



The Regulation and
Quality Improvement
Authority



ANNUAL REPORT AND ACCOUNTS

1 APRIL 2019 TO 31 MARCH 2020

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority

Annual Report and Accounts for the Year Ended 31 March 2020

Laid before the Northern Ireland Assembly under Article 3 (2) and Schedule 1, paragraph 12 (5) of The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 by the Department of Health on 7 October 2020.

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

Our Vision

To be a driving force for improvement in the quality of health and social care services in Northern Ireland.

Our Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

Our Values

RQIA has adopted the regional health and social care values, which underpin how we work.

- Working together
- Excellence
- Compassion
- Openness and honesty

We live these values in how we behave with service users, providers, carers and the general public and in how we act with each other.

RQIA Annual Report and Accounts for the Year Ended 31 March 2020

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FOREWORD

As Northern Ireland's independent health and social care regulator the Regulation and Quality Improvement Authority (RQIA), has a clear vision for how we support and ensure care is safe, effective, compassionate and well-led. We believe that as a result of our inspections, audits and reviews people should experience a better quality of services.

Working closely with providers of health and social care services so they can deliver improved care is a core commitment for RQIA. During the year, we held a series of workshops for care home and domiciliary care services to provide guidance and to support best practice. Working in partnership with users and providers of care brings an important perspective to our understanding of the 'lived experience'. We continue to develop better ways to hear the experiences of those in receipt of services, their families and carers to ensure that their voices can influence improvements.

The role of the regulator is challenging. We continue to work actively with providers to support the delivery of high quality care. However, where we identify deficits in care we will take actions to address these concerns which may ultimately lead to the closure of a service. When required such actions are taken with careful consideration of evidence and the impact on service users.

We ensure accountability and transparency in our work by publishing reports of our findings from around 2,000 inspections and reviews during the year. Our reports highlight areas of good practice and issues that require improvement in the services we regulate, and across Northern Ireland's health and social care trusts.

We are committed to involving the public in our work. During the year we continued to involve lay assessors in our inspections and reviews. In October we held our Inaugural Open House at RQIA, inviting the public to learn about our work, to meet the senior executive team and board members and talk directly to staff involved in every aspect of our work. Feedback was very positive, reflecting how beneficial it is to communicate a clear understanding of RQIA's role and responsibilities.

RQIA continues to play a key role in ensuring the recommendations arising from Justice O'Hara's Inquiry into Hyponatraemia Related Deaths (IHRD) are taken forward through our independent assurance of the eight IHRD workstreams.

As we approach the final year of our current Corporate Strategy, we are now planning the development of our new strategy. However, in common with the entire health and social care sector, the emergence of Covid-19 has required a strategic and joined up approach to supporting care services impacted by the pandemic. This has changed how RQIA works refocusing our core services to provide support, advice and guidance work to service providers.

In late March, following direction by the Department of Health and in common with regulators across the UK and Ireland including the Care Quality Commission (CQC) and Health Information and Quality Authority (HIQA), we reduced the frequency of statutory inspection activity and paused our review programme. This direction was rescinded on 22 June 2020.

However, during this period we continued to regulate and respond to risks and concerns, conducting inspections and taking enforcement action where necessary.

We also recognise that the pandemic will have a significant impact on the Programme for Government priorities, particularly in respect of health and social care in the years ahead.

RQIA is committed to working collaboratively and in partnership with our stakeholders to face the 'new normal' and to maintain its focus on achieving improvements in care for the most vulnerable in our society.

As a learning organisation we respond positively to recommendations arising from external review, including those undertaken by the Commissioner for Older People and the CPEA in relation to care homes. We continue to review our own practices so they reflect and support stakeholder need.

I wish to extend thanks to Theresa Nixon, Director of Assurance, who retired in December - throughout her career her consummate professionalism was recognised by colleagues and external stakeholders alike.

I commend, Olive Macleod OBE, our Chief Executive during this period for her commitment and dedication to meeting RQIA's objectives. I also welcome the appointment of Dr Tony Stevens as Interim Chief Executive on 1 September 2020. I was appointed as RQIA's interim Chair on 18 June 2020, following the resignation of our former Board. I thank them for their service to RQIA and we anticipate the appointment of an interim Board by the Health Minister in late September/early October 2020.

The response of RQIA's staff to the unprecedented challenges we have faced this year highlights the professionalism, dedication and commitment, and exemplifies the strong leadership within the organisation and quality of our staff.

RQIA's Annual Report and Accounts 2019-20 provides an overview of our work and achievements during this period and on behalf of the Board, I am pleased to present this report to you.



Christine Collins MBE
Interim Chair

17 September 2020

SECTION 1

PERFORMANCE REPORT

OVERVIEW

Statement from the Interim Chief Executive

The Regulation and Quality Improvement Authority's Annual Report and Accounts provides an overview of our activities and performance from 1 April 2019 to 31 March 2020. During this time, RQIA's key achievements include:

- A total of 2,052 inspections were completed during 2019-20 across regulated services, mental health and learning disability services and HSC trust services.
- We published the findings of four reviews including the Review of Governance of Outpatients in the Belfast Trust with a Particular Focus on Neurology and Other High Volume Specialties (commissioned by the Department of Health as part of a wider series of actions in response to the recall of neurology patients in 2018). We also published the findings of six clinical audits and quality improvement projects.
- RQIA prepared for the introduction of The Mental Capacity (Deprivation of Liberty) Regulations (Northern Ireland) 2019 which included developing inspection tools; organising and delivering training for all relevant RQIA staff – including our inspectors; and supporting registered health and social care providers as required.
- RQIA's approach to managing its Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) responsibilities was reviewed by the International Atomic Energy Agency as part of a UK wide mission. This review has endorsed our approach, with RQIA the only organisation subject to review which did not receive any recommendations in IAEA's review report.
- During the final quarter of the year, RQIA worked in partnership with stakeholders across health and social care to support the regional response to the emerging Covid-19 pandemic.
- Our Board approved RQIA's Communications and Engagement Strategy, which aims to support the delivery of RQIA's strategic goals, and underpins all our communications and engagement activities.
- We held our first Open House, where members of the public had an opportunity to visit RQIA's offices to meet our board members and staff; hear about our work to assure public confidence in health and social care.
- We also published trend reports produced by our information team on registered nursing and residential care homes (2008-2018) and dental practices (2011-2019), providing an overview of these sectors.
- RQIA has 124 staff. During 2019-20, 21 members of staff left RQIA and through a number of recruitment exercises 27 new staff joined the organisation.



Dr A B Stevens, OBE
Interim Chief Executive
17 September 2020

Purpose and Activities of the Regulation and Quality Improvement Authority

RQIA, as Northern Ireland's independent health and social care (HSC) regulator, aims to assure public confidence in health and social care through independent, proportionate and responsible regulation.

We monitor and inspect the availability and quality of HSC services and encourage improvements in their quality through our programme of inspection, investigation and review.

We make an independent assessment of these services, to determine if the care being delivered is safe, effective and compassionate. We also consider whether these services are well led, and meet the required standards.

In our work with HSC organisations throughout Northern Ireland, including the HSC Board, trusts and agencies, we encourage the delivery of high quality services through our ongoing and planned programme of governance, service and thematic reviews.

We have a range of responsibilities for people with mental ill health and those with a learning disability under mental health legislation.

We also inspect services providing radiological procedures including x-rays and radiotherapy under IR(ME)R to protect service users from inappropriate or unnecessary exposure to ionising radiation.

RQIA is also a prescribed organisation under public interest disclosure legislation that provides protection to people wishing to whistleblow about concerns or wrongdoings in their own workplace. Every disclosure is taken seriously, and we work to ensure that any risks to service users are addressed by the relevant organisation.

We also inspect hospitals as part of an ongoing programme, which aims to drive improvements for all those using these services. These include: acute hospital inspections, which examine in detail the quality of care and leadership within specific wards or clinical areas; infection prevention/hygiene inspections at a range of health and social care facilities, primarily hospitals; and augmented care inspections where we examine clinical areas where patients are at a higher risk of developing an infection. We publish the findings from our inspections, highlighting areas of good practice and issues of concern.

RQIA is also responsible for the oversight of health and social care in places of detention. These include children's secure accommodation, mental health and learning disabled facilities, and prisons. In addition, as one of four organisations in Northern Ireland designated by the United Kingdom government as a national preventive mechanism (NPM), we work to protect the rights of all those in places of detention.

We are committed to listening to and responding to the views and opinions of the public. We listen to the views of those who use Northern Ireland's health and social care services and use this information in our assessments of the quality of these services.

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

RQIA's Board is responsible for ensuring that it has effective systems in place for governance, essential for the achievements of its organisational objectives. Our corporate risk assurance framework provides the structure by which our Board's responsibilities are delivered.

The corporate risk assurance framework identifies potential risks to the achievement of our organisational objectives and describes key controls through which these risks are managed and details the assurance on their effectiveness. This framework provides our Board with confidence that the systems, policies and people are operating effectively, are subject to appropriate scrutiny and demonstrates that it is informed about key organisational risks.

Throughout the year, our corporate risk assurance framework was regularly reviewed and scrutinised by our Board, audit committee and executive management team. At 31 March 2020 there were six identified areas of risk.

This framework also sets out the organisation's arrangements to mitigate each identified potential risk and is available at www.rqia.org.uk.

Risks Which Could Affect the Going Concern Principle

RQIA's financial statements are prepared on the basis that its business will continue to operate in the foreseeable future without the need or intention on the part of management to significantly curtail its operational activities. Therefore, it is assumed that RQIA will continue to settle its obligations in the normal course of business.

With the ongoing impact of the Covid-19 pandemic, the outlook for 2020-21 remains constrained, particularly in respect of resource funding.

RQIA has completed a robust assessment of the principal risks facing the organisation, including those that would threaten the delivery of its statutory functions, through the continuous review and scrutiny of the corporate risk assurance framework. The corporate risk assurance framework provides an explanation of how these principal risks have been managed and mitigated.

Having considered the potential risks to the organisation, and the mitigating actions that it has in place, RQIA considers that there is limited risk to its ability to continue as a going concern during 2020-21.

Performance Overview

This annual report comes at the end of the third year of RQIA's Corporate Strategy 2017-21, which identifies four strategic themes:

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

During the year, we reported corporate performance against our Business Plan targets to the RQIA Board on a quarterly basis. See Appendix 1 for details.

PERFORMANCE ANALYSIS

As an arm's length body of the Department of Health, RQIA is operationally independent, but is accountable to the Department. As the scrutiny and improvement body for health and social care in Northern Ireland, we have a clear vision for how we support and ensure care is safe, effective, compassionate and well-led. We believe that people should experience a better quality of services as a result of our inspections, audits and reviews.

We are committed to working closely with providers of HSC services so that they can deliver improved care. We also are dedicated to hearing and acting on the experiences of patients, clients, families and carers. It is only by working in partnership with both the public and providers that we can encourage and influence improvements in the delivery of health and social care services.

INSPECTION

RQIA is responsible for the inspection of health and social care services under a range of powers. We register and inspect 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. These are known as regulated services. There were 1,521 services were registered with RQIA at 31 March 2020, an increase of 33 from the previous year.

Registered Services as at 1 April 2020

Service Type	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Adult Placement Agencies						4
Children's Homes	12	8	11	8	8	47
Day Care Settings	31	26	27	31	54	169
Domiciliary Care Agencies (Conventional)						115
Domiciliary Care Agencies (Supported Living Services)						188
Dental Practices	93	85	65	73	57	373
Independent Clinics	4		1	1		6
Independent Hospitals	26	13	11	8	11	69
Independent Medical Agencies						6
Nursing Homes	46	67	54	48	33	248
Nursing Agencies						58
Residential Care Homes	45	64	57	31	38	235
Residential Family Centres	1					1
Voluntary Adoption Agencies						2
Total	258	263	226	200	201	1,521*

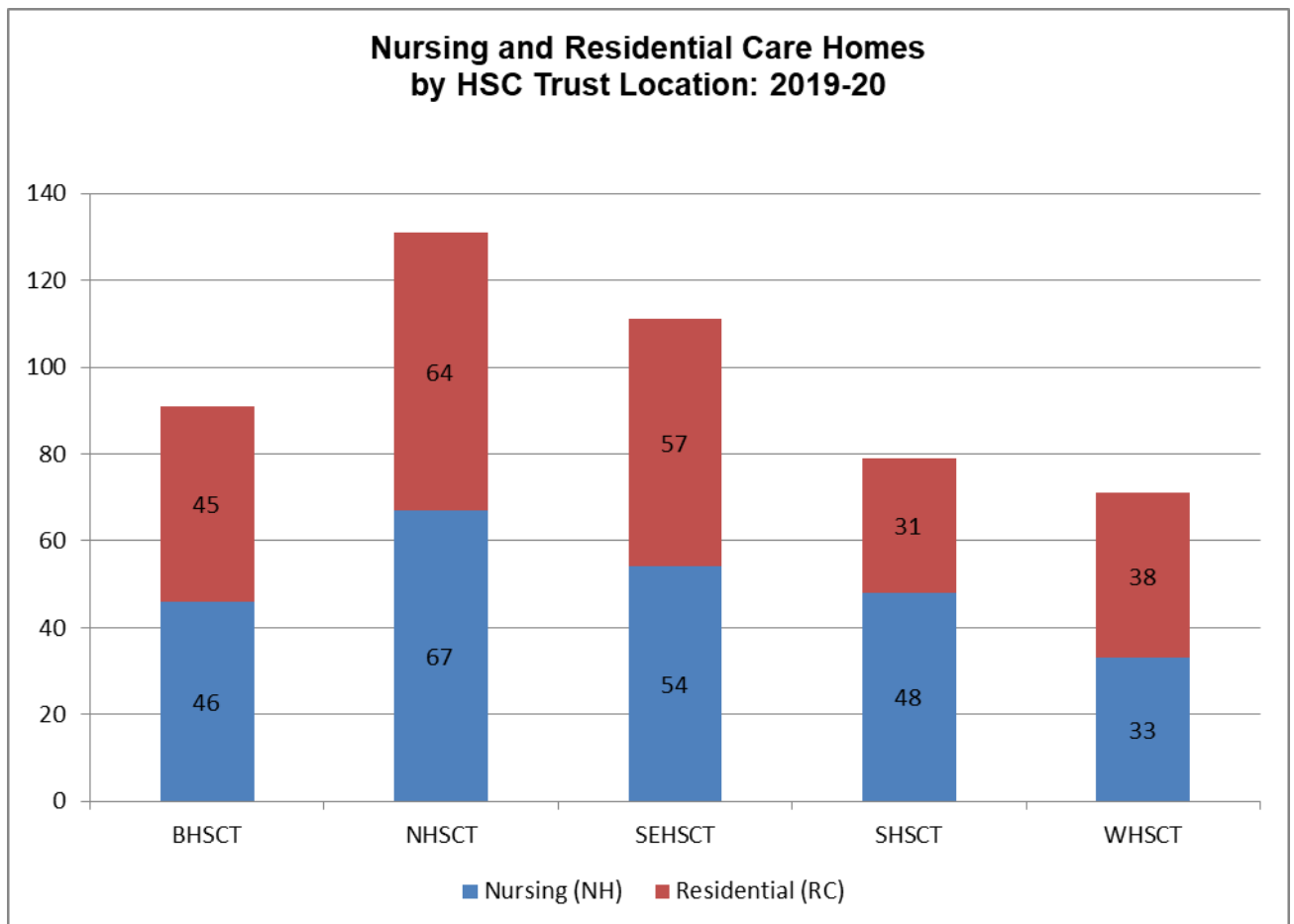
**Please note: total includes agencies that are not registered to a particular trust area.*

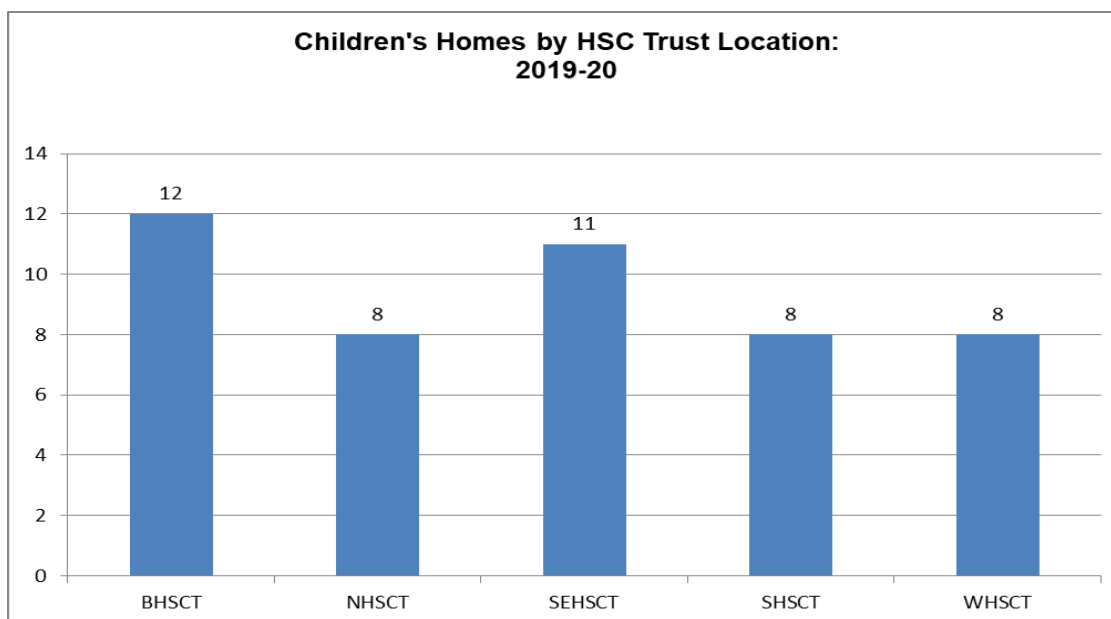
Under separate responsibilities we also inspect a range of other services which are not required to register with RQIA. These include:

- HSC hospitals
- mental health and learning disability wards
- custody suites and prisons,
- young adult supported housing services
- school boarding departments
- radiation services (IR(ME)R)

In each case we assess arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care in line with relevant legislation, standards and guidance. We also examine the quality of leadership and management in services.

The following charts show the distribution of care homes for adults and children across Northern Ireland, by their (HSC trust) location.



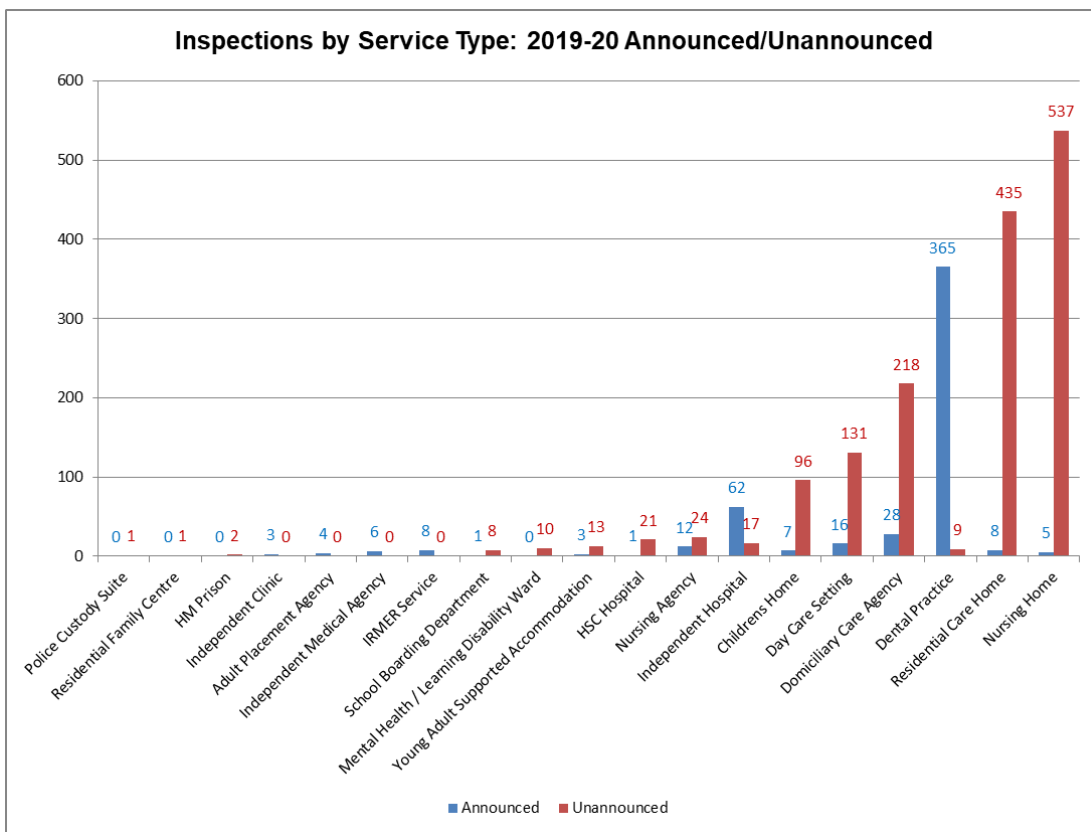
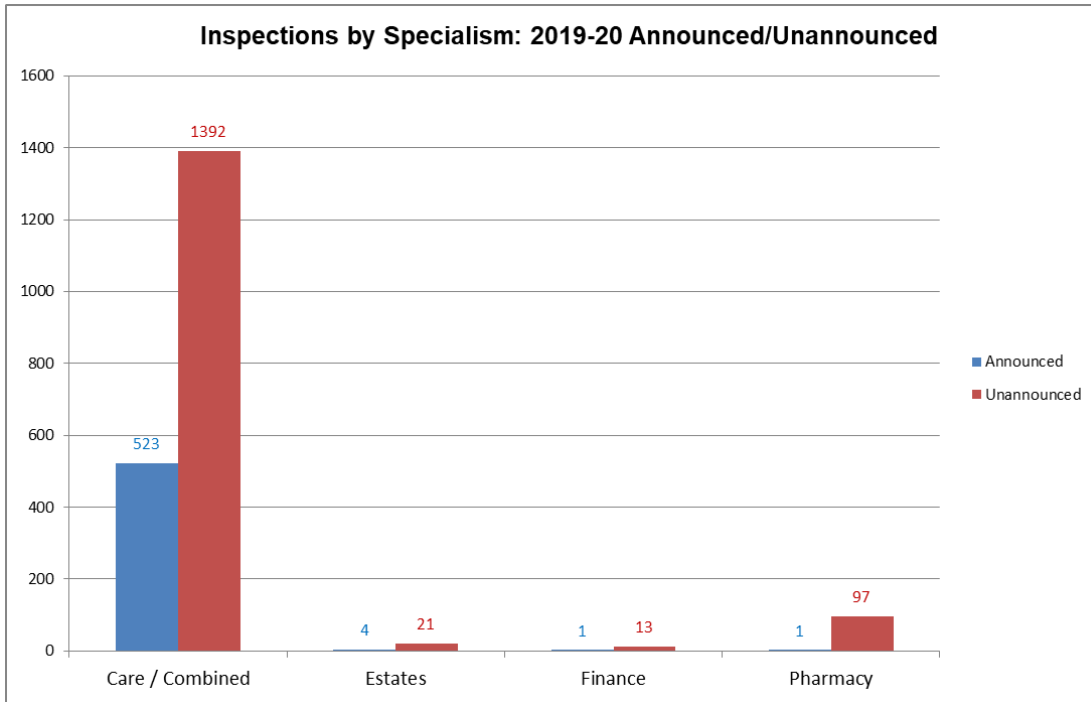


How We Inspect

RQIA has a team of experienced nurses, social workers, pharmacists, estates and finance officers, who examine care, medicines management, estates issues, and arrangements for safeguarding service users' finances. When preparing for an inspection, our inspectors review information about the service held on RQIA's i-Connect information system. This includes details of the regulatory history of the service - such as inspections and enforcement; intelligence about the service including complaints or compliments from the public; whistleblowing from staff members; and statutory notifications from the service relating to incidents at the service.

During the year we conducted 2,052 inspections. The majority of our inspections are unannounced (1,523), taking place with no advance notice to the provider, with 98.7% of all care home inspections unannounced. Most inspections at independent hospitals and dental practices are announced. In our inspections we examine compliance with regulations and care standards, and assess: is care safe, effective and compassionate. We also consider whether the service is well managed. Given the importance of the manager's role, we will only register a new service where a permanent manager has been registered by RQIA.

This year we focused on leadership, management and governance, and as a result we identified a number of services where it was necessary to increase our regulatory oversight. This included additional inspections, meetings with providers and in certain cases enforcement action. We completed 88% of our overall planned inspection programme and every care home received at least one inspection. During this time, we continued to assess notifications, concerns and other intelligence for every service and based on our response to risk we conducted an additional 108 inspections. The Department of Health and RQIA's Board and Audit Committee were kept apprised of the situation throughout the year.



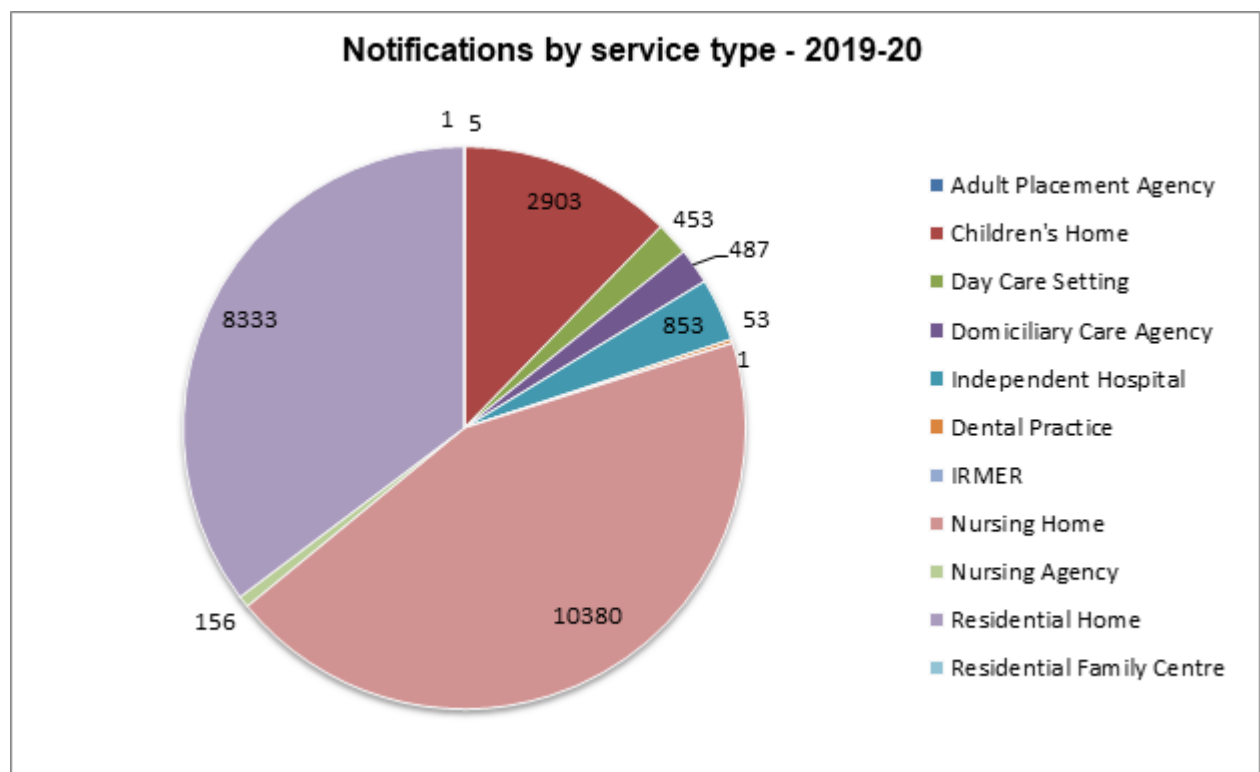
While most of our inspections at regulated services are conducted by individual inspectors, in May 2019 RQIA introduced combined multidisciplinary inspections, where our care, medicines management, estates and finance inspectors worked in partnership to provide a comprehensive overview of services.

During the year we conducted 182 multidisciplinary inspections.

Service Type	Multidisciplinary Inspections
Children's Home	26
Day Care Setting	1
Dental Practice	3
Domiciliary Care Agency	1
Independent Hospital	12
Nursing Home	76
Residential Care Home	63
Total	182

Our inspections at hospitals, mental health settings and prisons involve teams which include peer and lay involvement. This allows us to assess governance arrangements for the provision of care across a hospital, identifying both areas of good practice and issues that require attention by the HSC trust.

All service providers are required to communicate with RQIA via a secure online web-based portal, for issues relating to our inspections and incident notifications. There are almost 3,100 registered users on this system – including service providers and managers. During the year over 23,000 incident notifications were submitted to RQIA via this portal.

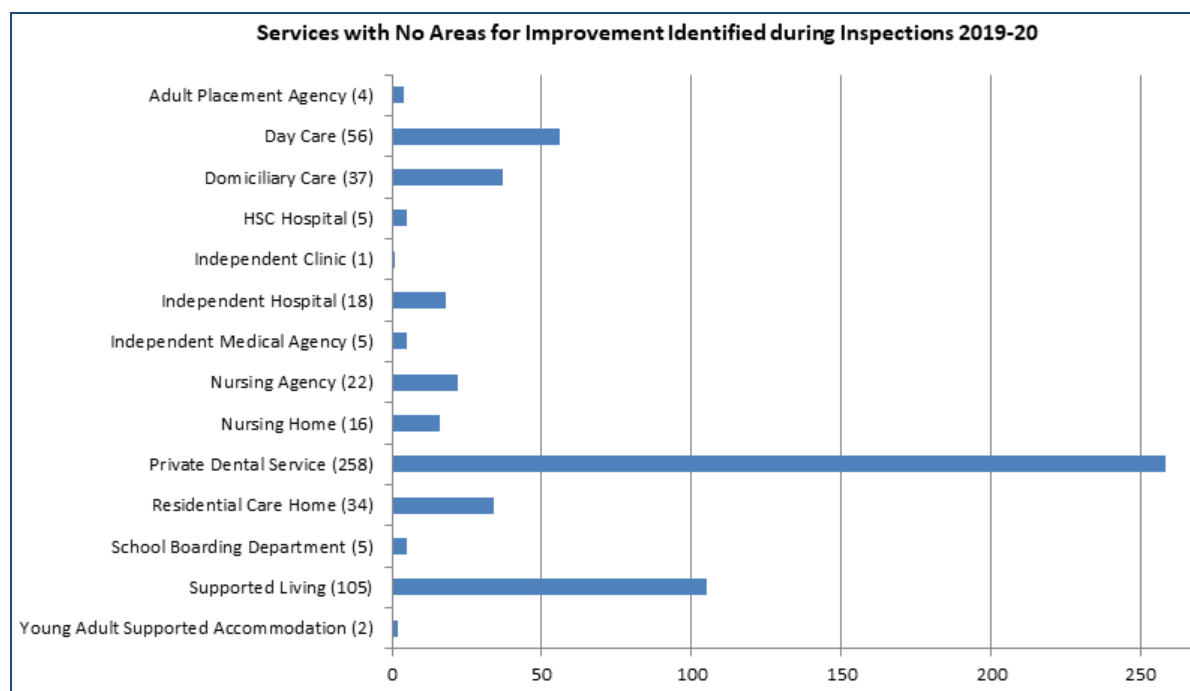


What We Are Looking For

During an inspection we assess performance against standards, guidelines and regulations. In our assessment of the service we observe practice and review records of care. To ensure we gain a fully rounded view of the service, we talk to management, staff and visiting 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 we also talk to service users, carers, and friends and relatives to give a voice to their views of the care provided.

Outcome of Inspections

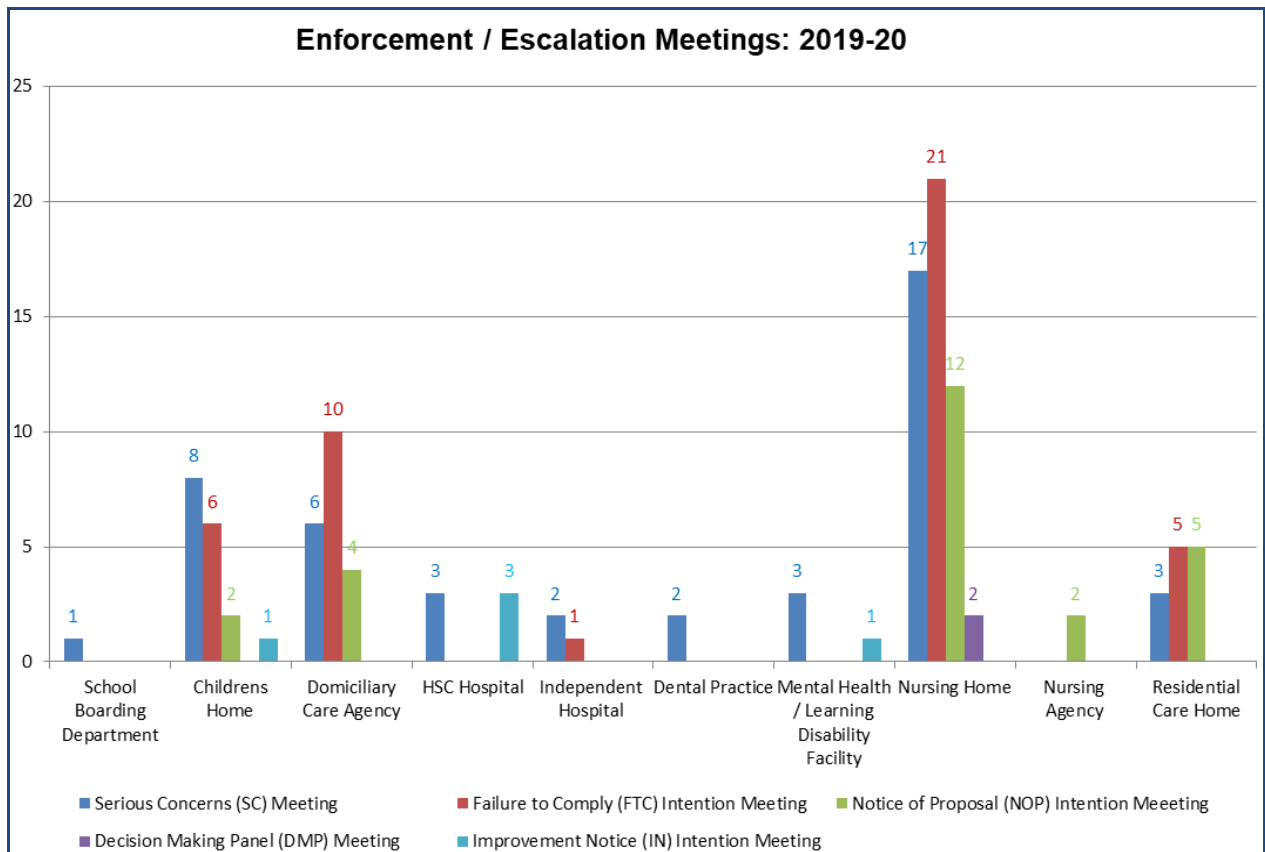
At the conclusion of our inspection we provide verbal feedback to the management of the service, highlighting both areas of good practice and issues that require attention. This is followed up with a formal written report, which details our findings and where necessary includes an action plan of areas for improvement. We publish the findings of all our inspections (excluding those for children's homes) on our website www.rqia.org.uk/inspections, and our individual inspection reports are also available on request from each service we inspect. During 2019-20, 568 services (40% of all services) were operating in line with relevant legislation and standards, with no areas for improvement highlighted by our inspectors.



To support the regional response to the Covid-19 pandemic, on 20 March, the Department of Health directed RQIA to reduce the frequency of statutory inspection activity, to minimise the risk of spreading infection to the most vulnerable people in society. This is consistent with the approach of health and social care regulators across the UK and Ireland. This direction was rescinded on 22 June 2020. However, during this period we continued to regulate and respond to risks and concerns, conducting inspections and taking enforcement action where necessary.

Enforcement

The ongoing safety and wellbeing of every service user is RQIA's primary concern. Where we identify concerns during an inspection, we will consider what action we may take to address the shortcomings in care or service provision. In the first instance we hold an enforcement decision meeting where our inspector presents their findings to senior inspectors and assistant directors in order to determine the appropriate action. Based on the evidence presented we may hold a serious concerns meeting with the service provider, where we discuss our concerns and the actions required to respond to these.

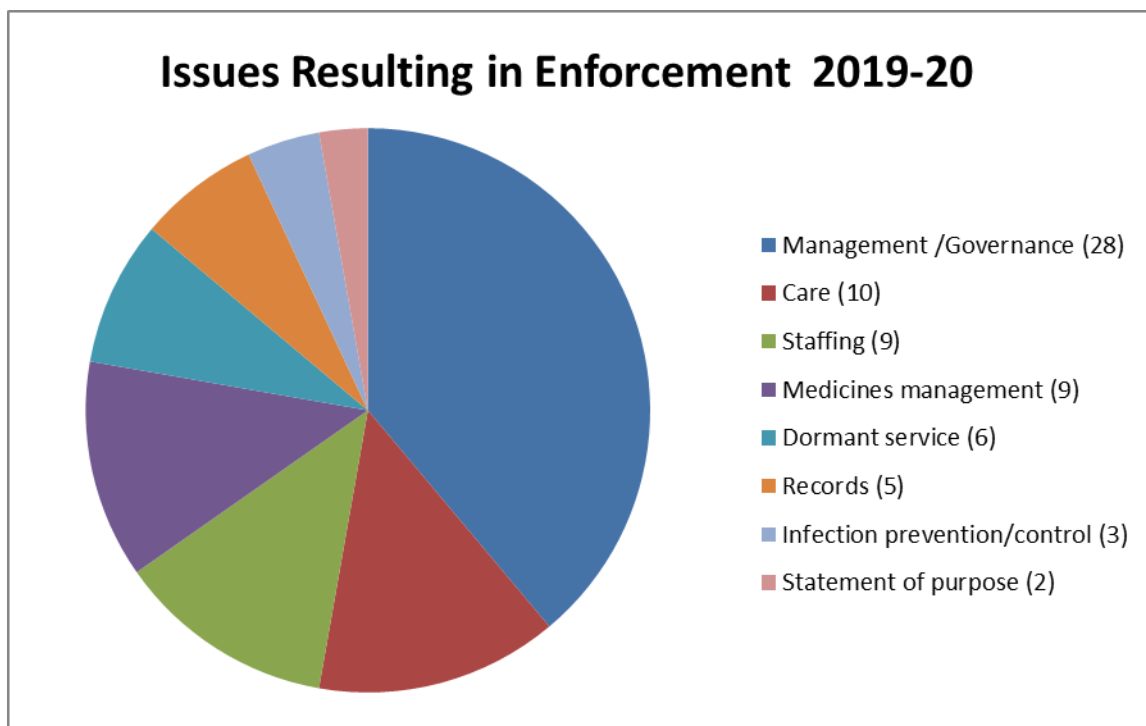
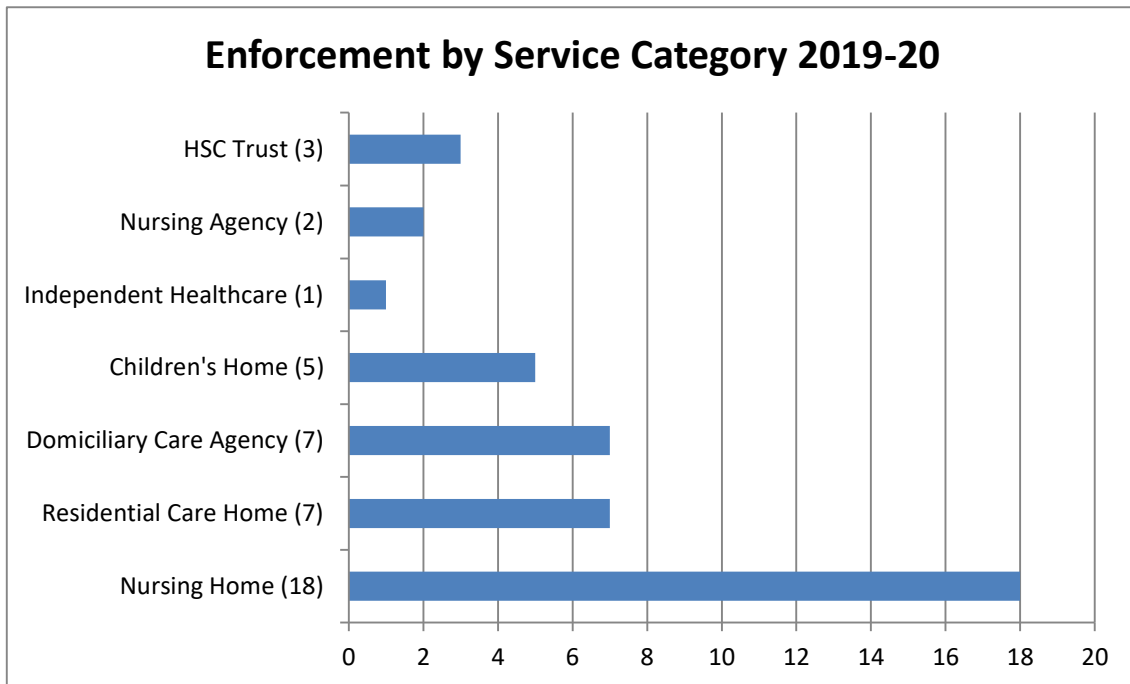


If we are satisfied with the actions proposed we will assess these through an unannounced inspection. Where we have more serious concerns we hold an enforcement meeting with the management of the service to discuss our concerns, and determine our proposed course of action.

Where we receive appropriate assurances from the provider we may decide not to take formal enforcement action at that time, and closely monitor the performance of the service. However, if we are not assured we may issue an improvement notice, failure to comply notice, move to place conditions on the registration of the service, or deregister the service or provider.

During the year we took enforcement action on 43 occasions at a range of HSC services. This included an urgent order to deregister a domiciliary care agency due to concerns relating to recruitment and staffing which had the potential to place the health and wellbeing of service users at risk.

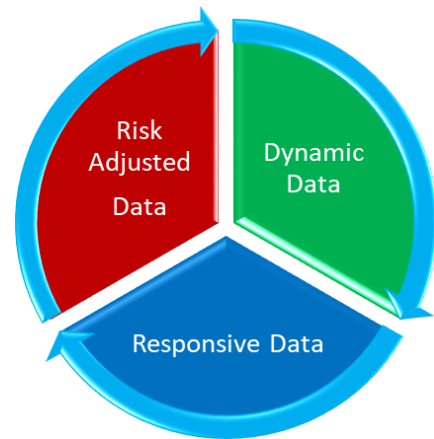
The tables below provide details of the number of services subject to enforcement by category and the issues of concern which resulted in our enforcement actions.



Full details of RQIA's enforcement actions during 2019-20 are included at Appendix 2 and 3.

Developments in our Inspection Approach

During 2019-20, in partnership with Ulster University, we continued to progress the development and analysis of our risk-adjusted, dynamic and responsive (RADaR) framework to identify, quantify and respond to regulatory risks more robustly. This approach brings together intelligence - including incident notifications, and complaints and whistleblowing information – and the inspector’s knowledge of the service to help determine the frequency and urgency of inspection.



Through this approach we aim to identify services where the quality of care is poor or changing and may require additional inspection.

This will enable us to focus our resources on services with the highest regulatory risk and to focus our inspection programme appropriately.

In April 2019, we began a second year of data collection across nursing and residential care home inspections, and carried out analysis on the findings from 2018-19 which showed significant differences in the level and type of risk observed in nursing and residential homes.



attendees at QUB Care Homes Conference

The findings have been presented to colleagues in the Department of Health, at the Independent Healthcare Providers AGM, Reform of Adult Social Care Project Group and Queen’s University Belfast (QUB) Care Homes Conference.

Rachel Stewart and Dermot Parsons address

A Review of the Effectiveness of the Use of CCTV in Care Home Settings

During the year RQIA commissioned QUB to carry out a review of the international evidence of the effectiveness of the use of CCTV in care home settings. Based on the rapid evidence assessment there is insufficient research evidence to support the proposal to use CCTV in care home settings. There are a range of complex debates involved which do also need to be considered and addressed but the available research evidence does not support its use. The report also highlights that the relevant legal issues are also complex – particularly regarding covert surveillance.



The study concluded if CCTV is proposed, as the current policies and guidance highlight, consultation, consent and best interests are central considerations. The practical and operational issues are also important. The findings of this study are published at: www.rqia.org.uk.

Commissioner for Older People, Eddie Lynch, Olive Macleod, RQIA Chief Executive and Gavin Davidson, QUB at launch of CCTV research

HUMAN RIGHTS

RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.

In our activities, we place a clear focus on human rights principles in order to highlight the strong link between quality practice and the experience and outcomes for those in receipt of services.

Under the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), RQIA is designated by the UK government as a national preventive mechanism (NPM).

This protocol aims to strengthen protections for people deprived of their liberty. As part of these duties, we inspect places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment.

In taking forward these responsibilities, we inspect a range of services including mental health hospitals, children in secure accommodation, and prisons.

SUPPORT FOR SERVICE USERS AND THEIR FAMILIES

Hearing the Voice of the Public

As the majority of our inspections are unannounced, families will not be aware when our inspections are taking place. In order to capture the views of service users and families, we have posters on display in every care home highlighting RQIA's role in inspecting the service, and providing our contact details to allow service users, their families and staff to speak directly with our inspection team.

We also introduced calling cards, which our inspectors leave in bedrooms and day rooms, inviting service users and their families to tell us about their personal experiences at the home.



Did You Know? ... poster



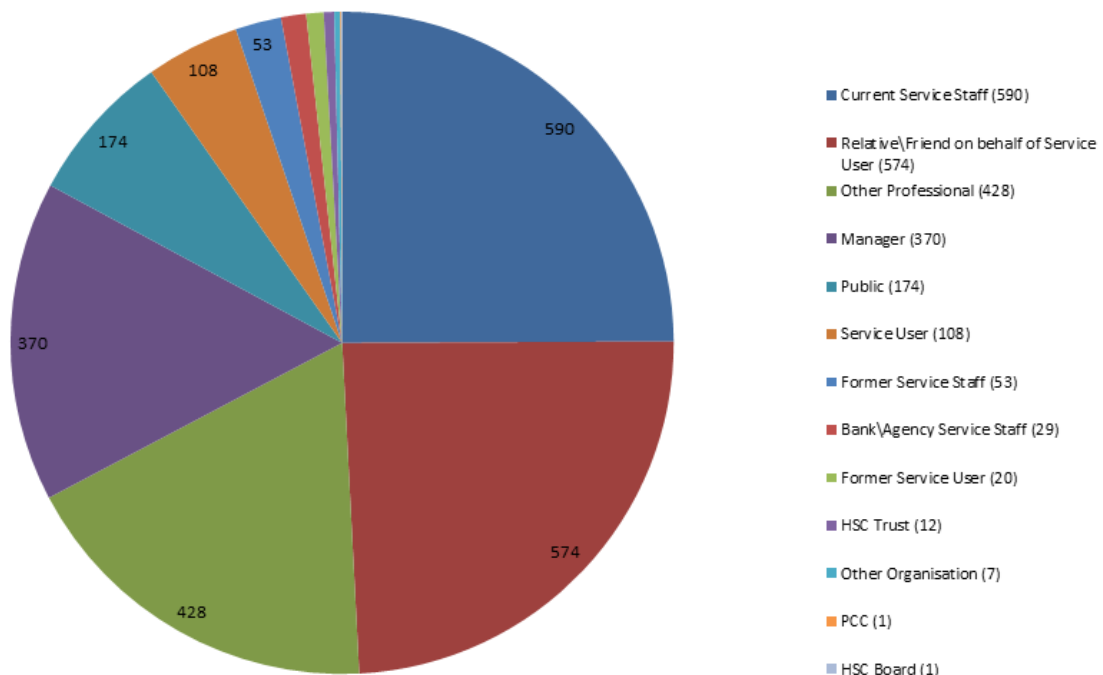
Tell Us calling cards

This information provides RQIA with a unique insight into the care provision and helps us to present a fully rounded view of a service in our inspection reports.

RQIA's Duty Desk

Each day we have an inspector on duty responding to calls from service providers and the public. During the year we received over 2,350 calls – almost 900 from members of the public wishing to discuss queries or concerns about care service.

Source of Contact to RQIA Duty Desk: 2019-20



In each case we listen to the caller, provide advice and record details of the call on our i-Connect information system. Where specific concerns are raised we assess the information provided and determine how best to respond. This may include following up the issues raised with management of the service; conducting an unannounced inspection to validate the concerns and where necessary taking enforcement action.

COMPLAINTS AND WHISTLEBLOWING

Complaints about Health and Social Care Services

While RQIA does not have legal powers to investigate complaints about health and social care services, we take each concern brought to our attention seriously. Where a concern is raised with us about a health and social care service, we use this information to inform our inspection or review work. We share the information received with our inspectors for the service, to determine whether there are any issues that require the immediate attention of RQIA. During our inspections we also check that every service has a complaints and investigations procedure in place.



Our “How Can I Raise a Concern ..?” leaflets provide advice and guidance to support the public in raising a complaint about a service, and contact details for organisations that can help - including the Patient and Client Council and local health and social care trusts. Where a complainant is dissatisfied with the service’s response to their complaint, they may raise this matter with the Northern Ireland Public Service Ombudsman.

RQIA Complaints guidance leaflets

Whistleblowing

Under public interest disclosure legislation anyone wishing to raise concerns about wrongdoing in their workplace can bring these to the attention of RQIA. During 2019-20, we were contacted by telephone, email and in writing by almost 200 staff, from a range of statutory and independent health and social care settings, who wished to raise concerns about the services being provided in their workplace. These included: concerns around the quality of care, staffing issues, management and general care concerns. While some wished to remain anonymous, many staff provided their name and contact details, allowing us to seek further information on their concerns. This information provides RQIA with valuable intelligence and insight into services. In each case we considered the information carefully to determine what action was required. Where necessary, we conducted unannounced inspections, to follow up on concerns and to drive improvements in the quality for those using these services. In other cases we found no evidence to substantiate the allegations.

Review of RQIA's Management of IR(ME)R Responsibilities

In 2018, in preparation for Brexit, the UK government commissioned a review of the regulatory infrastructure for nuclear, radiation, radioactive waste, transport safety and related health issues including medical and non-medical exposures across the UK. This was conducted by the International Atomic Energy Agency (IAEA), the global intergovernmental forum for scientific and technical co-operation in the nuclear and non-nuclear/radiation field.

In preparation for this review, RQIA worked closely with the Department of Health and regulators in England, Scotland and Wales. We submitted a comprehensive self-assessment on our responsibilities, management systems and our inspection methodology and enforcement powers to IAEA. We also commissioned an external peer review of our IR(ME)R processes by Public Health England, Department of Health and the Belfast Trust's Regional Medical Physics. This allowed us to identify strengths and areas requiring improvement, which we addressed prior to the Integrated Regulatory Review Service (IRRS) mission.

In October 2019 RQIA was interviewed by the IAEA team and we presented comprehensive documentary evidence in relation to our IR(ME)R programme. The mission assessed RQIA's management structures in relation to our IR(ME)R programme; processes in relation to inspection and enforcement; profile of services and scoring of the risks (across the modalities) and how we use this as the basis to plan our forward inspection programme; capacity of our inspection team, including their competence and skills to fulfil the inspection programme; and our communication with other regulators.

We are pleased to report that this review has endorsed RQIA's approach to managing its IR(ME)R responsibilities, with RQIA the only organisation subject to review which did not receive any recommendations in the IAEA review report.

RQIA'S REVIEW PROGRAMME

Each year RQIA undertakes reviews of health and social care services, in response to current events, or to examine the emerging and developing needs of our wide range of stakeholders. These include those initiated by RQIA and others commissioned by the Department of Health. In planning and reporting on the findings of our reviews, we focus on whether care is safe, effective and compassionate; and the quality of leadership within a service. The findings from each review are submitted to the Health Minister and Department of Health for their attention and consideration.

The recommendations in each review aim to support and drive quality improvements across Northern Ireland for those in receipt of these services. In addition, our recommendations also aim to influence policy in a range of areas across health and social care.

During 2019-20, we published our findings from the following reviews:

- Review of Emergency Mental Health Service Provision across Northern Ireland (September 2019)
- Review of Developing Eyecare Partnerships (September 2019)
- Review of General Paediatric Surgery in Northern Ireland (December 2019)
- Review of Governance of Outpatient Services in the Belfast Health and Social Care Trust, with a particular focus on Neurology Services and other High Volume Specialties (February 2020)

Review of Emergency Mental Health Service Provision across Northern Ireland

In September 2019, we published the findings of our independent review of emergency mental health service provision across Northern Ireland. This included: adult mental health services (18-65 years); older people's services (over 65 years); child and adolescent mental health services (CAMHS) (0-18 years); learning disability services for children and adults; and emergency departments.

We assessed services in line with the HSC Board and Public Health Agency's Regional Mental Health Care Pathway for Northern Ireland. Our expert review team found that each HSC trust had systems and processes in place to provide emergency services for patients of all ages during normal working hours (Monday to Friday 9:00 am to 5:00 pm). However, it remains a challenge for all trusts to provide dedicated specialised services during out-of-hours periods, particularly for children and young people, people with learning disability and older people's services.

Our review report made nine recommendations to support the continued improvement of emergency mental health service provision across Northern Ireland.

Review of Developing Eyecare Partnerships

This review assessed the implementation and effectiveness of the commissioning and provision of eyecare services in Northern Ireland from 2013 to 2017 under the Developing Eyecare Partnerships (DEP) Strategy (Department of Health).

Overall the DEP Strategy was considered by stakeholders to have facilitated service improvement, development and health promotion. Our expert review team found support among stakeholders for the DEP project and considered that the implementation process for the project had generally been effective. RQIA recommended that going forward, an eyecare network should be established, following on from the DEP project.

We published a report of our findings in September 2019, making nine recommendations aimed at consolidating DEP and facilitating the future development of eyecare services across Northern Ireland

Review of General Paediatric Surgery in Northern Ireland

In December 2019, we published the findings of our Review of General Paediatric Surgery in Northern Ireland. We examined the provision of general paediatric surgery against the 2010 Standards and the 2016 paediatric strategy published by the Department of Health (DoH).

We found limited progress had been made against the 2010 Standards and the 2016 paediatric strategy, and the current surgical model presents challenges for service delivery and inequity of access. In line with the 2016 Strategy, the Review proposed the establishment and operation of a managed clinical network to develop: a new hub and spoke model for general surgery; a regional training programme for non-children's nurses; arrangements for refresher training in relation to child protection, safeguarding, and paediatric life support; and implement systems for centralised referral and waiting list management. The review team made 13 recommendations to support further improvement in the provision of general paediatric surgery.

Review of Governance of Outpatients in the Belfast Trust with a Particular Focus on Neurology and Other High Volume Specialties

In February 2020, RQIA published the findings of this review, which was part of a wider programme of work commissioned in 2018 related to the recall of 2,500 patients under the care of Dr Watt, a consultant neurologist in the Belfast Trust.

Our expert review team from across the United Kingdom, with executive management experience in clinical and corporate governance and others with expertise in hospital inspection and general practice examined a number of aspects of outpatient services across the Belfast Trust. This included access to services, safeguarding arrangements and medicines management. We also considered wider governance arrangements, clinical peer review, and use of information and intelligence. In addition to engaging with frontline staff and senior management at the trust, our review also captured the views and experiences of patients, families and carers and GPs interacting with the service.

Our expert review team considered there was a need for robust validation of waiting lists and improved oversight and monitoring of patients transferring to the Belfast Trust from the independent sector. We also found that the levels of staff training, knowledge and awareness of safeguarding were a significant concern across the trust's outpatient's services. While there was robust oversight of prescribing of specialist medicines, RQIA found limited oversight of all other prescribing in outpatients services, which affected the trust's ability to identify unusual prescribing practices in outpatients. We also considered that better use of information and intelligence would strengthen the governance and assurance of these services and improve oversight of outpatient consultants and specialist nurses.

The review team made 26 recommendations for improvement to strengthen the governance arrangements in the Belfast Trust's outpatients services, and which are relevant to other HSC organisations across Northern Ireland.

Ongoing Review Activity

Work continued on a number of reviews which we anticipate will be published in the year ahead:

- Review of Implementation of NICE Clinical Guideline CG174 Intravenous Fluid Therapy in Adults in Hospital
- Review of Out-of-Hours General Practitioner Service
- Review of Governance (Corporate and Clinical) in Independent (Private) Hospitals and Hospices in Northern Ireland

Work also continued on the following reviews:

- Review of Serious Adverse Incidents (SAIs)
- An Expert Review of the Clinical Records of all Patients or Former Patients of Dr Watt who had Deceased over the past 10 years

In March 2020, to support the regional response to the Coronavirus pandemic, the Department of Health directed RQIA to focus its activities on responding to the impact of the global pandemic and areas of greatest risk across our health and social care services. This included a temporary pause of RQIA's review programme, which was rescinded on 22 June 2020.

RQIA Clinical Audit, Guidelines and Quality Improvement Programme

To promote leadership in safety and quality in health and social care, each year, we invite applications from the HSC community for funding to undertake clinical audits, guidelines and quality improvement (QI) projects. Outcomes for patients, clients and carers are improved through the development and integration of audits, guidelines and QI projects and as a result of their implementation.

During 2019-20 we supported the following audits and QI projects:

- Regional re-audit of Medicines Reconciliation of the Immediate Discharge Document
- Stroke Network Regional Transient Ischaemic Attack (TIA) Re-Audit
- Audit of Red Flag Referrals to Belfast HSC Trust Dentistry
- Audit of Guideline for Admissions to Midwife-led Units (MLU)
- Development of Patient Information Leaflets and Departmental Cancer Handbook
- Self-sampling to Decrease the Did Not Attend (DNA) Rate in People referred to Colposcopy or on Follow-up for Cervical Abnormalities.



RQIA's Robert Mercer and Jacqui Murphy join authors of RQIA Guideline for Planning to Birth at Home in Northern Ireland at its launch at the Long Gallery, Parliament Buildings, Stormont

We also published the following work which was supported by our programme in 2018-19:

- RQIA Guideline for Planning to Birth at Home in Northern Ireland;
- Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self-harm;
- Regional Infection Prevention and Control Audit of NICE Clinical Guideline CG139 and Healthcare Providers in Community and Primary Care;
- An Audit of Adult Asthma Care within Northern Ireland Inpatient and Emergency Department Settings;
- Performance Audit of Ultrasound Imaging Systems within Northern Ireland;
- Implementation of an Electronic Method to Improve Quality of Physical Health Monitoring in Patients with Mental Health Conditions; and
- Quality Improvement Project to Reduce the Delays in Medication Administration and Improve Communication in the Committal Process in Maghaberry Prison.

Inquiry into Hyponatraemia Related Deaths

Following the publication of Justice O'Hara's Inquiry into Hyponatraemia Related Deaths (IHRD), RQIA chaired the regional IHRD Assurance Working Group, which is part of the DoH-led programme on implementation of IHRD Recommendations. During the year, this group continued to review the assurance frameworks and provide independent assurance on progress of the eight workstreams arising from the IHRD.

Mental Capacity (Deprivation of Liberty) Regulations

In May 2019, RQIA began its preparation for the introduction of The Mental Capacity (Deprivation of Liberty) Regulations (Northern Ireland) 2019 later in the year.

RQIA's Chief Executive led a working group of senior managers which met weekly to: define RQIA's responsibilities as outlined in the new legislation; develop inspection tools; organise and deliver training for all relevant RQIA staff – including our inspectors - to prepare staff for its introduction; and support registered health and social care providers as required.

Following its introduction on 2 December 2019, RQIA continued to engage with The Department of Health in respect of our responsibilities under the Mental Capacity Act.

PARTNERSHIP WORKING

RQIA continues to foster strong and effective partnerships with peer organisations including health and social care systems regulators, inspectorates and professional regulatory bodies across the UK and Ireland. Through this engagement we share best practice in regulation and benchmark our work with peer organisations.

Within Northern Ireland, we have very positive relationships with our sponsor body – the Department of Health, and other HSC organisations including: the HSC Board, HSC trusts, the Public Health Agency; Northern Ireland Social Care Council; Patient and Client Council; NI Guardian Ad Litem Agency; NI Practice and Education Council for Nursing and Midwifery and Northern Ireland Medical and Dental Training Agency. We engage with these organisations on an ongoing basis and through regular one-to-one liaison meetings where we share learning and discuss common interests and share areas of concern.

We also work closely with other stakeholders including: Criminal Justice Inspection Northern Ireland; Education and Training Inspectorate; Her Majesty's Inspectorate of Prisons; The Prisoner Ombudsman for Northern Ireland; Northern Ireland Commissioner for Children and Young People (NICCY); Age Sector Platform; and the Commissioner for Older People for Northern Ireland.



RQIA welcomes colleagues from partner organisations (L) Independent Health and Care Providers and UK Home Care Association; (R) British Dental Association

During the year we also continued constructive engagement with a range of stakeholder representative organisations, including: the Independent Health and Care Providers; UK Homecare Association; British Dental Association; and the Association for Real Change.

We have memoranda of understanding and information sharing protocols with a range of partner organisations, which support information sharing and cooperation in joint working and transparency when working on areas of mutual interest.

Support and guidance for health and social care providers

As the regulator for health and social care services we are part of a wider system for ensuring the safety and wellbeing of those in receipt of care. In support of those delivering front-line services, during 2019-20, RQIA held a number of events providing advice and guidance to service providers.

In October, RQIA held provider roadshows for care home and domiciliary care providers across Northern Ireland. At these bespoke events, providers received presentations and guidance on a range of topics including governance; monthly monitoring visits; quality improvement; human rights and the impact of the Mental Capacity Act (NI) 2016. Feedback from the roadshows was very positive and will help shape future events and engagement with providers.

In December, RQIA participated in a joint training event with the Royal College of Psychiatrists (NI) on the Mental Health Order and Mental Capacity Act.

During the year our inspection staff also participated in training sessions with colleagues from HSC trusts on a range of issues, including medicines management.



(L) RQIA Staff at Royal College of Psychiatrists event: Dr Gerry Lynch, Ted Finnegan, Dr Lourda Geoghegan, Lynn Long, Dr Stuart Brown, Dr John Simpson.

(R) RQIA pharmacist inspector Helen Daly discussed medicines management with Belfast Trust Care Home Nursing Support Teams

Sharing Best Practice: Engagement with Other Organisations

In September we welcomed a delegation from Cyprus Ministry of Health when we discussed driving improvements in health and social care through effective regulation.

During the year we visited the Care Inspectorate Scotland to share learning on our approaches to regulation and inspection. We also met the Care Inspectorate's Head of Risk and Intelligence in Belfast to discuss the use of intelligence and information to support improvements in health and social care.



RQIA staff host visitors from (L) Care Inspectorate Scotland and (R) Cyprus Ministry of Health

COMMUNICATION AND ENGAGEMENT

In September 2019, RQIA's Board approved RQIA's Communications and Engagement Strategy, which aims to support the delivery of RQIA's strategic goals, and underpins all our communications and engagement activities.

Engaging with the Public

RQIA OPEN HOUSE



On 10 October RQIA held its first Open House, where members of the public had an opportunity to visit our offices to meet our staff; hear about our work to assure public confidence in health and social care; speak directly to our senior management team and acting Chair and ask them about any aspect of our work; and find out how they can get involved in our work.

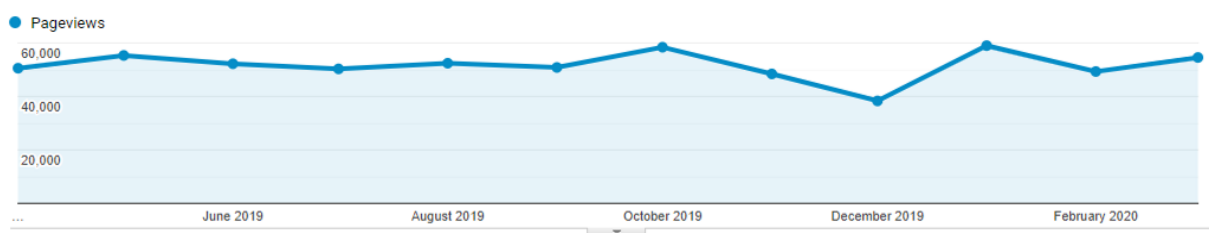
The event was promoted through social media channels, newspapers and with support from partner organisations including Age Sector Platform, Age NI, VOYPIC, the Patient and Client Council, HSC Board, Ulster University and QUB. Feedback from attendees was highly positive and we will use this to inform future public engagement activities

Digital Communication

Throughout the year we continued to add new content to our website to support service providers and the public alike. During 2019-20 www.rgia.org.uk received around 130,000 unique visitors, resulting in over 600,000 webpage views, a 9% increase on the previous year.

We have published over 13,000 inspection reports for care services which are available through our interactive map, or directly through the search function. These continue to be the most visited part of our website, with around a quarter million page views during the year.

Web Traffic: April 2019-March 2020



We also direct traffic to our website via [@RQIANews](https://twitter.com/RQIANews), our Twitter account, where we highlight new content added to over 4,500 followers.

Each month we publish a list of recent inspection reports made available online over the previous month. These lists were accessed over 13,000 times during 2019-20, an increase of 60 per cent on the previous year.



@RQIANews Twitter account

RQIA Animations

In November RQIA began the production of short animations showcasing aspects of our work, including an overview of our role, who we inspect; how to raise a concern about a care service; what we do when things go wrong.



Each animation was posted on our Twitter account and also available on our YouTube channel. Feedback from the public has been highly positive, and each attracted a significant number of viewings..

RQIA Publications

During the year, we updated our About RQIA information leaflet which introduced new corporate branding featuring brightly coloured images, which we have rolled out across all new publications.



We also published trend reports produced by our information team on registered nursing and residential care homes (2008-2018) and dental practices (2011-2019), providing an overview of these sectors.

Media Engagement

Media interest in all aspects of the work of RQIA continued throughout the year, with significant coverage of regulation, review and mental health and learning disability activities in print, broadcast and online outlets.

During the year we responded to over 150 media requests for briefings, statements or interviews. Much of the attention focused on enforcement actions. Through our engagement with the media, we aim to provide assurance to those in receipt of health and social care across Northern Ireland to ensure we present honest and open information on RQIA's role and actions to a wider audience. We provide journalists with open and detailed briefings to describe the nature and complexity of our activities, and the powers available to us through legislation.

Political Engagement

RQIA continued its engagement with representatives from the main political parties, through meetings with representatives, including their health and social care spokespersons, to discuss the role of RQIA and specific areas of interest.

Public Involvement in our Work

RQIA is committed to effective engagement with the public and stakeholders to achieve improvements in the safety and quality of services.

During inspections and reviews, working in partnership with RQIA staff, our lay assessors observe the care provided and talk to patients, their relatives or carers about their experience of the service. This brings a fresh insight and public focus to our assessment of services.

During the year, our lay assessors joined us in a range of inspections at a care homes, mental health and learning disability services; and as part of our Review of Governance Arrangements in Outpatients Services in the Belfast Trust.

CORPORATE ISSUES

RQIA's Board and Staff

RQIA has an independent board, with each member appointed by the Department of Health/Health Minister for a four-year term, which may be extended for a second term. Our Board members hold corporate responsibility for ensuring the aims and objectives for RQIA, set by the Department of Health and approved by the minister, are fulfilled. They also promote the efficient economic and effective use of resources, including our staff.

At 31 March 2020, acting chair Professor Mary McColgan, OBE, led a nine member board. A short profile of those members is included at Appendix 4.

The current composition of the Board is highlighted at page 59 of the governance statement

RQIA Senior Management Team

The Chief Executive and Accounting Officer, is responsible for the day to day operation and management of RQIA, and is accountable to the Permanent Secretary of the Department of Health. The Chief Executive is also personally responsible for safeguarding the public funds for which she has charge and for ensuring propriety and regularity in handling these funds.



RQIA's Senior Team Business Planning Workshop

Dr Lourda Geoghegan, Director of Improvement and Medical Director, and following the retirement of Theresa Nixon in December 2019, Dermot Parsons, Director of Assurance, managed the activities of their directorates. These directorates are supported in their work through RQIA's Business Support Unit.

In early March, Dr Geoghegan – a public health doctor - was seconded to the Department of Health to support plans for the management of the Coronavirus/Covid-19 outbreak. In late March, Olive Macleod was seconded to the Public Health Agency to lead that organisation during the pandemic period. From 1 April to 31 August 2020 Dermot Parsons was interim Chief Executive. Details of senior employees' remuneration are included within the remuneration report. RQIA does not make any payments in relation to staff benefits.

Our Staff

RQIA has a staffing complement of 124 people (115.26 whole time equivalent), excluding board members, bank and agency, responsible for the effective delivery of our work programme and the achievement of our corporate objectives. The staff composition, by headcount, is 75% female and 25% male. During 2019-20, there was an average of 8.88% staff absence. The absence target for 2019-20 was 7.39%.

21 members of staff left RQIA, including through retirement and taking up new opportunities. We advertised for a range of administration and inspector positions at RQIA. This attracted a very high level of interest, and 27 new staff joined our Business Support Unit and our teams inspecting care homes, independent health care, hospitals and mental health and learning disability wards.

Staff Training

Our staff are our most valuable asset and to ensure they are equipped to support us in achieving our business objectives we provided a range of training opportunities. In addition to job-specific training, during the year, staff undertook mandatory training on ICT Security; Information Governance; Fraud Awareness; Personal and Public Involvement; Risk awareness; and the Quality 2020 Attributes Framework.

In May we welcomed Assumpta Ryan, Professor of Ageing and Health at Ulster University who provided our staff with an overview on supporting older people and their families navigating the changing roles and responsibilities associated with old age and caregiving.

In the autumn, we held our annual learning week to support our staff in their daily work. This included sessions on: quality improvement; collective leadership; data interrogation and analysis; governance; and the Mental Capacity Act; and LGBT rights.



Professor Assumpta Ryan, Ulster University; Linda Edgar, PHA Enrich Programme

We also had colleagues from RQIA, representatives from other HSC organisations, the National Institute for Health and Care Excellence (NICE) and voluntary organisations leading training including: infection prevention and control; oral health in care homes; improving the experiences of adults with swallowing difficulties; nutrition and hydration in care homes; and maintenance of hearing aids in care homes.

Complaints About RQIA

During 2019-20, we received eight complaints or expressions of dissatisfaction relating to RQIA, including one anonymous complaint, which were managed in line with our complaints policy and procedure.

Following examination of each complaint, two were deemed to fall outside the role and remit of RQIA. Four complaints were resolved at the early resolution stage; one was resolved at the formal resolution stage. The issues raised in the one anonymous complaint were examined to determine whether any further action was required by RQIA. Any learning from these complaints was disseminated to relevant staff.

Freedom of Information and Data Protection

As a public body, under data protection and freedom of information legislation RQIA is required to respond to requests for information. During 2019-20, we received 20 freedom of information requests, with 16 responded to within 20 working days. We also received three subject access requests, two were responded to within the one calendar month timescale, and a third did not proceed as proof of authority was not forthcoming. There were no reportable personal data related incidents during the year.

Business Continuity Planning

RQIA has a business continuity plan which we test on an annual basis to ensure continuity of service in an unplanned emergency situation. Following the test, we update the plan as necessary to reflect any learning.

UK Exit from the European Union (Brexit)

During 2019-20 RQIA continued to work in partnership with colleagues from the Department of Health and HSC to prepare for the potential impact and implications of the UK's exit from the European Union.

Equality

In September 2019 RQIA's Board approved the annual progress report on the implementation of our equality and disability action plans which we then submitted to the Equality Commission.

RQIA has a range of human resources policies in place, which promote equality of opportunity across all Section 75 groupings. We are committed to ensuring full and fair consideration is given to applicants with a disability, having regard to their abilities and aptitudes. During the year we participated in the joint disability placement scheme in partnership with a range of HSC organisations, where two people with a disability worked in RQIA for a 26 week period, gaining valuable experience in the workplace and contributing significantly to our work. We are pleased to report that we have appointed one participant to a permanent post within RQIA.

Annual Quality Report 2018-19

On World Quality Day in November 2019 we published our Annual Quality Report, along with our partner HSC organisations, highlighting our key achievements in quality improvement during the period. Our report is available online at: www.rqia.org.uk.



Strategic Performance Management

Our vision, core values and strategic objectives are set out in RQIA's Corporate Strategy 2017-21. This was developed in the context of the Northern Ireland Executive's Draft Programme for Government Framework 2016–21, Health and Wellbeing 2026: Delivering Together (Department of Health, 2016), ongoing financial constraints and HSC reform. Within our strategy we identify four key themes:

- **Encourage quality improvement in health and social care services** - RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.
- **Use sources of information effectively** - RQIA will deliver independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need.
- **Engage and involve service users** - RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.
- **Deliver operational excellence** - RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement

An annual Business Plan supports the corporate strategy and includes detailed specific actions, timescales and associated resources to deliver these objectives. Each quarter we report corporate performance to RQIA's Board, providing progress on the delivery of the actions identified within the annual business plan. During the year, significant progress was made towards the achievement of all our business plan actions. However, as a result of the significant impact of the Covid-19 pandemic during the final quarter, progress on their overall achievement was delayed. The outstanding actions will be addressed during 2020-21.

We also set out our approach to ensuring the effective identification and management of risks in our Risk Management Strategy 2019-20. These are monitored and managed by RQIA's Board through consideration of the Corporate Risk Assurance Framework Report.

Financial Summary

RQIA has an annual budget of £7,693,625 which comprises £6,775,707 funding from DoH, and £917,918 fee income. During 2019-20 staff costs were £6,175,437 and other expenditure costs were £1,514,757. At year end there was an underspend of £5,091. This surplus fell within the breakeven target of £20,000.

During 2019-20, RQIA incurred pay slippage, the in-year non-recurring easements amounted to £247,000. The net easements relate to posts remaining unfilled and a reduction in Audit and Review Programmes. RQIA received a total of £305,027 to cover increased Employers superannuation costs and a total of £187,739 in relation to the 2019-20 pay award.

Social, Community and Environmental Matters

During the year we continued our focus on energy reduction, recycling office waste, promotion of healthy lifestyles and use of public transport.



(L) RQIA's Clare Kelly and Paula Weir join a Sustrans lunchtime bike ride;
(R) Representatives from Hope 4 ME Fibro and Versus Arthritis at RQIA

Each month we held a “dress down day” monthly basis where our staff organised collections for a local health-related charities. We also hosted a Mental Health Awareness Day our staff where a representative from Inspire focused on issues including depression, anxiety and obsessive compulsive disorders (OCD). We also held an information session focusing on Fibromyalgia where we were joined by speakers from Hope 4 ME Fibro and Versus Arthritis.

A handwritten signature in blue ink that reads 'Anthony Stevens'.

Dr A B Stevens, OBE
Interim Chief Executive

17 September 2020

Accountability Report

GOVERNANCE REPORT

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Department of Health 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 the RQIA of its income and expenditure, changes in taxpayers equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FReM) 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 FReM have been followed, and disclose and explain any material departures in the financial statements.
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the RQIA will continue in operation.
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the RQIA.
- pursue and demonstrate value for money in the services the RQIA provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland designated Dr Tony Stevens as the Accounting Officer for RQIA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the RQIA's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health.

The Accounting Officer can confirm that there is no relevant audit information of which RQIA is not aware.

GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

The Board of RQIA 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 by the Department of Health (DoH).

As Chief Executive I am accountable to RQIA's Board for the day-to-day operations and management of RQIA and as the designated Accounting Officer I am accountable to the Permanent Secretary of DoH. 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 and Accounting Officer, I establish, in agreement with the Department and RQIA's Board, the corporate strategy and business plan in the context of the Department's wider strategic aims, Departmental Requirements and current Public Sector Agreement (PSA) objectives and targets.

The Chief Executive provides a formal report to RQIA's Board 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. Board meetings are held at least six times a year.

The Chief Executive chairs 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 programme aims to provide assurance about the safety, quality and availability of these services through: our planned programme of announced and unannounced inspections of regulated services, mental health and learning disability wards, hospitals, and places of detention across Northern Ireland; and our reviews of both health and social care services and independent establishments and agencies. In carrying out its role RQIA has developed strong and effective partnerships with other health and social care systems regulators, inspectorates, professional regulatory bodies, arms-length bodies, Trusts and HSC Board.

The Chair and Chief Executive attend bi-annual accountability reviews with the Permanent Secretary.

The Chief Executive and Directors attend quarterly liaison meetings with DoH to discuss matters of strategic importance relating to regulation and quality improvement across the health and social care.

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. RQIA does this by undertaking continuous assessment of its compliance with corporate governance best practice by the RQIA Board's assessment against the Board Governance Self-Assessment Tool and 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.

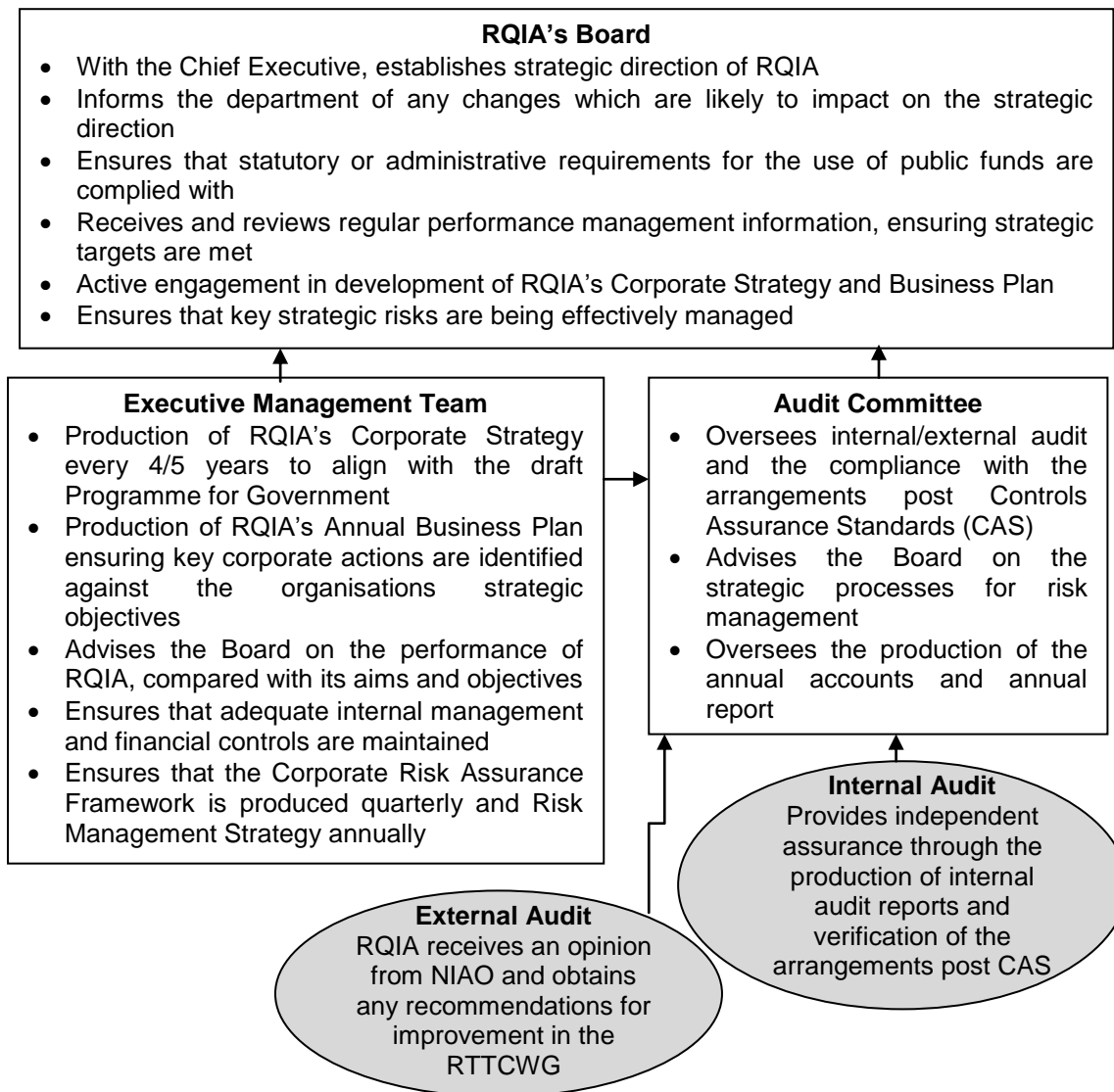
The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- a schedule of matters reserved for Board decisions;
- a scheme of delegation, which delegates decision making authority, within set parameters, to the Chief Executive and other officers;
- standing orders and standing financial instructions;
- the establishment and operation of an effective audit committee; and
- the establishment and operation of an effective appointments and remuneration committee.

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

- comprehensive budgeting systems with an annual budget;
- regular reviews by the Board of periodic financial reports which indicate financial performance against the forecast;
- setting and monitoring targets of financial and other performance measures;
- clearly defined capital investment control guidelines;
- as appropriate, formal budget management disciplines;
- production of RQIA's Property Asset Management Report; and
- production of RQIA's Annual Report and Accounts

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



RQIA assessed its compliance with best practice in Corporate Governance using the following tools:

- Audit Committee Self-Assessment
- The Board Governance Self-Assessment Tool
- Accountability process and sponsorship function
- Assurance Framework
- Mid-Year Assurance and Governance Framework
- Independent Assurance – BSO Internal Audit
- Management Statement / Financial Memorandum
- Arrangements post controls assurance standards

The outcomes of the self-assessments post controls assurance standards showed that RQIA continues to follow best practice in Corporate Governance.

3. Governance Framework

RQIA 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 together they provide 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) RQIA is committed to governance excellence and is accountable for its decisions and activities.

RQIA's Responsibility

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

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

As an ALB, RQIA's approach to governance mirrors the Seven Principles of Standards in Public Life - the 'Nolan Principles'.

RQIA demonstrates accountability to DoH through:

- twice yearly 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;
- Board meetings open to the public;
- publishing information regarding the operation of the Board, and where appropriate minutes of meetings and reports;
- quarterly production of RQIA's Corporate Risk Assurance Framework;
- having a robust and accessible complaints process; and
- production of an annual Quality Report.

Directors Report 2019-20

In 2019-20, Olive Macleod as Chief Executive led RQIA's senior management team: Director of Improvement and Medical Director, Dr Lourda Geoghegan; Director of Assurance Theresa Nixon who retired in December 2019, and Dermot Parsons from 1 January 2020. During the year there were no personal data related incidents reportable to the Information Commissioner's Office. RQIA holds a record of director's register of interests, where they are required to declare any interest that may conflict with their management responsibilities.

Board Responsibility

RQIA has an independent board of non-executive members including the acting Chair. Each board member is appointed by the Minister for Health, for an initial four-year term. Board members can serve a maximum of two terms.

The Board is ultimately responsible for all that RQIA does. In order for RQIA to discharge its responsibilities appropriately and effectively, day-to-day and operational management is delegated to the Chief Executive. A number of matters, however, remain reserved to the Board. These are:

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

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

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

In exercising the responsibilities set out above, Board members are required to meet the following obligations:

- the Board acts collectively in making decisions;
- the Board actively pursues learning and self-development opportunities;
- the Board expects the Executive Management Team (EMT) to provide appropriate, accurate and timely information and advice to enable informed decision making;
- the Board seeks 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
- the Board delegates authority through the Chief Executive to the EMT and staff, for the efficient and effective operation of RQIA and prudent use of public funds.

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

- some decisions are reserved exclusively for the Board;
- 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 Board.

A total of seven Board meetings were held during 2019/20 with an average of 90.5% of Board Members in attendance. In addition, four Board workshops took place in 2019/20, addressing strategic issues facing the organisation. The Board met on 26 September 2019 to complete the Board Governance Self-Assessment Tool, assessing the performance of the Board. This assessment concluded that RQIA can provide assurance in relation to the various leading indicators of effective Board governance.

Attendance at 2019/20 Board Meetings and Workshops		
	Board Meetings (Total 7)	Board Workshops (Total 4)
Prof. Mary McColgan	7	4
Denis Power	7	4
Lindsey Smith	7	1
Patricia O'Callaghan	6	4
Dr Norman Morrow	5	4
Seamus Magee	7	4
Robin Mullan	7	3
Gerry McCurdy	6	3
Sarah Havlin	5	2

The current composition of the Board is highlighted at page 59 of the governance statement.

Audit Committee Role and Performance

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

During the year, the Audit Committee comprised six non-executive Board members, including the Audit Committee Chairman. The Audit Committee Chairman and members are appointed to the Audit Committee as per Standing Orders 5.3 and 5.4.

The Audit Committee advises the Board and Accounting Officer on:

- the strategic processes for risk management, internal control, governance and the mid-year Assurance Statement and the Governance Statement;
- the adherence to accounting policies, the preparation of annual accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit and the extent of adjustments arising from audit findings;
- the planned activity and recommendations of both internal and external auditors;
- adequacy of management response to issues identified by internal audit activity, and those included in the external auditor's report to those charged with governance;
- assurances relating to the corporate governance requirements for the organisation;
- anti-fraud policies, whistleblowing processes, and arrangements for special investigations;
- the extent to which processes and procedures provide value for money;
- a periodic review of its own effectiveness and an annual review of its own terms of reference; and
- consideration of write-off of losses and authorisation of special payments before submission to the Board for approval.

The Audit Committee met four times during 2019-20 with an average of 92% in attendance. The Audit Committee completed the Audit Committee self-assessment checklist on 17 October 2019 for 2019-20, which will conclude that RQIA can provide assurance of compliance with the good practice principles in the checklist.

Attendance at 2019/20 Audit Committee Meetings	
Board Member	Audit Committee Meetings (Total 4)
Denis Power	4
Patricia O'Callaghan	4
Lindsey Smith	3
Robin Mullan	3
Gerry McCurdy	4
Seamus Magee	4

Following the resignation of the Board in June 2020 there is currently no audit committee in place.

The Appointment and Remuneration Committee Role and Performance

The main functions of the Committee are:

- Consider and agree the broad policy for the appointment and pay (remuneration) of the Chief Executive and second tier officers. This will include the basic pay principles and overall approach to remuneration including governance and disclosure.
- In considering this policy, take account of all factors, which it decides are necessary, including the provisions of any national agreements for staff where appropriate. The objective of this policy shall be to ensure that the senior management of RQIA are:
 - remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose; and
 - provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation.
- Consider and recommend to RQIA, the framework or broad policy for the pay (remuneration) of staff below second tier level, including the policy or broad approach for pay uplifts for RQIA staff and pension policies.
- Be informed of, and review any major changes in employee benefit structures, including pensions, throughout RQIA.
- Monitor and evaluate the performance of the Chief Executive and agree targets for pay progression and any performance related pay schemes operated by RQIA.
- Within the terms of the agreed policy, receive reports from the Chief Executive on the total individual remuneration package of each Director including, where appropriate, bonuses and incentive payments. These packages shall be determined within the framework or policy set by the DoH.
- Agree the framework or broad policy for the terms and conditions of service for Directors, including termination payments and compensation commitments, taking account of such national guidance as is appropriate.
- Consider and recommend to RQIA disciplinary and grievance procedures applicable to and possible disciplinary action involving the Chief Executive including the dismissal of the post-holder.

The Appointments and Remuneration Committee met once during 2019-20 with three out of three Board Members (100%) in attendance. Following the resignation of the Board in June 2020 there is currently no Appointments and Remuneration Committee in place.

Chief Executive and EMT Responsibility

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

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

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.

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess.

The COVID-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments and their Arms' Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the Northern Ireland Protocol, this is under review in conjunction with key stakeholders. RQIA will continue to work collaboratively with colleagues during 2020-21 across the Department, HSC and wider to ensure we are appropriately prepared for the end of the transition period and the new dispensation.

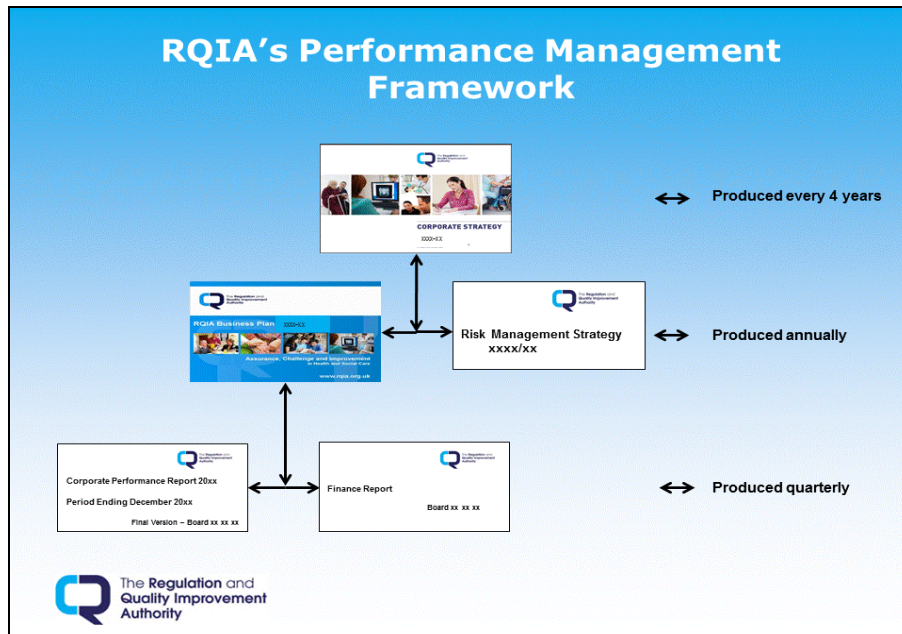
The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as result of the pandemic to carry over up to four weeks' annual leave into the next two leave years. Any exemption will apply only to circumstances where workers are unable to take their leave as a result of the outbreak, and carry over of annual leave will be limited to the next two leave years. The change in regulations may lead to an increase in the value of accrued annual leave carried over in the next two years by RQIA. It is not possible for the department to give a reasonable estimate of the impact at this time.

Across the HSC sector it is expected that the significant financial challenges faced will intensify.

However as with other financial years, RQIA remains committed to achieving financial break even. RQIA are aware of the underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, mean that budgetary challenges will continue in 2020/21. Budget planning work to support the 2020-21 financial plan is ongoing. Along with other HSC organisations, RQIA also continues to face real challenges in the recruitment of key professional staff which may impact on RQIA's capacity to deliver its objectives. These challenges are also, where necessary, proportionately and appropriately reflected in RQIA's risk registers.

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

The diagram below demonstrates how RQIA's four year strategy is delivered through the annually produced 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. The status of the Business Plan actions, measures of success and current financial positions are presented quarterly to RQIA's Board for approval.



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

The Risk Management 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.

Leadership for risk management is provided by the Board, Audit Committee and EMT. The EMT has developed a Corporate Risk Assurance Framework report which is reviewed, updated and reported upon regularly. Directorates within RQIA develop and regularly review directorate specific risk registers which provide a clear linkage between directorate and corporate risks. RQIA Board provides leadership through its governance arrangements, annual reviews, approval of the Risk Management Strategy and Corporate Risk Assurance Framework reports with a specific focus on a review and challenge of the corporate risks on a quarterly basis, and has oversight of the risk management process through the Audit Committee. During 2019-20 the Corporate Risk Assurance Framework was revised and six risks identified. Each risk added to the Corporate Risk Assurance Framework Report is assessed to determine the likelihood and impact of the risk occurring and appropriate mitigating actions were agreed with the EMT and Board.

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. Compulsory Risk Awareness E-learning is completed by all staff every three years.

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. RQIA also achieved substantive compliance with the HSC arrangements post CAS in Information Management and ICT during 2019/20.

RQIA has a nominated Personal Data Guardian, Senior Information Risk Owner, Information Asset Owner and Information Asset Assistants.

All RQIA officers are provided with induction and annual 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 2019-20 there were no incidents or breaches which required reporting to the ICO.

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

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

RQIA has the following reporting and accountability mechanisms in place

- Reporting to DoH Information and Analysis Unit on statutory processing of DPA and FOI requests
- DoH Controls Assurance Standards
- Internal Audit
- Governance Statement

6. Fraud

RQIA takes a zero tolerance approach to fraud in order to protect and support our key public services. Zero-tolerance also means that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven in line with RQIA's Fraud Response Plan.

We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements.

A report on Fraud incidents is presented to meetings of Audit 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 judgments when assessing associated risks.

As part of our ongoing engagement programme, RQIA has met with a range of stakeholder representative groups to discuss our ongoing work programme and we have also attended a number of Pensioner Parliament Events. In March 2018, RQIA Board approved our Communications and Engagement Strategy 2018-21, which sets out our future priorities.

8. Assurance

Since the cessation of Controls Assurance Standards (CAS) from 1 April 2018 RQIA have processes in place to monitor compliance with the required standards, policies, legislation etc. for providing assurance to its Chief Executive and its Board. The HIA annual report attests to this and Internal Audit review the RQIA processes for assurance that replaced the Controls Assurance Standards and found them adequate to provide the appropriate level of assurance in 2019-20.

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.
- Seven post controls assurance standard self-assessments / checklists are reviewed annually
- Internal audit services are provided by the Internal Audit Unit of BSO. 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, H&S, facilities, information governance, ICT, finance, legal and procurement services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive.
- 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.
- An audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports is regularly reviewed by RQIA's EMT and Audit Committee.

Controls Assurance Standards

RQIA assessed its compliance with the applicable Controls Assurance Standards and against which a degree of progress is expected in 2019/20. RQIA achieved the following levels of compliance for 2019/20:

Standard	Level of Compliance
Management of Procurement & Supply	Substantive
Health & Safety	Substantive
Security Management	Substantive
Fire Safety	Substantive
Information Management	Substantive
Information Communications Technology	Substantive
Human Resources	Substantive

9. Sources of Independent Assurance

NIAO

The financial audit of RQIA was undertaken by the Northern Ireland Audit Office (NIAO). NIAO's approach to the 2019/20 Audit was delivered in accordance with the Audit Strategy and presented to the Audit Committee in March 2020.

Internal Audit - Business Services Organisation (BSO)

BSO Internal Audit's primary objective is to provide an independent and objective opinion to the Accounting Officer, Board and Audit 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 2019-20 Internal Audit reviewed the following systems:

- Complaints and Whistleblowing – satisfactory level of assurance received
- Financial Review - satisfactory level of assurance received
- Follow Up – Inspections 2019 / 20 – satisfactory level of assurance received
- IT Security – satisfactory level of assurance received

There were no priority one weaknesses in control identified in relation to the 2019/20 Audit Programme.

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

10. 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 Committee and a plan, to address weaknesses and ensure continuous improvement to the system, is in place.

11. Significant Internal Control Issues

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

Issue

In the RQIA inspection process, the quality assurance process should be enhanced to include a full review of the inspection file in addition to the draft report. This review should be evidenced. Records to be reviewed should be selected by the reviewer in all instances.

Response

Following a BSO Internal Audit it was confirmed that this priority one recommendation had been implemented. The quality assurance in respect of this review process has been strengthened; for example:

- A review of the summary of findings is undertaken to ensure that the draft report is fully reflective of all findings noted. This review is now formally evidenced and retained in the inspection file.
- A record of reviews undertaken by each reviewer is also made in iConnect and records to be reviewed are now selected by the reviewer rather than by the inspectors themselves.

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

Issue

A BSO Internal Audit of Information Governance achieved a limited level of assurance. Limited assurance was provided on the basis that since the transfer of some Information Governance services to BSO, RQIA has not taken appropriate ownership for the management and handling of information. This has included ensuring that information assets are identified, owners allocated, risks assessed and all details subsequently recorded on a comprehensive Information Asset Register.

Response

With the exception of one outstanding action, all other actions to address the recommendations from the audit have either been delivered. RQIA awaits a response from BSO PALs to achieve its implementation. The progress of the implementation of the recommendations and associated actions are monitored through RQIA's EMT and Audit Committee.

Issue

BSO is responsible for providing RQIA with a range of services through Service Level Agreements (SLAs). The Head of Internal Audit presented the HIA Annual Report on the system of internal control for the year ended 31 March 2019 to the RQIA Audit Committee. However, to date, significant weaknesses in control continue to be identified in the audits relating to Payroll Shared Services.

Response

BSO's Management have accepted all of the recommendations in the Payroll Shared Services audit report and have agreed a range of actions to address these control weaknesses. BSO Internal Audit completed a further audit of Payroll Shared Services in 2019/20 and reported that a satisfactory level of assurance was achieved.

Identification of New Issues

Issue

Due to the current coronavirus pandemic emergency, there is a risk that we fail to pick up poor quality care due to reducing the frequency of inspections, a reduction in the quality and volume of information received by RQIA, which impacts on our ability to identify and respond to safety and quality concerns. All stakeholders (internal and external) may not agree to or understand the re-purpose and take action.

Response

RQIA are taking a risk based approach to inspections, this includes on-site and remote inspections. We continue to monitor notifications, concerns and intelligence when received to support a risk based analysis. Each team has a weekly safety brief / huddle to discuss concerns. Enforcement, when required is progressed proportionally.

Issue

In mid-June 2020, the acting chair and eight members of RQIA's board resigned with immediate effect. These resignations left the board with 11 vacancies - the full complement of board membership.

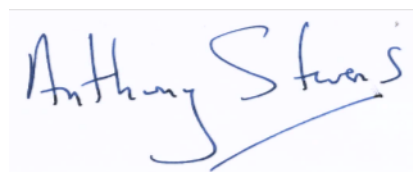
Response

On 18 June 2020 the Minister of Health appointed Christine Collins MBE as interim Chair. The Interim Chair and RQIA continue to work with the Public Appointments Unit on the progress of appointments of a new Board. On 23 June the Minister announced an independent review to examine the circumstances of these resignations. In August, the Health Minister approved the temporary appointment of two Departmental senior officials to RQIA's Board to enable RQIA to exercise its function. He also launched a competition to appoint six external interim Board members at which point the two temporary appointments would end.

12. 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 and in conjunction with assurances given to me by the Head of Internal audit, I am content that RQIA has operated a sound system of internal governance during the period 2019/20.

A handwritten signature in blue ink that reads "Anthony Stevens". The signature is written in a cursive style with a long horizontal stroke at the end.

Dr A B Stevens, OBE
Interim Chief Executive
17 September 2020

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

PERFORMANCE REPORT

PROMPT PAYMENT POLICY

Public Sector Payment Policy - Measure of Compliance

The Department requires that RQIA pay their 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:

	2020 Number	2020 Value £	2019 Number	2019 Value £
Total bills paid	1,071	2,971,539	1,111	2,983,601
Total bills paid within 30 day target	1,024	2,887,556	1,058	2,914,913
% of bills paid within 30 day target	96%	97%	95%	98%
Total bills paid within 10 day target	858	2,431,316	897	2,486,606
% of bills paid within 10 day target	80%	82%	81%	83%

The Late Payment of Commercial Debts Regulations 2002

There was no interest payable arising from claims made by businesses under this legislation.

**REMUNERATION AND STAFF REPORT
YEAR ENDED 31 MARCH 2020**

REMUNERATION REPORT

Senior employees' Remuneration (Audited Information)

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

Single total figure of remuneration								
	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19
Non-Executive Members								
Alan Lennon*	0-5	0-5		-		-	0-5	0-5
Mary McColgan **	15-20	15-20		-		-	15-20	15-20
Stella Cunningham*	0-5	0-5		-		-	0-5	0-5
Sarah Havlin**	5-10	5-10		-		-	5-10	5-10
John Jenkins*	-	0-5		-		-	-	0-5
Seamus Magee**	5-10	5-10		-		-	5-10	5-10
Gerry McCurdy**	5-10	5-10		-		-	5-10	5-10
Norman Morrow**	5-10	5-10		-		-	5-10	5-10
Daniel McLarnon*	-	0-5		-		-	-	0-5
Robin Mullan**	5-10	5-10		-		-	5-10	5-10
Patricia O'Callaghan**	5-10	5-10		-		-	5-10	5-10
Denis Power**	5-10	5-10		-		-	5-10	5-10
Lindsey Smith**	5-10	5-10		-		-	5-10	5-10
Executive Members								
Olive MacLeod	80-85	80-85	3	2	-	1	80-85	80-85
Kathy Fodey (i)	-	60-65	-	-	-	20	-	80-85
Theresa Nixon (ii)	65-70	70-75	-	-	-	-	65-70	70-75
Lourda Geoghegan	105-110	105-110	-	2	23	39	130-135	140-145
Dermot Parsons (iii)	65-70	-	1	-	18	-	80-85	-

*These NEDs were awarded back-dated pay and currently do not sit on RQIA's board. ** These NEDs resigned from the Board in June 2020

(i) Kathy Fodey seconded to PHA from 03/04/2018; (ii) Theresa Nixon retired 07/02/2020; (iii) Dermot Parsons appointed January 2020

REMUNERATION REPORT

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

Senior Executives: Dates of Appointment

Olive Macleod, Chief Executive, was appointed on 1 July 2016, on secondment from the Northern Health and Social Care Trust; Theresa Nixon, Director of Assurance, joined RQIA on 17 October 2005 and retired on 31 December 2019; Dr Lourda Geoghegan, was appointed as Director of Improvement and Medical Director on 2 January 2017; and Dermot Parsons was appointed as Director of Assurance on 2 January 2020. The notice period for RQIA's senior executives is three months. There are no liabilities in the event of early termination for any of these appointments.

Senior Executives Pension Entitlements

The pension entitlements of RQIA senior executives are as follows (Audited):

Name	Accrued pension at pension age as at 31/3/20 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/20 £000	CETV at 31/03/19 £000	Real increase in CETV £000s
Executive Members					
Olive Macleod	20-25 Plus lump sum 70-75	0-2.5 Plus lump sum of 0-2.5	581	554	26
Kathy Fodey	20-25 Plus lump sum 40-45	0-2.5 Plus lump sum of 0-2.5	-	362	-
Lourda Geoghegan	0-2.5 Plus lump sum of 0-2.5	0-2.5 Plus lump sum of 0-2.5	399	360	22
Dermot Parsons	15-20 plus lump sum of 55-60	0-2.5 plus lump sum of 0-2.5	478	437	19

The CETV figures at 31 March 2020 and at 31 March 2019 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 directors for current and future years on an annual basis.

Fair Pay Statement:

	2019-20	2018-19
Band of Highest Paid Director's Total Remuneration (£000s): 105-110		105-110
Median Total Remuneration (£):	43,772	39,263
Ratio:	2.1	2.3
Range of staff remuneration:	£18K - £107K	£17K – 105K

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

Exit package cost band	Number of compulsory 2020	Number of compulsory 2019	Number of other departures 2020	Number of other departures 2019	Total number of exit packages 2020	Total number of exit packages 2019
<£10,000	-	-	-	1	-	1
£10,000 - £25,000	-	-	-	1	-	1
£25,001 - £50,000	-	-	-	2	-	2
£50,001 - £100,000	-	-	1	3	1	3
£100,001- £125,000	-	-	-	-	-	-
Total number exit packages by type	-	-	1	7	1	7
Total resource cost £000's	-	-	77	295	77	295

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 2019-20 and 2018-19. £76,600 exit costs were paid in 2019-20, the year of departure (2018-19 £295,000). Where the RQIA has agreed early retirements, the additional costs are met by the RQIA and not by the HSC pension scheme. Ill health retirement costs are met by the pension scheme and are not included in the table.

RQIA has a staffing complement of 124 people (115.26 whole time equivalent). The staff composition, by headcount, is 75% female and 25% male. During 2019-20, there was an average of 8.88% staff absence. The absence target for 2019-20 was 7.39%.

STAFF REPORT

Staff Costs (Audited Information)

	2019-20		2018-19	
	Permanently employed staff	Others	Total	Total
Wages and Salaries	4,518,797	344,959	4,863,756	4,974,074
Social Security Costs	450,656	-	450,656	438,616
Other Pension Costs	861,025	-	861,025	627,959
Sub-Total	5,830,478	344,959	6,175,437	6,040,649
Capitalised staff costs	-	-	-	-
Total Staff costs reported in Statement of Comprehensive Expenditure	5,830,478	344,959	6,175,437	6,040,649
Less Recoveries in respect of outward secondments	-	-	-	-
Total Net Costs	5,830,478	344,959	6,175,437	6,040,649

Staff costs have been disclosed in Note 3 (page 85).

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

	2020		2019	
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Administrative and clerical	127	9	136	130
Total average number of persons employed				130
Less average staff number relating to capitalised staff costs				-
Less average staff number in respect of outward secondments				-
Total net average number of persons employed	127	9	136	130

RQIA's human resources policies ensure full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities; for continuing the employment of, and for arranging appropriate training for, employees of the company who have become disabled persons during the period when they were employed by the company; and for the training, career development and promotion of disabled persons employed by the company.

ACCOUNTABILITY AND AUDIT REPORT

i. Losses and Special Payments

Losses Statement

Losses statement	2019-20		2018-19
	Number of Cases	£000	£000
Total number of losses	-		4
Total value of losses		-	-

Individual losses over £250,000	2019-20		2018-19
	Number of Cases	£	£
Cash losses	-	-	-
Claims abandoned	-	-	-
Administrative write-offs	-	-	-
Fruitless payments	-	-	-
Stores losses	-	-	-

Special payments	2019-20		2018-19
	Number of Cases	£000	£000
Total number of special payments	1		-
Total value of special payments		4	-

Special Payments over £250,000	2019-20		2018-19
	Number of Cases	£	£
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
Total special payments	-	-	-

Other Payments

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

ii Fees and Charges (Audited)

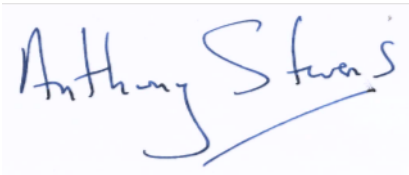
There were no other fees and charges during the year.

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

Regularity of expenditure (Audited).

RQIA has processes, procedures and controls in place to endeavour to ensure that the expenditure and income, reported for the year ended 31 March 2020, has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them.

A handwritten signature in blue ink that reads "Anthony Stevens". The signature is written in a cursive style with a long horizontal stroke at the bottom.

Dr A B Stevens, OBE
Interim Chief Executive

**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 2020 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. These financial statements have been prepared under the accounting policies set out within them. 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 2020 and of the Regulation and Quality Improvement Authority's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities 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 of the Financial Reporting Council's Revised Ethical Standard 2016, 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

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Regulation and Quality Improvement Authority's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Regulation and Quality Improvement Authority have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Regulation and Quality Improvement Authority's ability to continue to adopt the going concern basis.

Other Information

The Board and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, 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, 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:

- 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.

Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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 evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. 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.

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

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

Matters on which I report by exception

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
- 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.

Report

I have no observations to make on these financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU
28 September 2020

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

**ANNUAL ACCOUNTS FOR THE
YEAR ENDED 31 MARCH 2020**

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2020

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	2020 £	2019 £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	917,918	868,375
Deferred income	4.3	-	-
Total operating income		917,918	868,375
Expenditure			
Staff costs	3	(6,175,437)	(6,040,649)
Purchase of goods and services	3	(619,465)	(670,792)
Depreciation, amortisation and impairment charges	3	(218,305)	(242,201)
Provision expense	3	(38,100)	(5,900)
Other expenditure	3	(905,392)	(833,643)
Total operating expenditure		(7,956,699)	(7,793,185)
Net Expenditure		(7,038,781)	(6,924,810)
Finance income	4.2	-	-
Finance expense	3.2	-	-
Net expenditure for the year		(7,038,781)	(6,924,810)
Revenue Resource Limit (RRL) received from DoH	23.1	7,043,872	6,927,213
Surplus/(Deficit) against RRL		5,091	2,403
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2020 £	2019 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	15	288
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2020		(7,038,766)	(6,924,522)

The notes on pages 76-98 form part of these accounts.

STATEMENT of FINANCIAL POSITION as at 31 March 2020

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.

		2020		2019	
	NOTE	£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	127,540		141,120	
Intangible assets	6.1/6.2	290,322		418,473	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
Total Non Current Assets			417,862		559,593
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	45,687		28,835	
Other current assets	13	38,707		44,670	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	14,629		11,893	
Total Current Assets			99,023		85,398
Total Assets			516,885		644,991
Current Liabilities					
Trade and other payables	14	(887,322)		(800,346)	
Other liabilities	14	-		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(887,322)		(800,346)
Total assets less current liabilities			(370,437)		(155,355)
Non Current Liabilities					
Provisions	15	(44,000)		(5,900)	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			(44,000)		(5,900)
Total assets less total liabilities			(414,437)		(161,255)
Taxpayers' Equity and other reserves					
Revaluation reserve		2,984		2,969	
SoCNE Reserve		(417,421)		(164,224)	
Total equity			(414,437)		(161,255)

The financial statements on pages 72-75 were approved by the Board on 17 September 2020 and were signed on its behalf by:

Anthony Stevens

Dr AB Stevens OBE
Interim Chief Executive

The notes on pages 76-98 form part of these accounts.

Christine Collins

Christine Collins MBE
Interim Chair

STATEMENT of CASH FLOWS for the year ended 31 March 2020

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	2020 £	2019 £
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(7,038,781)	(6,924,810)
Adjustments for non cash costs	3	268,165	264,102
Decrease/(increase) in trade and other receivables		(10,889)	20,531
<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		86,976	(113,612)
<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		-	(51,912)
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash inflow/(outflow) from operating activities		(6,694,529)	(6,805,701)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(47,343)	(81,994)
(Purchase of intangible assets)	6	(30,876)	(144,610)
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		(78,219)	(226,604)
Cash flows from financing activities			
Grant in aid		6,775,484	7,021,073
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		6,775,484	7,021,073
Net increase (decrease) in cash & cash equivalents in the period		2,736	(11,232)
Cash & cash equivalents at the beginning of the period	12	11,893	23,125
Cash & cash equivalents at the end of the period	12	14,629	11,893

The notes on pages 76-98 form part of these accounts.

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2020

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2018		(270,187)	2,681	(267,506)
Changes in Taxpayers Equity 2018-19				
Grant from DoH		7,021,073	-	7,021,073
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(6,924,810)	288	(6,924,522)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	9,700	-	9,700
Balance at 31 March 2019		(164,224)	2,969	(161,255)
Changes in Taxpayers Equity 2019-20				
Grant from DoH		6,775,484	-	6,775,484
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(7,038,781)	15	(7,038,766)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	10,100	-	10,100
Balance at 31 March 2020		(417,421)	2,984	(414,437)

The notes on pages 76-98 form part of these accounts

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020
STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Regulation and Quality Improvement Authority (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, unless otherwise stated.

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.

1.2 Currency

These accounts are presented in UK Pounds sterling. The figures in the accounts are shown to the nearest £1.

1.3 Property, Plant and Equipment

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

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 2020

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.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets 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.

1.4 Depreciation

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.

Asset Type	Asset Life
Equipment	3 – 5 years
Information Technology	3 – 5 years
Furniture and Fittings	3 – 15 years
Intangible assets	3 – 10 years

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

1.5 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.

1.6 Subsequent expenditure

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

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences and Information Technology. 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 asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. 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.

Intangible assets, such as software licences, are normally amortised over 5 years as short life of assets.

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.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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.

1.8 Non-current assets held for sale

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

1.9 Inventories

RQIA does not hold any inventories.

1.10 Income

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

In year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price determined has not changed as a result of its introduction. The current impact of its introduction has resulted in reclassification of income based on consideration of whether there is a written, oral or implied contract in existence. Note 4 Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

Grant in aid

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

1.11 Investments

RQIA does not have any investments.

1.12 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.13 Cash and cash equivalents

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

1.14 Leases

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

RQIA as lessee

RQIA does not hold any Finance Leases.

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

RQIA as lessor

RQIA does not act as a lessor.

1.15 Private Finance Initiative (PFI) transactions

The RQIA has had no PFI transactions during the year.

1.16 Financial instruments

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 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body'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.

Financial liabilities

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

Financial liabilities are initially recognised at fair value.

Financial risk management

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

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Currency risk

RQIA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. RQIA has no overseas operations. RQIA therefore has low exposure to currency rate fluctuations.

Interest rate risk

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

Credit risk

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

Liquidity risk

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

1.17 Provisions

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

Where a provision is measured using the cash flows estimated to settle the obligation its carrying amount is the present value of those cash flows using DoF-issued discount rates of:

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.51%
	Medium term (5 – 10 years)	0.55%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	1.9%
	Year 2	2.0%
	Into perpetuity	2.0%

as at 31 March 2020. Note that PES issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within issuing email of circular HSC(F) 37-2019.

The discount rate to be applied for employee early departure obligations are +0.5% with effect from 31 March 2020.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

RQIA has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the effect of any change in the discount rate.

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

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the RQIA has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the RQIA has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the re-structuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.18 Contingencies

Under IAS 37, RQIA discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of RQIA, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of RQIA. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

In addition to contingent liabilities disclosed in accordance with IAS 37, RQIA should disclose for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2020. Untaken flexi leave is estimated to be immaterial to RQIA and has not been included.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 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 the Department of Health.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding 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 2017 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in the 2019-20 accounts.

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.21 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.

1.22 Third party assets

RQIA does not hold material assets belonging to third parties.

1.23 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 2020

1.24 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 HSC 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.

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

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021.

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

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic purpose of RQIA is to monitor the availability, organisation 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.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 3 EXPENDITURE

	2020	2019
	£	£
Operating expenses are as follows:-		
Staff costs: ¹		
Wages and Salaries	4,863,756	4,974,074
Social security costs	450,656	438,616
Other pension costs	861,025	627,959
Supplies and services – general	28,751	37,477
Establishment	222,223	219,375
Premises	291,022	172,150
Bad Debts	914	303
Rentals under operating leases	237,569	253,250
Miscellaneous	126,460	125,898
Training	15,444	46,666
ICT Maintenance	19,676	80,541
ICT Hardware and Software	21,409	33,912
Staff Substitution	72,646	91,211
BSO Services	476,983	427,651
Total Operating Expenses	7,688,534	7,529,083
Non cash items		
Depreciation	59,278	58,251
Amortisation	159,027	183,950
Loss on disposal Information Technology (IT)	1,660	6,301
Increase/Decrease in provisions (provisions provided for in year less any release)	38,100	5,900
Auditors Remuneration	10,100	9,700
Total non cash items	268,165	264,102
Total	7,956,699	7,793,185

¹ Further detailed analysis of staff costs is located in the Staff Report on page 64 within the Accountability Report.

During the year the RQIA purchased no non audit services from its external auditor (NIAO) (2018/19: £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 4 INCOME

4.1 Income from Activities

The RQIA did not receive income from activities in 2019-20 and 2018-19.

4.2 Other Operating Income

	2020	2019
	£	£
Other income from non-patient services	2,887	2,254
Other income from fees levied on registered bodies	915,031	866,121
TOTAL INCOME	917,918	868,375

4.3 Deferred income

The RQIA did not receive any deferred income in 2019-20 or 2018-19.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5.1 Property, plant and equipment - year ended 31 March 2020

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2019	-	35,599	292,037	107,651	435,287
Indexation	-	-	-	201	201
Additions	-	-	47,343	-	47,343
Transfers	-	-	-	-	-
Disposals	-	-	(41,370)	-	(41,370)
At 31 March 2020	-	35,599	298,010	107,852	441,461

Depreciation

At 1 April 2019	-	35,599	167,269	91,299	294,167
Indexation	-	-	-	186	186
Transfers	-	-	-	-	-
Disposals	-	-	(39,710)	-	(39,710)
Provided during the year	-	-	48,508	10,770	59,278
At 31 March 2020	-	35,599	176,067	102,255	313,921

Carrying Amount	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
At 31 March 2020	-	-	121,943	5,597	127,540
At 31 March 2019	-	-	124,768	16,352	141,120

Asset financing

Owned	-	-	121,943	5,597	127,540
Carrying Amount At 31 March 2020	-	-	121,943	5,597	127,540

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 2020

NOTE 5.2 Property, plant and equipment - year ended 31 March 2019

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2018	-	35,599	302,720	106,021	444,340
Indexation	-	-	-	1,630	1,630
Additions	-	-	81,994	-	81,994
Transfers	-	-	-	-	-
Disposals	-	-	(92,677)	-	(92,677)
At 31 March 2019	-	35,599	292,037	107,651	435,287

Depreciation

At 1 April 2018	-	35,599	206,037	79,314	320,950
Indexation	-	-	-	1,342	1,342
Transfers	-	-	-	-	-
Disposals	-	-	(86,376)	-	(86,376)
Provided during the year	-	-	47,608	10,643	58,251
At 31 March 2019	-	35,599	167,269	91,299	294,167

Carrying Amount

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
At 31 March 2019	-	-	124,768	16,352	141,120
At 1 April 2018	-	-	96,683	16,352	123,390

Asset Financing

Owned	-	-	124,768	16,352	141,120
Carrying Amount At 31 March 2019	-	-	124,768	16,352	141,120

Asset Financing

Owned	-	-	96,683	26,707	123,390
Carrying Amount At 1 April 2018	-	-	96,683	26,707	123,390

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 6.1 Intangible assets - year ended 31 March 2020

	Software Licenses £	Information Technology £	Asset under Construction £	Total £
Cost or Valuation				
At 1 April 2019	119,466	1,036,268	-	1,155,734
Additions	-	30,876	-	30,876
Reclassification	-	-	-	-
Transfers	-	-	-	-
	-	-	-	-
At 31 March 2020	119,466	1,067,144	-	1,186,610

Depreciation

At 1 April 2019	111,430	625,831	-	737,261
Provided during the year	8,036	150,991	-	159,027
At 31 March 2020	119,466	776,822	-	896,288

Carrying Amount

	Software Licenses £	Information Technology £	Asset under Construction £	Total £
At 31 March 2020	-	290,322	-	290,322
At 31 March 2019	8,036	410,437	-	418,473

Asset Financing

Owned	-	290,322	-	290,322
Carrying Amount At 31 March 2020	-	290,322	-	290,322

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 2020

NOTE 6.2 Intangible assets - year ended 31 March 2019

	Software Licenses £	Information Technology £	Asset under Construction £	Total £
Cost or Valuation				
At 1 April 2018	119,466	814,546	25,200	959,212
Additions	-	-	196,522	196,522
Reclassification	-	-	-	-
Transfers	-	221,722	(221,722)	-
At 31 March 2019	119,466	1,036,268	-	1,155,734
Depreciation				
At 1 April 2018	98,905	454,406	-	553,311
Provided during the year	12,525	171,425	-	183,950
At 31 March 2019	111,430	625,831	-	737,261
Carrying Amount				
At 31 March 2019	8,036	410,437	-	418,473
At 31 March 2018	20,561	360,140	25,200	405,901
Asset Financing				
Owned	8,036	410,437	-	418,473
Carrying Amount At 31 March 2019	8,036	410,437	-	418,473
Asset Financing				
Owned	20,561	360,140	25,200	405,901
Carrying Amount At 31 March 2018	20,561	360,140	25,200	405,901

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 2020 or 31 March 2019.

NOTE 9 IMPAIRMENTS

RQIA had no impairments in 2019-20 or 2018-19.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale at either 31 March 2020 or 31 March 2019.

NOTE 11 INVENTORIES

RQIA did not hold any inventories for resale at either 31 March 2020 or 31 March 2019.

NOTE 12 CASH AND CASH EQUIVALENTS

	2020	2019
	£	£
Balance at 1 April	11,893	23,125
Net change in cash and cash equivalents	2,736	(11,232)
Balance at 31 March	14,629	11,893

The following balances at 31 March were held at

	2020	2019
	£	£
Commercial Banks and cash in hand	14,629	11,893
Balance at 31 March	14,629	11,893

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2020 £	2019 £
Amounts falling due within one year		
Trade receivables	21,857	13,273
Other receivables - not relating to fixed assets	-	2,899
Other receivables	23,830	12,663
TOTAL TRADE AND OTHER RECEIVABLES	45,687	28,835
Prepayments	38,707	44,670
Accrued income	-	-
TOTAL OTHER CURRENT ASSETS	38,707	44,670
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	84,394	73,505

The balances are net of a provision for bad debts of £Nil (2018/19: £Nil).

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2020 £	2019 £
Amounts falling due within one year		
Other taxation and social security	314,707	205,451
Trade capital payables – property, plant and equipment and intangibles	-	77,112
Trade revenue payables	555,578	517,464
Payroll payables	352	164
BSO payables	264	155
Other payables	16,421	-
Trade and other payables	887,322	800,346
Total payables falling due within one year	887,322	800,346
Amounts falling due after more than one year	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	887,322	800,346

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2020

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2020
	£	£	£	£	£	£
Balance at 1 April 2019	-	-	5,900	-	-	5,900
Provided in year	-	-	38,100	-	-	38,100
(Provisions not required written back)	-	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-	-
Cost of borrowing (unwinding of discount)	-	-	-	-	-	-
At 31 March 2020	-	-	44,000	-	-	44,000

Comprehensive Net Expenditure Account charges	2020	2019
	£	£
Arising during the year	38,100	5,900
Reversed unused	-	-
Cost of borrowing (unwinding of discount)	-	-
Total charge within Operating expenses	38,100	5,900

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2020
	£	£	£	£	£	£
Not later than one year	-	-	-	-	-	-
Later than one year and not later than five years	-	-	44,000	-	-	44,000
Later than five years	-	-	-	-	-	-
At 31 March 2020	-	-	44,000	-	-	44,000

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2019

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2019
	£	£	£	£	£	£
Balance at 1 April 2018	-	-	-	-	-	-
Provided in year	-	-	5,900	-	-	5,900
(Provisions not required written back)	-	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-	-
Cost of borrowing (unwinding of discount)	-	-	-	-	-	-
At 31 March 2019	-	-	5,900	-	-	5,900

Comprehensive Net Expenditure Account charges	2019	2018
	£	£
Arising during the year	5,900	-
Reversed unused	-	-
Cost of borrowing (unwinding of discount)	-	-
Total charge within Operating expenses	5,900	-

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2019
	£	£	£	£	£	£
Not later than one year	-	-	-	-	-	-
Later than one year and not later than five years	-	-	5,900	-	-	5,900
Later than five years	-	-	-	-	-	-
At 31 March 2020	-	-	5,900	-	-	5,900

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 16 CAPITAL COMMITMENTS

RQIA had no capital commitments at either 31 March 2020 or 31 March 2019.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

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

	2020	2019
	£	£
Obligations under operating leases comprise		
Buildings		
Not later than one year	226,719	243,390
Later than one year but not later than five years	-	227,033
Later than five years	-	-
	<u>226,719</u>	<u>470,423</u>
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<u>-</u>	<u>-</u>

17.2 Finance Leases

RQIA had no finance leases at either 31 March 2020 or 31 March 2019.

17.3 Commitments under Lessor Agreements - Operating Leases

RQIA did not act as a lessor at either 31 March 2020 or 31 March 2019.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 2020 or 31 March 2019.

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 2020 or 31 March 2019.

NOTE 19 OTHER FINANCIAL COMMITMENTS

RQIA did not have any other financial commitments at 31 March 2020 or 31 March 2019.

NOTE 20 CONTINGENT LIABILITIES

The RQIA did not have any quantifiable contingent liabilities at 31 March 2020 or 31 March 2019.

20.1 Financial guarantees, indemnities and letters of comfort

Because of the relationship with HSC Commissioners, and the manner in which RQIA is funded, financial instruments play a more limited role than would apply to a non-public sector body of a similar size, therefore RQIA is not exposed to the degree of risk faced by business entities. RQIA has no powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing RQIA in undertaking activities. Therefore RQIA is exposed to little credit, liquidity or market risk.

RQIA did not have any financial instruments at either 31 March 2020 or 31 March 2019.

NOTE 21 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 2019/20 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 board members, members of the key management staff or other related parties have undertaken any material transactions with RQIA.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 22 THIRD PARTY ASSETS

RQIA held no assets at either 31 March 2020 or 31 March 2019 belonging to third parties.

NOTE 23 Financial Performance Targets

23.1 Revenue Resource Limit

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

The Revenue Resource Limit for RQIA is calculated as follows:

	2020	2019
	Total	Total
	£	£
DoH (excludes non cash)	6,775,707	6,663,111
Non cash RRL (from DoH)	268,165	264,102
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	7,043,872	6,927,213

23.2 Capital Resource Limit

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

	2020	2019
	£	£
Gross capital expenditure by RQIA	78,219	278,516
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	78,219	278,516
Capital Resource Limit	78,561	316,304
Overspend/(Underspend) against CRL	(342)	(37,788)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

23.3 Financial Performance Targets

RQIA is required to ensure that it breaks even on an annual basis by containing its net expenditure to within +/-0.25% of RRL or £20,000, whichever is greater.

	2019-20 £	2018-19 £
Net Expenditure	(7,038,781)	(6,924,810)
RRL	7,043,872	6,927,213
Surplus/(Deficit) against RRL	<u>5,091</u>	<u>2,403</u>
Break Even cumulative position (opening)	27,207	24,804
Break Even Cumulative position (closing)	<u><u>32,298</u></u>	<u><u>27,207</u></u>

Materiality Test:

	2019-20 %	2018-19 %
Break Even in year position as % of RRL	<u>0.07%</u>	<u>0.03%</u>
Break Even cumulative position as % of RRL	<u>0.46%</u>	<u>0.39%</u>

RQIA did meet its requirements to contain net resource outturn within +/-0.25% of RRL or £20,000, whichever is greater.

NOTE 24 EVENTS AFTER THE REPORTING PERIOD

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

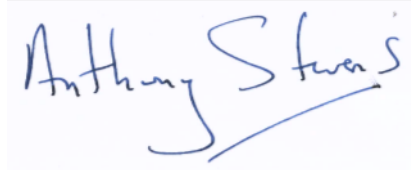
DATE OF AUTHORISED ISSUE

The Accounting Officer authorised these financial statements for issue on 28 September 2020.

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

CERTICATES OF INTERIM CHAIR AND INTERIM CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 72-98) 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.



Dr A B Stevens, OBE
Interim Chief Executive
17 September 2020

I certify that the annual accounts set out in financial statements and notes to the accounts (pages 72-98) as prepared in accordance with the above requirements have been submitted to and duly approved by RQIA's Board.



Christine Collins MBE
Interim Chair
17 September 2020

APPENDIX 1

Progress against RQIA's Strategic Themes

STRATEGIC THEME 1	
Encourage quality improvement in health and social care services	
Action	Performance
<p>Action 1.1 We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths.</p>	<p>The IHRD Workstream 9 continues to meet. The Assurance workstream has reviewed 90% of assurance frameworks and provided feedback. This work will continue over the next number of months until all of the workstreams and Sub-Groups have developed the content of the assurance framework for each of their recommendations including proposals on how implementation will be assessed. The final meeting of 2019-20 was cancelled due to the outbreak of coronavirus.</p>
<p>Action 1.2 We will produce regular summaries of the quality of services we inspect, audit and review in 2019-20</p>	<p>An overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs. An overview report on Dental services was also published in quarter 4.</p> <p>The report in respect to common themes in non-regulated 16+ services was finalised and shared with the DoH and HSCB during Quarter 2.</p> <p>In quarter 2 we also worked with Criminal Justice Inspectorate to finalise a report of the Safety of Prisoners Joint Inspection (publication date to be agreed); and completed a submission to the National Preventive Mechanism to inform part of the UK wide report on our activities which support the National Preventive Mechanism in upholding Human rights and prevention of torture</p> <p>In quarter 3 the Criminal Justice Inspectorate published the Safety of Prisoners Joint Inspection report, detailing the joint work undertaken with RQIA in reviewing the safety of prisoners across Northern Ireland</p> <p>RQIA is part of the UK National Prevention Mechanism (NPM). 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 monitoring of detention. During 2019-20 RQIA have completed an annual submission to the NPM to inform part of a UK wide report on our activities which support the National Preventive Mechanism for upholding Human rights and prevention of Torture. In quarter 4 the National Prevention Mechanism published the Tenth Annual Report and a report to mark the 10 year anniversary 'Ten years of the UK National Prevention Mechanisms' (26 March).</p>
<p>Action 1.3 We will implement the recommendations specific to RQIA from any external reports and reviews.</p>	<p>A central database has been established within the Business Support Unit to collate, follow-up and report on recommendations.</p> <p>Oversight of the implementation of recommendations of Internal Audit reports has been designated to BSU and a regular overview will be presented to EMT and Audit Committee.</p> <p>Progress has been made to implement recommendations specific to RQIA from any external reports or reviews.</p>

STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Performance
<p>Action 1.4 We will provide systems to support improvement where we identify gaps in the quality of services we inspect</p>	<p>RQIA's Quality Improvement Strategy has been developed based on the capability assessment completed in 2018/19. The planning for a programme of learning and development has taken place and the programme commenced during quarter 3.</p> <p>A rolling programme of learning opportunities for staff will be developed based on our evolving approach to regulation and individual learning needs identified through appraisal. RQIA's learning week held in quarter 3 was well attended by staff and feedback has been positive. Quality Improvement Learning sessions were delivered as part of RQIA Learning Week during quarter 3.</p> <p>Places have been secured for RQIA staff to complete Level 2 advanced Quality Improvement Training through Safety Quality Belfast's (SQB) - Delivering Improvement programme which started in quarter 4; one member of staff has commenced Scottish Improvement Leader Training level 3</p>
<p>Action 1.5 We will define outcome measures to demonstrate the impact of our work</p>	<p>Due to other work pressures and the outbreak of coronavirus, this project did not commence. A suite of measures will be developed and presented for consideration to EMT and the Board during 2020-21.</p>

STRATEGIC THEME 2

Use sources of information effectively

Action	Performance
<p>Action 2.1 We will use enhanced intelligence to support our move to a risk-based model of regulation.</p>	<p>Project Initiation Documents were developed in quarter 1 and approved by the Project Board on 22 May. Work to develop a RADaR approach to using existing information sources about children's services commenced in quarter 2. Following the resignation of the Service Improvement Officer, this work has not been completed. This work was largely complete when the Service Improvement Officer resigned.</p> <p>A second project to review and expand information sources for receipt of intelligence about domiciliary care agencies commenced in quarter 2, but was incomplete due to the resignation of the Service Improvement Officer.</p> <p>Both of these pieces of work have been deferred until 2020-21.</p> <p>Provider level reports have been developed and rolled out across the organisation. We are continuing to develop alerts to identify when reporting of notifications falls outside normal parameters.</p>

STRATEGIC THEME 2

Use sources of information effectively

Action	Performance
<p>Action 2.2 We will examine how we can improve our use of qualitative and quantitative intelligence to support activity throughout the organisation</p>	<p>A professional decision making workshop with David Carson (Barrister and writer of risk) was held during quarter one and work to develop principles has commenced through the inspection methodology workstream. A further workshop was held with RQIA's Board and Professor Brian Taylor in quarter 3.</p> <p>The Deputy Director of Assurance worked to finalise high level risk taking principles to be shared with staff in quarter 4. The Deputy Director was appointed into the Director post, causing a deferral of this work until 2020-21.</p> <p>The Complaints policy was reviewed and presented to EMT during quarter 4. The Board deferred the approval of the Complaints Policy to 2020-21.</p>
<p>Action 2.3 We will consider how we gather and disseminate examples of good practice in all the settings where we have a presence, in order that learning can be shared throughout the HSC system.</p>	<p>A series of information workshop for providers of children's services were held during quarter 3. An evaluation of these workshops was completed in quarter 4.</p> <p>This action has been deferred to 2020-21.</p>
<p>Action 2.4 We will review our website to make better use of this resource in sharing information and intelligence in a meaningful way.</p>	<p>We have met with our website provider to discuss introducing a pop up online user feedback survey, and conducting user experience to involve relevant stakeholders. This action has been deferred to 2020-21.</p>
<p>Action 2.5 We will use our iConnect system to develop a framework to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity</p>	<p>A project team was established to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity. A human rights framework was integrated into the Care Homes Team and was monitored during quarter 3. Learning workshops were held in quarter 3 in relation to the integration of the human rights framework into Care Home inspections and subsequent inspection reports.</p> <p>A further project team was established to cross reference human rights legislation with DoH Regulations and Nursing Standards in domiciliary care services. All inspection staff completed a questionnaire regarding their awareness of human rights and the integration of the human rights framework into their inspection reports. The rollout of the human rights framework commenced in the care homes team in quarter 2. A further project team was established and implemented this framework in quarter 3.</p> <p>A project was undertaken to develop an easy read inspection report. This project concluded in quarter 3 and the easy read report was rolled out and shared with other teams. The pilot implementation was delayed by the resignation of the Service Improvement Officer, this has been deferred until 2020-21.</p>

STRATEGIC THEME 3	
Engage and involve service users and stakeholders	
Action	Performance
<p>Action 3.1 We will increase the profile of RQIA with the public.</p>	<p>Planning has commenced to increase and encourage public involvement and participation in RQIA's work using a range of methods including face to face engagement and via social media.</p> <p>We are currently considering the questions to be included in the Household survey.</p> <p>The Communications and Engagement Strategy was approved by the Board during quarter 2.</p> <p>The inaugural RQIA Open House event took place on 10 October, with highly positive feedback from attendees.</p>
<p>Action 3.2 We will work collaboratively to report on the lived experience of users of health and social care.</p>	<p>We are working with VOYPIC and care experienced young people to allow our inspectors to refine our inspection approach based on young people's experience. We continue to engage with providers of Children's Homes to arrange meetings between inspectors and young people currently using Children's Homes across the region. A series of meetings were arranged, but subsequently cancelled owing to the resignation of the Service Improvement Officer, this work has been deferred until 2020-21.</p> <p>A meeting was held in quarter 3 with ARC to explore potential of TILII (telling it like it is) group to deepen our understanding of lived experience for people with learning disabilities in regulated services.</p> <p>The Director of Assurance facilitated a workshop with Directorate managers in quarter 4 to focus on the introduction of a more person-centred approach to regulation in a 2020-21 directorate business plan. A subsequent planning workshop, facilitated by the HSC Leadership Centre with all Directorate staff was scheduled for 30 March 2020, but cancelled owing to Covid-19. This work will be revisited during 2020-21.</p>

STRATEGIC THEME 3	
Engage and involve service users and stakeholders	
Action	Performance
<p>Action 3.3 We will set out in our revised inspection methodology how we will use lay assessors in all inspection activity</p>	<p>This will be reported on as part of the inspection methodology programme to the Project Board and an update will be provided at the next meeting. Thirty four inspections were completed with lay assessor involvement, this includes multi-disciplinary inspections. One review has been completed with lay assessor involvement</p> <p>The Director of Assurance facilitated a workshop with Directorate managers in quarter 4 to focus on the introduction of a more person-centred approach to regulation in a 2020-21 directorate business plan. A subsequent planning workshop, facilitated by the HSC Leadership Centre with all Directorate staff was scheduled for 30 March 2020, but cancelled owing to Covid-19. This work will be revisited during 2020-21.</p>

STRATEGIC THEME 3 Engage and involve service users and stakeholders	
Action	Performance
<p>Action 3.4 We will facilitate one RQIA open house event where all stakeholders will be welcome to meet RQIA staff and learn about any aspect of our work</p>	<p>The inaugural RQIA Open House event planned by the Business Support Unit took place on 10 October, with highly positive feedback from attendees.</p>
<p>Action 3.5 We will introduce a regular e-zine to communicate with our stakeholders.</p>	<p>Regular editions of RQIA's new in-house staff newsletter "#ourqia" issued to all staff during quarters 1, 2 and 3.</p> <p>This action has been deferred to 2020-21.</p>
<p>Action 3.6 We will evaluate and revise our use of social media to ensure we are communicating in the most effective way for all our stakeholders.</p>	<p>We have reviewed our use of social media, and during quarter 3 introduced animated content on our Twitter account, YouTube channel and website.</p> <p>Communications and Engagement Strategy was approved by the Board during quarter 2</p>

STRATEGIC THEME 4 Deliver operational excellence	
Action	Performance
<p>Action 4.1 We will evaluate the implementation of the actions set out in our Transformation, Modernisation and Reform framework</p>	<p>Work has commenced with PaLS and BSO ITS to arrange for the development of an outline business case for an EDRMS system. RQIA met with a potential supplier in relation to our requirements for an EDRMS during quarter 4.</p> <p>Due to the outbreak of coronavirus, this action has been deferred.</p>
<p>Action 4.2 We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform.</p>	<p>A draft report of the review of the administration function in RQIA has been shared with the Head of Business Support. The findings and recommendations have been shared with the administrative staff during quarter 2 and the Executive Team during quarter 3. A number of recommendations have been implemented during quarters 2 and 3.</p> <p>The HSC Leadership Centre met with the administrative staff during quarter 4. A working group was developed to discuss, consider and implement further recommendations. The working group met on one occasion during quarter 4. All actions will be implemented throughout 2020-21.</p> <p>Staff training requirements will be built into appraisal of all staff to ensure targets can be met by quarter 4. 72% of RQIA staff have completed level 1 QI during 2019-20. We will target for completion of remaining 28% during 2020-21. First cohort of level 2 training to commenced in February 2020.</p> <p>Four Quality Improvement Initiatives commenced/completed (Learning Implemented from SAI's in Mental Health Unit; Strengthening Assurance of Controlled Drugs and Conscious Sedation in Dental Practice; Strengthening Assurance of Form 10 process; Introduction of Safety Briefs). During quarter 3 we commenced a new quality improvement project to improve the effectiveness of safety briefs (Improvement Directorate).</p>

STRATEGIC THEME 4
Deliver operational excellence

Action	Performance
<p>Action 4.3 We will analyse and evaluate the responses to the HSC Staff Survey in order to further revise our plans for internal transformation and reform.</p>	<p>Staff Survey results were received during quarter 3 and shared with RQIA Board. The HSC Staff survey results were not launched during quarter 4. An implementation plan will be developed following the launch due 2020-21.</p>
<p>Action 4.4 The review of our inspection methodology will include revised reporting formats</p>	<p>Development of inspection report templates is underway and consultation on the report formats with external stakeholders occurred. Draft report formats were developed for the Assurance Directorate, with a view to piloting these in quarter 4. This has been delayed by the resignation of the Service Improvement Officer and, subsequently, the Covid-19 pandemic.</p> <p>During quarter three, the improvement directorate developed and implemented new report templates for multi-disciplinary and focused inspections.</p>
<p>Action 4.5 We will examine and reform our registration processes to ensure they reflect a rights-based approach</p>	<p>A Terms of Reference has been prepared and scoping work for this project is underway.</p> <p>Applications for variation, manager absence and voluntary cancellation have been available for submission through the web-portal since 1 April. In March, 100% of variations manager absences and cancellations were submitted via the web portal.</p> <p>Reference forms for manager / responsible person applications are requested and returned in electronic format.</p> <p>We are also now storing a number of documents electronically in iConnect rather than as paper copies and accepting digital, rather than paper, Access NI certificates which will make the registration process much more efficient for applicants and for RQIA. We have stated working through all registration files with a view to scanning hard copy documents onto electronic format and storing in iConnect.</p>

Appendix 2: Enforcement Action: 1 April 2019 - 31 March 2020

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Angels Recruitment Agency Ltd. DCA., Londonderry (Dan James Duddy)	16 April 2019	Notice of Proposal to place one condition of registration	Ongoing at 31 March 2020
	28 May 2019	Notice of Decision to place one condition of registration	
	27 June 2019	Condition of Registration placed on service	
Angels Recruitment Agency Ltd. Nursing Agency., Londonderry (Dan James Duddy)	16 April 2019	Notice of Proposal to place one condition of registration	Ongoing at 31 March 2020
	28 May 2019	Notice of Decision to place one condition of registration	
	27 June 2019	Condition of Registration placed on service	
Barnlee RCH, Lisnaskea (Mrs R Hill)	15 April 2019	Two notices of failure to comply with regulations, relating to management, staffing arrangements and infection prevention and hygiene.	15 July 2019
Blair House Care Home (Nursing Home), Newtownards (Amore (Watton) Group)	18 June 2019	One notice of failure to comply with regulations, relating to governance arrangements in the home.	14 August 2019
Blair Mayne Residential Care Home, Newtownards (Amore (Watton) Group)	18 June 2019	One notice of failure to comply with regulations, relating to management and governance.	14 August 2019
Brooklands Healthcare Londonderry (Nursing Home) (Brooklands Healthcare Ltd)	12 August 2019	Two notices of failure to comply with regulations, relating to medicines management and governance arrangements at the home.	14 October and 12 November 2019

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Copperfields Nursing Home, Aughnacloy (Edwards Enterprises NI Ltd)	11 December 2018	Notice of proposal to place two conditions of registration	Condition lifted on 31 May 2019
	11 January 2019	Notice of decision to place two conditions of registration	
	12 February 2019	Two conditions of registration placed on service	
Corriewood Private Clinic Ltd- Croob Cottage, Castlewellan (Corriewood Private Clinic Ltd) Mrs Angela McKeever)	20 June 2019	Three notices of failure to comply with regulations, relating to quality monitoring, recruitment and staff training.	30 July 2019
Corriewood Private Clinic, Nursing Home, Castlewellan (Ms A M Byrne, Ms M I McGrady)	4 June 2019	Four notices of failure to comply with regulations, relating to governance, health and welfare of patients, medicines management and staffing arrangements.	5 August 2019
Deanfield (Nursing Home), Derry (Loughview Homes Ltd)	17 May 2019	One notice of failure to comply with regulations, relating to medicines management.	15 July 2019
Fortview, 175 Tummery Road, Dromore, Co Tyrone, BT78 3LU	18 October 2019	Notice of Proposal to place one condition of registration	Ongoing at 31 March 2020
	19 November 2019	Notice of Decision to place one condition of registration	
	20 December 2019	Condition of Registration placed on service	
Fruithill Nursing Home, Belfast (Mr Trevor Gage)	18 April 2019	One notice of failure to comply with regulations, relating to management and governance.	19 July 2019

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Gosna Care Agency Ltd, Belfast (Ms F Tanyanyiwa)	23 October 2019	Following a successful application for urgent procedure under Article 21 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA cancelled the registration of the Registered Person of Gosna Care Agency with immediate effect. The Registered Provider appealed this decision to The Care Tribunal.	Ongoing at 31 March 2020
Greenhaw Lodge Care Centre, Derry	05 March 2019	Two notices of failure to comply with regulations, relating to medicines management.	Ongoing at 31 March 2020
Knockmoyle Lodge (Nursing Home), Omagh (Mrs Linda Florence Beckett)	20 August 2019	Four notices of failure to comply with regulations, relating to medicines management, health and welfare of patients, staffing and governance arrangements.	20 September 2019 (one notice) and 17 October 2019 (three notices)
Muckamore Abbey Hospital (Belfast Health and Social Care Trust)	16 August 2019	Three improvement notices, relating to the management of patient finances, safeguarding arrangements and staffing arrangements.	16 December 2019 (one notice) Ongoing at 31 March 2020
NI Ambulance Service Headquarters (NIAS, Mr Michael Bloomfield)	21 December 2018	One improvement notice issued, to ensure robust staff training for infection prevention and control is delivered and assured across the organisation	Ongoing at 31 March 2020
324. Owen Mor Care Centre Nursing Home, Derry (Dr Una McDonald)	15 May 2019	Four notices of failure to comply with regulations, relating to care records, medicines management, staffing and governance arrangements.	22 November 2019
	16 August 2019	Under an urgent procedure, RQIA imposed five conditions of registration on Owen Mor Care Centre.	22 November 2019

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Parkanaur College Residential Care Home (Thomas Doran Trust)	14 March 2019	Three notices of failure to comply with regulations, relating to management, staffing arrangements and the health and welfare of residents	1 April 2019 & 20 June 2019
	15 May 2019	A notice of proposal to impose conditions of registration on Parkanaur College.	Notice of Proposal withdrawn on 20 June 2019
Parkanaur College Supported Living Service, Dungannon (Thomas Doran Trust)	16 April 2019	Notice of proposal to place one condition of registration	Condition lifted on 22 January 2020
	28 May 2019	Notice of decision to place one condition of registration	
	27 June 2019	One condition of registration placed on service.	
Peniel Nursing Care Services, Belfast (Stella Law)	27 February 2019	Notice of proposal to place one condition of registration requiring the registered provider to notify RQIA when they are proposing to become operational	Ongoing at 31 March 2020
Pine Lodge, Belmont Road, Belfast (BHSCT)	26 November 2019	Notice of proposal to place one condition of registration requiring the registered provider to notify RQIA when they are proposing to become operational NOD000015	Ongoing at 31 March 2020
Potens Domiciliary Care Agency, Derrygonnelly (Mr Nicki Stadames)	27 January 2020	Two notices of failure to comply with regulations, relating to staffing records and management oversight.	Ongoing at 31 March 2020
Ratheane Private Nursing Home, Coleraine (Mr B & Mrs M Macklin)	15 May 2019	Two notices of failure to comply with regulations, relating to governance arrangements and the health and welfare of patients.	05 July 2019

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Ringdufferin Nursing Home, Killyleagh (Ms B McKay)	25 June 2019	Four notices of failure to comply with regulations, relating to medicines management, health and welfare of patients, governance arrangements and staffing.	23 July 2019 (three notices) & 27 September 2019 (one notice)
Rockfield Care (Nursing) Home, Newry (Mrs Briege Agnes Kelly)	09 July 2019	Three notices of failure to comply with regulations, relating to falls management, care records, staffing and governance.	10 October 2019
Springlawn Nursing Home, Omagh (Springlawn House Ltd)	14 May 2019	Two notices of failure to comply with regulations, relating to care planning, care delivery and record keeping.	17 July 2019
Strabane & District Caring Services (Domiciliary Care Agency) (Mr G M Harkin)	13 August 2019	One notice of failure to comply with regulations, relating to systems for managing, recording and monitoring accidents, incidents and missed calls.	14 October 2019
Three Rivers Care Centre, Nursing Home, Omagh (Zest Care Homes Ltd)	27 August 2019	One notice of failure to comply with regulations, relating to the health and welfare of patients.	28 October 2019
Three Rivers Residential Care Home, Omagh (Zest Care Homes Ltd)	27 August 2019	One notice of failure to comply with regulations, relating to the health and welfare of patients.	28 October 2019
TW Care Services Ltd DCA, Ballymena	16 December 2019	One notice of failure to comply with regulations, relating to quality monitoring systems at this domiciliary care agency.	Ongoing at 31 March 2020
Ulster Independent Clinic, Belfast (Ms Diane Graham)	23 December 2019	One notice of failure to comply with regulations, relating to medical governance at the clinic.	23 March 2020

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance
Valley Nursing Home, Clogher (Valley Nursing Home (MPA) Ltd)	16 July 2019	Seven notices of failure to comply with regulations, relating to management arrangements, refurbishment of the home, meal times, health and welfare of patients and activities/events for patients, infection prevention and governance arrangements.	20 August, 16 September and 16 October 2019
Valley Nursing Home, Clogher (Valley Nursing Home (MPA) Ltd)	24 July 2019 18 September 2019 16 October 2019	Notice of Proposal to place two conditions of registration. Notice of Decision to place two conditions of registration. Appeal lodged with the Care Tribunal by Registered Provider	Ongoing at 31 March 2020
Valley Nursing Home, Clogher (Valley Nursing Home (MPA) Ltd)	27 December 2019	Notice of Proposal to cancel the registration of the Responsible Individual of Valley Nursing Home.	Notice of Proposal withdrawn on 30 January 2020
Western HSC Trust (Dr A Kilgallen)	22 July 2019	An Improvement Notice was issued to the Western Health and Social Care Trust in relation to the recognition and management of adverse incidents and near misses.	Ongoing at 31 March 2020
Wood Green Residential Care Home, Jordanstown (Mrs Yvonne Diamond)	7 March 2019 14 June 2019	Two notices of failure to comply with regulations, relating to medicines management. A notice of proposal to impose a condition on the registration of Wood Green Residential Home to cease admissions until full compliance with the issues detailed in the Failure to Comply Notice was achieved.	5 June 2019 and 17 July 2019 17 July 2019
Wood Lodge Nursing Home, Castlewellan (G&M Lodge Care Ltd)	13 September 2019	A Notice of Proposal to impose a condition on the registration related to the issue of residential beds accommodated within the nursing home.	Notice of Proposal withdrawn on 11 October 2019

Enforcement at Children's Residential Care Services

During the year RQIA took enforcement action in relation to five children's residential homes.

On 01 April 2019, a service operated by the Northern HSC Trust received one notice of failure to comply with regulations in relation to oversight of the home. On 19 July 2019, a notice of proposal to cease admissions to the service was issued. Compliance was achieved on 21 August 2019.

On 16 April 2019, a service operated by the Praxis Care Group/Challenge received one notice of failure to comply with regulations in relation to operating within its statement of purpose. Compliance was achieved on 14 May 2019.

On 01 May 2019, a service operated by the Northern HSC Trust received two notices of failure to comply with regulations in relation to operating within its statement of purpose and oversight of the home. Compliance was achieved with these notices on 1 June 2019 and 1 August 2019.

On 20 August 2019, a service operated by the Belfast HSC Trust received two notices of failure to comply with regulations in relation to oversight of the home. Compliance was achieved with these notices on 20 November 2019.

On 26 November 2019, a service operated by the South Eastern HSC Trust received four notices of failure to comply with regulations in relation to medicines management, staff training, fire safety and oversight of the home. Compliance was achieved with these notices on 12 December 2019 (one notice), 27 January 2020 (two notices) and 26 February 2020 (one notice). On 6 January 2020 a condition was placed on the registration of this service, ceasing admissions until compliance was achieved with the failure to comply notices. This action was ongoing at 31 March 2020.

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	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 2020
Angels Recruitment Agency Ltd	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 2020
Copperfields Nursing Home, Aughnacloy (Edwards Enterprises NI Ltd)	Two conditions of registration: 1.The registered person must notify RQIA in advance of every admission to the nursing home, identify the patient's name, category of care under which they are admitted and the contact details of the care manager from the referring trust. 2.The registered person must ensure that a record of the occupancy of the home, in respect of the categories of care, is maintained and included in the Regulation 29 report. This report should be submitted to RQIA on a monthly basis.	12 February 2019	Condition lifted on 31 May 2019
Fortview	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 2020
Parkanaur College Supported Living Service	The condition of registration requires the registered provider to notify RQIA when they are proposing to become operational.	27 June 2019	Condition lifted on 22 January 2020
Peniel Nursing Care Services	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 2020

Appendix 4: RQIA Board Members' Profiles (as at 31 March 2020)

Mrs Sarah Havlin was appointed to RQIA's Board in December 2011, and was reappointed for a further four-year term in December 2015. Sarah is a member of RQIA's appointments and remuneration committee and the appointment panel for Part II Medical Practitioners and Second Opinion Appointed Doctors. She is a solicitor by profession, and is currently the Northern Ireland Certification Officer for Trade Unions and Employers' Associations - a regulatory and judicial role within industrial relations. Sarah also acts as an independent adjudicator and arbitrator across a range of legal proceedings, including as an independent assessor for complaints and serious adverse incidents for the Health and Social Care Board.

Mr Seamus Magee, OBE, was appointed to RQIA's board in April 2014 for a four-year term and reappointed for a further term in May 2018. He is a member of RQIA's audit committee. Prior to his retirement, Seamus was head of the Electoral Commission in Northern Ireland. He is a Charity Commissioner for Northern Ireland, is a lay assessor with the GMC and sits on NMC fitness to practice panels. He is also a member of the Law Society Client Complaints Committee; and is a member of the board of governors at Assumption Grammar, Ballynahinch.

Professor Mary McColgan, OBE, Acting Chair, was appointed to RQIA's board in April 2013 for a four-year term, and is currently acting Chair. Prior to her retirement, Mary was head of school of sociology and applied social studies at Ulster University, and is now Emerita Professor at the university.

Mr Gerry McCurdy was appointed to the RQIA Board in July 2014 for a four year term and reappointed for a further term in July 2018. He is a member of RQIA's Audit Committee. Prior to his retirement, Gerry was the Northern Ireland Director of the Food Standards Agency. He is currently an external consultant in food safety for the United Nations and the World Bank, and has worked on international projects in Europe and Asia. He is also a member of international certification body Global Trust's Impartiality Committee.

Dr Norman Morrow, OBE, was appointed to RQIA's board in May 2014 for a four-year term, and reappointed for a further term in May 2018. Prior to his retirement, he was Chief Pharmaceutical Officer for Northern Ireland. He is an associate of the HSC Leadership Centre and a Board member of Belfast Bible College.

Mr Robin Mullan was appointed to RQIA's board in May 2014 for a four-year term and reappointed for a further term in May 2018. He is a member of RQIA's audit committee. Robin is the former chief executive and accounting officer of Peamount Healthcare. He is also a commissioner with the Equality Commission for Northern Ireland, where he is a member of its audit and risk committee.

Miss Patricia O'Callaghan was appointed to RQIA's board in April 2013 for a four-year term and reappointed for a further term in April 2017. She is a member of RQIA's audit committee and the appointment panel for Part II Medical Practitioners and Second Opinion Appointed Doctors. Patricia is a registered nurse, and prior to her retirement, she was director of head and skeletal services at the Belfast Health and Social Care Trust. She also a member of the Industrial Court to the Department for the Economy and the Agricultural Wages Board.

Mr Denis Power was appointed to RQIA's board in December 2011, reappointed for a further four years in December 2015, and extended to December 2020. Denis is chair of RQIA's audit committee and a member of the appointment panel for Part II Medical Practitioners and Second Opinion Appointed Doctors. Prior to his retirement, Denis held senior management positions in the banking sector. He is currently a trustee of Titanic Foundation Ltd; a director of Springboard Opportunities Ltd; and an independent member on the Board at The Executive Office. Denis chairs the audit and risk committees for each organisation.

Ms Lindsey Smith was appointed to RQIA's board in December 2011, and reappointed for a further four years in December 2015. She is a member of RQIA's audit committee. Lindsey is a self-employed organisational development consultant, executive coach and experienced facilitator, and a part-time associate lecturer at Ulster University and Queens University, Belfast. Lindsey is also a board member for the Health and Safety Executive Northern Ireland.



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