



The **Regulation** and
Quality Improvement
Authority

RQIA ANNUAL REPORT AND ACCOUNTS

1 April 2023 - 31 March 2024

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 1 August 2024.

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CHAIR AND MEMBERS' FOREWORD



On behalf of the Authority, I am pleased to present the Annual Report and Accounts for the 2023 to 2024 year.

It has been a year of continued progress for RQIA, working in pursuit of its Strategic Plan; set in a context of considerable challenge, in terms of resource constraints, the legislative framework within which RQIA has to operate, and the wider and very difficult environment of the health and social care system in Northern Ireland.

Christine Collins MBE

The Authority's staff, led by the Chief Executive, have worked exceptionally hard to meet the challenges, and the Authority wishes to put on record its appreciation for these efforts.

Despite this, RQIA has not been able to meet the requirements for frequency of inspections of services registered under Part III of the H&PSS (Quality, Improvement and Regulation) Order 2003; and has instead moved to a physical inspection once per year, with additional attention paid to services which have been the subject of concerns. Nor has it been able to exercise its promotion of quality of service role and functions in respect of the statutory services as fully as would be desirable. The Systems Review of Delayed Discharge in the Southern Trust area, and the Census of Care Homes, demonstrate the potential for improving service quality and efficiency through a regulatory approach. Turning to Mental Health, the Authority has devoted considerable effort to refreshing its activities and approach, especially in the field of community mental health services, following the Waterworth Judicial Review; and to ensuring that there is clarity about its responsibilities.

The year ahead looks certain to be even more challenging; the Authority is committed to addressing these with openness, determination, and innovation.

Finally, I should like to recognise and thank Bronagh Scott for her service to the Authority, and to wish her well in her role as Chair of NIPEC; and to record the Authority's appreciation for the work and contribution of Neil Bodger, who sadly died on 13 April 2024. He is very much missed.

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

Christine Collins MBE
Chair
4 July 2024

SECTION 1

PERFORMANCE REPORT

PERFORMANCE OVERVIEW

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority is established under Article 3 of, and Schedule 1 to, the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). It is an arm's length body of the Department of Health. Under the 2003 Order and the Department's Framework Document (2011), RQIA has the key duties of providing the Department with independent information on the quality and availability of health and social care in Northern Ireland, and driving improvement in these services. RQIA strives to ensure that everyone in Northern Ireland experiences a better quality of health and social care as a result of its regulatory actions. RQIA works in partnerships with other regulators and with service providers to ensure care is safe, effective, compassionate and well-led, listening carefully to patients, service users and staff.

RQIA Core Purpose

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

RQIA Values

As the independent health and social care service regulator, RQIA's values are:

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

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

RQIA's Duties

- Keep the Department of Health informed about the provision of health and social care services, in particular their availability and quality;
- Encourage improvement in the quality of those services;
- Protect the interests of those with mental health conditions and learning disabilities; and
- Register, inspect, and enforce adherence to regulations and standards for service providers that fall within the scope of RQIA's statutory powers.

RQIA's Functions

RQIA's functions include:

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

The RQIA is determined to improve the safety and quality of services through active listening, dialogue and engagement with the public, service users, families, carers, advocates and health and social care workers, ensuring that its actions are properly informed by on the ground realities and lived experience.

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

RQIA, continues to face sharply increasing and varied demands, and restricted availability of skilled staff. The multiple public inquiries, in particular the ongoing Muckamore Abbey Hospital and Covid-19 Public Inquiries, their aftermath along with increasing statutory obligations, notably the Mental Capacity (Northern Ireland) Act 2016, place additional inescapable pressures on staff and resources. The financial outlook for 2024-2025 has taken these challenges to a new level.

Under these pressures, the Authority is clear that it cannot abandon oversight regimes, or adherence to quality standards. Neither can it shy away from firm regulatory action when necessary. These provide essential protections for the safety and well-being of service users, the public, and staff. The Authority continues to draw attention to the shortfall in capacity needed to meet the specific requirements set currently in the regulations governing its activities, in the social care and children's sectors, in independent healthcare and in statutory services. RQIA has continued to develop its approach to an intelligence led and risk based regulation within this constrained financial context.

Investment in modern ICT is essential to enable a new approach, sustaining quality standards and encouraging improvement through regulatory oversight and actions.

The Authority believes that partnership approaches are essential to make effective use of intelligence particularly with professional regulators. This collaboration coupled with a modernised ICT system and effective analytics can add to professional, informed judgement, and proportionate and effective regulation.

Risks Which Could Affect the Going Concern Principle

RQIA prepares financial statements on the basis that it will continue to operate in the foreseeable future with a real reduction in available resources. A 'flat cash' scenario in reality means less resources as we absorb increased costs. This will mean less inspections of registered services and a focus on staying within the allocated resources for regulatory oversight of HSC Trust statutory services. RQIA will continue to balance a frequency based approach to inspection with intelligence assessment for additional regulatory focus. On an ongoing basis, RQIA continues to undertake robust assessments of the principal risks facing the organisation, including those that threaten the delivery of its statutory functions, duties and responsibilities. The potential risks to the organisation have been considered. Whilst a risk based, intelligence led approach is adopted in this environment, it does not comply with the extant legislation, from Fees and Frequency Regulations 2005. The legislation and the funding of regulation requires to be modernised.

Workforce Related Risks

It is clear to the Authority, and evidenced, that the organisation does not have sufficient staff, with the required skills and experience to deliver RQIA's statutory duties as set out under the 2003 Order, the 1986 Order, and other legislation. Under the existing Departmental funded approach, the severe limitation of resources, necessitated holding posts vacant, including inspector posts, and reducing regulatory activity. The Authority has commenced work to develop an alternative, Full Cost Recovery model for its regulatory activities, as is required under the provisions of Managing Public Money Northern Ireland, to replace the 2005 Fees and Frequency Regulations which have not been updated since enactment. RQIA will also submit a Business Case for capital and revenue investment in ICT and intelligence analysis to enable a risk-based approach to support professional judgement.

Strategic Overview

RQIA's Strategic Plan 2022-28, approved by the Authority in March 2023, following public consultation, includes four strategic objectives:

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

These are underpinned by three enabling priorities:

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

An Annual Management Plan highlights RQIA's priorities to ensure the delivery of the Strategic Plan priorities.

CHIEF EXECUTIVE'S STATEMENT



Briege Donaghy
Chief Executive

The Regulation and Quality Improvement Authority's Annual Report and Accounts provides an overview of RQIA's activities and performance from 1 April 2023 to 31 March 2024.

Almost 1,800 inspections of services were carried out, with inspection reports published on RQIA's website. The majority of these relate to services that are required to register with RQIA. Twelve HSC hospital services and 12 inpatient Mental Health hospital facilities across the five Trusts were also inspected. There is growth in the number of services registered with RQIA, particularly in independent healthcare sector providers.

RQIA has continued to receive a significant number of concerns, from service users and service providers. RQIA has taken steps to improve how it listens to service users, through reintroducing 'Inspection Support Volunteers', initially in the inspections of care homes. Thank you to all service users, families and staff across health and social care, who have contributed to the regulatory work of RQIA across the year.

The following infographic provides a summary of key activity during 2023-24.



Corporate Information



Budget - £10.48m



£9.31m revenue resource limit (DOH funded)

£1.17m other income, including fees



During the year **10 new staff** joined RQIA

Staffing

132 staff (124.61 whole time equivalent)

Staff Turnover: **5.96%**

75% Female / 25% Male

average staff absence rate of **7.01%** against a regional key performance indicator of **4.45%**



Information Requests

43 Media responses

49 Freedom of Information requests

7 Subject Access requests

Complaints About RQIA

During 2023-2024, **16** complaints were received about RQIA, which were managed in line with the regional complaint process. Complaints were received about RQIA carried out its oversight of health and social care services; RQIA's inspections and reviews; registration functions; and complaints about inspection processes.



Website

During 2023-24 RQIA's website received around **190,000** visitors. Our most visited pages were Inspection reports (300,000 page views). Pages providing advice and support to the public on how to raise a concern about a HSC Service were accessed over 5,000 times.

Inspections

1,792 Inspections conducted by RQIA during 2023-24



12 Acute Hospitals inspected

Care Homes

100% of all operational care homes were inspected
56% had received the statutory minimum of inspections (2+)

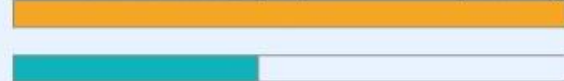


Domiciliary Care Agencies, Nursing Agencies, Adult Placement Agencies & Day Care Settings

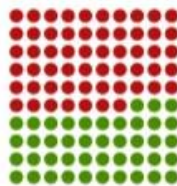


Children's Homes

100% inspected at least once
44% received the statutory required minimum inspections (2+)



Reporting

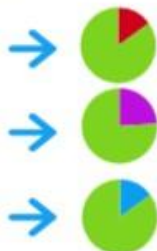


43% of inspections resulted in no requirements or recommendations for improvement



167

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



15% of children's homes inspections out of hours

24% of nursing homes inspections took place out of hours

15% of residential care homes inspections out of hours

10

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

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

75% of Independent Healthcare Services were inspected at least once



52% of Dental Practices were inspected at least once*



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

Inspections

Mental Health (NI) Order 1986

During the year, RQIA reviewed 7,473 assessments forms and 1,107 detention forms

Mental Health and Learning Disability

81% of Mental Health and Learning Disability Hospitals inspected at least once



91% of SAI Reports were reviewed within 7 days of receipt

Serious Adverse Incident (SAI) Reports

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

Registration



1,563 services were registered with RQIA

1,794 registration applications were received

Concerns

2,944

contacts/concerns were recorded and individually case managed



42% of these calls related to Nursing and Residential Care Homes



In 2023-24 in 20% of cases we provided information, advice, 'signposting'

Whistleblowing

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



Enforcement

234 Enforcement Decision Meetings (EDMs) took place in 2023-24, resulting in:

- 56 Serious Concerns Meetings
- 17 Failure to Comply Notice Intention Meetings
- 26 Notice of Proposal Intention Meetings
- 4 Improvement Notice Intention Meetings

During 2023-24, RQIA commenced enforcement action against a range of services:



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

Briege Donaghy

Briege Donaghy
Chief Executive
4 July 2024

PERFORMANCE ANALYSIS

The purpose of this Performance Analysis is to provide a detailed view of RQIA's performance during 2023-24.

RQIA comprises three operational directorates, supported by a Business Services team and the Office of the Chair and Chief Executive. They are:

- **Adult Care Services**
The Adult Care Services Directorate is responsible for the regulation of: Nursing Homes; Residential Care Homes; Domiciliary Care Agencies, including Supported Living services; Day Care Settings; Nursing and Adult Placement Agencies in line with service specific legislation, guidance and standards.
- **Mental Health, Learning Disability, Children's Services and Prison Healthcare**
This directorate delivers RQIA's responsibilities under Northern Ireland's Mental Health legislation. It is responsible for the regulation and oversight of children's services including: children's residential care homes, young adult supported accommodation; and child and adolescent mental health services (CAMHS); and oversight of health care provision in prisons and places of detention.
- **Hospital Services and Independent Healthcare, Reviews and Audit**
This directorate is responsible for the regulation of a range of independent health care services including: independent clinics; independent hospitals and hospices; private dental services and services providing a range of laser treatments. It also has oversight of HSC Hospital services; and delivers RQIA's reviews activities.

The work, achievements and performance of these teams is described in this Performance Analysis.

Regulation of Health and Social Care Services

Registration

In Northern Ireland, services that are listed under Part III of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) must be registered by RQIA before they can legally operate. Prior to registration, each application is subject to a rigorous examination process to ensure the service provider and manager can demonstrate a clear understanding of the requirements of relevant regulations and standards, and that the proposed service meets these requirements.



2003 Order

During 2023-24, RQIA received 1,794 registration applications, which included requests to register services and managers, or to vary, amend or cancel an existing registration. 1,360 registrations were completed including: 89 service applications, 238 manager applications and 254 applications to vary existing registrations.

Table 1: Services Registered Under Part III of 2003 Order, 2023-24

Service Type	Registered as at 31.03.2024	Change since 31.03.2023
Agencies and Day Care	533	-14
Adult Placement Agency	5	0
Day Care Setting	153	-12
Domiciliary Care Agency	306	+6
Nursing Agency	69	-8
Care Homes	467	-5
Nursing Home	240	-2
Residential Care Home	227	-3
Children's Services	59	+7
Children's Home	55	+7
Residential Family Centre	1	0
Voluntary Adoption Agency	3	0
Independent Healthcare	504	+20
Dental Practice	380	+2
Independent Clinic	10	0
Independent Hospital	105	+17
Independent Medical Agency	9	+1
Total	1,563	+8

Duty of Quality: Services delivered or commissioned by HSC Organisations

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

Table 2: Services Subject to Quality Oversight Under Part IV of the 2003 Order, 2023-24

Service Type	Services as at 31.03.2024	Change since 31.03.2023
Hospitals	29	-
HSC Hospital	29	-
Mental Health and Learning Disability (MHL D)	52	+1
MHL D Facility	52	+1
Independent Healthcare	63	-
Service using Ionising Radiation Treatment	63	-
Children's Services	46	+16
Child and Adolescent Mental Health Facility	3	-
School Boarding Department	4	-
Young Adult Supported Accommodations	39	+16
Secure Settings	6	-
HM Prison	5	-
Police Custody Suite	1	-
Total	196	+17

Inspections

Frequency of Inspection

RQIA's inspections of regulated services are undertaken in line with Part III of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and in line with The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 (as amended). Under these regulations RQIA is required to inspect each nursing home, residential care home and children's home at least twice each year; private dental services once every two years, voluntary adoption agencies once every three years and all other registered services (adult placement agencies; day care settings; domiciliary care agencies; independent health care services; nursing agencies and residential family centres) at least once each year. During the year RQIA conducted a total of 1,792 inspections, compared to 1,722 in 2022-23; 1,732 in 2021-22, and 1,549 in 2020-21. Over three-quarters (76%) were unannounced (79% in 2022-23 and 67% in 2021-22). In addition, 183 'desktop assessments' were completed during 2023-24. This comprised 90 finance, 89 pharmacy, two estates and two care 'desktop assessments'.

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

Table 3: Announced/Unannounced Inspections by Specialism, 2023-24

Specialism	Announced	Unannounced	Grand Total*
Care	394	1,170	1,564
Estates	17	7	24
Finance	14	2	16
Pharmacy	1	187	188
Total	426	1,366	1,792

* 32 inspections were combined (i.e. involving inspectors from different specialisms). These are captured under the lead specialism.

As a result of capacity and resource shortfalls, RQIA has continued to advise the Department of Health that it has adopted a risk-based approach to inspection, focusing on areas of risk brought to its attention through information received from a range of sources. The Authority recognises that this is in breach of the requirements set out in the 2005 Regulations, but considers that this is the most effective use of the limited resources available and in these circumstances offers the best protection to the public. Under this approach, RQIA ensures that all nursing and residential care homes have at least one physical inspection per year, and that those identified as at greater risk are monitored closely and may be inspected more frequently.

Table 4: Inspections Conducted under Part III of the 2003 Order, 2023-24

Service Type	Announced	Unannounced	Grand Total
Agencies and Day Care	50	467	517
Adult Placement Agency	4	1	5
Day Care Setting	4	142	146
Domiciliary Care Agency	15	290	305
Nursing Agency	27	34	61
Care Homes	34	760	794
Nursing Home	15	416	431
Residential Care Home	19	344	363
Children's Services	6	79	85
Children's Home	4	78	82
Voluntary Adoption Agency	2	-	2
Residential Family Centre	-	1	1
Independent Healthcare	315	19	334
Dental Practice	215	2	217
Independent Clinic	10	-	10
Independent Hospital	89	17	106
Independent Medical Agency	1	-	1
Total	405	1,325	1,730

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

Under Part IV of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and a range of other legislation, standards and guidance, RQIA inspects, and has oversight of, mental health and learning disability services; services using ionising radiation treatments; children's services; and health care in secure settings including prisons.

Table 5: Inspections Conducted under Part IV of the 2003 Order, 2023-24

Service Type	Announced	Unannounced	Grand Total
Hospitals	6	6	12
HSC Hospital	6	6	12
Mental Health & Learning Disability (MHL D)	1	21	22
MHL D Facility	1	21	22
Independent Healthcare	10	-	10
Service using Ionising Radiation Treatment	10	-	10
Children's Services	2	14	16
Child and Adolescent Mental Health Facility	-	-	-
School Boarding Department	-	-	-
Young Adult Supported Accommodation	2	14	16
Secure Settings	2	-	2
HM Prison	2	-	2
Police Custody Suite	-	-	-
Total	21	41	62

Each inspection considers the quality of leadership and management within each service, observes practice and reviews records of care. RQIA examines the arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care, in line with relevant legislation, standards and guidance.

The most important people in any service are those in receipt of care, and where possible, inspectors also speak with carers, friends and relatives about their experience of the services they receive.

To ensure a fully rounded view of the service, inspectors talk to management, staff and health care staff such as GPs, tissue viability nurses, social workers and care managers to hear their views and experience of the service

During the year, at a small number of inspections, RQIA began piloting the involvement of trained Inspection Support Volunteers, working alongside inspectors to capture the experiences of service users. This approach will be reviewed prior to introduction more widely.

Informing Inspections

Notifications

The primary means of communication between RQIA and service providers for issues relating to inspections and for notifications is via a secure online web-based portal. There are 5,567 active web portal users on this system – including service providers and managers.

In line with legislation services registered with RQIA under Part III of the 2003 Order are required to notify RQIA of certain categories of incidents or events which occur within their service. These include:

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

Table 6: Notifications by Service Type, 2023-24

Service Type	Notifications Received
Agencies and Day Care	1,671
Adult Placement Agency	23
Day Care Setting	639
Domiciliary Care Agency	780
Nursing Agency	229
Care Homes	33,573
Nursing Home	18,875
Residential Care Home	14,698
Children's Services	3,030
Children's Home	3,029
Residential Family Centre	-
Voluntary Adoption Agency	-
Young Adult Supported Accommodation*	1
Independent Healthcare	985
Dental Practice	55
Independent Clinic	
Independent Hospital	930
Independent Medical Agency	-
Total	39,259

* Subject to oversight under Part IV of the 2003 Order

During the year, 39,259 statutory notifications were submitted to RQIA via this portal. In each case the inspector for the service assessed the notification to determine whether further action was required, or if a pattern was emerging that required further consideration.

Safeguarding

Under the Adult Safeguarding Prevention and Protection in Partnership (Department of Health, Department of Justice, July 2015), RQIA is required to be advised by HSC Trusts about safeguarding allegations or incidents in services registered under Part III of the 2003 Order. As part of the Registered Services Notification system, registered providers are also required to advise RQIA of safeguarding matters and/or staff misconduct incidents.

Where RQIA receives information on safeguarding, each case is recorded and followed up in line with safeguarding guidance. Safeguarding investigations are led by HSC Trusts and/or the Police Service of Northern Ireland. RQIA participates as required, acting on any regulatory issues that are identified as part of an investigation.

While RQIA is not required by the legislation to be notified of safeguarding allegations or incidents in services under Part IV of the 2003 Order, RQIA does have powers under the Order (Article 41) to require the provision of information necessary for its functions.

Since 2019, RQIA has exercised this power to require the Belfast HSC Trust to notify RQIA about safeguarding allegations or incidents in relation to Muckamore Abbey Hospital.

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

Table 7: Safeguarding Notifications by Service Type, 2023-24

Service Type	Number of Notifications 2023-24	Number of Notifications 2022-23
Adult Placement Agency	5	6
Day Care Setting	140	61
Domiciliary Care Agency	125	108
Nursing Agency	21	13
Nursing Home	935	793
Residential Care Home	582	472
Children's Home	106	54
Independent Hospital	7	1
Total	1,921	1,508

Outcome of Inspections

At the end of each inspection RQIA provides verbal feedback to the management of the service, highlighting areas of good practice and issues that require immediate attention. This is followed up by a formal written report. Where an inspection involves care, pharmacy, estates and/or finance inspectors, a combined report is produced.

Where a service does not meet required standards, a quality improvement plan (QIP) is issued as part of the inspection report, detailing any improvements required and how the provider is addressing any issues raised by RQIA. In addition, an enforcement notice may be issued.

Table 8: Inspection Outcome for Services Inspected under Part III of the 2003 Order, 2023-24

Service Type	QIP Issued	No QIP Issued	Grand Total	% of inspections with Areas for Improvement Stated
Agencies and Day Care				
Adult Placement Agency	0	5	5	0.0%
Day Care Setting	65	92	157	41.4%
Domiciliary Care Agency	113	193	306	36.9%
Nursing Agency	34	33	67	50.7%
Care Homes				
Nursing Home	341	69	410	83.2%
Residential Care Home	277	73	350	79.1%
Children's Services				
Children's Home	63	17	80	78.8%
Voluntary Adoption Agency	0	1	1	0.0%
Residential Family Centre	1	0	1	100.0%
Independent Healthcare				
Dental Practice	20	176	196	10.2%
Independent Clinic	2	8	10	20.0%
Independent Hospital	30	67	97	30.9%
Independent Medical Agency	0	1	1	0.0%
Total	946	735	1,681	56.3%

Table 9: Inspection Outcome for Services Inspected under Part IV of the 2003 Order, 2023-24

Service Type	QIP Issued	No QIP Issued	Grand Total	% of inspections with Areas for Improvement Stated
Hospital				
HSC Hospital	6	1	7	85.7%
Mental Health & Learning Disability (MHL D)				
MHL D Facility	10	1	11	90.9%
Independent Healthcare				
Service using Ionising Radiation Treatment	10	0	10	100.0%
Children's Services				
Young Adult Supported Accommodation	11	0	11	100.0%
Secure Settings				
HM Prison	2	1	3	66.7%
Total	39	3	42	92.8%

RQIA reports that the outcome of 738 inspections (43%) demonstrated that the service was operating in compliance with the relevant legislation and standards, with no areas for improvement highlighted by RQIA inspectors. This is similar to the level reported in 2022-23 (43%), and a slight decrease from 45% of inspections in 2021-22.

The findings of each inspection are published on the website www.rqia.org.uk/inspections. Individual inspection reports are also available on request from each service inspected.

In late February 2024, following an extensive consultation exercise, RQIA commenced the pilot publication of inspection reports relating to children and young people's services. This aims to provide visibility for the public into this important aspect of health and social care services in Northern Ireland. In order to comply with legislative requirements and to protect young people's identity, no individual child or young person's circumstances is referred to or identified within an inspection report and the name and address of the service is not published.

Enforcement

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

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

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

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

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

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

During the year, RQIA conducted a total of 337 enforcement meetings. We held 234 internal EDMs to determine the actions required to address identified concerns (this compares to 173 in 2022-23 and 141 during 2021-22). As a result, 56 “serious concerns” meetings with providers took place to discuss our concerns (32 in 2022-23 and 42 in 2021-22); and a further 47 “intention to take enforcement action” meetings were held (47 in 2022-23 and 62 in 2021-22).

Table 10: Enforcement Meetings, 2023-24

Meeting Type	Number of Enforcement Meetings
Enforcement Decision Making (EDM) Meeting	234
Serious Concerns(SC) Meeting	56
Notice of Proposal (NOP) Intention Meeting	26
Failure To Comply (FTC) Intention Meeting	17
Improvement Notice (IN) Intention Meeting	4
Total	337

Table 11: Enforcement Meetings with Services Inspected under Part III of the 2003 Order, 2023-24

Service Type	Number of Enforcement Meetings
Agencies & Day Care	
Day Care Setting	13
Domiciliary Care Agency	20
Nursing Agency	46
Care Homes	
Nursing Home	92
Residential Care Home	68
Children’s Services	
Children's Home	75
Residential Family Centre	1
Independent Healthcare	
Dental Practice	3
Independent Hospital	3
Total	321

Table 12: Enforcement Meetings with Services Inspected under Part IV of the 2003 Order, 2023-24

Service Type	Number of Enforcement Meetings
Hospitals	
HSC Hospital	14
Mental Health & Learning Disability (MHL D)	
MHL D Facility	1
Secure Settings	
HM Prison	1
Total	16

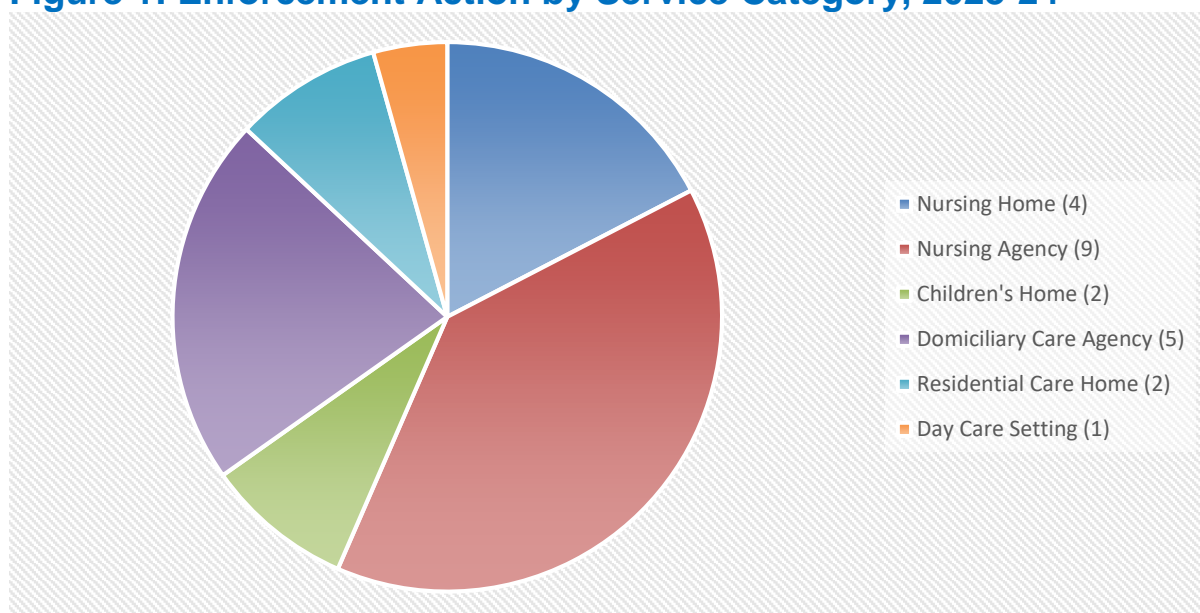
Table 13: Enforcement Meetings by Issue, 2023-24

Issue Type	Number of Enforcement Meetings
Care	251
Estates	6
Finance	7
Pharmacy	10
Other	63
Total	337

RQIA initiated enforcement action during 2023-24 on 23 occasions, across a range of registered services.

Actions included issuing enforcement notices to ensure concerns at a service were appropriately addressed in a timely manner; placing conditions on the registration of non-operational services; and moving to cancel the registration of a number of services as a result of specific concerns which had the potential to place the health and wellbeing of service users at risk (see Appendix 2 for further details).

Figure 1: Enforcement Action by Service Category, 2023-24



Human Rights

RQIA adopts a human rights-based approach across its inspections and review programme, placing a clear focus on protecting the human rights of all those using health and social care services across Northern Ireland. This aims to ensure that the rights of those in receipt of services are central to all service provision, and that there is a clear link between the quality of practice and care and the lived experience and outcomes for individuals. This approach is supported with focused mandatory Human Rights training for all RQIA staff, providing an overview of relevant human rights standards, and standards, tools and methodologies for those involved in delivering RQIA's inspection programme.

RQIA is one of four organisations in Northern Ireland designated by the UK Government as a part of the UK's National Preventive Mechanism (NPM) under the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The aim of OPCAT is to strengthen protections for people deprived of their liberty in a range of settings including mental health hospitals, services for children in secure accommodation, detention suites and prisons. Through its inspections, RQIA monitors the treatment of and conditions for detainees, making recommendations to support improvements, and publishing its findings.

To strengthen the protection of people in detention RQIA is also a member of Northern Ireland's National Preventive Mechanism sub-group, in partnership with Criminal Justice Inspection Northern Ireland, the Independent Monitoring Board and the Custody Visiting Scheme.



In April 2023, RQIA, in partnership with fellow Northern Ireland NPM Criminal Justice Inspection Northern Ireland (CJINI), supported the hosting of the UK NPM Annual Conference in Belfast. The conference received a presentation from Dr Alice Edwards, UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. CJINI and RQIA also updated the conference on the state of detention in Northern Ireland.

The Mental Capacity Act (Northern Ireland) 2016 sets out specific arrangements for seeking Deprivation of Liberty approvals for vulnerable individuals. RQIA participates in regional groups working to implement The Mental Capacity (Deprivation of Liberty) Regulations (Northern Ireland) 2019. RQIA awaits the Department of Health's (DoH's) consideration of resources to enable RQIA to fulfil its role under the Mental Capacity Act.

Patient Experience

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

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

Serious Adverse Incident Reports - Mental Health Services

RQIA reviews all serious adverse incidents (SAIs) relating to patients who are known to mental health and learning disability services, including those in prisons, sent to RQIA from HSC Trusts. During the year, we received 167 SAI reports, and reviewed their recommendations. Where there were concerns relating to deficiencies in care or treatment, and wider service safety and quality issues, these were followed up to ensure both appropriate actions were taken and that there was learning from these incidents in the provider service.

Mental Health Forms

RQIA has a statutory responsibility to screen a range of forms from health and social care trusts under The Mental Health (Northern Ireland) Order 1986, including those relating to assessment and detention of patients. During the year RQIA examined over 11,200 forms and followed up any errors, including any improper detentions with the relevant Trust.

RQIA also has a responsibility to safeguard the rights of detained patients who refuse their prescribed treatment, or do not have the capacity to consent to treatment. In delivering this responsibility, RQIA appoints experienced consultant psychiatrists as second opinion appointed doctors (SOADs) to provide a second opinion on the proposed treatment, including medication reviews and electroconvulsive therapy (ECT) where there may not be the consent of the patient. They also provide an additional level of safeguarding by assessing whether the views and rights of the patient have been taken into account. During the year 675 requests were managed for the provision of second opinion in relation to Part IV of the Mental Health (Northern Ireland) Order 1986, including 604 medication reviews and 71 relating to ECT.

Engagement with Public Inquiries

At present there are a number of Public Inquiries being conducted across the United Kingdom, focusing on specific health and social care issues, which have required engagement with RQIA.

Muckamore Abbey Hospital Public Inquiry

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

RQIA is a 'Core Participant' in this Public Inquiry and during the year continued to engage with the Inquiry. Following the submission of a written statement in February 2023, RQIA's Chief Executive appeared as a witness before the inquiry in May 2023.

A specific module (Module 5) of the Inquiry was announced to focus exclusively on the role of RQIA and the Mental Health Commission (MHC) (the responsibilities of the MHC transferred to RQIA in 2009). Further Rule 9 requests for information were responded to during the year.

COVID-19 Public Inquiry

During the year the UK-wide Covid-19 Inquiry, chaired by The Right Honourable Baroness Heather Hallett DBE, commenced witness hearings. RQIA submitted a number of response to the Inquiry under Rule 9 in August 2023 (Module 2C) and September 2023 (Module 3). RQIA is identified as a Core Participant for Module 6 of the Inquiry, focusing on Care Homes, Domiciliary Care Services and Supported Housing and attended its Preliminary Hearing in March 2024.

Infected Blood Inquiry

In June 2023, RQIA submitted its response to a Rule 9 request from the UK-wide Infected Blood Public Inquiry, which focused on a range of areas within RQIA's remit.

Neurology Independent Inquiry

Following the publication of the Independent Neurology Inquiry in June 2022, an oversight Implementation Group was established, chaired by the Department of Health's Permanent Secretary. Since then, RQIA has participated as a member of a sub-group providing assurance to the Implementation Group.

Urology Service Inquiry

In February 2024, RQIA's Chief Executive attended this inquiry chaired by Christine Smith KC to present a statement and provide evidence in relation to RQIA's role.

QUALITY AND AVAILABILITY OF HEALTH AND SOCIAL CARE SERVICES

RQIA has a duty to keep the Department of Health informed about the quality and availability of services under Articles 4 and 35 of the 2003 Order. During the year we notified the Department in relation to a number of issues either through regular liaison meetings or via formal letter. These are set out below.

Unregulated and Unregistered Children's Homes

In May 2023 RQIA advised DoH that it had determined that of 57 children's services operating in Northern Ireland, nine services across four HSC Trusts, met the definition of a registered service, but were not registered with RQIA. Children's homes or (domiciliary care) agencies providing the personal care to young people are required to be registered with RQIA. RQIA wrote to the four HSC Trusts concerned requiring them to either register the establishment or agency or to bring about a managed closure.

In September 2023, RQIA advised that there are 48 services operating that meet the definition of a Young Adult Supported Accommodation (YASA) service, which are not currently subject to any form of regulation. In December 2023, RQIA led a joint workshop, and attended by DoH and DoH's Strategic Planning and Performance Group (SPPG) to discuss next steps with respect to regulation for the 48 YASA services; and how best RQIA can work with HSC Trusts to put in place appropriate arrangements to assess service provision against the published standards, deploying its limited resources to those areas where children and young people may be most at risk.

Belfast Emergency Departments and Wider Whole Systems Issues

In July 2023, RQIA advised DoH that its recent inspections of the Emergency Departments at the Royal Victoria Hospital and Royal Belfast Hospital for Sick Children continue to reflect the issues identified in RQIA's previous correspondence in April 2022. RQIA in relation service safety and sustained pressures across the whole HSC. RQIA considered that the nature and scale of the issues requires effective whole system working, underpinned by effective governance. RQIA proposed assessing the extent to which 'whole system working' is in place across the health and care system.

In September 2023, RQIA commenced a System Inspection of a Local Health and Social Care System, focusing on the Southern Health and Social Care Trust area. In January 2024, RQIA advised the DoH of the findings of this inspection, which adds to the evidence that harm is caused when there are delays in patients accessing acute care, and for those patients needing to leave acute care to be supported at home or in a care home setting. The inspection found examples of effective care outside hospital, including acute care at home, step down beds in community care and local care homes with bed availability. However, there was not sufficient capacity and staffing to cope with the number of patients who needed care outside of the hospital.

Completion of Reports relating to Serious Adverse Incident (SAI) Investigations (Mental Health Services)

In September 2023, RQIA wrote to SPPG to highlight serious concerns in relation to the timescales for the completion of SAI investigation reports relating to Mental Health Services.

At that time RQIA records indicated 197 completed investigation reports were overdue and had not been received by RQIA, with 70 of these are more than one year overdue. RQIA requested that SPPG advise of its plans to address this matter and going forward to ensure timely completion of Investigation reports.

Fees for Second Opinion Doctors (SOADs)

In September 2023, RQIA advised DoH that at that time it had only three medical practitioners appointed as SOADs, a role required under The Mental Health Order. During 2022/23, these practitioners dealt with 551 requests for the provision of a second opinion, including 508 medication reviews and 48 electroconvulsive therapy (ECT) and 43 ECT reviews. This workload is unsustainable; and RQIA is deeply concerned that an inability to provide this key statutory element in the delivery of treatment to vulnerable patients could arise at short notice. The fee paid to the medical practitioners for this important work has not been uplifted since 2015. RQIA proposed to raise the fee paid for this work in keeping with England, which would incur additional cost; discussions with the Department of Health continue.

Changes to Emergency Surgery at Southwest Acute Hospital, Enniskillen

In September 2023, having examined concerns raised with RQIA by a local campaign group regarding temporary changes to Emergency Surgery at the South West Acute Hospital, RQIA shared its report with DoH. This included recommendations that through a review, RQIA would monitor the impact of service change on wider services, including ambulance response times; and clarity on single, shared understanding of major trauma protocol in the geography/ area.

Preterm Induction of Labour or Elective Caesarean Section in Cases of Severe Fetal Impairment or Fatal Fetal Anomaly

In April 2023, the Chief Medical Officer requested that RQIA undertake an exploratory fact-finding exercise in respect of early delivery in cases of severe fetal impairment or fatal fetal anomaly. In December 2023, RQIA advised DoH of the outcome of its fact-finding exercise examining this area, which highlighted an overall positive assessment of practice and described a service that is continuing to evolve in its practice to develop and embed the required pathways, processes and documentation to execute in full the commissioned Termination of Pregnancy Services. While this concluded that clinically appropriate counselling and care was being provided; throughout RQIA's engagements there remained concern among clinicians about particular nuances and implications arising from definitions within The Abortion (Northern Ireland) (No. 2) Regulations 2020.

Investigation into a named Residential Care Home

In March 2024, RQIA advised that it would undertake an investigation of issues relating to the oversight and commissioning of services from a named residential care home, giving consideration to the commissioning and oversight role of the HSC placing trusts.

REVIEW PROGRAMME

RQIA's Review Programme

RQIA may conduct reviews of health and social care services, using its powers under Article 35 of the 2003 Order in response to current events, or to examine emerging issues. RQIA may initiate a review, or they may be commissioned by the Department of Health, or in response to a request from another HSC organisation. In preparing for and planning a review, and reporting on findings, RQIA's focus is on safe, effective and compassionate care; and on the quality of leadership within a service.

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

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

Review of Governance Arrangements in Place to Support Safety within Maternity Services in Northern Ireland

In May 2023 RQIA published the findings of a review of the governance arrangements in place to support safety within Maternity Services in Northern Ireland. The review, conducted during 2022, focused on the effectiveness of HSC trust governance processes, clinical governance arrangements and focused on the key elements that support safe patient care, including safety culture.

The review highlights how increasing complexity, compounded by significant staffing shortages, pose considerable challenges for service delivery. Despite these challenges, the Expert Review Team also saw examples of good practice, strong teamwork, and commended the dedication of midwives, doctors and staff in maternity services who work on a daily basis to ensure the delivery of safe and effective care to women and babies.

This review makes 23 recommendations to strengthen the systems and processes that support the delivery of care within HSC maternity services.

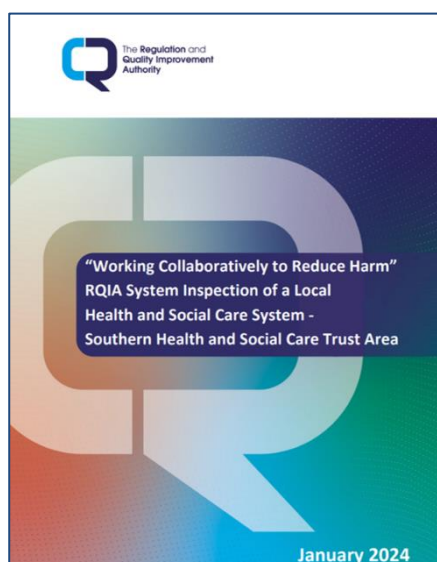
Key areas for improvement include:

- A regional approach to assuring and improving safety within Maternity Services - including the need for a co-produced regional Northern Ireland Maternity Strategy.
- Effective leadership structures and reporting arrangements - to ensure oversight and assurance of quality and safety in services.
- Safe Staffing in HSC Maternity Services - to explore ways to improve recruitment and retention of staff, and support staff wellbeing.

- Systems for Safe, Effective and Compassionate Care - Improvement of systems in place to support patient safety, multidisciplinary governance and staff training.
- Safety Culture - Ensuring governance arrangements are underpinned by a culture of safety, encompassing psychological safety, just culture, and learning culture.
- Interfaces with other services - Ensuring arrangements support good communication, safe patient referral / transfer between maternity services and: Primary Care, Emergency Departments and Neonatal Services.

“Working Collaboratively to Reduce Harm” - RQIA System Inspection of a Local Health and Social Care System

In January 2024, RQIA published the findings of its ‘System Inspection’ in Southern HSC Trust area, undertaken in autumn 2023 as a response to the ongoing and persistent system pressures, particularly those affecting acute hospital services. The Inspection looked particularly at patients who were delayed in their discharge from the acute hospital, and the effectiveness of collaboration between acute services, community and social care services in meeting service user needs.



The inspection makes recommendations for improved communication and collaboration, within acute services, between the acute and community sectors; and with patients and families. It also identified that services that were well placed to meet the needs of patients beyond their hospital stay were in place, but did not have the capacity that was required to meet patients’ needs.

This inspection recognises the immense efforts being made by staff throughout the health and social care system to maintain services and provide safe and caring treatment. It also recognises the distress endured by patients and families, as emergency services across Northern Ireland continue to face severe and sustained pressures. This impacts on the delivery of safe care to patients; and on the wellbeing of staff.

It is critically important that the whole health and social care system, both public and independent sector, acute and community services, work together. Patients must be able to access emergency care when this is needed, and be provided with timely access to the care and support they need in the community, once acute treatment has been completed. The Inspection adds to the evidence of the harm that is caused when there are delays in patients accessing acute care. It shows the impact of delayed discharge on those patients ready to leave acute care, to be supported at home, in a care home setting or other community care. The two aspects are very much linked – if patients cannot leave hospital, new patients who need care urgently cannot get access to the acute care they need.

The inspection found examples of effective care outside hospital, including acute care at home, step down services in community care settings, and local care homes with bed availability. However, there was not sufficient capacity, through sufficient staffing, to cope with the number of patients who needed such care outside of the hospital.

This inspection makes 11 recommendations for improvement, for implementation by those providing hospital, community, social care and primary care. Health and social care services are delivered through a mixed model of providers, the HSC Trusts, independent providers - particularly in care homes and domiciliary care - and General Practice.

While each is commissioned and paid for in different ways, they must be equal partners in delivering local health and social care services.

The workforce challenge dominated RQIA's findings, with all the services examined needing more staff. This will require the creation of conditions that attract staff to work in, and stay in, health and social care services. RQIA considers that the work of the Department of Health in reforming adult social care services and developing the totality of the health and social care workforce, is absolutely critical. This must be coupled with service reform to ensure sufficient capacity in community, social and primary care to meet population needs; and make effective use of resources. Without this, the pressures will continue across the system, particularly in acute hospitals and ambulance services, and experienced by patients and by emergency care staff.

Ongoing Review Activity

- Review of Southern HSC Trust Urology Services and Lookback Review: Report to be shared with Department of Health during 2024-25

Planned Reviews 2024-25

- Review of Governance in Independent Sector, Hospices and Hospital Governance: Follow up on Implementation of Recommendations
- Review of Governance Arrangements in Belfast HSC Trust Outpatients: Follow up on Implementation of Recommendations

INVOLVEMENT AND EXPERIENCE

The Experience of Service Users, Families and Staff

RQIA Guidance Team

During 2023-24, on a daily basis, RQIA continued to provide its Guidance Team service, responding to calls from families, the public and service providers. During this time we received over 1,000 contacts by telephone, email or in writing. The majority of these contacts (around 60%) were from service users, relatives and members of the public wishing to discuss queries or concerns about care services. In each case RQIA's Guidance Team established the nature of the issue or concern, and provided appropriate advice. Where specific concerns are raised the information provided is assessed and a decision reached on how best to respond. This may include following up the issues raised with management of the service; conducting an unannounced inspection to investigate the concerns; and where necessary, taking enforcement action. RQIA also records details of each contact on its i-Connect information system.

RQIA's Guidance Team also received contacts from health and social care staff, management and from HSC Trusts seeking advice and guidance.

Figure 2: Source of Contacts to RQIA Guidance Team, 2023-24

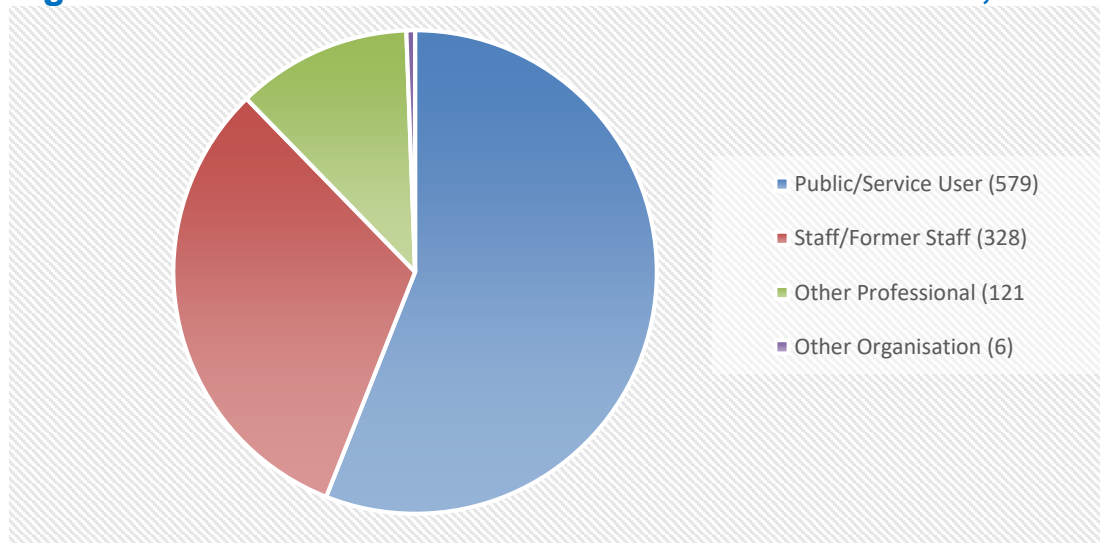
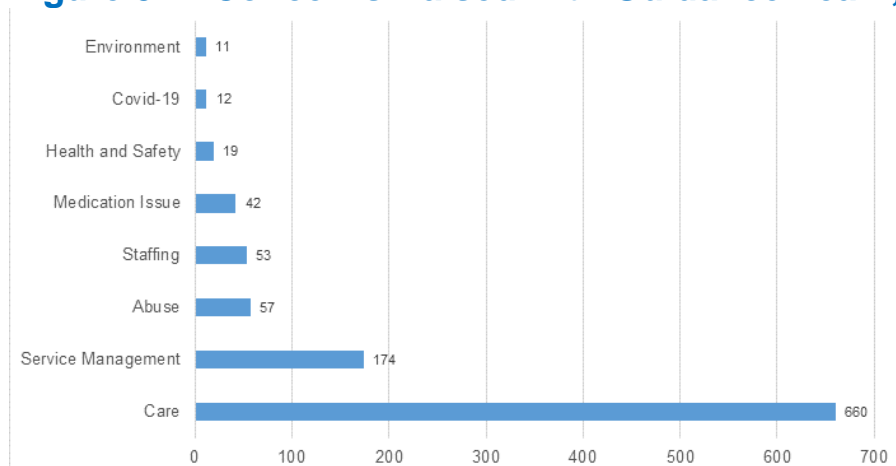


Figure 3: Concerns Raised with Guidance Team, 2023-24



Complaints about Health and Social Care Services

One of the most important ways for RQIA to help ensure that care services improve is by listening to the people who use the services or have family and friends who avail of these services. Where concerns are received by telephone, in writing or in person, RQIA takes these very seriously and carefully considered and assessed to determine if there are any issues that require our immediate action. RQIA may take a range of actions, from recording the information to help inform our knowledge of a service; following up these concerns with the relevant health and social care trust or organisation; to conducting a inspection of the service to follow up the concerns raised.



RQIA’s information leaflet on “How Can I Raise a Concern ...”, available on our website, provides advice and guidance to support the public in raising a complaint about health and social care service. While RQIA does not have legal powers to investigate complaints about services, RQIA provides contact details for organisations that can support the public through health and social care complaints processes, including the Patient and Client Council and health and social care trust complaints teams.

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.

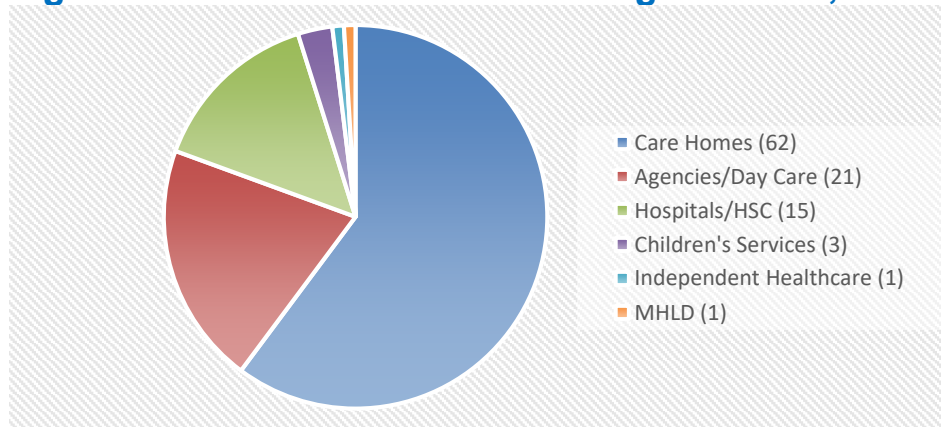
Every health and social care service is required to have its own arrangements in place to manage complaints. RQIA checks that these are in place during its inspections of services.

Whistleblowing

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

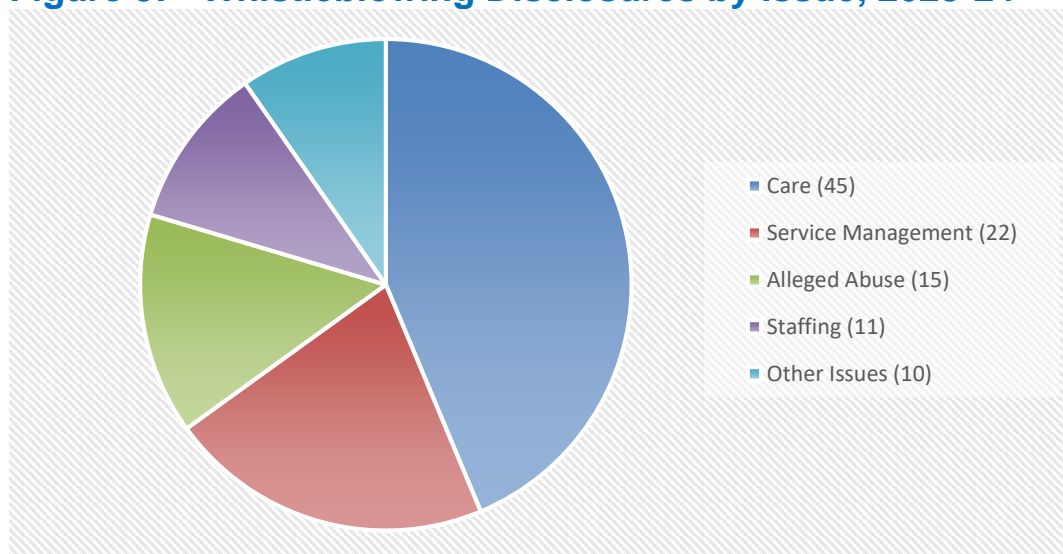
During the year, RQIA was contacted on 103 occasions by current staff from a range of statutory and independent health and social care settings, who wished to ‘speak up’ (whistleblow) about their workplace. Around one half of these disclosures were from care home staff, while one sixth were from HSC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

Figure 4: Source of Whistleblowing Contacts, 2023-24



Over half of disclosures related to care issues, and one third related to staffing and service management issues.

Figure 5: Whistleblowing Disclosures by Issue, 2023-24



While some staff wished to remain anonymous, others provided their name and contact details, allowing RQIA to follow up their concerns more fully. In each case RQIA carefully considered the information to determine what action was required. Where necessary, unannounced inspections were conducted to follow up on concerns, and to drive improvements in quality for those using these services.

PARTNERSHIP WORKING

Collaboration and Engagement

RQIA is committed to maintaining its positive relationships with the Department of Health, and the wider health and social care system, including:

- HSC Trusts
- Northern Ireland Guardian Ad Litem Agency
- Northern Ireland Medical and Dental Training Agency
- Northern Ireland Practice and Education Council for Nursing and Midwifery
- Northern Ireland Social Care Council
- Patient and Client Council
- Public Health Agency
- Strategic Planning and Performance Group

Through a regular programme of meetings, RQIA engages with these organisations to discuss common interests, share learning and areas of concern.

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

RQIA is committed to strengthening effective partnerships with its peer organisations – including health and social care systems regulators, inspectorates and professional regulatory bodies across the UK and Ireland to share best practice and benchmark its work. These included the Care Quality Commission; the Health Care Professionals Council; Professional Standards Authority; Care Inspectorate Scotland; Healthcare Improvement Scotland; Health Inspectorate Wales; Improvement Cymru; the Health Information and Quality Authority; The General Medical Council; General Dental Council; Nursing and Midwifery Council; and the Health and Safety Executive.

In Northern Ireland, RQIA holds responsibility for monitoring and inspecting services under Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2001 (IR(ME)R), which govern the use of ionising radiation, including radiographs, in healthcare. The regulations apply to any facility that carries out medical exposures involving the use of ionising radiation, whether in the NHS or independent sector, including dental practices undertaking radiographic examinations.

The purpose of IR(ME)R is to minimize the risk to patients undergoing medical exposure to ionising radiation. In its work RQIA shares best practice through its engagement with the Regional Medical Imaging Board, UK wide groups including the IR(ME)R Four Nations Group; Radiological Safety Working Group; and the Medical Radiation Liaison Group (MRLG).

RQIA also participated in the Integrated Regulatory Review Service (IRRS) UK follow-up mission in January 2024, which took place at the headquarters of the Health and Safety Executive (HSE) and Office for Nuclear Regulation (ONR) in England. IRRS helps support national systems regulators strengthen and enhance the effectiveness of their regulatory infrastructure for radiation safety and provide an integrated approach to the review of common aspects of the regulatory infrastructure for safety.

The IRRS regulatory review process provides a peer review of both regulatory technical and policy issues in the area of ionizing radiation. While RQIA had no recommendations for improvement from the initial IRRS mission in 2019, RQIA has adopted the learning from this mission in its ongoing regulation of IR(ME)R services.

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

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

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

- Association for Real Change
- British Dental Association
- Independent Health and Care Providers (IHCP)
- Royal Colleges of Nursing, General Practitioners, Physicians and Psychiatrists
- UK Homecare Association

RQIA has a range of information sharing protocols and memoranda of understanding with a range of partner organisations, to support information sharing and cooperation in joint working, and transparency when working on areas of common interest.

Partnership Working

RQIA Round Table Event: “Speak Up” Regulation in an 'Open' Health and Social Care System



Participants at RQIA Round Table

In November 2023, RQIA held a Round Table event brought together senior leaders from across health and social care services, from professional regulators, commissioners, professional bodies, people from academia and from systems regulation across the UK and Ireland, with service user representatives. The purpose of the event was to listen, reflect, and learn how to improve RQIA’s performance as the health and social care regulator in an ‘open’ health and social care system.

Speaking up, both for patients and families, and for staff, is a vital part of securing patient safety and improving service quality.

Following the event, RQIA shared learning from the discussion focusing on: Speaking up; listening, hearing and acting; and changing the culture. A follow up event is planned for May 2024, to build on and embed this learning.

My Home Life Leadership Support Programme



RQIA care homes team join
My Home Life participants

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

During the year, senior inspectors from RQIA's Care Homes team supported the delivery of this leadership programme through their attendance and participation in a face-to-face meeting with each of the cohorts throughout the year. RQIA will continue this ongoing partnership in the year ahead.

Public Involvement in Inspections and Reviews

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

In April 2023, RQIA commenced the recruitment processes for the Inspector Support Volunteer role (previously known as lay assessors) to involve health and social care service users and members of the public in RQIA's inspection and review activities. The aim of this programme is to bring an independent, lay perspective to our assessment of services and to hear about the experiences of those availing of the services we inspect and review.



In partnership with Volunteer Now and University of Ulster we developed on-boarding processes, induction and training to support the new cohort of Inspector Support Volunteers. We began piloting this role in our care homes inspections in late 2023-24, and following evaluation will further develop this approach.

Meaningful Engagement Service User During Inspections

During 2023-24 RQIA continued to focus on improving how we receive feedback from service users and providers during inspections.

RQIA recognises the importance of hearing the about the lived experiences of those in receipt of care services during inspections, including those in living in dementia care settings.

In response to feedback from service providers, the Dementia friendly questionnaire developed in 2022-23, has now been renamed 'User friendly', as providers advised that they felt other service users would benefit from this approach/style of questions in providing their experiences of care. This questionnaire is now being used during RQIA's inspections of care homes and domiciliary care agencies.

Following engagement with an end of life service within the agencies team we adapted our approach to gaining feedback and came away from the generic questionnaire and created a letter which is more personal in our approach which gives the person several options on how to engage with us if they wish to do so.

During the year we held focus groups to improve how we gain feedback during our inspections of learning disability services from providers and service users. Further work will progress during 2024-25. We also developed and introduced a medicine focused questionnaire in consultation with service providers. The effectiveness of this tailored approach to medicines inspections will be evaluated in 2025. These approaches will form part of a toolkit for inspectors to ensure we receive a fully rounded view of services.

Engagement with Peer Organisations: Partnership Working

During the year we also engaged with partner organisations. This included module content development work with NISCC on its Safe and Effective Care Certificate; Safeguarding Board of Northern Ireland (SBNI) on the development of a trauma informed organisation approach; and the introduction of a Dysphagia checklist for RQIA inspectors, co-produced with the Public Health Agency, which forms part of RQIA's inspectors tool kit.

Public Consultations

From April to July 2023, with support from the Business Services Organisation's Equality Unit, and in partnership with 10 other Health and Social Care organisations who we work with on equality and disability matters, RQIA undertook a 13-week public consultation on its draft Equality and Disability Action Plans for the period 2023-28.

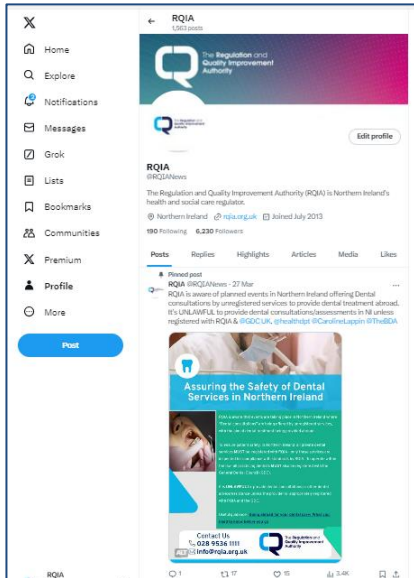
The draft Action Plan built on RQIA's previous progress in this area and set out planned actions to tackle inequalities across all equality categories, and to promote positive attitudes towards disabled people and encourage their participation in our work areas. During this time, we welcomed written submissions and held a number of consultation events to discuss the plans and to invite comment and feedback.

Taking on board feedback from consultees a final draft to RQIA's Authority for approval in September 2023, and following approval this was shared with the Equality Commission and published on RQIA's website.

COMMUNICATION AND ENGAGEMENT

Digital Communication

Throughout the year RQIA continued update the content of its website www.rqia.org.uk to ensure it provided information to support service providers and the public alike. During 2023-24 RQIA received around 190,000 visitors, resulting in over 660,000 webpage views.



RQIA 'X' account @RQIANews

To date, over 19,000 inspection reports for independent, voluntary and statutory health and social care services have been published on RQIA's website, www.rqia.org.uk/inspections and are available directly through the search function on the RQIA homepage or via an interactive map.

RQIA's inspection reports continue to be the most visited pages on the website, accounting for almost half the total number page views during the year (300,000).

Web pages providing advice and support to members of the public who wish to raise a concern about a health and social care service were accessed over 5,000 times throughout the year.

RQIA also directs traffic to the website via [@RQIANews](https://twitter.com/RQIANews), the RQIA's X (formerly Twitter) account, where new content added can be notified immediately to over 6,000 followers.

Media Engagement

Through its engagement with the media, RQIA's Communications Team aims to increase awareness and understanding of the role and remit of RQIA, and to provide information to health and social care service users and their families. RQIA provides journalists with detailed briefings to describe its role within health and social care and the legal powers governing our activities; as well as information about particular issues which may be of public interest.

During the year, RQIA responded to 43 requests from print, broadcast and online media outlets for briefings, statements or interviews. These focused on a range of issues including: inspection findings and enforcement action in respect of specific regulated and statutory services; the outcome of a judicial review in respect of RQIA's role in community mental health services; local concerns in relation to hospital service provision; and RQIA's review activity, including next steps following the publication in 2022-23 of RQIA's Expert Review of Records of Deceased Patients (Neurology).

Political Engagement

Throughout the year, RQIA continued its engagement with representatives from the main political parties. This included regular one-to-one meetings involving RQIA's Chair and Chief Executive with each party health spokesperson, to discuss our Management Plan; current priorities; and specific issues including the actions RQIA was taking following the publication of the outcome of the judicial review in respect of RQIA's role in community mental health services. At a constituency level, we also engaged directly with Members of the Legislative Assembly (MLAs) and councillors where we were taking significant actions in respect of particular services that were likely to result in local interest or concern. This aimed to ensure they were fully briefed on the issues raised and on the carefully considered steps being taken by RQIA to ensure the ongoing wellbeing and safety of those in receipt of these services.

Following the re-establishment of the Northern Ireland Assembly in February 2024, RQIA provided written submissions to the Assembly's Committee for Health in relation to: RQIA's statutory role in the regulation of community health services; and an update on the Expert Review of Records of Deceased Patients (Neurology), November 2022 (also referred to as the Deceased Patients Review (DPR)). We have also provided the Department of Health with input from RQIA to support their preparation of responses to Assembly Questions.



Political representatives with RQIA Chair and Chief Executive at Round Table event, November 2023

CORPORATE ISSUES

The Authority

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

RQIA is chaired by Christine Collins, MBE, and supported by Authority members Mr Neil Bodger; Professor Stuart Elborn; Ms Cheryl Lamont; Dr Nazia Latif; Mr Alphonsus (Alphy) Maginness; Dr Mary McIvor; Ms Bronagh Scott; and Mrs Sarah Wakfer. Ms Scott's term in office ended on 31 January 2024. Sadly, shortly after year end on 13 April 2024 Mr Bodger passed away. Further details of RQIA's Authority Members are included at Appendix 4.

RQIA Executive Management Team

Through its Standing Orders, the Authority has delegated responsibility for the day-to-day operation and management of RQIA to the Chief Executive, Briege Donaghy, who is accountable to the Authority for the discharge of these responsibilities. The Chief Executive is also designated by the Permanent Secretary of the Department of Health, in his role as Accounting Officer for the Department, as the RQIA Accounting Officer. In this role, the Chief Executive is responsible for ensuring propriety and regularity in handling RQIA's budget.

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

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

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

RQIA Staff

The RQIA's staff responsible for the achievement of corporate objectives and the effective delivery of the work programme are the organisation's most valuable asset. As at 31 March 2024, there were 132 staff in post (124.61 whole time equivalent including those on temporary contracts), excluding Authority Members, bank and agency staff. The staff composition, by headcount, is 75% female and 25% male. During 2023-24, there was an average staff absence rate of 7.01% against a regional key performance indicator of 4.45% set for RQIA by DoH

During the year, there was a turnover in permanent staff of 5.96%, with 12 permanent members of staff leaving RQIA through retirement or taking up new opportunities. At 31 March 2024 RQIA had 13 vacant posts in its staffing complement.

RQIA staff also completed a range of cyber security training modules as part of the Regional HSC Cyber Awareness Campaign, focusing on areas including: phishing security and data security.

RQIA manages compliance at directorate level through its performance management arrangements, and at year end 99% of staff had completed all mandatory training.

Complaints About RQIA

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

Complaints were received in relation to a range of matters, including how RQIA carried out its oversight of health and social care services; contact about RQIA's role in the review of neurology services; registration functions; and complaints about inspection processes. During 2023-24, 16 complaints were received about RQIA. Following a review of the issues raised, two complaints were managed through RQIA's Inspection Policy, and one was managed as a concern about a service.

The regional HSC Complaints Procedure states that complaints should be acknowledged within two working days and a response issued within 20 working days. In line with this direction, with the exception of one complaint which required further consideration, all were acknowledged within this deadline.

Eight complaints were responded to within the 20-day timescale. However, the complexity of some complaints may make it difficult to investigate and to provide a full response within these timescales. In these circumstances regular updates are provided to the complainant on the progress of their complaint.

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

Freedom of Information and Data Protection

As a public body, RQIA is required to respond to freedom of information (FOI) and subject access requests in line with relevant legislation. During 2023-24, RQIA received 49 FOI requests relating to a range of issues including:-specific queries in relation to individual care services; safeguarding issues; RQIA's duties under the Mental Health Order. In addition, seven subject access requests (SAR) were also received.

All requests were acknowledged within the statutory timeframe and over three-quarters were responded to within the timeframe.

For those which did not meet the statutory timeframe due to the complexity and/or volume of material being requested, requestors were kept informed when a delay was experienced.

During 2023-24, there were two personal data related incidents reported to the Information Commissioner's Office (ICO). In each case the ICO advised that there were good mitigation arrangements in place and appropriate actions had been taken by RQIA to address these incidents. As a result of these incidents RQIA issued information governance learning alerts to all staff, and mandatory focused information governance training, led by RQIA's Senior Information Risk Owner (SIRO) and Personal Data Guardian (PDG), will take place during Quarter 1, 2024-25.

Equality, Disability and Inclusion

During the year, RQIA's Equality Forum met on a regular basis to support and progress the mainstreaming of equality, disability and good relations in the work of RQIA. The Forum also supports RQIA in delivering on its statutory obligations and commitments as outlined in RQIA's Equality Scheme, Equality Action Plan and Disability Action Plan and provides a mechanism for sharing information, learning and adoption of best practice across RQIA. It also enables the Executive Management Team to provide assurance to the Chief Executive and, through that function, to the Chair and Authority, that RQIA is fulfilling its legal duties in this area.

In common with all public bodies, each year, RQIA must provide a report to the Equality Commission with an overview of how it has delivered its obligations and duties under Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report provides an overview of RQIA's activities and actions that result in positive outcomes for the Section 75 groups. It demonstrated RQIA's commitment to meet its equality obligations and detailed how RQIA promotes equality of opportunity across all Section 75 groupings. In line with requirements, RQIA's annual progress report was submitted to the Equality Commission in August 2023.

Under Section 75 of the Northern Ireland Act (1998), every five years all public bodies are required develop a draft Equality and Disability Action Plan. RQIA's Equality Forum, with support from the Business Services Organisation's Equality Unit, developed Equality and Disability Action Plans, which identified actions RQIA wishes to take to tackle inequalities across all equality categories, and actions to promote positive attitudes towards disabled people and encourage their participation in our work areas. Following public consultation of these plans, in September 2023 RQIA published its Equality and Disability Action Plan 2023-28.

Business Continuity Planning

RQIA has a business continuity plan which requires to be tested to ensure continuity of service in an unplanned emergency situation. In March 2024, this plan was subject to a comprehensive test involving staff from across RQIA. The learning from this event will be used to ensure the plans are robust and fit for purpose in the event of an issue affecting our premises or ICT systems.

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

UK Exit from the European Union (Brexit)

During 2023-24 RQIA continued to work in partnership with the Department of Health and wider HSC in relation to the implications of the UK's exit from the European Union. RQIA has continued to review the impact of Brexit on the business of the organisation, and as part of the Arms-Length Body EU Exit Forum is satisfied that appropriate arrangements continue to be in place.

RQIA also continues to monitor any potential Brexit implications on the services we inspect and review through consideration of governance under the well-led domain.

Strategic Performance Management

RQIA's Strategic Plan 2022-2028, which set out an overview of RQIA's strategic direction for the period 2022-28, was published in June 2023 following public consultation, approval by RQIA's Authority, and endorsement by the Department of Health.

RQIA's Strategic Plan 2022-2028 details four strategic objectives:

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

These are underpinned by RQIA's overarching core purpose: to keep people safe, securing and improving the safety and quality of health and social care services in Northern Ireland.

RQIA's directorates report organisational performance on a quarterly basis through a quarterly Activity Performance and Outcomes Report. This enables the Authority to assess how RQIA is performing against the achievement of strategic objectives. It is presented to the Authority, via the Business, Appointments and Remuneration Committee (BARC), for discussion and approval. The Report is complemented by the Financial Performance Report, presented to the Authority via the Audit and Risk Assurance Committee (ARAC) on a regular basis.

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

The Chief Executive continues to hold performance management and accountability meetings for the Directorates and the divisions, which provide the opportunity for detailed reporting against key performance indicators and progress in meeting set objectives.



Financial Summary

In 2023-24 RQIA received income of £10,483,189 which comprised £9,315,675 from the Department of Health through the Revenue Resource Limit, and £1,167,514 from other income. During 2023-24 staff costs were £8,254,428 and other expenditure costs were £2,214,890. At year-end there was a surplus of £13,871, which confirms that RQIA met its financial target of breakeven, which is defined as surplus or deficit not exceeding £20,000.

In 2023-24 RQIA received capital funding from the Department of Health through the Capital Resource Limit amounting to £49,108 which was spent on ICT equipment and licenses to update the iConnect system.

Public Sector Payment Policy – Measure of Compliance

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

Table 14

	2023-24	2023-24	2022-23	2022-23
	Number	Value (£)	Number	Value (£)
Total bills paid	809	3,153,567	1,423	3,546,425
Total bills paid within 30 day target	790	3,119,725	1,414	3,541,220
% of bills paid within 30 day target	98%	99%	99%	100%
Total bills paid within 10 day target	727	2,950,208	1,289	3,191,350
% of bills paid within 10 day target	90%	94%	91%	90%

Late Payment of Commercial Debts Regulations 2002

There was no interest payable arising from claims made by businesses under this legislation (2022-23: Nil).

Accounts Direction

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

Accounting Policies

The accounting policies follow International Financial Reporting Standards to the extent that it is meaningful and appropriate to the RQIA. Where a choice of accounting policy is permitted, the accounting policy, which has been judged to be most appropriate to the particular circumstances of RQIA for the purpose of giving a true and fair view has been selected.

RQIA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.

Anti-Bribery and Anti-Corruption

RQIA has an Anti-Fraud and Anti-Bribery Policy and associated Response Plan in place, which sets out the position on fraud and bribery and the context for ensuring that all activities are carried out in an honest and ethical environment. RQIA adopts a zero-tolerance approach to bribery and corruption.

Sustainability and the Environment

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

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

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

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

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

In late March 2023, RQIA further reduced its carbon footprint with a move to smaller office accommodation, with shared meeting rooms, and lower energy requirements.

RQIA's hybrid approach to working from home and in the office has a reduced the need for daily travel to the workplace, with many meetings and appointments taking place using online applications. Authority meetings and Authority Committee meetings for the Audit, Risk and Assurance Committee (ARAC) and the Business, Appointments and Remuneration Committee (BARC) also took place online, and utilising electronic documents.

In June 2023, RQIA staff participated in the Northern Ireland Active Travel Challenge an annual competition to encourage long-term behavioural change and a shift towards healthier travel habits such as public transport, walking, and cycling, and was the workplace winner for organisations with 100-499 employees.



Katrina Andrews accepts Active Travel Challenge Award on behalf of RQIA

In September 2023, RQIA submitted its Property Asset Management Plan (PAMP) 2022-23 - 2026-27 to the DoH and reported savings for its temporary office space in Belfast in relation to service charges. There were also some modest savings made in rates and security for the Hilltop Office in Omagh. RQIA moved to its permanent accommodation, James House, on 27 March 2023.

Social and Community Matters

In partnership with the Business Services Organisation Equality Unit, RQIA held two disability awareness days. The first event held in February 2024, led by an Advanced Practitioner Occupational Therapist and a Speech and Language Therapist South Eastern HSC Trust's Community Stroke Team, provided staff an opportunity to learn more about the effects of strokes on an individual and their wider family, and how to help support colleagues who may live with the effects of a stroke.

In March 2024, a Nurse Education Consultant, Clinical Education Centre, facilitated a schizophrenia awareness session, providing an overview of schizophrenia and its effect. The Awareness Day allowed staff to learn more about schizophrenia, and how to help support colleagues in the workplace who may have experienced schizophrenia or who may have caring responsibilities for someone experiencing schizophrenia.

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

- Performance Overview
- Performance Analysis

A handwritten signature in black ink that reads 'Briege Donaghy'.

Briege Donaghy
Chief Executive
4 July 2024

SECTION 2

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

Directors Report 2023-24

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

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

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

Bronagh Scott's interim appointment was extended for a further year until 31 January 2024, bringing the complement of Authority Members to eight. Profiles of the Chair and Authority Members are included at Appendix 3.

Briege Donaghy continued as RQIA's Chief Executive during 2023-24. She is responsible to the Authority for the day-to-day operations and management of the RQIA, and is supported by the heads of the three operational Directorates, the Head of Corporate Affairs and the Head of Business Services.

The RQIA's Executive Management Team (EMT) comprises three operational directors:

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

RQIA also received support from a number of additional staff:

- Ian Steele, RQIA's Medical Lead and Responsible Officer (a senior medical role); and
- Karen Harvey, Professional Advisor to RQIA's social workers.

During the year there were two personal data related incidents reported to the Information Commissioner's Office (ICO). In each case the ICO advised that there were good mitigation arrangements in place and appropriate actions had been taken by RQIA to address these incidents. As a result of these incidents, RQIA issued information governance learning alerts to all staff, and mandatory focused information governance training, led by RQIA's Senior Information Risk Owner (SIRO) and Personal Data Guardian (PDG), will take place during Quarter 1, 2024-25.

RQIA holds a record of Authority Members' Register of Interests on the RQIA website, where Members are required to declare any interest that may conflict with their role and responsibilities.

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

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

- Information Governance;
- Failure to Break Even: RQIA Accounts;
- Failure to sustain standards in the Registered Sector (2003 Order Part III services);
- RQIA's functions in respect of the Mental Capacity Act / Mental Health Order;
- Workforce: Resources and Capacity;
- Cyber Security;
- Registration;
- Muckamore Abbey Hospital Public Inquiry work; and
- Effective Policy Review and Maintenance.

During 2023-24, the majority of staff availed of the RQIA Pilot Hybrid Working Scheme, which was introduced to coincide with the move to RQIA's new accommodation at James House at the end of March 2023. RQIA continued to focus on energy reduction, recycling office waste, and use of public transport where this was possible and safe.

Statement of Accounting Officer's Responsibilities

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

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

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

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

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

GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

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

As Chief Executive I am accountable to the Authority for the day-to-day operations and management of RQIA and for supporting the Authority in developing the RQIA's strategic direction and corporate strategy, as well as its annual management (business) plan. These must be set in the context of the Department's wider strategic aims, Departmental Requirements and current Public Sector Agreement (PSA) objectives and targets.

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

As Chief Executive I chair a weekly meeting of the Executive Management Team (EMT), 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 and a non-departmental public body. It was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, operational from 2005. The Order defines its roles and functions, including its statutory duties to conduct inspections, investigations and reviews of services and to report its findings to the DoH. The Health and Social Care (Reform) Act 2009 abolished the Mental Health Commission and transferred its duties and functions under the Mental Health (NI) Order 1986 to the RQIA. Additional functions in respect of mental health were placed on the RQIA by the Mental Capacity Act (Northern Ireland) 2016.

RQIA's ongoing work programmes aim to provide independent assurance about the safety, quality and availability of health and social care services through its conduct of its functions (of registration, inspection and enforcement under Part III of the 2003 Order) and of review, investigation and inspection of statutory services under Part IV of the 2003 Order, as well as its functions under the Mental Health Order and the Mental Capacity Act) to the extent possible given available resources. 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 (ALB), HSC Trusts, the Public Health Agency and the Strategic Planning and Performance Group of the Department of Health. RQIA also encourages improvements in the quality of these services through its regulation and review actions.

The Chair and Chief Executive attend bi-annual accountability reviews with the Permanent Secretary; these occurred in June 2023 and January 2024. Liaison meetings were held between the Chief Executive, EMT and senior representatives from RQIA's Sponsor Branch on a quarterly basis. Issues relating to regulation and quality improvement across the health and social care system, keeping the Department informed about service provision and particularly about their availability and their quality and RQIA's work programmes are discussed, along with resource issues

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

The Authority applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements. The Authority does this by undertaking continuous assessment of its compliance with corporate governance best practice by internal and external audits and through the operation of the Audit and Risk Assurance Committee, with regular reports to the full Authority. The Authority completed its governance self-assessment against the DoH Arms' Length Bodies (ALB) Board Self-Assessment Toolkit in 2022/23 as part of a Board Effectiveness audit undertaken by Internal Audit. The Authority is working on an action plan for improvements. Overall, the audit showed that the Authority functions well, with a result of Satisfactory Assurance.

Due to the absence owing to ill health of the Committee Chair, the Audit and Risk Assurance Committee has deferred its self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist to its meeting in May 2024.

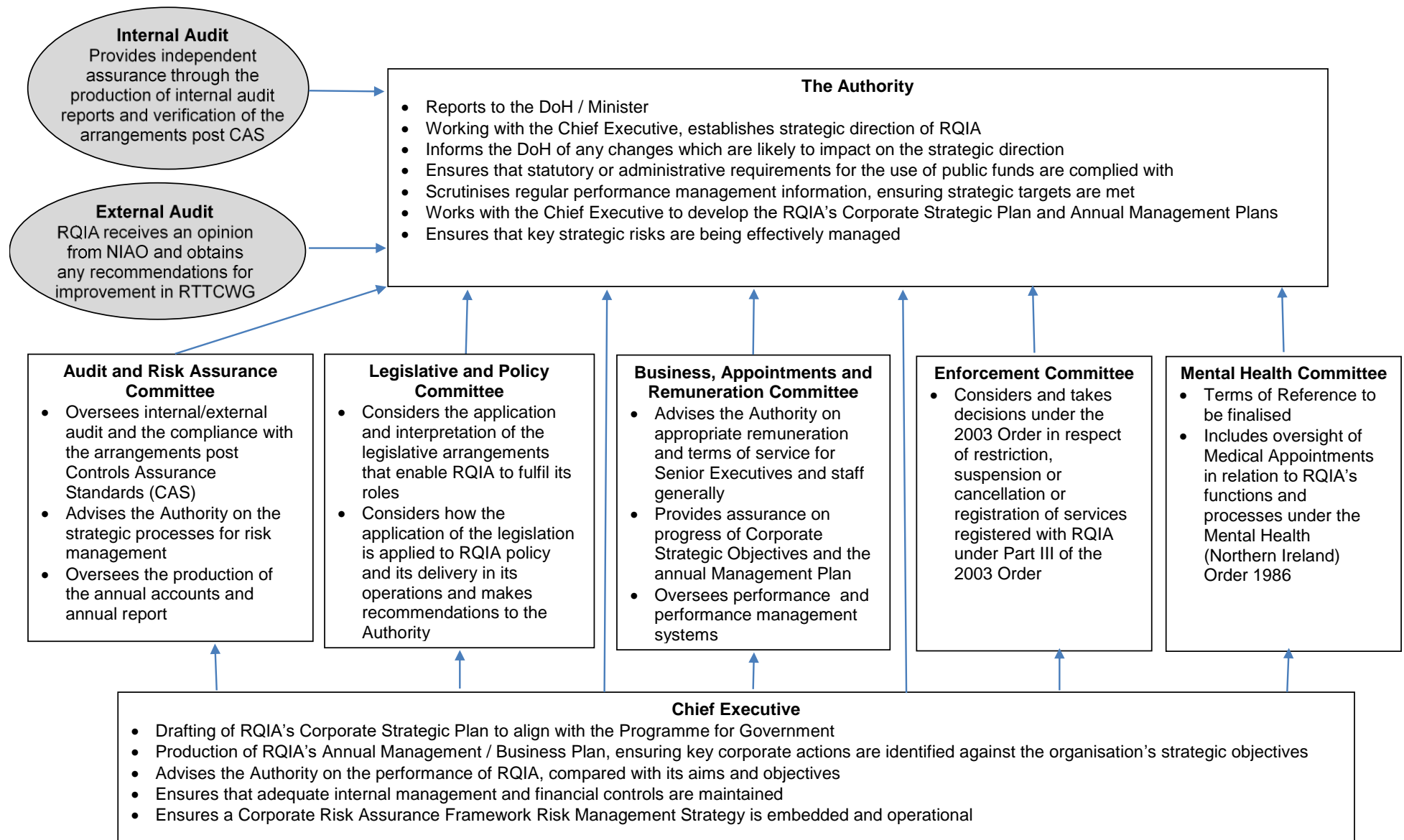
Annual Declaration of Interests by Authority Members and senior staff have been completed and the register is publicly available on request. Members will also declare any potential conflict of interest at Authority or Committee meetings, and withdraw from the meeting while the item is being discussed and voted on.

The Authority is responsible for ensuring that there are proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting the organisation's objectives and delivering appropriate outcomes.

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

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

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



3. Governance Framework

The key organisational structures which support good governance in RQIA are the Authority and its Committees.

The Authority provides strategic leadership to RQIA and comprises a Chair and eight Authority Members. Members of the Authority represent a wide range of skills and there are currently two vacancies with the appointment of Bronagh Scott ending on 31 January 2024 and the occurrence of the death of Neil Bodger on 13 April 2024. The Authority's performance is reviewed as part of the Board self-assessment process and the performance appraisal system.

The duties and functions of the Chair and Authority Members are set out in the Management Statement and Financial Memorandum Financial Instructions. The Authority continues to await the DoH approval of the new Partnership Agreement which will replace the current Management Statement and Financial Memorandum (MSFM) in conjunction with the DoH.

The Authority recognises that to deliver its strategic aims, objectives and priorities successfully, it needs sound corporate governance arrangements in place. RQIA's governance framework sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business. As an Arms-Length Body (ALB), the Authority is committed to governance excellence and is accountable to the Minister for Health for its decisions and activities. As an ALB, the Authority's approach to governance is based upon the Seven Principles of Standards in Public Life – the 'Nolan Principles'.

The Authority demonstrates accountability to DoH through:

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

The Governance framework has been operating in full throughout the year. The Authority is ultimately accountable to the Minister for all that RQIA does. In order for RQIA to discharge its responsibilities appropriately and effectively, day-to-day management is delegated to the Chief Executive.

A number of matters, however, remain reserved for the Authority. These include:

- Ensuring that RQIA fulfills its statutory objectives, general functions and duties and appropriately exercises the legal powers vested in it, under the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, the Mental Health Order (Northern Ireland) 1986 and other legislation;

- Determining the overall strategic direction of RQIA within resource limits;
- Supported by the Chief Executive, developing the corporate Strategic Plan and annual Management Plan;
- Monitoring the performance of the Chief Executive and her team, holding them to account for the exercise of their delegated powers and delivery against plans and budgets;
- Promoting and protecting RQIA's values, integrity, and reputation; and
- Ensuring high standards of governance which command the confidence of all of RQIA's staff and stakeholders.

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

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

The Authority has complied fully with its Section 75 Equality and Good Relations duties, including adherence to the arrangements contained in its equality scheme when developing and / or reviewing policies, to include the assessment of its own compliance. The Authority has overseen the completion of RQIA Equality, Good Relations and Disability Duties - Annual Progress Report 2022-23, ensuring compliance with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 and has also approved RQIA's Equality and Disability Action Plans 2023-28, following an extensive public consultation. The Authority has appointed an Authority Member as RQIA's Equality and Disability Champion.

A total of 10 Authority meetings were held during 2023-24. In addition, three Authority workshops took place, addressing strategic issues facing the organisation. Details of attendance are set out below:

Attendance at 2023-24 Authority Meetings and Workshops					
	Authority Meetings (Total 10)	Authority Workshops (Total 3)	Audit & Risk Assurance Committee Meetings (Total 5)	Business, Appointments & Remuneration Committee Meetings (Total 5)	Legislative & Policy Committee Meetings (Total 5)
Christine Collins <i>(Chair)</i>	10 (100%) ~	3 (100%)		1	4
Alphy Maginness	9 (90%)	3 (100%)	5 (100%)		5 (100%) ~
Bronagh Scott*	3 (30%)	0 (0%)	2 (40%)		
Cheryl Lamont	9 (90%)	2 (67%)		5 (100%)	
Mary McIvor	9 (90%)	3 (100%)	5 (100%)		5 (100%)
Nazia Latif	9 (90%)	3 (100%)		4 (80%)	4 (80%)
Neil Bodger**	7 (70%)	0 (0%)	2 (40%) ~		
Sarah Wakfer	9 (90%)	2 (67%)		5 (100%)	5 (100%)
Stuart Elborn	6 (60%)	3 (100%)		4 (80%) ~	

*Contract concluded on 31 January 2024

**Death occurred on 13 April 2024

~ Chair of Authority Committee

There were also three “In Conversation” events for the Authority Members with the Chief Executive in attendance.

The Authority has five Committees, as follows:

Audit and Risk Assurance Committee

The Audit and Risk Assurance Committee, as a Committee of the Authority, assists the Authority in discharging its responsibilities for issues of risk control and governance. The Audit and Risk Assurance Committee reviews the comprehensiveness of assurances in meeting the Authority and Accounting Officer’s assurance needs, and reviews the reliability and integrity of these assurances. The Audit and Risk Committee consists of four Authority Members. The Terms of Reference of the Audit and Risk Assurance Committee are set out in the Standing Orders.

The Audit and Risk Assurance Committee supports the Authority in its oversight and responsibility for risk control and guidance. On behalf of the Authority, and of the Chief Executive as Accounting Officer, the Audit and Risk Assurance Committee considers and reviews the comprehensiveness, reliability and integrity of audit and governance systems and ensures that RQIA meets required standards of financial and statutory probity.

The Committee met five times during 2023-24 in May, June, August, November 2023 and March 2024. The Audit and Risk Assurance Committee deferred completion of the Audit Committee Self-Assessment Checklist to May 2024 due to the Chair’s absence.

Business, Appointments and Remuneration Committee

The Business, Appointments and Remuneration Committee reports to the Authority on the setting and measurement of objectives for the Authority, and the terms and conditions of employment for the staff of the Authority. Its terms of reference are set out in the Standing Orders. The Business, Appointments and Remuneration Committee consists of four Authority Members. The Committee met on five occasions during 2023-24 in May, June, August, November 2023 and February 2024. During 2023-24, the Authority Chair, Christine Collins, also attended the meeting in May 2023.

Legislative and Policy Committee

The Legislative and Policy Committee was established to consider the legislative context that enables RQIA to fulfil its duties and to make recommendations to the Authority in terms of the interpretation, impact and policy aspects of such legislation. It constitutes part of the governance arrangements of the Authority in terms of considering, determining and advising the Authority on legislative and policy issues that are relevant to the role and functions of RQIA, under its founding legislation and other legislation as it applies to the role of RQIA, and as set out in the Department of Health Social Services and Public Safety Framework Document, 2011. The Legislative and Policy Committee consists of four Authority Members. The Committee met on five occasions during 2023-24 in June, September, October, December 2023 and March 2024. During 2023-24, the Authority Chair, Christine Collins, also attended four meetings in June, September, October 2023 and March 2024.

Mental Health Committee

The Mental Health Committee (formerly the Medical Appointments Panel) was re-established in April 2023, as part of a review of the RQIA’s functions and processes under the Mental Health (Northern Ireland) Order 1986. During the year it met 13 times.

This Committee of the Authority, operates with a quorum of two Authority Members, on a rotating basis. Other committee members include RQIA's Medical Lead and Responsible Officer and the Director of Mental Health, Learning Disability, Children's Services and Prison Health (or her designated deputy) is in attendance, with the provision of advice and secretariat services from her Directorate.

Enforcement Committee

The Enforcement Committee meets on an ad hoc basis to consider and take decisions under the 2003 Order in respect of restriction, suspension or cancellation of registration of services registered with RQIA under Part III of the 2003 Order. It is a Committee of the whole Authority, with a quorum of two Authority Members; the Chief Executive (or her designated deputy) is also in attendance and ensures the provision of advice and secretariat services. The Committee met four times during the 2023-24 year.

Chief Executive and EMT Responsibility

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

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

4. Business Planning and Risk Management

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

RQIA's Performance Management and Accountability Framework brings together the corporate Strategic Plan, annual Management Plan, Risk Management Strategy and the Activity Performance and Outcomes Report.

The RQIA corporate Strategic Plan 2022-2028, which focuses on outcomes, was approved by the Authority in March 2023 and includes four strategic objectives of:

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

These are underpinned by three enabling priorities, namely:

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

The status of the actions, measures of success and current financial positions are presented quarterly to the Authority for approval in the Activity Performance and Outcomes Report. This Report enables the Authority to assess how RQIA is performing against the achievement of its strategic objectives.

RQIA continues to operate under its Risk Management Strategy, refreshed and approved by the Authority in March 2024. Updates included sections on risk appetite and a process for de-escalating risks. The Strategy outlines an overall approach to risk management that addresses the current risks facing RQIA in pursuing its strategy, which will also facilitate the effective recognition and management of such risks. The Strategy underwent a comprehensive review by Authority Members at a workshop in January 2024.

The Authority is responsible for setting the risk appetite of the organisation. This informs all RQIA plans which must be consistent with it. RQIA generally has an overall risk appetite of "cautious". This risk tolerance relates to our statutory obligations and the health and safety of all employees, with higher risk tolerances for our strategic, business and individual project objectives, as assessed against an Appetite Matrix. The Authority reviewed the risk appetite statement at its workshop in January 2024.

The diagram below demonstrates how RQIA's corporate Strategic Plan will be delivered through its Risk Management Strategy and Management Plan, which sets out how RQIA intends to deliver its strategic objectives through time-bound business actions and also details how it intends to use the resources at its disposal.

RQIA Performance and Accountability Framework



STRATEGIC PLAN

Priorities For Quality Improvement and Regulation

2022-2028

RQIA Management Plan 2023-24

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent health and social care regulator.

RQIA's relationship with people in Northern Ireland, the Department of Health, HSC bodies, independent health and social care providers and other regulators are driven by RQIA's Duties:

- Keep the Department informed about the provision of health and social care services, in particular their availability and quality;
- Encourage improvement in the quality of those services;
- Protect the interests of those with mental health conditions and learning disabilities; and
- Regulate, inspect, and enforce adherence to regulations and standards for service providers that fall within the scope of RQIA's statutory powers.

RQIA Outcomes 2022-23

Services Registered with RQIA
Inspected 100% of all operational adult care homes at least once
Carried out 201 days of hours inspecting at nursing, residential care and children's homes
Inspected 84% of all Dementia Care, Nursing, and Adult Placement Agencies & Day Care Settings

Services Provided by HSC Trusts
Inspected 9 Adult Hospitals
Reviewed 6 360-degree forms and 1,346 360-degree forms in line with our responsibility under the Mental Health (Care Order) 1986
Inspected across Northern Ireland
Report on the Expert Review of Records of Deceased Patients (Neurology)

Reviews
RQIA Review of the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland
RQIA Review of the implementation of recommendations to prevent Choking Incidents across Northern Ireland
Report on the Expert Review of Records of Deceased Patients (Neurology)

To view RQIA's Strategic Plan 2022-28, scan the QR code below

Whistle-blowing
Do you work for a health and social care body? Do you have concerns about your workplace?
You may make a whistleblowing disclosure to RQIA, in line with our Code of Practice under the Public Interest Disclosure (PID) Order 1998.
Any information given to us is treated as the appropriate person in RQIA, who will decide what action to take next. Further guidance is available on our website: www.rqia.org.uk

Concerns
Do you, your family member or a friend use a health and social care service? Have you concerns about the care provided? We want to hear from you.
You can contact our helpline team and we will provide you with help and advice. Your concern will be reviewed by an RQIA Inspector to determine any risk to you.

This work took:
An annual budget of €9.65m
(€3.25m from CCAI)
€1.15m from registration and annual fees

How to Contact Us

RQIA's headquarters are:
James House,
2-4 Cromac Avenue,
Cromac, Belfast,
BT7 3JA

028 9536 1111
info@rqia.org.uk
www.rqia.org.uk

RQIA Strategic Objectives and Actions 2023-24

RQIA's Core Purpose:
To secure and to improve the safety and quality of health and social care services in Northern Ireland

What we will do in 2023 to achieve our core purpose

Strategic Objectives **Actions to Achieve Outcomes**

SCRUTINY: Register, Inspect, Report and Enforce
We will recruit Inspection Support Volunteers to join our Inspection Teams, so that patients, service users, families and others can more easily share their experience with us.
We will work with people to develop our tools and skills so that we can engage better with people living with dementia and other communication challenges.
We will target our effort on those services that show greatest risk to patient safety, by developing and sharing information in an intelligent and approach.
We will encourage service providers to tell their patients, service users, families, carers and others about their RQIA Inspection findings and what actions they are taking to address issues found.

IMPROVE: Safety and quality of services
We will engage with people to review our inspection methodology, encouraging a culture of openness that improves patient and service user safety.
We will support Public Inquiries by providing information to that enables effective investigation.
We will undertake Reviews that help assess the effectiveness of services and follow up to embed recommendations and learning.
We will contribute to the development of the review of the Serious Adverse Incidents process, collaborating with others to ensure effective involvement in the process of all those affected.

BUILD: Partnerships to strengthen safety
We will develop a Partnership Agreement with the Department of Health to ensure effective delivery of our core purpose.
We will refresh how we take calls and emails from patients, families, the public and service providers; how we deal with their concerns and queries, and provide information on how to contact us.
We will build on our relationships with professional Regulators and share information that help us work better together concerning a shared Emerging Concerns Process.

INFORM: Service Transformation
We will establish a Legislative and Policy Committee to work towards the development of a modernised legislative basis for strength and regulation supporting innovation and good governance in health and social care services. (2023), create and test for publicly allowing new ways of working while keeping people safe through effective and flexible risk based and proportionate regulatory activity.
We will meet with health and social care policy leads, with Commissioners and regulators so that we are informed about issues and plans of other organisations and share our plans.
We will host and participate in events and activities that engage with political, professional and community leaders and the public, to support shared understanding and service change.
We will collate information about the key themes we are finding in our inspections and publish these so that good practice is shared and risks are identified across services.

Produced Annually

Risk Management Strategy 2023-2025

Directorate Area:	Business Services
Policy Author / Changes:	Head of Business Services / Chief Executive
Equality Reviewed:	N/A
State Approved by Audit Committee:	ARAC 7 March 2024
State Approved by Risk Authority:	Authority 28 March 2024
State of Issue to Risk Staff:	Open 18 March 24 to be confirmed
State of Review:	September 2025

Produced Annually

RQIA Activity Performance and Outcome Report: 2023/2024

Quarter 3 (Ending 31 December 2023)

How to Contact Us

RQIA's headquarters are:
James House,
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BT7 3JA

028 9536 1111
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Produced Quarterly




Financial Performance Report

31 January 2024

Produced Monthly

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

EMT has developed a Principal Risk Document (Corporate Risk Register), which is reviewed, updated and reported upon quarterly to the Audit and Risk Assurance Committee.

Directorates within RQIA develop and regularly review directorate specific risk registers, which provide a clear linkage between directorate and corporate risks. These are also considered by the Audit and Risk Assurance Committee.

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

In 2023-24 the RQIA corporate risk register, (“Principal Risk Document”) included nine risks. Each risk added to the Principal Risk Document is assessed to determine the likelihood and impact of the risk occurring and appropriate mitigating actions were agreed with the EMT and Authority.

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

5. Information Risk

Information risk management is an essential part of good governance and good management. As well as being integrated into the risk management processes set out above, there are also a suite of information governance policies and procedures. The Information Governance Policy sets out the overarching information governance framework, supported by a range of more specific policies and procedures dealing with, for example, data protection and confidentiality, Freedom of Information and IT security. These are reviewed every three years.

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

RQIA has a Business Continuity Plan (BCP) which includes actions to be taken in the event of an ICT disaster, including a cyber-security attack. Stage I of this Plan in relation to RQIA’s electronic information system, iConnect and its Web Portal, was successfully tested in March 2023, when the system was taken down during a critical software upgrade and a further desk-top exercise was held in February 2024 to examine the BCP in light of a potential cyber security attack on all electronic mechanisms used by RQIA.

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

There are procedures in place to ensure compliance with the requirements of the General Data Protection Regulation (GDPR), the Data Protection Act (2018), the Freedom of Information (FOI) Act 2000 and Environmental Information Regulations 2004 (EIR). RQIA also achieved substantive compliance with the HSC arrangements post CAS in Information Management and ICT.

The organisation has a nominated Personal Data Guardian, Senior Information Risk Owner, Information Asset Owners and Information Asset Assistants.

All RQIA officers are provided with induction and training in information and ICT policies and procedures and have relevant clauses in their contracts of employment. All staff have access to the information governance policies and procedures through the RQIA intranet. These policies and processes set out the mechanisms to ensure that data used for operational and reporting purposes is managed appropriately by RQIA. All staff are also required to complete the regional HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security / Cyber security.

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 2023-24, RQIA referred two potential data breaches to the Information Commissioners Office (ICO). The ICO investigated these and concluded that the RQIA had fully mitigated the potential risks and no further actions were required.

Information governance reports are brought by the Head of Business Services to ARAC and reported onwards to the Authority. RQIA receives practical information governance support from the BSO, through the SLA, including the services of the Data Protection Officer. RQIA's is represented on the Regional Information Governance Advisory Group by the RQIA Personal Data Guardian, ensuring that RQIA is kept up to date and made aware of all key information governance issues and developments.

RQIA has the following reporting and accountability mechanisms in place:

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

6. Fraud

RQIA takes a zero-tolerance approach to fraud in order to protect and support our key public services. 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 co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel on fraud reporting arrangements. 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. A report on fraud incidents is presented to meetings of the Audit and Risk Assurance Committee.

With the exception of an instance of suspected fraud reported in September 2023 where the Bank reimbursed RQIA in respect of a fraudulent payment taken from the RQIA Bank Account, there have been no acts of fraud or bribery reported during 2023-24.

RQIA has a Whistleblowing Policy and arrangements for its staff in place to raise concerns. Staff working in the health and social care service in Northern Ireland can also contact RQIA to make a protected disclosure about a concern or wrongdoing within a service under the under The Public Interest Disclosure (Northern Ireland) Order 1998. An Authority Member, Sarah Wakfer, has been appointed as Speak Up Champion.

7. Public Stakeholder Involvement

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

As part of our engagement programme, RQIA has met with a range of stakeholder representative groups to discuss our ongoing work. See section on Partnership Working in the Performance Report.

RQIA held a Round Table Event in November 2023, “Speak Up- Regulation in an ‘Open’ Health and Social Care System”, the purpose of which was to listen, reflect, and learn how to improve RQIA’s role relating to patient safety, as the health and social care regulator, enabling and encouraging an ‘open’ health and social care system. Speaking up, both for patients and families, and for staff, is a vital part of securing patient safety and improving service quality. The event brought together senior leaders from across the health and social care services, from professional regulators, commissioners, professional bodies, people from academia and from systems regulation across the UK and Ireland, with service user representatives.

The Chair and Chief Executive also met with the Health Spokespersons of the main political parties to brief them on the work of RQIA and its corporate Strategic Plan, particularly during the time of the NI Assembly’s re-establishment.

The Authority approved the RQIA Communications and Involvement Strategy 2023-2028 in March 2024 and, as part of this Strategy, our Strategic Plan and the Annual Management Plan for 2024-25, we will enhance our engagement and involvement work.

8. Budget Position and Authority

The Budget Act (Northern Ireland) 2024, which received Royal Assent on 14 March 2024, together with the Northern Ireland Spring Supplementary Estimates 2023-24 which were agreed by the Assembly on 9 April 2024, provide the statutory authority for the Executive’s final 2023-24 expenditure plans. The Budget Act (Northern Ireland) 2024 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2024-25 financial year.

9. Assurance

As part of its Governance arrangements, RQIA considers the contents of both its Assurance Framework and Risk Register when identifying possible control issues. 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 Management Plan;
- Internal Audit in BSO has a key role in providing assurance on the effectiveness of the system of internal control within RQIA. 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 BSO to provide human resources, organisational development, equality, internal audit, health and safety facilities, information governance, ICT, finance, procurement and some legal and services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive;
- RQIA relies on the BSO for its financial information; the BSO has provided assurances on a monthly basis on the quality and completeness of this information;
- In relation to the SLA, annual monitoring meetings are held. Meetings are held with the service leads to discuss requirements and feedback about performance provided through the annual customer service questionnaires;
- The Report to those Charged with Governance issued by the external auditor; and
- RQIA's EMT and the Audit and Risk Assurance Committee regularly review an audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports.

The Audit and Risk Assurance Committee and the Business, Appointments and Remuneration Committee also provide oversight on the adequacy and effectiveness of the system of internal control in operation within RQIA and report regularly to the Authority on their work.

RQIA continues to ensure that data quality assurance processes are in place across the range of data coming to the Authority. Information presented to the Authority to support decision-making is initially considered and approved by EMT, as part of the quality assurance process. The Authority is satisfied with the quality of the information received during the year and information presented was sufficient to enable the Authority to fulfil its obligations.

10. Sources of Independent Assurance

External Audit: The Northern Ireland Audit Office

The Northern Ireland Audit Office (NIAO) undertook the financial audit of RQIA. NIAO's approach to the 2023-24 audit was delivered in accordance with the Audit Strategy which was presented to the Audit and Risk Assurance Committee in March 2024.

In her 'Report to Those Charged with Governance' for the year ending 31 March 2024, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements without modification for RQIA.

Internal Audit – Business Services Organisation (BSO)

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

In 2023-24 Internal Audit reviewed the following systems:

Audit	Level of Assurance Received
Financial Review	Satisfactory
Complaints Management	Satisfactory
Inspection: Nursing Homes	Satisfactory
Risk Management	Satisfactory
Intelligence Monitoring	Satisfactory

There were no priority one weaknesses in control identified in relation to the 2023-24 audit programme.

A review of the implementation of previous priority one and priority two Internal Audit recommendations was carried out at mid-year and again at year-end. At year-end, 64 (80%) out of the outstanding 80 recommendations with an implementation date of 31 March 2024 or earlier, were fully implemented and a further 16 (20%) were partially implemented.

Other Assurances

Business Services Organisation (BSO)

The Business Services Organisation (BSO) provides a range of business services to RQIA, as set out in an annually agreed Service Level Agreement, and are monitored through a combination of in-year performance reports and meetings. Additionally, the BSO provides an end of year assurance report, confirming that the BSO has the necessary processes and procedures in place to manage the elements of the service for which the BSO is responsible, and providing assurance that the BSO, as an organisation, is compliant with relevant guidance, regulations and legislation. A number of audits (summarised below) have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan.

The recommendations in these Shared Service audit reports are the responsibility of BSO Management to take forward and the reports have been presented to BSO Governance and Audit Committee. A summary of the reports is presented to the RQIA Audit and Risk Assurance Committee.

Shared Service Audit	Assurance
Recruitment Shared Service Centre	Limited
Payroll Service Centre	Satisfactory: Elementary PSC Processing Limited: Staffing Stability, Impact of Change Requests on Month 10 & Month 11 Payroll, SAP / HMRC RTI Reconciliation, Overpayment Backlog and Closedown Checks and Variance Monitoring
Accounts Payable Shared Services	Satisfactory
Shared Services Accounts Receivable	Satisfactory

RQIA was awarded Investors in People (IiP) Silver during 2021-22 and will undergo reassessment in the Autumn of 2024/2025.

In her annual report, the Head of Internal Audit reported that there is **Satisfactory Assurance** on the adequacy and effectiveness of the organisation's framework of governance, risk management and control, designed to meet the Authority's objectives.

11. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within RQIA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit and Risk Assurance Committee and a plan, to address weaknesses and ensure continuous improvement to the system, is in place.

12. Significant Internal Control Issues

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

None

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

None

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

Issue: Information Technology System: iConnect

The RQIA electronic system, iConnect, completed a software upgrade in March 2023, for which a business case was submitted and approved at end of the last fiscal year. This upgrade has ensured compliance with maintenance and cyber security. In undertaking this upgrade, RQIA also refreshed our business continuity plan / disaster recovery plan for ICT incidents. However, iConnect was developed and implemented in 2014 and is now approaching end of life and requires a full functionality upgrade or a total replacement in order to meet the business needs of the organisation.

Response

To ensure continued support and maintenance of the iConnect System, the contract with the current third party supplier has been extended to 31 August 2026 via a Direct Award Contract (DAC) in accordance with the process set out by and overseen by PaLS Compliance Unit. A full business case is being developed to set out the need for consideration of the procurement of a replacement electronic system. This has been informed to date by a market sounding exercise and engagement with other UK jurisdictions. Digital Healthcare Northern Ireland (DHCNI) has provided support for project management to assist this. The Business Case is expected to be submitted in 2024-2025.

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

Issue: Mental Capacity Act (Northern Ireland) (2016)

In December 2019 the partial implementation of The Mental Capacity Act (Northern Ireland) 2016 (MCA), The Mental Capacity (Deprivation of Liberty) (No2) Regulations 2019 and The Mental Capacity (Money and Valuables) Regulations (Northern Ireland) 2019 came into effect.

The Mental Capacity Act (NI) 2016 is ground-breaking and fundamental legislation that, when fully implemented, will fuse together mental capacity and mental health law for those aged 16 years and over within a single piece of legislation, as recommended by the Bamford Review of Mental Health and Learning Disability. This legislation is amongst the most significant pieces of legislation to be introduced in Northern Ireland in the last 10 years. It confers new responsibilities upon RQIA in exercising specific functions. Depriving a person of their liberty is one of the most serious infringements on a person's human rights. The development and implementation of this role was delayed by the Covid-19 Pandemic response. RQIA has not been allocated resources to enable fulfilling of what RQIA understands to be its role within the Act; and thus RQIA cannot currently meet its statutory functions in respect of this legislation. This represents potential for legal challenge.

Response

A business case was submitted to the DoH in January 2023 establishing the resources RQIA considers are required to fulfil its role under the Mental Capacity Act, as implemented to date.

A response from the DoH, received July 2023, stated that the Department considers that there are no legislative requirements, requiring an action, placed upon RQIA under the MCA legislation. RQIA considers this interpretation is incorrect and has advised the DoH of this. RQIA considers that its primary legislation, (the 2003 Order and the Mental Health Order 1986) require it to act on the receipt of intelligence about the care and treatment of people living with Mental Disorder. The MCA itself established the flow of this intelligence to RQIA, as RQIA already has the authority and duty under its primary legislation to act on this information.

RQIA has responded to the DoH, highlighting the risks of not fulfilling these functions relating to the Deprivation of Liberty (DoLs) and the management and handling of assets of patients of values >£20k. The risk as a result is that vulnerable people could be deprived of their liberty inappropriately or their assets (>£20k) mismanaged. This issue is on the RQIA Principal Risk Register.

Following further discussions with the Director of Mental Health at the DoH and a request to split the submitted Business Case into two parts (DoLs and assets >£20k), RQIA is progressing this. RQIA has spent time seeking to understand how other UK jurisdictions are funded to meet these responsibilities.

The RQIA Authority Chair has also written to the Permanent Secretary, setting out the shortfall of capacity (both in MCA and wider statutory functions) and the associated risks, and discussions have taken place as part of the Accountability meetings. Engagement with the DoH is continuing.

Issue: Registration Processes

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

Response

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

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

An improvement project, overseen by the Chief Executive and Directors at Project Board level, continues to take forward this important work. Detailed reporting is now included in the Activity Performance and Outcomes Report. Progress is limited by capacity. The Chief Executive is considering possible routes to enhance the resource available to registration functions, which applies to services Registered with RQIA (i.e. Care Homes, Dentists, Private Hospitals and others). A full cost Recovery Model is being developed for DoH consideration. In the interim RQIA plans to submit a business case for investment in registration and regulation of private hospitals as a priority, given the significant growth in this sector.

Issue: Muckamore Abbey Hospital Inquiry (MAHI)

RQIA established an Inquiry Legal Team consisting of dedicated lawyer, paralegal services and Counsel in response to the establishment of the Muckamore Abbey Hospital Public Inquiry in October 2021, to ensure a comprehensive response is provided to the needs of the Inquiry. This dedicated Team facilitates the transfer of all the required records, information and testaments, held by the RQIA covering both the period since RQIA was established in 2005, and information transferred to RQIA from the former Mental Health Commission in 2009. RQIA's participation has been supported by independent legal advice and representation through the law firm DWF since November 2022. Funding for this was secured in part via a Business Case approved by the DoH. A module (5) dedicated to the role of RQIA and the MH Commission is now underway and we expect the Inquiry to take further witness evidence from RQIA staff this summer (2024).

Response

The RQIA's Sponsor Branch at the DoH continues to be advised of the significant ongoing resource commitment to support this work going forward in 2024/2025 to ensure that RQIA can effectively meet its legal obligations under the Inquiries Act. RQIA have submitted an addendum to the Business Case for Legal costs anticipated in the 2024/25 year.

Issue: Workforce and Impact upon Inspection Activity

RQIA has been reporting an under-achievement against the statutory frequency of inspections set out for registered services, those identified in Part III of the 2003 Order. This is depicted, for example, in the frequency of planned inspections of registered care homes, whereby The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 requires two Inspections within the 12-month period of all registered Care Homes (there are circa 470 nursing and residential care homes in Northern Ireland). It has been determined through an analysis led by an independent expert that the capacity required to carry out the frequency set in the Regulations exceeds RQIA's current workforce capacity (a Strategic Outline Case, set out the evidence for same).

Accordingly, the Authority has adopted an informed, risk-based approach to inspection coupled with a frequency based approach: planned inspections are carried out (at least one in all Care Homes annually– 98% unannounced) and additional inspections are carried out as a result of an assessment of the risks, based on intelligence RQIA receives from registered Service Providers, through notifications and concerns raised by public, service users and other sources of intelligence.

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

Response

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

This has also led to discussion of the need for an update of the current founding legislation (which dates to 2003) and of the 2005 Fees and Frequency Regulations. Fees for initial registration and annual renewal have not been updated since 2005 and do not give RQIA the opportunity to adjust fees to reflect actual costs of registration, inspection and enforcement, nor do they comply with Chapter 6 of Managing Public Money, which requires the full cost of regulatory activity to be met by the regulated entity.

RQIA is taking forward the ongoing development of an Intelligence led/ risk based Regulation Framework, to bring consistency and transparency to the approach, establishing shared principles underpinning intelligence monitoring and assessment, risk judgement and regulatory response to ensure a robust and consistent approach, enabling use of the available resources to best effect against presenting risks. However, this does not address the current frequency of inspection set out in the 2005 Regulations made by the DoH under the 2003 Order.

There is a risk of legal challenge as the RQIA cannot meet the frequency of inspections required under the 2005 Regulations within its existing resources.

The RQIA Authority Chair followed up with the DoH by writing to the Permanent Secretary providing further clarity on the gap between capacity and legislative demand. This is further exacerbated by the need to identify further savings. A full cost recovery model will be submitted in 2024, for DoH to consider how independent registered services should cover the cost of their registration and regulation. This would release some existing DoH allocated revenue which the RQIA consider could be redirected to enhance regulation and improvement in HSC statutory services.

Issue: Changing Strategic Environment for Health and Social Care Provision, with a particular focus on the Registration of Independent Clinics

Since the creation of the RQIA's founding legislation, delivery mechanisms for health and social care services have developed materially. New services and models for delivery have been introduced that were not available back in 2003 and which were not considered within the legislation. The current legislative base (now more than 20 years old) is not well placed to deal with these challenges, and RQIA is increasingly facing expectations from the public that protective action can and will be taken, when the legislation does not permit this.

In relation to the regulation of the independent healthcare sector, RQIA's historic approach provides a "de facto" exemption from registration (and therefore from regulation) of Independent Medical Clinics, where the doctors providing the service had an established connection of some kind with HSC bodies - either through contracts of employment with one of the Trusts; or by way of a contract with the HSC Board / SPPG, for example as a member of the General Practitioners Performers List.

However, recent considerations through our Legislative and Policy Committee indicate this approach may be challenged. In order to protect patient safety, it is likely that remedial action will be required, through a carefully managed programme to bring Independent Medical Clinics and Agencies into compliance with the legislation. RQIA is currently examining the need to adopt a full cost recovery model for registration, and ongoing regulation, and a need therefore for amendments to the Fees Regulations. This would take account of the major expansion of this field of health services provision.

Response

The RQIA Legislative and Policy Committee is presently considering these issues, which have also been raised by the Chair in Accountability meetings with the DoH and with the Chief Medical Officer. RQIA wrote to the DoH in August 2023, highlighting the implications and scale of this work, with a need to move to a different service model incorporating full cost recovery approach and a number of conversations have been held with the DoH.

In the absence of DoH ability to implement the legislative change (amending Regulations by means of negative resolution procedure) to adopt full cost recovery, RQIA, with assistance from Associates from the HSC Leadership Centre, has established a project to examine the extent of these services and a range of models for full cost recovery. This will refer to the work already undertaken by the DoH in 2014 (McClure Watters Quinquennial Review of RQIA recommending that RQIA's fees structures should be updated); and in 2016 (DoH-led public consultation on the Fees and Frequencies Legislation).

Registration and regulation of independent clinics without implementation of a full cost recovery model would require additional revenue from DoH both in the registration year and recurring, as there is no recurring fee to cover the ongoing cost of inspection and enforcement.

As Accounting Officer I am mindful of the requirements of Chapter 6 of Managing Public Money NI; and its requirement for Full Cost Recovery (including, in the case of regulators, of the ongoing costs of regulation) for services provided by the public sector to the independent sector. Full Cost Recovery is a long-established policy position, with few exceptions.

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

Issue: Health and Social Care Act (Northern Ireland) 2022: Implementation and Consequentials

Since the enactment of the Health and Social Care Act (NI) 2022, with the dissolution of the former HSC Board and the establishment of the Strategic Planning and Performance Group (SPPG) at the DoH, the oversight of those services commissioned directly by the SPPG, including the delivery of primary care services, under Part 4 of the 2003 Order are no longer within the scope of RQIA's regulatory role. RQIA was previously able to examine these services, which were subject to the statutory duty of quality because the HSC Board as the commissioning body (now the new SPPG) was an ALB of the DoH. RQIA also had authority to require the provision of information from the HSC Board. As these functions now sit within DoH, they are exempt both from the duty of quality and from RQIA oversight, and RQIA cannot require the provision of information. This reduces protections available through regulation for service users.

Response

RQIA had written to the DoH to better understand the implications of this reduction in RQIA's regulatory scope. Originally RQIA understood the Department was intending to remedy the situation through use of its powers of Direction. RQIA are now aware this is not possible and there is no recourse to recover these powers without primary legislation.

Issue: Operational Policy Review

RQIA'S policies that relate to regulatory work require to be reviewed and updated to ensure they reflect best practice and have taken account of RQIA responsibilities under Equality Legislation, Disability, Human Rights and opportunity to build good relations.

Response

A Programme of work is underway to scope all policy documents in order to create an updated, populated Policy Library, thus strengthening policy development, adoption and management processes.

Identification of New Issues since reporting in the Mid-Year Assurance Statement

Issue: COVID-19 Public Inquiry

RQIA has been engaging with the COVID-19 Public Inquiry since its inception in 2022 and has submitted responses to the Inquiry under Rule 9 Statements during 2023 (February, August and September 2023). These were in relation to Module 2C (Core UK Decision-making and Political Governance) and Module 3 (Impact of COVID-19 Pandemic on Healthcare Systems in the 4 Nations of the UK). RQIA is also now a Core Participant for Module 6 (Care Sector) and has attended a Preliminary Hearing in March 2024 and is now in the process of preparing the organisational response to the Inquiry's requests under Rule 9. RQIA does not currently have the resource needed for legal support in respect of this Inquiry.

Response

The RQIA's Sponsor Branch at the DoH continues to be advised of the significant ongoing resource commitment to support this work to ensure that RQIA can effectively meet its legal obligations under the Inquiries Act. RQIA has submitted a Business Case for legal costs anticipated in 2024/25. Meanwhile, RQIA has secured procurement advice that the legal firm covering the MAHI Inquiry can be awarded a contract for COVID-19, using the Direct Award Contract (DAC) process.

13. Conclusion

RQIA has a rigorous system of accountability, which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI). Further to considering the accountability framework within RQIA, I have taken into consideration the overall satisfactory assurance provided by the Head of Internal Audit. I have sought assurance from the Executive Management Team that, where significant findings have identified weaknesses in established controls, appropriate mitigations and action plans are in place to address audit recommendations and improve internal controls. On this basis I am content with the operation of this system of internal governance during the period 2023-24.



Briege Donaghy
Chief Executive
4 July 2024

REMUNERATION REPORT

Scope of the Report

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

The Business, Appointments and Remuneration Committee

The Authority of RQIA, as set out in its Standing Orders, has delegated certain functions to the Business, Appointments and Remuneration Committee (BARC). During 2023-24, the membership of this committee was as follows:

BARC Members 1 April 2023 to 31 March 2024
Authority Member
Stuart Elborn (Chair)
Cheryl Lamont
Nazia Latif
Sarah Wakfer

The RQIA Chief Executive, the Head of Corporate Affairs and the Head of Business Services are in attendance at Committee meetings. The Committee met on five occasions during 2023-24 in May, June, August, November 2023 and February 2024. Stuart Elborn was the Chair during this period. During 2023-24, the Authority Chair, Christine Collins, attended the May meeting.

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

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

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

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

REMUNERATION REPORT

Senior employees' Remuneration (Audited)

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

Single total figure of remuneration								
Non-Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23
Christine Collins	20-25	20-25	-	-	-	-	20-25	20-25
Suzanne Rice**	0-5	5-10	-	-	-	-	0-5	5-10
Neil Bodger	5-10	5-10	-	-	-	-	5-10	5-10
Stuart Elborn	5-10	5-10	-	-	-	-	5-10	5-10
Bronagh Scott*	5-10	5-10	-	-	-	-	5-10	5-10
Jacqueline McGarvey	0-5	5-10	-	-	-	-	0-5	5-10
Dr Mary McIvor***	5-10	0-5	-	-	-	-	5-10	0-5
Dr Nazia Latif***	5-10	0-5	-	-	-	-	5-10	0-5
Mr Alphonsus Maginness***	5-10	0-5	-	-	-	-	5-10	0-5
Mrs Sarah Wakfer***	5-10	0-5	-	-	-	-	5-10	0-5
Ms Cheryl Lamont***	5-10	0-5	-	-	-	-	5-10	0-5

*Bronagh Scott completed her extended term as an Authority Member on 31 January 2024

**Suzanne Rice was awarded back-dated pay in respect of service in previous years and no longer sits on RQIA's Authority. This Member resigned from the Authority on 31 January 2023

***These Members were appointed on 1 February 2023

Single total figure of remuneration								
	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23
Executive Members								
Briege Donaghy (i)	105-110	100-105	-	-	24	37	130-135	135-140
Elaine Connolly (ii)	75-80	70-75	-	-	19	45	95-100	115-120
Lynn Long (iii)	75-80	70-75	-	-	60	41	135-140	110-115
Emer Hopkins (iv)	80-85	70-75	-	-	18	30	95-100	100-105

(i) Briege Donaghy, Chief Executive from 1 July 2021

(ii) Elaine Connolly, Director of Adult Care Services from 1 January 2022

(iii) Lynn Long Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare from 1 December 2021

(iv) Emer Hopkins, Director of Hospital Services, Independent Healthcare, Reviews and Audit from 1 December 2021

REMUNERATION REPORT

Remuneration Policy

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

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

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

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

Contracts

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

Authority Members contracts are made on a fixed term basis of up to a period of four years, with the option of a single further extension for a period of up to four years.

Senior Executives: Dates of Appointment

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

Notice Periods

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.

Retirement Age

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

Salary

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

Retirement Benefit Costs

RQIA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme, both RQIA and employees pay specified percentages of pensionable pay into the scheme and the liability to pay benefit falls to the DoH. RQIA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for DoH.

The costs of agreed early retirements are met by RQIA and charged to the Statement of Comprehensive Net Expenditure at the time RQIA commits itself to the retirement. Employee contributions are determined by the level of pensionable earnings. The following table sets out member contribution rates that apply from 1 November 2022. Following implementation of the 2023-24 Agenda for Change pay award due in 2024-25, these contribution rates will be amended accordingly in line with scheme regulation requirements. The employee contribution rates at 31 March 2024 are as follows for members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	Contribution Rate 2023-24 (phase 1)
Up to £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%
£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10.0%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

With effect from 1 April 2022, all active members of the HSC Pension Scheme transitioned to the new 2015 HSC Pension Scheme. For those members who were previously in the legacy schemes, the 1995 and 2008 sections, the benefits they had accrued on those schemes will remain with them and are fully protected until they retire. The McCloud judgement found that the transitional protection offered to members when their schemes were reformed was discriminatory on grounds of age. In light of this decision, the government agreed to provide remedy to eligible members across the main public sector schemes. Those affected by the McCloud remedy and retiring after 1 October 2023 will be asked to make a choice about some of their pension benefits as part of their retirement process.

Senior Executives Pension Entitlements (Audited)

The pension entitlements of RQIA senior executives are as follows:

Name	Accrued pension at pension age as at 31/3/24 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/24 £000	CETV at 31/03/23 £000	Real increase in CETV £000s
Senior Executives					
Briege Donaghy	50-55 Plus lump sum 145-150	0-2.5 Plus lump sum of 0-2.5	1,310	1,238	72
Emer Hopkins	20-25 Plus lump sum 35-40	0-2.5 Plus lump sum of 0-2.5	410	326	84
Lynn Long	20-25 Plus lump sum 30-35	0-2.5 Plus lump sum of 40-45	379	311	68
Elaine Connolly	30-35 Plus lump sum 60-65	0-2.5 Plus lump sum of 0-2.5	689	604	85

The CETV figures at 31 March 2024 and at 31 March 2023 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 Business, Appointments and Remuneration Committee considers and agrees the policy for the remuneration of the Chief Executive and directors for current and future years on an annual basis.

Diversity and Inclusion

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

Fair Pay Statement (Audited):

Fair Pay	2023-24	2022-23
Band of Highest Paid Director's Total Remuneration (£000s):	105-110	100-105
25 th Percentile Total Remuneration (£)	29,101	23,949
Median Total Remuneration (£)	47,160	43,806
75 th Percentile Total Remuneration (£)	52,589	47,672
Ratio (25 th /Median/75 th)	3.7/2.3/2.0	4.3/2.3/2.1
Range of Staff Remuneration	£8k-108k	£7k-102k

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

The banded remuneration of the highest-paid director in RQIA in the financial year 2023-24 was £105-110k (2023; £100-105k). This was 3.7 times (2023; 4.3) the 25th percentile remuneration of the workforce, which was £29,101 (2023; £23,949), 2.3 times (2023; 2.3) the median remuneration of the workforce, which was £47,160 (2023; £43,806) and 2.0 times (2023; 2.1) the 75th percentile remuneration of the workforce, which was £52,589 (2023; £47,672). In 2023-24, 0 (2022-23; 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £8k to £108k (2023: £7k to £102k). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

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

Percentage change for:	2023-24 Vs 2022-23
Average employee salary and allowances*	8.22%
Highest paid director's salary and allowances	5.57%

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

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

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

Exit package cost band	Number of compulsory 2024	Number of compulsory 2023	Number of other departures 2024	Number of other departures 2023	Total number of exit packages 2024	Total number of exit packages 2023
<£10,000	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-
£100,001- £125,000	-	-	-	-	-	-
Total number exit packages by type	-	-	-	-	-	-
Total resource cost £000's	-	-	-	-	-	-

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

The table above shows the total exit cost of exit packages agreed and accounted for in 2023-24 and 2022-23. £nil exit costs were paid in 2023-24, the year of departure (2022-23 £nil).

Where the RQIA has agreed early retirements, the additional costs are met by the RQIA and not by the HSC pension scheme. During 2023-24 there were no early retirements (2022-23 there were no early retirements) from RQIA agreed on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements in 2023-24 was £nil (2022-23 £nil). These costs are borne by the HSC Pension Scheme.

STAFF REPORT

Staff Costs (Audited)	2023-24			2022-23
	Permanently employed staff	Others	Total	Total
Wages and Salaries	6,227,511	69,583	6,297,094	5,814,384
Social Security Costs	691,315	-	691,315	597,738
Other Pension Costs	1,266,019	-	1,226,019	1,087,880
Sub-Total	8,184,845	69,583	8,254,428	7,500,002
Capitalised staff costs	-	-	-	-
Total Staff costs reported in Statement of Comprehensive Expenditure	8,184,845	69,583	8,254,428	7,500,002
Less Recoveries in respect of outward secondments	233,572	-	233,572	257,096
Total Net Costs	7,951,273	69,583	8,020,856	7,242,906

Staff costs have been disclosed in Note 3 (page 105).

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

	2023-24			2022-23
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Administrative and clerical	132*	5	137	142
Total average number of persons employed	-	-	-	-
Less average staff number relating to capitalised staff costs	-	-	-	-
Less average staff number in respect of outward secondments	(1)	-	(1)	(2)
Total net average number of persons employed	131	5	136	140

The staff numbers disclosed as Others in 2023-24 relate to temporary members of staff.

*Staff numbers exclude Non Executive Members and the Chairperson.

As at 31 March 2024, there were 132 staff in post (124.61 whole time equivalent including those on temporary contracts), excluding Authority Members, bank and agency staff. The staff composition, by headcount, is as follows:

	Number of Staff (Headcount)	Male		Female	
		No.	%	No.	%
Directors and Chief Executive	4	0	0	4	100
Employees	128	32	25%	96	75%

Staff Turnover

During 2023-24, there was a staff turnover of 5.76%, with 12 members of staff leaving RQIA through retirement or taking up new opportunities.

Sickness Absence

During 2023-24, there was a cumulative staff absence rate of 7.01% against a regional key performance indicator of 4.45%, set for RQIA by DoH.

Staff Policies

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

Training and Development

RQIA values its staff and is committed to enhancing their skills and improving their contribution to the organisation's goals. Individuals are encouraged to complete a Personal Development Plan (PDP) as part of the appraisal process. Overall, needs are focused on service delivery with outcomes that relate to performance against business / action plan goals and the organisation's objectives. Every staff member receives a formal induction to RQIA upon commencing employment. The induction provides the new start with a comprehensive introduction to the organisation, including governance and management structure, RQIA's objectives, values and principles as well as the strategic objectives for the future.

Disability

RQIA has a Disability Action Plan setting out its commitment to promoting positive attitudes towards disabled people and encouraging participation by disabled people in public life. Following a public consultation from April to July 2023, in September 2023 RQIA published its Disability Action Plan for the period 2023 to 2028.

Consultancy

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

Off Payroll Engagements

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

ACCOUNTABILITY AND AUDIT REPORT

Regularity of Expenditure (Audited)

RQIA developed a budget that supported the work of its strategic objectives during 2023-24 with the Chief Executive as Accounting Officer, responsible for the propriety and regularity of funding to support the organisation's objectives. The Chief Executive discharges these responsibilities through a governance framework which is reviewed and on which annual independent assurances are obtained. RQIA has processes, procedures and controls in place to endeavour to ensure that the expenditure and income reported for the year ended 31 March 2024 has been applied to the purposes intended by the Northern Ireland Assembly and that transactions conform to the authorities which govern them. RQIA has an Authorisation Framework in place, which sets out the delegated authority for non-pay expenditure, setting out who is authorised to place requisitions for the supply of goods and services and the maximum level of each requisition.

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

RQIA's Finance Advisor and its Head of Business Services, supported by the Business Services Organisation, ensure that expenditure is in accordance with regulations and all necessary authorisations have been obtained.

i. Losses and Special Payments (Audited)

Losses Statement

Losses statement	2023-24		2022-23
	Number of Cases	£000	£000
Total number of losses	15		-
Total value of losses		3.5	-

Individual losses over £300,000	2023-24		2022-23
	Number of Cases	£	£
Cash losses	-	-	-
Claims abandoned	-	-	-
Administrative write-offs	-	-	-
Fruitless payments	-	-	-
Stores losses	-	-	-

Special payments	2023-24		2022-23
	Number of Cases	£000	£000
Total number of special payments	-		-
Total value of special payments		-	-

Special Payments over £300,000	2023-24		2022-23
	Number of Cases	£	£
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
Total special payments	-	-	-

Other Payments (Audited)

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

ii Fees and Charges (Audited)

There were no other fees and charges during the year.

iii Remote Contingent Liabilities (Audited)

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



Briega Donaghy
Chief Executive
4 July 2024

CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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

Opinion on financial statements

I certify that I have audited the financial statements of The Regulation and Quality Improvement Authority for the year ended 31 March 2024 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The financial statements comprise: The Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

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

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

In my opinion the financial statements:

- give a true and fair view of the state of The Regulation and Quality Improvement Authority's affairs as at 31 March 2024 and of The Regulation and Quality Improvement Authority's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate.

My staff and I are independent of The Regulation and Quality Improvement Authority in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

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

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

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

Other Information

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

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

I have nothing to report in this regard.

Opinion on other matters

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

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

Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or

- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Board and Accounting Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to The Regulation and Quality Improvement Authority through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 as amended and Department of Health directions issued thereunder and any other relevant laws and regulations identified;
- making enquires of management and those charged with governance on The Regulation and Quality Improvement Authority's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;

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

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

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

Report

I have no observations to make on these financial statements.



Dorinnia Carville
 Comptroller and Auditor General
 Northern Ireland Audit Office
 106 University Street
 BELFAST
 BT7 1EU
 31 July 2024

SECTION 3

**ANNUAL ACCOUNTS FOR
YEAR ENDED 31 MARCH 2024**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

FOREWORD

The accounts for the year ended 31 March 2024 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting Manual (FRM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

CERTIFICATE OF THE CHAIR AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 91-121) 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.



_____ Chief Executive

4 July 2024

_____ Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 91-121) as prepared in accordance with the above requirements have been submitted to and duly approved by the Authority.



_____ Chair

4 July 2024

_____ Date

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2024

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	2024 £	2023 £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	1,167,514	1,131,697
Deferred income	4.3	-	-
Total operating income		1,167,514	1,131,697
Expenditure			
Staff costs	3	(8,254,428)	(7,500,002)
Purchase of goods and services	3	(1,160,078)	(1,251,848)
Depreciation, amortisation and impairment charges	3	(354,399)	(284,609)
Provision expense	3	(156,700)	(25,917)
Other expenditure	3	(543,713)	(590,526)
Total operating expenditure		(10,469,318)	(9,652,902)
Net Expenditure		(9,301,804)	(8,521,205)
Finance income	4	-	-
Finance expense	3	-	-
Net expenditure for the year		(9,301,804)	(8,521,205)
Adjustment to net expenditure for non cash items	22.1	538,599	329,725
Net expenditure funded from RRL		(8,763,205)	(8,191,480)
Revenue Resource Limit	22.1	8,777,076	8,201,124
Surplus/(Deficit) against RRL		13,871	9,644
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2024 £	2023 £
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	-	-
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 2024		(9,301,804)	(8,521,205)

The notes on pages 95-121 form part of these accounts.

STATEMENT of FINANCIAL POSITION as at 31 March 2024

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

	NOTE	2024		2023	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	120,044		145,668	
Intangible assets	6.1/6.2	113,314		389,189	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
Total Non Current Assets			233,358		534,857
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	60,268		109,228	
Other current assets	13	50,799		56,876	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	53,033		15,132	
Total Current Assets			164,100		181,236
Total Assets			397,458		716,093
Current Liabilities					
Trade and other payables	14	(1,627,223)		(1,234,485)	
Other liabilities	14	-		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	(136,196)		(38,219)	
Total Current Liabilities			(1,763,419)		(1,272,704)
Total assets less current liabilities			(1,365,961)		(556,611)
Non Current Liabilities					
Provisions	15	(124,076)		(65,353)	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			(124,076)		(63,353)
Total assets less total liabilities			(1,490,037)		(621,964)
Taxpayers' Equity and other reserves					
Revaluation reserve		6,893		3,102	
SoCNE Reserve		(1,496,930)		(625,066)	
Total equity			(1,490,037)		(621,964)

The financial statements on pages 91-94 were approved by the Authority on 4 July 2024 and were signed on its behalf by:



Briega Donaghy, Chief Executive



Christine Collins, MBE, Chair

The notes on pages 95-121 form part of these accounts.

STATEMENT of CASH FLOWS for the year ended 31 March 2024

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	2024 £	2023 £
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(9,301,804)	(8,521,205)
Adjustments for non cash costs	3	538,599	329,725
Decrease/(increase) in trade and other receivables		55,037	26,333
<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		392,738	(13,224)
<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		149,520	251,338
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	(3,621)
Net cash inflow/(outflow) from operating activities		(8,165,910)	(7,930,654)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(124,082)	-
(Purchase of intangible assets)	6	(74,547)	(493,476)
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		(198,629)	(493,476)
Cash flows from financing activities			
Grant in aid		8,402,440	8,419,223
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		8,402,440	8,419,223
Net increase (decrease) in cash & cash equivalents in the period		37,901	(4,907)
Cash & cash equivalents at the beginning of the period	12	15,132	20,039
Cash & cash equivalents at the end of the period	12	53,033	15,132

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2024

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 2022		(542,284)	3,102	(539,182)
Changes in Taxpayers Equity 2022-23				
Grant from DoH		8,419,223	-	8,419,223
(Comprehensive expenditure for the year)		(8,521,205)	-	(8,521,205)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	19,200	-	19,200
Balance at 31 March 2023		(625,066)	3,102	(621,964)
Changes in Taxpayers Equity 2023-24				
Grant from DoH		8,402,440	-	8,402,440
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(9,301,804)	-	(9,301,804)
Transfer of asset ownership		-	3,791	3,791
Non cash charges - auditors remuneration	3	27,500	-	27,500
Balance at 31 March 2024		(1,496,930)	6,893	(1,490,037)

The notes on pages 95-121 form part of these accounts

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Regulation and Quality Improvement Authority (RQIA) for the purpose of giving a true and fair view has been selected. The particular policies adopted by the RQIA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

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

1.1 Accounting convention

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

1.2 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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

Valuation of Land and Buildings

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.3 Depreciation

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which RQIA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

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

Impairment loss

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

1.4 Subsequent expenditure

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

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

1.5 Intangible assets

Intangible assets include any of the following held - software, licences trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible non-current asset.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of RQIA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, RQIA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

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

1.6 Non-current assets held for sale

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

1.7 Inventories

RQIA does not hold any inventories.

1.8 Income

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

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

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

Income is stated net of VAT.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

1.9 Grant in aid

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

1.10 Investments

RQIA does not have any investments.

1.11 Research and Development expenditure

RQIA does not have any research and development expenditure.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.13 Leases

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

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

Short term leases

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

Lease agreements which contain a purchase option cannot qualify as short-term. Examples of short term leases are software leases, specialised equipment, hire cars and some property leases.

Low value assets

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

Separating lease and service components

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

RQIA as lessee

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

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

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

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the ALB's surplus/deficit.

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

Subsequent measurement

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

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

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

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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

Depreciation

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

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

Leased assets under construction must also be depreciated.

RQIA as lessor

RQIA does not act as a lessor.

1.14 Private Finance Initiative (PFI) transactions

The RQIA has had no PFI transactions during the year.

1.15 Financial instruments

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

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

Financial assets

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

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

Financial assets are classified into the following categories:

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

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

Financial liabilities

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

Financial risk management

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

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

Currency risk

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

Interest rate risk

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

Credit risk

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

Liquidity risk

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

1.16 Provisions

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

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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

1.17 Contingent liabilities/assets

RQIA had no contingent liabilities or assets at either 31 March 2024 or 31 March 2023.

1.18 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2024. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to RQIA and has not been included.

Retirement benefit costs

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

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2023-24 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation

1.19 Value Added Tax

RQIA, as a non-departmental public body, cannot recover VAT incurred through the central VAT agreement. VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.20 Third party assets

RQIA does not hold material assets belonging to third parties.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

1.21 Government Grants

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

1.22 Losses and Special Payments

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

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

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

1.23 Charitable Trust Account Consolidation

RQIA held no charitable trust accounts at 31 March 2024 or 31 March 2023.

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

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

IFRS 17 Insurance Contracts:

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

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

IFRS 18 Presentation and Disclosure in Financial Statements:

IFRS 18 Presentation and Disclosure in Financial Statements was issued in April 2024, replaced IAS 1 Presentation of Financial Statements, and is effective for accounting periods beginning on or after 1 January 2027. IFRS 18 will be implemented, as interpreted and adapted for the public sector if required, from a future date (not before 2027-28) that will be determined by the UK Financial Reporting Advisory Board in conjunction with HM Treasury following analysis of this new standard.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

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

NOTE 3 EXPENDITURE

	2024	2023
	£	£
Operating expenses are as follows:-		
Staff costs: ¹		
Wages and Salaries	6,297,094	5,814,384
Social security costs	691,315	597,738
Other pension costs	1,266,019	1,087,880
Supplies and services – general	14,536	37,144
Establishment	147,907	158,591
Premises ²	204,006	88,279
Bad debts	2,549	3,154
Rentals under operating leases ²	-	138,855
Miscellaneous expenditure	137,422	151,603
BSO Services	633,128	547,771
Training	24,329	30,845
ICT Maintenance	95,757	56,633
ICT Hardware and Software	23,276	14,991
Staff Substitution	393,381	595,309
Total Operating Expenses	<u>9,930,719</u>	<u>9,323,177</u>
Non cash items		
Depreciation	57,603	33,660
Amortisation	296,796	250,949
Loss on disposal Information Technology (IT)	-	(1)
Increase/Decrease in provisions (provisions provided for in year less any release)	156,700	25,917
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Auditors Remuneration	27,500	19,200
Total non cash items	<u>538,599</u>	<u>329,725</u>
Total	<u><u>10,469,318</u></u>	<u><u>9,652,902</u></u>

¹ Further detailed analysis of staff costs is located in the Staff Report on page 80 within the Accountability Report.

² During 2022/23 RQIA had rentals under operating leases in relation to the lease of premises at Victoria House which ceased 28th February 2023. In March 2023 RQIA entered a licence agreement for the use of premises at James House & the costs associated with the licence agreement in 2023/24 are included under Premises.

During the year the RQIA purchased no non audit services from its external auditor (NIAO) (2022/23: £Nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 4 INCOME

4.1 Income from Activities

The RQIA did not receive income from activities in 2023-24 and 2022-23.

4.2 Other Operating Income

	2024	2023
	£	£
Other income from non-patient services	19,063	23,079
Other income from fees levied on registered bodies	914,879	851,522
Seconded staff	233,572	257,096
	<hr/>	<hr/>
TOTAL INCOME	1,167,514	1,131,697

4.3 Deferred income

The RQIA had no income released from conditional grants in 2023-24 and 2022-23.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 5.1 Property, plant and equipment - year ended 31 March 2024

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2023	-	-	260,329	-	260,329
Indexation	-	-	-	-	-
Additions	-	-	28,188	-	28,188
Transfers	-	-	5,795	-	5,795
Disposals	-	-	(80,638)	-	(80,638)
At 31 March 2024	-	-	213,674	-	213,674

Depreciation

At 1 April 2023	-	-	114,661	-	114,661
Indexation	-	-	-	-	-
Transfers	-	-	2,004	-	2,004
Disposals	-	-	(80,638)	-	(80,638)
Provided during the year	-	-	57,603	-	57,603
At 31 March 2024	-	-	93,630	-	93,630

	Assets under Construction	Plant and Machinery (Equipment)	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Carrying Amount					
At 31 March 2024	-	-	120,044	-	120,044
At 31 March 2023	-	-	145,668	-	145,668

Asset financing

Owned	-	-	120,044	-	120,044
Carrying Amount At 31 March 2024	-	-	120,044	-	120,044

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 2024

NOTE 5.2 Property, plant and equipment - year ended 31 March 2023

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

Depreciation

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

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

Asset financing

Owned	-	-	145,668	-	145,668
Carrying Amount At 31 March 2023	-	-	145,668	-	145,668

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 6.1 Intangible assets - year ended 31 March 2024

	Software Licenses £	Information Technology £	Asset under Construction £	Total £
Cost or Valuation				
At 1 April 2023	445,750	613,934	-	1,059,684
Additions	12,335	8,586	-	20,921
Reclassification	-	-	-	-
Transfers	-	-	-	-
At 31 March 2024	458,085	622,520	-	1,080,605

Amortisation

At 1 April 2023	245,321	425,174	-	670,495
Provided during the year	201,612	95,184	-	296,796
At 31 March 2024	446,933	520,358	-	967,291

	Software Licenses £	Information Technology £	Asset under Construction £	Total £
Carrying Amount				
At 31 March 2024	11,152	102,162	-	113,314
At 31 March 2023	200,429	188,760	-	389,189

Asset Financing

Owned	11,152	102,162	-	113,314
Carrying Amount At 31 March 2024	11,152	102,162	-	113,314

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 2024

NOTE 6.2 Intangible assets - year ended 31 March 2023

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

Amortisation

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

Carrying Amount

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

Asset Financing

Owned	200,429	188,760	-	389,189
Carrying Amount At 31 March 2023	200,429	188,760	-	389,189

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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 2024 or 31 March 2023.

NOTE 9 IMPAIRMENTS

RQIA had no impairments in 2023-24 or 2022-2023.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale at either 31 March 2024 or 31 March 2023.

NOTE 11 INVENTORIES

RQIA did not hold any inventories for resale at either 31 March 2024 or 31 March 2023.

NOTE 12 CASH AND CASH EQUIVALENTS

	2024	2023
	£	£
Balance at 1 April	15,132	20,039
Net change in cash and cash equivalents	37,901	(4,907)
	-	-
Balance at 31 March	53,033	15,132

The following balances at 31 March were held at

	2024	2023
	£	£
Commercial Banks and cash in hand	53,033	15,132
	-	-
Balance at 31 March	53,033	15,132

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2024 £	2023 £
Amounts falling due within one year		
Trade receivables	34,959	18,667
Other receivables – VAT receivable	(99)	-
Other receivables	25,408	90,561
TOTAL TRADE AND OTHER RECEIVABLES	60,268	109,228
Prepayments	50,799	56,876
Accrued income	-	-
TOTAL OTHER CURRENT ASSETS	50,799	56,876
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	111,067	166,104

The balances are net of a provision for bad debts of £Nil (2022-23: £Nil).

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2024 £	2023 £
Amounts falling due within one year		
Other taxation and social security	468,800	408,006
Trade capital payables – property, plant and equipment and intangibles	-	149,520
Trade revenue payables	118,132	146,861
Payroll payables	465,408	392,599
BSO payables	220	-
Other payables	-	-
Accruals	574,663	137,499
Accruals and deferred income - relating to property, plant and equipment	-	-
Accruals and deferred income - relating to intangibles	-	-
Trade and other payables	1,627,223	1,234,485
Total payables falling due within one year	1,627,223	1,234,485
Amounts falling due after more than one year	-	-
Total non-current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	1,627,223	1,234,485

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2023-24

Provisions have been made for 3 types of potential liability: Clinical Negligence, Employment Law and Holiday Pay and Senior Executive Pay Award

Clinical Negligence

For the Clinical Negligence provision RQIA has estimated an appropriate level of provision based on professional legal advice. A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022. The total is estimated at £41,840 for RQIA.

PSNI Holiday and sick pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and the decision was handed down in October 2023 in favour of the claimant. The HSC working group considering resolution of the liability has indicated that any solution will be more than 12 months away as it will require system change. The holiday pay provision has been estimated to include the new period of backdating although there remains some significant uncertainty around the estimate due to: 1) Outstanding central legal advice; 2) Lack of accessible data for historic years; 3) Outstanding Trade Union discussions. The total is estimated at £124,076 for RQIA.

Senior Executives Pay

A number of staff have challenged the banding of their job and RQIA has reflected any anticipated liability as a mix of accruals and provisions on the basis of actions and outcomes in-year in individual cases and their consequential impacts. Senior HSC Executives raised a legal challenge to their pay arrangements and the additional potential costs were accrued at 31 March 2023.

Whilst RQIA maintains the accounting treatment applied to these cases in 2022-23 was appropriate given the information available at the time, this has been reviewed for 2023-24. In particular, it has become clear that the issue of Senior Executive Pay will not now be resolved as swiftly as anticipated previously.

Given the level of uncertainty around the timing of some liabilities has increased, it is therefore deemed more appropriate to treat them as a provision under IAS 37 at 31 March 2024. The best estimate of the value of the liability is still considered to be in line with the principles set out in the original accounting treatment, with discounting to present value applied as appropriate. The total is estimated as £94,356 for RQIA.

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2024
	£	£	£	£	£	£
Balance at 1 April 2023	-	-	38,219	-	65,353	103,572
Provided in year	-	-	3,621	-	153,079	156,700
(Provisions not required written back)	-	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-	-
Cost of borrowing (unwinding of discount)	-	-	-	-	-	-
At 31 March 2024	-	-	41,840	-	218,432	260,272

¹ Other provided in year relates to Senior Executive Pay Award Provision of £94,356 & £58,723 relates to increase in PSNI Holiday Pay Provision.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2024
	£	£	£	£	£	£
Not later than one year	-	-	41,840	-	94,356	136,196
Later than one year and not later than five years	-	-	-	-	124,076	124,076
Later than five years	-	-	-	-	-	-
At 31 March 2024	-	-	41,840	-	218,432	260,272

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2022-23

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	CSR restructuring	Other	2022
	£	£	£	£	£	£
Not later than one year	-	-	38,219	-	-	38,219
Later than one year and not later than five years	-	-	-	-	65,353	65,353
Later than five years	-	-	-	-	-	-
At 31 March 2023	-	-	38,219	-	65,353	103,572

NOTE 16 CAPITAL COMMITMENTS

RQIA had no capital commitments at either 31 March 2024 or 31 March 2023.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

In February 2023, the RQIA moved into James House, a Department of Finance owned building in the Gasworks site, Ormeau Road, Belfast. RQIA's accommodation arrangements are in the form of a license Agreement for an initial period of 5 years at a cost of £1 per annum if requested, after which the license can be renewed.

The license does not confer any tenancy upon the licensee (RQIA) and possession of the premises is retained by the licensor and accordingly is outside the scope of IFRS 16.

17.2 Finance Leases

RQIA had no finance leases at either 31 March 2024 or 31 March 2023.

17.3 Operating Leases

RQIA did not issue any operating leases at either 31 March 2024 or 31 March 2023.

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 2024 or 31 March 2023.

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 2024 or 31 March 2023

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 19 CONTINGENT LIABILITIES

Quantifiable Contingent Liabilities

The RQIA did not have any quantifiable contingent liabilities at 31 March 2024 or 31 March 2023.

Unquantifiable Contingent Liabilities

Employment Tribunals

HSC are aware of employment tribunal cases being lodged by Trade Unions on behalf of a number of their members. A single test case is underway. However, based on information received to date it has not been possible to establish whether the HSC has a liability in this regard, or if so, what any quantum would be. This matter will be kept under close review as the case progresses during 2024-25.

Holiday Pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement. A provision has been calculated by HSC management for the liability at 31 March 2024, based on the position in the NHS in England, Scotland and Wales, and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outstanding Supreme Court judgement and will have to be agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

Public Sector Pensions-Injury to Feelings Claim

The Department of Finance (DoF) is a named Respondent in a class action affecting employers across the public sector and is managing claims on behalf of the Northern Ireland Civil Service (NICS) Departments. This is an extremely complex case and may have significant implications for the NICS and the wider public sector. However, the cases are at a very early stage of proceedings and until there is further clarity on the potential scope and impact, a reliable estimate of liability cannot be provided.

Pending legal case

RQIA has 3 ongoing legal cases. One of the cases is due to be settled in the coming months when it will be established if RQIA has a liability. The other 2 cases are in early stages, and based on information received to date it has not been possible to establish whether RQIA has a liability in these matters, or if so, what the quantum would be. This matter will be kept under close review as the case progresses during 2024-25.

19.1 Financial guarantees, indemnities and letters of comfort

RQIA did not have any financial guarantees, indemnities or letters of comfort at either 31 March 2024 or 31 March 2023.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 20 RELATED PARTY TRANSACTIONS

RQIA is an arm's length body of the Department of Health and as such the Department is a related party.

During the 2023-24 year RQIA has had various material transactions with the DoH and with other entities for which the DoH is regarded as the parent department, particularly with the Business Services Organisation (BSO) which provides financial, human resources, procurement, legal, IT and corporate services to RQIA through Service Level Agreements.

During the year, none of the Authority members, members of the key management staff or other related parties have undertaken any material transactions with RQIA.

NOTE 21 THIRD PARTY ASSETS

RQIA held no assets at either 31 March 2024 or 31 March 2023 belonging to third parties.

NOTE 22 FINANCIAL PERFORMANCE TARGETS

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

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

Following the implementation of review of Financial Process, the format of Financial Performance Targets has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. In 2023-24 RQIA has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL. RQIA has also remained within the 2022-23 materiality threshold limit.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

22.1 Revenue Resource Limit

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

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

	2024 £	2023 £
Revenue Resource Limit (RRL)		
RRL Allocated From:	-	-
DoH (SPPG)	8,777,076	8,201,124
DoH (Other)	-	-
PHA	-	-
Other	-	-
Total	8,777,076	8,201,124
Less RRL Issued To:		
RRL Issued	-	-
RRL to be Accounted For	8,777,076	8,201,124
 Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	(9,301,804)	(8,521,205)
Adjustments		
Capital Grants	-	-
Research and Development under ESA10	-	-
Depreciation/Amortisation	354,399	284,609
Impairments	-	-
Notional Charges	27,500	19,200
 Movements in Provisions	156,700	25,916
PPE Stock Adjustment	-	-
PFI and other service concession arrangements/ IFRIC	-	-
Profit/(loss) on disposal of fixed asset	-	-
Other (Specify)	-	-
 Net Expenditure Funded from RRL	(8,763,205)	(8,191,480)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

	2024	2023
	£	£
Surplus/(Deficit) against RRL	13,871	9,644
Break Even cumulative position (opening)	70,224	60,580
Break Even cumulative position (closing)	<u>84,095</u>	<u>70,224</u>

Materiality Test:

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

	2024	2023
	%	%
Break Even in year position as % of RRL	<u>0.16%</u>	<u>0.12%</u>
Break Even cumulative position as % of RRL	<u>0.96%</u>	<u>0.86%</u>

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

22.2 Capital Resource Limit

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

The Capital Resource Limit for RQIA is calculated as follows:

	2024	2023
	£	£
Capital Resource Limit (CRL)		
CRL Allocated From:		
PHA	-	-
Department of Health - Other	49,108	242,138
Total CRL received	49,108	242,138
Less CRL Issued To:		
	-	-
Total CRL issued	-	-
Net CRL position	49,108	242,138
 Capital Resource Limit Expenditure		
Capital expenditure per additions in asset notes	49,108	242,138
 Adjustments to remove items not funded via CRL		
Charitable trust fund capital expenditure	-	-
PFI and other service concession arrangements	-	-
Net book value of disposals	-	-
 Adjustments to add items not capitalised in accounts but funded via CRL		
Adjustment for R&D under ESA10	-	-
Capital grants for R&D	-	-
Capital grants for GP scheme	-	-
Net Expenditure Funded from CRL	49,108	242,138

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

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

Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 31 July 2024.

SECTION 4

APPENDICES

APPENDIX 1: PERFORMANCE ACTIVITY

RQIA reports on its activity and performance through its quarterly Performance Activity Report (PAR), which forms a key component of RQIA's Performance Framework. Key Performance Indicators (KPIs) and performance against these targets are detailed in the table below:

Activity Area	KPI	Performance
Inspection	100% of inspections completed in year in respect of care homes	100% of operational homes inspected once; 52% received statutory minimum of two or more inspections
Inspection	Care Home inspection reports should be issued to the provider no later than 28 days after completion of inspection	83% of care home reports were issued within 28 days
Inspection	Care Home inspection reports should be published on RQIA website no later than 64 days after completion of inspection	79% of care home reports were uploaded within 64 days
Inspection	100% of inspections completed in-year in respect of Agencies and Day Care	94% of registered services received statutory minimum of one or more inspections
Inspection	Agencies and Day Care inspection reports should be issued to the provider no later than 28 days after completion of inspection	83% of agencies & day care reports were issued within 28 days
Inspection	Agencies and Day Care inspection reports should be published on RQIA website no later than 64 days after completion of inspection	80% of agencies & day care reports were uploaded within 64 days
Inspection	100% of inspections completed in year in respect of children's services	91% of children's services inspected were once. 44% of children's homes received the statutory minimum of two or more inspections
Inspection	Children's services inspection reports should be issued to the provider no later than 28 days after completion of inspection	46% of children's services reports were issued within 28 days
Inspection	100% of adult mental health and learning disability (MHL) wards to receive at least one inspection	35% of adult MHL wards inspected
Inspection	MHL inspection reports should be issued to the provider no later than 28 days after completion of inspection	0% of MHL reports were issued within 28 days
Inspection	MHL inspection reports should be published on RQIA website no later than 64 days after completion of inspection	0% of MHL reports were uploaded within 64 days
Inspection	Up to 10 of all active IR(ME)R services are identified for inspection each year	10 services inspected

Activity Area	KPI	Performance
Inspection	IR(ME)R inspection reports should be issued to the provider no later than 28 days after completion of inspection	100% of IRMER reports were issued within 28 days
Inspection	IR(ME)R inspection reports should be published on RQIA website no later than 64 days after completion of inspection	78% of IRMER reports were uploaded within 64 days
Inspection	50% of inspections completed in-year in respect of Dental Practices (requirement for 1 inspection every 2 years)	52% of registered dental practices were inspected
Inspection	Dental Practice inspection reports should be issued to the provider no later than 28 days' after completion of inspection	85% of dental reports were issued within 28 days
Inspection	Dental Practice inspection reports should be published on RQIA website no later than 64 days after completion of inspection	81% of dental reports were uploaded within 64 days
Inspection	100% of inspections completed in year in respect of independent healthcare.	82% of Independent Healthcare Services inspected
Inspection	Independent clinics, independent hospitals, independent medical agencies inspection reports should be issued to the provider no later than 28 days after completion of inspection	59% of independent healthcare reports were issued within 28 days
Inspection	Independent clinics, independent hospitals, independent medical agencies inspection reports should be published on RQIA website no later than 64 days after completion of inspection	50% of independent healthcare reports were uploaded within 64 days
Inspection	10% of onsite inspections completed to care homes and children's homes to be conducted partially or entirely out of hours	19% inspections out of hours
Inspection	100% of inspection reports should be issued to the service provider no later than 28 days after completion of the inspection	83% of Adult Care Services directorate reports, 76% of Hospitals and Independent Healthcare directorate and 40% of MHL & Children's Services directorate reports issued within the 28 day target
Mental Health	100% of Serious Adverse Incident (SAI) reports screened within 7 days of receipt	91% reviewed within 7 days
Mental Health	100% of patient detention forms (form 10s) to be assessed by an inspector within 28 days of receipt	100% reviewed within 28 days
Mental Health	90% of required second opinions completed within 6 weeks	99% reviewed within 6 weeks

Activity Area	KPI	Performance
Complaints against RQIA	90% of complaints acknowledged in writing within 2 working days of complaint received 90% of complaints completed response within 20 working days of receipt, or updates provided to complainant at least every 20 working days thereafter	94% acknowledged within 2 days 100% completed within target, or provided with updates every 20 working days
Media Requests	90% of media requests responded to within deadline agreed with requestor	100% responded to within KPI target
Freedom of Information/ Subject Access Requests	100% of requests responded to within the statutory timeframe of 20 working days from the point of a valid request being received	73% of FOIs responded to within KPI target 87% of SARs responded to within KPI target (Requests ongoing at 31 March 2024 not included in these figures)
Mandatory Training	95% of Mandatory Training Courses to be completed by RQIA Staff	97-99% RQIA Staff have completed their mandatory training courses
Employee Absence	Employee Absence due to Sickness: Regional key performance indicator target set for RQIA by DoH: 6.94%	7.01% sickness absence rate

APPENDIX 2: RQIA ENFORCEMENT 2023-24

Adult Services Registered under Part III of 2003 Order

Name of Service and category	Date of Issue	Issues	Date of compliance
Angels Recruitment Agency Ltd (Domiciliary Care Agency), Derry	17 November 2023	Cancellation of registration	28 February 2024**
Angels Recruitment Agency Ltd (Nursing Agency), Derry	17 November 2023	Cancellation of registration	28 February 2024**
City View Court (Nursing Home) Belfast	20 September 2022	Management systems to ensure patient safety	7 July 2023
Excelsior Healthcare Solutions Limited (Nursing Agency), Omagh	17 November 2023	Cancellation of registration	1 March 2024**
Extra Care, (Domiciliary Care Agency), Antrim	2 May 2023	Governance, management oversight	13 June 2023
Glen Caring Services (Domiciliary Care Agency), Omagh	3 March 2023	Non-operational service	5 April 2023*
Kintullagh Care (Nursing) Home, Ballymena	31 March 2023	Care records.	19 April 2023
Majestik Care Ltd (Nursing Agency), Belfast	26 August 2022	Cancellation of registration	14 July 2023**
Majestik Care Ltd (Nursing Agency), Londonderry	26 August 2022	Cancellation of registration	14 July 2023**
Markethill Manor (Residential Care Home), Markethill	19 February 2024	Non-operational service	Ongoing 31 March 2024
Next Step Nursing Limited Croydon	29 December 2023	Non-operational service	29 January 2024*
Parkdean (Nursing Home), Belfast	14 August 2023	Governance, wound care records, activity provision	2 February 2024*
Parkdean (Nursing Home), Belfast	6 March 2024	Cancellation of registration	Ongoing 31 March 2024
The Resource Centre (Day Care Setting), Derry	23 March 2023	Governance, management oversight, recruitment.	Ongoing 31 March 2023
Rosebrook House Day Care Setting, Coleraine	14 April 2023	Non-operational service	15 May 2023*
Rose Court (Residential Care Home), Ballymena	27 December 2023	Governance arrangements	7 February 2024
Rose Lodge Care Home (Lisburn)	29 February 2024	Managerial oversight and governance systems	Ongoing 31 March 2024
St Francis Private Care Home (Nursing), Portadown	4 April 2023	Governance systems	30 May 2023
Servisource Limited (Nursing Agency) Belfast	6 February 2024	Non-operational service	14 March 2024*
Support Care Recruitment Ltd (Nursing Agency) Ballyclare	19 April 2023	Non-operational service	26 April 2023*
T-Gem Healthcare, Domiciliary Care Agency, Dundrum	7 February 2024	Cancellation of registration	Ongoing 31 March 2024
TXM Healthcare Ltd (Nursing Agency) Belfast	15 December 2023	Non-operational service	15 February 2024*

*Conditions placed on registration of service ** Date of cancellation of registration

Adult Services Inspected under Part IV of 2003 Order

Name of Service and category	Date of Issue	Issues	Date of compliance
Lakeview Hospital, Londonderry (WHSCT)	11 March 2022	Adult safeguarding; incident management; care and treatment arrangements	9 June 2023

Children's Services Registered under Part III of 2003 Order

Name of Service and category	Date of Issue	Issues	Date of compliance
Children's Home Belfast HSC Trust	31 March 2023	Conditions placed on service to permit a temporary move to enable remedial works to be completed	15 December 2023
Children's Home Belfast HSC Trust	10 October 2023	Refusal of application to vary registration of service	19 December 2023*
Children's Home Independent Provider, Belfast	6 April 2023	Temporary closure non-operational service,	27 June 2023**

*Conditions placed on registration of service. **Voluntary cancellation by provider

Full details of RQIA enforcement action in respect of adult services is published on RQIA's website.

APPENDIX 3: AUTHORITY MEMBERS 2023-24

Ms Christine Collins MBE was appointed as interim Chair of the RQIA in June 2020. She was appointed as Chair of RQIA on 1 October 2022 for a four-year term.

Mr Neil Bodger was appointed to the Interim Authority on 30 October 2020. Mr Bodger was appointed as a Member of the Authority from 1 February 2023 for a four-year term. Mr Bodger passed away on 13 April 2024.

Professor Stuart Elborn was appointed to the Interim Authority on 30 October 2020. He was appointed as a Member of the Authority from 1 February 2023 for a four-year term. Professor Elborn chairs the Authority's Business, Appointments and Remuneration Committee (BARC).

Ms Cheryl Lamont, CBE DL was appointed as a Member of the Authority from 1 February 2023 for a four-year term. Ms Lamont is a member of RQIA's BARC.

Dr Nazia Latif was appointed as a Member of the Authority on 1 February 2023 for a four-year term. Dr Latif is RQIA's Equality and Disability Champion, and is a member of RQIA's BARC and its Legislative and Policy Committee (LPC).

Mr Alphonsus Maginness was appointed as a Member of the Authority on 1 February 2023 for a four-year term. Mr Maginness chairs RQIA's LPC and is a member of RQIA's ARAC.

Dr Mary McIvor was appointed as a Member of the Authority on 1 February 2023 for a four-year term. Dr McIvor is a member of RQIA's ARAC and its LPC.

Ms Bronagh Scott was appointed to the Interim Authority on 30 October 2020 and was appointed to the Authority on 1 February 2023 for a one-year period. Ms Scott's appointment concluded on 31 January 2024.

Mrs Sarah Wakfer was appointed as a Member of the Authority on 1 February 2023 for a four-year term. Mrs Wakfer is RQIA's Speak Up Champion and chairs RQIA's ARAC.

Profiles of each member are published on RQIA's website.

APPENDIX 4: GLOSSARY

ALB	Arms' Length Body
ARAC	RQIA Audit, Risk and Assurance Committee
AUC	Assets Under Construction
BARC	RQIA Business, Appointments and Remuneration Committee
BSO	Business Services Organisation
CETV	Cash Equivalent Transfer Value
COPNI	Commissioner for Older People Northern Ireland
CRL	Capital Resource Limit
DoH	Department of Health
DPA	Data Protection Act
EDM	Enforcement Decision Meeting
EIR	Environmental Information Regulations
EMT	RQIA Executive Management Team
eProc	Electronic Procurement System
FOI	Freedom of Information
FPM	Finance Process Manager
FTC	Notice of Failure to Comply with Regulations
FreM	Financial Reporting Manual
GDPR	General Data Protection Regulations
GP	General Practitioner
HRPTS	Human Resources, Payroll, Travel and Subsistence System
HSC	Health and Social Care
ICO	Information Commissioner's Office
iConnect	RQIA's internal electronic data management system
ICT	Information Communication Technology
IFRS	International Financial Reporting Standards
IHCP	Independent Home and Care Providers
IiP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
ITS	BSO Information Technology Service
MHLD	Mental Health and Learning Disability
MPMNI	Managing Public Money Northern Ireland
NIAO	Northern Ireland Audit Office
NICCY	Northern Ireland Commissioner for Children and Young People
NIPSO	Northern Ireland Public Service Ombudsman
NOD	Notice of Decision to place conditions of registration
NOP	Notice of Proposal to place conditions of registration
OD	Organisational Development
OPCAT	United Nations Optional Protocol for the Convention Against Torture
PAMP	Property Asset Management Plan
PDG	Personal Data Guardian
PFI	Private Finance Initiative
PPE	Personal Protective Equipment
PSA	Public Sector Agreement
QIP	Inspection report Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incident
SC	Serious Concerns meeting
SLA	Service Level Agreement
SOAD	Second Opinion Appointed Doctor
SoFP	Statement of Financial Position



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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