcare Limited)	27 May 2022	A notice of proposal, followed by a notice of decision, to place a condition of registration, which requires the registered provider to notify RQIA eight weeks prior to the date the service is proposing to become operational. (non-operational service).	2 August 2022
City View Court (Nursing Home) Belfast (Kathryn Homes Ltd)	20 September 2022	One failure to comply notice was issued in relation to health and welfare of patients.	7 November 2022

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
City View Court (Nursing Home) Belfast (Kathryn Homes Ltd)	20 September 2022	A notice of proposal, followed by a notice of decision, to place the following conditions of registration: Cease admissions to City View Court on a temporary basis until RQIA is assured that robust management systems are in place to ensure patient safety and compliance with the actions in the failure to comply notice (Ref: FTC000198) is achieved and sustained. Ensure that a copy of monthly monitoring reports completed under Regulation 29 are shared with RQIA within five working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015).	Ongoing at 31 March 2023
Daisyhill Nursing Home, Antrim (Town & Country Care Homes Limited)	7 July 2022	Two failure to comply notices were issued in relation to staffing, and moving and handling of patients.	30 August 2022
Divine Health Services Ltd, (Domiciliary Care Agency), Belfast (Divine Health Services Ltd )	11 May 2021	A notice of proposal, followed by a notice of decision, to cancel the registration of Divine Health Services Ltd. (non-operational service).	5 August 2022

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Emergency Personnel Limited (Nursing Agency), London (Emergency Personnel Limited)	4 November 2022	Five failure to comply notices were issued in relation to governance and records, managerial oversight, recruitment and complaints management.	30 January 2023
Fairlawns (Residential Care Home), Armagh (Fairlawns)	21 September 2022	Two failure to comply notices were issued in relation to governance and management oversight, and fire safety.	2 November 2022
First Choice Selection Services Ltd (Domiciliary Care Agency), Belfast, First Choice Selection Services Ltd)	8 February 2022	A notice of proposal, followed by a notice of decision, to refuse the application for registration of a named manager.	7 April 2022
Glen Caring Services (Domiciliary Care Agency), Omagh (Glen Caring Services Ltd)	3 March 2023	A notice of proposal, followed by a notice of decision, to place the following conditions of registration: The domiciliary care agency must not become operational without prior approval by RQIA. The Agency must notify RQIA eight weeks prior to the date the service is proposing to become operational. (non-operational service).	Ongoing at 31 March 2023

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Glenalina Lodge Care Centre (Residential Care Home), Belfast (Radius Housing Association)	17 October 2022	A notice of proposal, followed by a notice of decision, to place the following conditions of registration:1. Cease admissions to Glenalina Lodge Care Centre until RQIA are assured that the risk from legionella bacteria in the premises' hot & cold water systems is suitably controlled. 2. The Responsible Individual shall provide RQIA with updated sampling results on receipt of same and at least monthly.	Ongoing at 31 March 2023
Iveagh House Private Nursing Home, Banbridge (Spa Nursing Homes Ltd)	13 October 2022	One failure to comply notice was issued in relation to governance and management oversight.	6 December 2022
Kingdom Healthcare Ltd (Domiciliary Care Agency), Belfast (Kingdom Healthcare Ltd )	10 February 2022	Five failure to comply notices were issued in relation to governance and management oversight, recruitment, induction and training of staff.	20 April 2022
Kintullagh Care (Nursing) Home, Ballymena (Kathryn Homes Limited)	31 March 2023	One failure to comply notices was issued in relation to care records.	Ongoing at 31 March 2023
Majestik Care Ltd (Nursing Agency), Belfast (Majestik Care Ltd)	26 August 2022	A notice of proposal, followed by a notice of decision, to cancel the registration of Majestik Care Agency (RQIA ID: 020068) for which Mrs Corra Carlisle is the Responsible Individual.	Ongoing at 31 March 2023

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Majestik Care Ltd (Nursing Agency), Londonderry (Majestik Care Ltd)	26 August 2022	A notice of proposal, followed by a notice of decision, to cancel the registration of Majestik Care Agency (RQIA ID: 020641) for which Mrs Corra Carlisle is the Responsible Individual.	Ongoing at 31 March 2023
The Model Care (Nursing) Home, Ballymoney (The Model Group (NI))	13 June 2022	Under Article 21 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA made an application to a Lay Magistrate for an order cancelling the registration of The Model Group (NI) limited in respect of an establishment, namely The Model Care Home	13 June 2022
Orchard Lodge (Nursing Home), Armagh (Kathryn Homes Ltd)	8 September 2022	One failure to comply notice was issued in relation to effective monitoring and governance arrangements.	20 October 2022
Provident Healthcare NI (Nursing Agency) Belfast (Provident Healthcare NI Ltd)	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. (non-operational service).	22 April 2022

<b>Name of Service and category (provider)</b>	<b>Date of Issue</b>	<b>Details of RQIA enforcement action</b>	<b>Date of compliance</b>
The Resource Centre Derry (Day Care Setting) (Mr P McCarron)	23 March 2023	Three failure to comply notices were issued in relation to governance and management oversight, recruitment and monthly monitoring reports.	Ongoing at 31 March 2023
Sir Henry Recruitment Ltd (Nursing Agency) Belfast (Sir Henry Recruitment Ltd)	13 Jun 2022	One failure to comply notice was issued in relation to governance and recruitment.	15 September 2022
Top Class Healthcare, (Domiciliary Care Agency), Portadown (Top Class Healthcare Ltd)	11 April 2022	A notice of proposal, followed by a notice of decision, to cancel the registration of Top Class Healthcare Limited for which Acknowledge Ngwena is the Responsible Individual.	8 July 2022
Top Class Nursing Services, (Nursing Agency), Portadown (Top Class Healthcare Ltd)	27 May 2022	Four failure to comply notices were issued in relation to governance and management oversight, record keeping, and monthly monitoring reports.	2 September 2022
Whiteabbey Care Home (Nursing) Newtownabbey, (Beaumont Care Homes Ltd)	22 September 2022	Two failure to comply notices were issued in relation to medicines management arrangements.	8 December 2022

## Children's Services Registered under Part III of 2003 Order

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Children's Home, Independent Provider 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.	26 August 2022
Children's Home, Independent Provider NHSCT area	13 December 2021	One improvement notice was issued in relation to management and governance arrangements.	16 May 2022
Children's Home Belfast HSC Trust	8 April 2022	A notice of proposal, followed by a notice of decision, to cancel the registration of named children's home	20 June 2022
Children's Home Belfast HSC Trust	2 September 2022	Notice of proposal to refuse an application to vary the registration of named children's home	
Children's Home Belfast HSC Trust	12 September 2022	Notice of proposal to place a condition of registration: Following the homes temporary closure on 7 September 2022 for a period of no longer than six months, named children's home must not become operational and admit children or young people without prior approval by RQIA. The Northern Health and Social Care Trust must notify RQIA eight weeks prior to the date the service is proposing to become operational.	29 March 2023

<b>Name of Service and category (provider)</b>	<b>Date of Issue</b>	<b>Details of RQIA enforcement action</b>	<b>Date of compliance</b>
Children's Home Belfast HSC Trust	31 March 2023	<p>Notice of proposal to place the following conditions of registration:</p> <ol style="list-style-type: none"> <li>1. A temporary move of named children's home to enable remedial works to be completed and to support a transition plan for child A.</li> <li>2. Following the transition of Child A registered occupancy will reduce from two to one and the category of care LD (children with learning disabilities) will be removed.</li> <li>3. Following the transition of Child A the Trust must, without delay, move named Children's Home to original location. RQIA must be informed prior to the move.</li> <li>4. The Trust must review and revise the Statement of Purpose to ensure that it takes account of the future model of care to be provided within named Children's Home. This should incorporate how the care will be delivered and achieved and the actions taken to secure permanence within the staff team.</li> </ol>	Ongoing as at 31 March 2023

## Services Inspected under Part IV of 2003 Order

<b>Name of Service and category (provider)</b>	<b>Date of Issue</b>	<b>Details of RQIA enforcement action</b>	<b>Date of compliance</b>
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 2023
Ward 27 Downshire Hospital, Downpatrick, (SHSCT)	25 May 2021	One improvement notice was issued in relation to the mixed model of care and the ward environment.	21 March 2023

### 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 2023
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 2023
Apodi Healthcare Limited, (Nursing Agency), Maidenhead	The condition of registration requires the registered provider to notify RQIA eight weeks prior to the date the service is proposing to become operational. (non-operational service).	2 August 2022	Ongoing at 31 March 2023
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 2023
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 2023

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
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 2023
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 2023
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 2023
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 2023
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 2023
Provident Healthcare NI (Nursing Agency) Belfast	The condition on registration requires that this 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.	22 April 2022	Ongoing at 31 March 2023

## Appendix 4: Authority Members' Profiles (as at 31 March 2023)

**Ms Christine Collins MBE** retired from the Civil Service in 2005. Since retirement she has focussed on human rights and advocacy, with a particular interest in health and social care, disability, and rare disease. Ms Collins was the founding Chair of the Northern Ireland Rare Disease Partnership; a Patient Public Voice representative on the UK Rare Disease Advisory Group from its inception until April 2018; and is actively involved in the development and implementation of both the UK and Northern Ireland Rare Disease Strategies and Implementation Plans. Ms Collins was a Northern Ireland Human Rights Commissioner from 2011 to 2017. She is a member of the Duty of Candour Work Stream, part of the implementation programme for recommendation arising from the Inquiry into Hyponatremia Related Deaths. She served as Chair of the Patient and Client Council from 2019 to 2022; and was appointed as interim Chair of the RQIA in June 2020. She was appointed as Chair of RQIA on 1 October 2022 for a four-year term.

**Mr Neil Bodger** has been involved in international managerial and company finance at senior manager or director level for over 30 years. He is a Non-Executive Independent Board Member with the Department for Communities, and a Member of the Probation Board for Northern Ireland. He was appointed to the Interim Authority on 30 October 2020. Mr Bodger has been appointed as a Member of the Authority from 1 February 2023 for a four-year term. Mr Bodger chairs RQIA's Audit and Risk Assurance Committee (ARAC).

**Professor Stuart Elborn** is Professor of Medicine, and Provost and Deputy Vice-Chancellor (interim) at Queen's University. He is responsible for planning, governance and academic performance across the University. His research is focused on improving outcomes in people with chronic lung disease particularly cystic fibrosis and bronchiectasis. Professor Elborn was appointed to the Interim Authority on 30 October 2020. He has been appointed as a Member of the Authority from 1 February 2023 for a four-year term. Professor Elborn chairs the Authority's Business, Appointments and Remuneration Committee (BARC).

**Ms Cheryl Lamont, CBE DL** is a qualified social worker. She joined the Probation Board for Northern Ireland in 1985 and from 2016 until her retirement in June 2021 was Chief Executive, introducing highly regarded initiatives in collaborative working, innovation and modernisation. Ms Lamont has been appointed as a Member of the Authority from 1 February 2023 for a four-year term.

**Dr Nazia Latif** has extensive experience of working on human rights and equality issues in Northern Ireland and internationally. She worked for the Northern Ireland Human Rights Commission for 13 years where she led systemic investigations, including "In Defence of Dignity", an investigation into the human rights of older people in nursing homes. Dr Latif currently runs Right Practice which specialises in human rights and equality obligations. She is a member of the Northern Ireland Committee of the Joseph Rowntree Charitable Trust and is an Independent Assessor for Diversity Mark. Dr Latif has been appointed as a Member of the Authority on 1 February 2023 for a four-year term.

**Mr Alphonsus Maginness** is a qualified solicitor and prior to his retirement in March 2022 was Chief Legal Adviser in what is now the Business Services Organisation (BSO) for 24 years. As a Senior Executive, Mr Maginness also sat on the Board of BSO and was a member of its Senior Management Team, contributing to its overall strategic direction. Mr Maginness has been appointed as a Member of the Authority on 1 February 2023 for a four-year term. Mr Maginness chairs RQIA's Legislative and Policy Committee.

**Dr Mary Mclvor** has recently retired as a civil servant, having worked at senior levels across a range of Departments over the past 30 years. She has a strong working knowledge of policy, public finances, strategy development, economic issues and the delivery of public services. She has a wealth of experience in governance and accountability matters and is CIPFA qualified. Dr Mclvor is Chair of the Audit and Risk Committee of the Commission for Victims and Survivors. She is also a school governor with St Dominic's Girls' Grammar School, Belfast. Dr Mclvor is also a member of the Council for Catholic Maintained Schools (CCMS) and the Down and Connor Diocesan Education Committee of the CCMS. Dr Mclvor has been appointed as a Member of the Authority on 1 February 2023 for a four-year term.

**Ms Bronagh Scott** 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). Ms Scott was appointed to the Interim Authority on 30 October 2020. She has been appointed to the Authority on 1 February 2023 for a one-year period.

**Mrs Sarah Wakfer** has over 18 years' experience in Local Government in England in key roles including Head of Internal Audit and Head of Policy for Arm's Length Bodies; and was responsible for delivering significant transformation programmes. She has five years' experience of carrying out inspections for the Care Quality Commission in England focusing on service users and families. Mrs Wakfer holds a Non-Executive role within the Department of Justice and a public appointment with the Department for Communities. She was appointed in December 2020 as a Director to Ulster Supported Employment Ltd (USEL) and is Vice Chair of its Audit and Risk Committee. Mrs Wakfer has been appointed as a Member of the Authority on 1 February 2023 for a four-year term.

## 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
iConnect	RQIA's internal electronic data management system
ICT	Information Communication Technology
IFRS	International Financial Reporting Standards
IGG	RQIA Information Governance Group
IHCP	Independent Home and Care Providers
liP	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
SOAD	Second Opinion Appointed Doctor
SoFP	Statement of Financial Position
SPAR	Supporting People at Risk
UKHSA	United Kingdom Health Security Agency







The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews

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