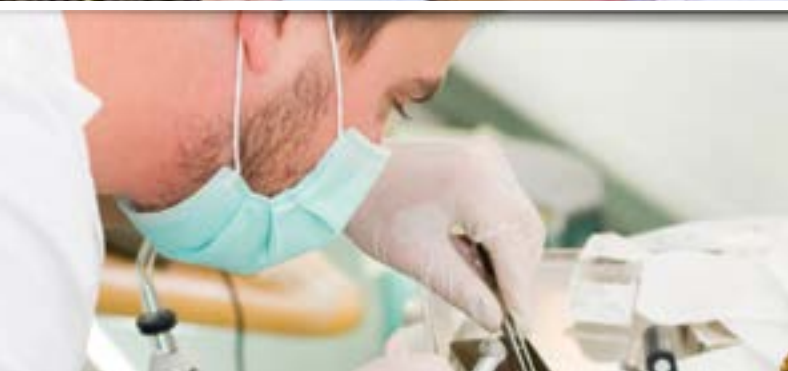


Annual Report and Accounts

1 April 2014 to 31 March 2015



The **Regulation** and
Quality Improvement
Authority

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The Regulation and Quality Improvement Authority

Annual Report and Accounts

1 April 2014 to 31 March 2015

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, Social Services and Public Safety on 31 July 2015.

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

Our Vision

To be a driving force for positive change in health and social care services in Northern Ireland.

Our Mission

To provide independent assurance about the safety, quality and availability of health and social care services in Northern Ireland, encourage continuous improvement in these services and safeguard the rights of service users.

Our Values

- **Independence:** upholding our independence as a regulator
- **Inclusiveness:** promoting public participation and building effective partnerships internally and externally
- **Integrity:** being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability:** being accountable and taking responsibility for our actions
- **Professionalism:** providing professional, effective and efficient services in all aspects of our work – internally and externally
- **Effectiveness:** being an effective and progressive regulator – forward-facing, outward-looking and constantly seeking to develop and improve our services

**RQIA Annual Report and Accounts
1 April 2014 to 31 March 2015**

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Chairman's Foreword

The Regulation and Quality Improvement Authority (RQIA) provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA fulfils this responsibility by carrying out a planned programme of announced and unannounced inspections, and reviews of both health and social care services and independent establishments and agencies.

During 2014-15, RQIA conducted 2,640 announced and unannounced inspections at 1,481 regulated health and social care services, meeting its statutory requirements in relation to the minimum number of inspections for each service.

As an organisation committed to transparency, all RQIA's inspection reports for regulated adult health and social care services, infection prevention and control, mental health and learning disability and review reports are published on our website. At present some 12,000 RQIA inspection reports, and details of all enforcement activity at registered adult health and social care services, can be accessed online at www.rqia.org.uk.

Over the course of the year, RQIA took enforcement action in relation to breaches in regulation at 38 registered adult health and social care services, four children's residential care homes, and 12 private dental practices.

Infection prevention and hygiene inspections at hospitals and other health care facilities in Northern Ireland continued, with 36 inspections across 46 clinical areas during the year.

RQIA published 12 reviews of health and social care services. These included reviews of: stroke services; care of older people in hospital; hospital theatre practice; hospital discharge arrangements; and service users' finances in residential and supported living settings. In addition, a number of reviews were commissioned by the health minister, including unscheduled care at the Belfast Health and Social Care Trust; and an independent inquiry into child sexual exploitation, jointly commissioned with the education and justice ministers.

These activities have identified a range of recommendations to improve patient safety and the quality of services in Northern Ireland.

In discharging our statutory responsibilities under the Mental Health (Northern Ireland) Order 1986, RQIA continued to monitor the actions of those charged with safeguarding vulnerable people, through our oversight of all applications for detention and guardianship.

We also monitor how health and social care trusts manage: the protection of the rights of individuals subject to detention or guardianship; patients' property; and their response to serious adverse incidents involving those receiving treatment or care.

As a designated national preventive mechanism under the United Nations Optional Protocol for the Convention Against Torture (OPCAT), RQIA is required to monitor places of detention.

During the year we carried out inspections of psychiatric hospitals and, in conjunction with other regulators, we conducted a major inspection of Magilligan Prison.

During 2014-15, RQIA maintained effective control of its financial resources and met all of its key performance management targets, including achieving break even on income and expenditure.

The capacity of RQIA to meet its objectives and increased responsibilities depends, above all, on the commitment and dedication of its workforce and the oversight and direction of the Board. Our staff have made a significant contribution to meeting our business objectives and I wish to acknowledge their skill, professionalism and hard work during the year.

This Annual Report and Accounts outlines the work of The Regulation and Quality Improvement Authority for the period 1 April 2014 to 31 March 2015. It also highlights our key achievements during the year.

On behalf of RQIA's Board, I am pleased to present this report to you.



Dr Alan Lennon, OBE
Chairman

INTRODUCTION

The Regulation and Quality Improvement Authority Annual Report and Accounts 2014-15 provides an overview of the organisation's activities over the period 1 April 2014 to 31 March 2015.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator for Northern Ireland. It is responsible for monitoring and inspecting the availability and quality of health and social care services and encouraging improvements in the quality of these services through its programme of inspection, investigation and review.

It is in the public interest to ensure that health and social care services in Northern Ireland are subject to independent, proportionate and responsible regulation.

Through its activities, RQIA makes an independent assessment of health and social care services to ensure these are safe, accessible, well managed and meet the required standards. RQIA works to ensure that there is openness, transparency and accountability in the management and delivery of all these functions.

RQIA is responsible for the registration and inspection of a range of regulated health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; residential family centres; nursing agencies; domiciliary care agencies (both conventional and supported living services); independent hospitals, hospices and clinics; dental practices providing private dental care or treatment; adult placement agencies; and voluntary adoption agencies. RQIA also inspects boarding departments in schools.

RQIA works with statutory health and social care organisations across Northern Ireland to encourage the delivery of high quality services through a planned programme of governance, service and thematic reviews.

RQIA undertakes a range of responsibilities for people with mental ill health and those with a learning disability under the Mental Health (Northern Ireland) Order 1986 as amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009. These include: preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

RQIA also has responsibilities under the Ionising Radiation (Medical Exposure) Regulations Northern Ireland 2000 to inspect services providing radiological procedures including x-rays and radiotherapy. These regulations and the associated inspections are in place to protect service users from inappropriate or unnecessary exposure to radiation.

RQIA is a prescribed body under the Public Interest Disclosure (Northern Ireland) Order 1998. This legislation provides protection to workers who wish to make a disclosure about concerns of wrongdoings or failures in their workplace. RQIA treats all disclosures seriously, and works to ensure that any risk to vulnerable service users is addressed by the relevant organisation.

RQIA promotes public and patient involvement to ensure that your views, concerns and priorities are taken into account.

RQIA Board

RQIA has an independent board of 13 members, chaired by Dr Alan Lennon, OBE. Each board member is appointed by the Minister for Health, Social Services and Public Safety for a four-year term, and may serve a maximum of two terms. At 31 March 2015, RQIA's Board members were:

Dr Alan Lennon, OBE (Chair)
 Mrs Stella Cunningham
 Mrs Sarah Havlin
 Dr John Jenkins, CBE
 Mr Seamus Magee, OBE
 Professor Mary McColgan, OBE
 Mr Gerry McCurdy

Mr Daniel McLarnon
 Dr Norman Morrow
 Mr Robin Mullan
 Miss Patricia O'Callaghan
 Mr Denis Power
 Ms Lindsey Smith



Dr Alan Lennon OBE
(Chair)



Mrs Stella Cunningham



Mrs Sarah Havlin



Dr John Jenkins CBE



Mr Seamus Magee OBE



Prof Mary McColgan OBE



Mr Gerry McCurdy



Mr Daniel McLarnon



Dr Norman Morrow



Mr Robin Mullan



Miss Patricia O'Callaghan



Mr Denis Power

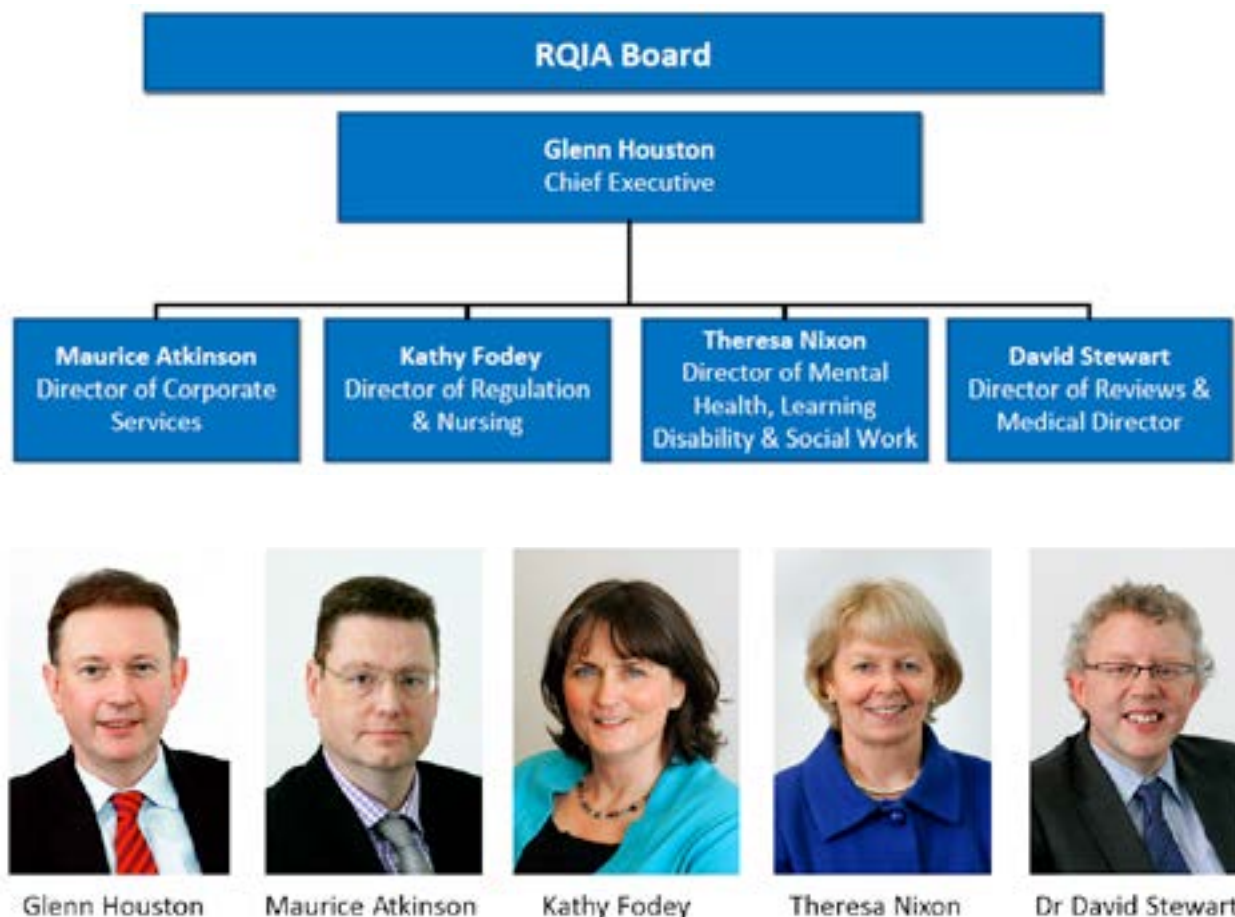


Ms Lindsey Smith

During the year the health minister appointed five new board members: Stella Cunningham and Seamus Magee, OBE, on 21 April 2014; Dr Norman Morrow and Robin Mullan on 1 May 2014; and Gerry McCurdy on 14 July 2015. The health minister also appointed Dr Alan Lennon, OBE as Chairman on 30 June 2014. Dr Ian Carson concluded two terms of office as Chairman of RQIA on 31 May 2014. A profile of each board member is included at Appendix 1.

RQIA Executive Management Team

Glenn Houston is RQIA's Chief Executive and Accounting Officer. He is responsible to the Board, through the Chairman, for managing the organisation. The Chief Executive leads RQIA's Executive Management Team (EMT), who manage the activities of their directorates.



Staff

RQIA employed 147 people (138.98 whole time equivalent) (as at 31 March 2015), excluding board members, sessional, bank and agency staff. The gender profile of our staff was as follows: three male and two female directors; six male and 14 female senior managers; 34 male and 88 female staff.

Most staff are based at headquarters in Belfast, and a smaller number are based in Omagh, Co Tyrone. RQIA's staff are responsible for the effective delivery of our work programme and the achievement of our corporate objectives.

MANAGEMENT COMMENTARY

RQIA's Annual Report for the period 1 April 2014 to 31 March 2015 outlines progress against the organisation's four key priorities as set out in its Corporate Strategy 2012-15. These are:

- **Improving Care**
We encourage and promote improvements in the safety, quality and availability of health and social care services
- **Informing the Population**
We publicly report on the safety, quality and availability of health and social care
- **Safeguarding Rights**
We act to protect the rights of all people using health and social care
- **Influencing Policy**
We influence policy and standards in health and social care

IMPROVING CARE

Regulation of Services

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 defines RQIA's responsibilities for the regulation (registration and inspection) of specified health and social care services. RQIA is responsible for the regulation of service in the following categories:

- adult placement agencies
- children's homes
- day care settings
- domiciliary care agencies
- independent clinics
- independent hospitals
- independent medical agencies
- nursing agencies
- nursing homes
- private dental practices
- residential care homes
- residential family centres
- voluntary adoption agencies

In addition, school boarding departments are subject to annual inspection by RQIA, however, under legislation they are not required to register with RQIA.

At 31 March 2015, a total of 1,481 services were registered with RQIA. Table 1 provides details of the number of registered services by category, and, where applicable, by health and social care (HSC) trust location.

Table 1: Number of Registered Services by Category and, where applicable, HSC Trust Location (at 31 March 2015)

Type of Service	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Adult placement agency	n/a	n/a	n/a	n/a	n/a	4
Children's homes	13	8	10	9	9	49
Day care setting	31	28	28	37	61	185
Domiciliary care agency (conventional)	n/a	n/a	n/a	n/a	n/a	122
Domiciliary care agency (supported living)	n/a	n/a	n/a	n/a	n/a	181
Independent clinic	4	-	1	1	-	6
Independent hospital	20	7	4	6	8	45
Independent hospital - dental treatment	90	84	67	74	61	376
Independent medical agency	n/a	n/a	n/a	n/a	n/a	5
Nursing agency	n/a	n/a	n/a	n/a	n/a	32
Nursing home	52	67	61	52	36	268
Residential care home	42	48	55	20	38	203
Residential family centre	1	-	-	-	-	1
Voluntary adoption agency	n/a	n/a	n/a	n/a	n/a	4
Total: Services by HSC trust	253	242	226	199	213	1,133
Total: Services not allocated to a specific HSC trust	-	-	-	-	-	348
Grand Total						1,481

Table 2 provides a breakdown of the maximum number of registered places in a range of adult and children's services. There is no registered maximum number of service users for adult placement agencies, domiciliary care agencies, nursing agencies, independent clinics, independent medical agencies and voluntary adoption agencies.

Table 2: Number of Registered Places in a Range of Adult and Children's Services, by Location (HSC Trust Area) (at 31 March 2015)

Category of Service	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Nursing home*	2,076	3,209	2,606	2,353	1,692	11,936
Residential care home	1,156	870	1,167	430	587	4,210
Children's home	90	57	78	55	66	346
Independent hospital	125	10	0	14	51	200
Independent hospital – dental treatment**	270	245	198	234	179	1,126
Day care setting***	1,701	1,444	1,146	1,273	1,760	7,234
Residential family centre	21					21

* including 1,062 residential places within nursing homes

** registered dental chairs (for private treatments)

*** maximum number of day care service users per day

During the year RQIA's registration team processed 412 applications for the registration of new services, responsible individuals or managers, or changes to a service's registration, including new services, managers or responsible persons, variations in registration and deregistrations.

Further information on registration activity is detailed at Table 3.

Table 3: Changes to Registration Details of Services by Service Category (1 April 2014 to 31 March 2015)

Service Category	Manager	Responsible Person	Variation to registration	Notification of absence of Managers *	New registration	De-registration
Adult placement agency	-	1	-	-	-	-
Children's home	4	7		-	-	2
Day care setting	4	35	8	-	-	4
Domiciliary care agency – conventional	11	14	3	1	8	7
Domiciliary care agency – supported living	14	24	6	1	6	4
Independent clinic	-	1	-	1	-	1
Independent hospital	2	1		1	5	4
Independent hospital - dental treatment	9	8	9	4	6	1
Independent medical agency	-	-	1	-	-	-
Nursing agency	4	1	3	-	5	1
Nursing homes	52	20	39	24	3	4
Residential care homes	7	14	8	3	1	5
Residential family centre	-	-	-	-	-	-
Voluntary adoption agency	-	-	-	-	-	-
Total	107	126	77	35	34	33

* RQIA commenced processing the notification of absence of managers from July 2014

Inspection Activity

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 and associated amendments determine the minimum number of inspections required for each category of service on an annual basis. RQIA is required to inspect all nursing, adult residential care and residential children's homes on a minimum of two occasions each year, while all other regulated services subject to at least one inspection per year. These may be unannounced or announced, and examine compliance with regulations and the minimum standards in the areas of care, estates, medicines management and safeguarding service users finances. RQIA's inspections are undertaken by our team of qualified and experienced nurses, social workers, pharmacists, estates and finance officers.

RQIA's inspection approach is underpinned by principles of good regulation developed by the Better Regulation Commission, and also by the Hampton Principles, which state that regulation should be:

- transparent
- accountable
- proportionate
- consistent
- targeted

Through our inspections, RQIA's focus is to drive quality improvements for all those using these services. On an ongoing basis, each service is risk-assessed and reviewed. We use our expertise and experience in regulation, and specific intelligence about each service such as incident notifications, complaints and whistleblowing information to ensure a thorough approach to our activities. This allows us to ensure that our regulation programme is appropriately focused and proportionate.

Every year, RQIA's main care inspection for each category of service focuses on a range of specific standards and themes (see appendix 2). These are selected using our knowledge and experience of regulation within each sector over the previous year.

Every service must provide RQIA with a self-assessment of compliance with regulation and standards on an annual basis. During our inspections, we examine the service, and quality assure and validate this assessment.

Each service is also required to provide an annual return to RQIA on issues such as complaints management.

We also follow up on any issues identified during previous inspection activity to determine what actions have been taken to address these matters, and what further actions may be required.

In order to gain a comprehensive insight into the quality of service being provided, during every announced or unannounced inspection RQIA's inspectors engage with a wide range of people. These include staff members at all levels; patients, residents or service users; friends and relatives; and visiting professionals – for example medical staff, social workers, allied health professionals, and care managers. Our inspections also focus on the quality of the management of a service.

We aim to drive continuous quality improvement in services, and at the end of an inspection we provide initial verbal feedback on our findings. This is followed by a written inspection report sent to the service provider, which includes a quality improvement plan. This identifies areas for improvement and makes time bound recommendations, based on the minimum care standards and/or legislative requirements based on service specific regulations. The service provider is required to provide a full response to the quality improvement plan, detailing its actions to address the recommendations and requirements within stated timescales. This response forms an integral part of the published inspection report.

Table 4: Inspection Activity by Category of Service and Type of Inspection for the Period 1 April 2014 to 31 March 2015

Category of Service	Care	Estates	Finance	Pharmacy	Total
Adult placement agency	4	-	-	-	4
Boarding school	6	-	-	-	6
Children's residential care home	114	23	-	20	157
Day care setting	187	58	-	18	263
Domiciliary care agency	127	-	-	-	127
Domiciliary care agency – supported living	194	-	3	-	197
Independent clinic	6	-	-	-	6
Independent hospital	53	13	-	1	67
Independent hospital - dental treatment	403	9	-	-	412
Independent medical agency	5	-	-	-	5
Nursing home	385	188	52	146	771
Nursing agency	34	-	-	-	34
Residential care home	365	113	5	82	565
Residential family centre	1	-	-	-	1
Voluntary Adoption Agency	4	-	-	-	4
Young Adult Supported Accommodation	21	-	-	-	21
Total	1,909	404	60	267	2,640

During 2014-15 RQIA met its statutory requirements by conducting the minimum number of inspections in each registration category. During the year, 2,640 inspections were conducted by RQIA at 1,481 services subject to regulation (see Table 4). In addition to the announced and unannounced inspections, RQIA conducted 41 desktop finance assessments and nine desktop pharmacy assessments.

RQIA also conducted 133 inspections at mental health and learning disability services operated by HSC trusts, and 36 infection prevention and hygiene inspections at HSC trust and independent services.

Incident Reporting

Under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated regulations, service providers are required to notify RQIA of certain categories of incidents.

During 2014-15, 32,052 statutory incident notifications were received by RQIA, an increase of some 13,000 on the previous year. Three-quarters of these were risk assessed within seven days of receipt.

This information contributes to RQIA's regulatory intelligence, and is used in the risk assessment of a service. Under protocols for safeguarding vulnerable adults and children, RQIA risk assesses each notification to determine what further action is required to ensure the safety, protection and wellbeing of all service users.

Follow-up actions may include: requests for further information from the service; an investigation undertaken in line with: the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, (July 2009) or the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged or Suspected cases of Child Abuse, (April 2013); or further regulatory action that may include inspection or enforcement.

Enforcement Action in Regulated Services

RQIA is committed to ensuring that all regulated services are operating in compliance with the regulations and minimum care standards relevant to their particular service.

Where a registered provider is failing to meet the required minimum standard, is in breach of regulations, or is assessed as high-risk, RQIA will take appropriate action. In addition, where significant and/or repeated failings are identified, whether through our inspection activity or through other intelligence such as complaints or whistleblowing, RQIA may take enforcement action against any regulated service. In line with the principles of good regulation, any intervention by RQIA aims to be proportionate to the assessed and identified risk.

Under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its associated regulations, RQIA can take a range of enforcement measures and sanctions to drive improvements in safety and quality for all those using the services. These are:

- an improvement notice where a service is failing to meet DHSSPS minimum standards
- a failure to comply notice, where there is a breach of regulations or a service provided is in breach of regulations, including noncompliance with conditions of registration and an improvement notice
- a notice of proposal, setting out action RQIA intends to take with respect to registration or placing conditions of registration
- a notice of decision confirming actions outlined in the notice of proposal
- cancellation of registration
- an urgent procedure for cancellation of registration, or imposing/changing conditions, when RQIA believes there is serious risk to a person's life, health or wellbeing and urgent action is required

RQIA may take prosecution action in conjunction with other enforcement activity. We may also consider prosecution for non-registration when a person carries on or manages an unregistered establishment or agency under the 2003 Order.

Services Subject to Formal Enforcement Action

During 2014-15, RQIA commenced enforcement action on 51 occasions. These included: adult and children's residential care homes, nursing homes, domiciliary care and nursing agencies and private dental practices (see Table 5). These actions included: issuing notices of failure to comply with regulations; and notices to place conditions on registration or to refuse or cancel registration. A detailed breakdown of all enforcement action taken during the year is provided at Appendix 3.

Table 5: Escalated Enforcement Action during 2014-15

Category of Service	Number of occasions enforcement action taken
Children's residential care home	4
Domiciliary care agency	11
Nursing agency	1
Nursing home	16
Private dental treatment	9
Residential care homes	10
Total	51

Under the legislation, when RQIA issues a notice of failure to comply with regulations or a notice of proposal to place conditions of registration, or to refuse or cancel registration, a provider may challenge this action and make representation to RQIA. In line with RQIA's Standing Orders, representation panels comprise RQIA Board members and directors not previously involved in the enforcement decision.

Where RQIA issues a notice of decision to place conditions of registration, or to refuse or cancel registration, a provider may appeal this decision through the Care Tribunal, part of the Northern Ireland Courts and Tribunals Service.

During 2014-15 RQIA received representations from six services that were issued with notices of failure to comply with regulations, none of which were upheld.

In addition, representation by a service issued with a notice of proposal to cancel the registration of a registered provider was upheld by RQIA, and the notice was withdrawn. Two services issued with a notice of decision to refuse or cancel their registration lodged appeals with the Care Tribunal during the year, and the outcome is pending.

During 2014-15, four services had conditions placed on their registration as a result of enforcement. Conditions of registration, which took effect during 2013-14, remained in place in respect of one other service (see Appendix 4 for details).

Domiciliary Care – Service User Engagement

During the year, RQIA inspectors and our user consultation officer (UCO) conducted over 600 interviews with service users or their representatives to obtain their views on conventional domiciliary care agencies. The interviews were conducted either in the service user's own home or by telephone.

The standard of service being provided by the agency was discussed, and it was encouraging to note that there was a high level of satisfaction from service users and their representatives. There were, however, a number of concerns raised regarding: staff attitude, quality of work, length or timing of calls, and consistency of staffing.

As a result of concerns in the quality of documentation, identified by RQIA in previous inspections, records management was selected as an inspection theme for the year. During home visits, inspectors or our UCO reviewed the agency's documentation.

Issues identified included:

- care plans containing out-of-date information
- care plans or risk assessments not available for review in a service user's file
- financial or medication assistance not specified on care plan
- log sheets and medication records not completed consistently; times of visits or signatures not recorded

All issues identified were forwarded to the service's registered manager to be addressed, noted in the inspection report, and, where necessary, included in the quality improvement plan.

RQIA Health and Safety Seminars

In November 2014, RQIA held two half-day seminars for nursing and residential care homes at Mossley Mill on emergency and contingency planning, and water safety.

The emergency and contingency planning seminar provided details of responsibilities, and practical steps in relation to business continuity following untoward events. The water safety seminar considered the practical elements of effective water systems management, including legionella risk, and responsibilities of providers in respect of safe management of water systems under health and safety legislation.



Attendees at RQIA Health and Safety Seminars, November 2014

The roles of organisations including RQIA, HSC trusts, the Health and Safety Executive Northern Ireland were also highlighted.

These events were attended by around 160 care home managers and providers, and feedback from those attending was highly positive.

Ionising Radiation (Medical Exposure) Regulations

Under the Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 (IR(ME)R), RQIA inspects services performing x-rays and other radiological procedures, including nuclear medicine, cardiology, radiotherapy and diagnostic imaging services.

Table 6: IR(ME)R Inspections 2014-15: Diagnostic Imaging Services

Facility	Date
Breast Screening (Belfast HSC Trust), Belfast	28 April 2014
Breast Screening (Northern HSC Trust), Antrim	29 April 2014
Pringle Chiropractic, Belfast	14 May 2014
Mater Hospital, Belfast	23 September 2014
Antrim Hospital, Antrim	21 October 2014
Altnagelvin Hospital, Londonderry	25 November 2014
Daisy Hill Hospital, Newry	27 January 2015
North West Independent, Limavady	24 February 2015
Down Hospital, Downpatrick	24 March 2015

During the year, RQIA conducted nine IR(ME)R inspections at a range of diagnostic imaging services, with support from Public Health England (PHE) (see table 6). All RQIA's IR(ME)R inspection reports are published on RQIA's website at www.rqia.org.uk.

RQIA Review Activity

During 2014-15, RQIA's Reviews directorate conducted eight service and thematic reviews, which were part of our Three Year Review Programme 2012-15.



RQIA Three Year Review Programme 2012-15

These were:

- Effective Management of Practice in Theatre Settings across Northern Ireland: Overview Report, June 2014
- Review of Oversight of Service Users' Finances in Residential and Supported Living Settings, June 2014
- Review of the Implementation of National Institute of Health and Clinical Excellence (NICE) Clinical Guideline 42: Dementia, June 2014
- Independent Review of actions taken in response to the HSC Board Report: Respite Support (December 2010), and of the development of future Respite Care/Short Break Provision in Northern Ireland, July 2014
- RQIA Review of the Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings, December 2014
- Review of Stroke Services in Northern Ireland, December 2014
- Review of Discharge Arrangements from Acute Hospitals, December 2014
- Review of the Care of Older People in Acute Hospitals, March 2015.

In addition, RQIA completed four reviews which were commissioned by the Minister for Health, Social Services and Public Safety. These were:

- Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations, July 2014
- Independent Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus, July 2014
- Independent Inquiry into Child Sexual Exploitation, November 2014
- Review of the Implementation of the Royal Dental Hospital Inquiry Action Plan, December 2014

RQIA Review of Effective Management of Practice in Theatre Settings across Northern Ireland

In June 2014, RQIA published the findings of its review of the effective management of practice in theatre settings across Northern Ireland. The review team inspected theatre departments in ten of the largest hospitals in Northern Ireland to assess compliance with guidance, including surgical safety and health care hygiene standards.

The delivery of safe, effective surgical care is complex, involving many interventions, processes and safety checks that should be consistently applied for every patient.

RQIA assessed trusts' arrangements to meet a range of guidance including the World Health Organisation's Surgical Safety Checklist. While this checklist has been implemented in all hospitals inspected, further improvements are required to ensure that it is consistently applied, with full engagement, participation and completion by the relevant professional staff.

The Review team made 13 recommendations to improve compliance with standards across Northern Ireland. In addition, separate inspection reports were published for each hospital inspected, making specific recommendations for improvement.

Review of Oversight of Service Users' Finances in Residential and Supported Living Settings

People in residential care and supported living services are among the most vulnerable in society and are at a higher risk of financial exploitation than the general population. Whilst DHSSPS guidance issued in 2009 requires that mandatory controls are in place in statutory care homes, the situation is less clear in other settings.

In June 2014, the findings of RQIA's review of oversight of service users' finances in residential and supported living settings were published. The review team reassessed HSC trusts' arrangements to manage service users' finances and their compliance with published DHSSPS guidance.

Through RQIA's regulatory activities, we have identified a number of issues in relation to the management of service users' finances, including: financial controls and arrangements regarding service user agreements and authorisations that are inadequate, and examples of poor record-keeping.

This review made seven recommendations to strengthen safeguards for residents' finances, including a call for guidance to be revised to provide greater assurance that service users' finances are being appropriately managed, and to reflect the changing structures of care delivery in Northern Ireland.

Review of the Implementation of National Institute of Health and Clinical Excellence (NICE) Clinical Guideline 42: Dementia

RQIA has a responsibility to provide assurance in relation to the implementation of clinical guidelines produced by the National Institute for Health and Care Excellence (NICE). In 2011, NICE published updated clinical guidelines for dementia (Guideline 42), that offer best-practice advice on the care of people living with dementia and support for their carers. These guidelines make recommendations for specific types of dementia as well as recommendations that apply to all types of dementia.

In June, RQIA published the findings of its review, which examined the progress in each health and social care trust of the implementation of NICE clinical guideline 42: Dementia. As part of this review RQIA hosted a stakeholder event, Sharing Experiences, Improving Care. This provided an opportunity for a range of HSC staff working in dementia care to discuss the initial findings from the review; identify learning that may improve the implementation of clinical guidelines; and share areas of good practice linked to clinical guideline 42. At the event, presentations were made by people living with dementia, the NICE Implementation Facilitator for Northern Ireland, the Head of Strategy and Delivery (Vulnerable People), NHS Doncaster Clinical Commissioning Group and RQIA. Health and social care trust representatives also shared areas of good practice linked to clinical guideline 42.

The review found that implementation of clinical guideline 42 was limited, and a contributing factor was considered to be the release of the dementia strategy in November 2011. Trusts acknowledged that clinical guideline 42 was generally only being referenced in practice, and priority was given to the implementation of the dementia strategy, rather than the guideline. The review makes eight recommendations for improvement to enhance the arrangements for implementation of NICE clinical guidelines.

Independent Review of actions taken in response to the HSC Board Report: Respite Support (December 2010), and of the development of future Respite Care/Short Break Provision in Northern Ireland

In July 2009, DHSSPS wrote to the HSC Board, seeking its assistance in developing a better understanding of respite support activity across the HSC trusts. In 2009 and 2010, the HSC Board reported to DHSSPS, that inadequate arrangements existed in respect of activity and finance information in relation to respite support services, and made six recommendations for improvement.

DHSSPS commissioned RQIA to review actions taken by the HSC Board to implement the recommendations; arrangements to take forward developments in adult and children's respite services; and the arrangements to ensure the views of service users, families and carers are taken into account when planning for the future.

In August 2014, RQIA published the findings of its review, which makes seven recommendations for improvement, including that the HSC Board should establish a working group to consider the full implementation of the original six recommendations.

RQIA Review of the Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings

People with learning disabilities are very clear that healthcare staff should look at, and speak to them first, and focus on them, rather than directing attention to carers or parents.

In 2010, GAIN published The Guideline on Caring for People with a Learning Disability in General Hospital Settings. This detailed specific requirements for people with a learning disability who use general hospital settings, including: communication; training for hospital staff; attendance at emergency care services; discharge planning; and support for carers.

In December 2014, RQIA published the findings of its review of the guideline's implementation. Service users who contributed to the review expressed their negative experiences of staff talking around the person with learning disabilities. Using terminology that does not devalue or stigmatise individuals is an important element in ensuring that people with learning disabilities feel included and valued when they are in receipt of services. During the review, this was raised frequently by service users and carers as a problem that immediately creates barriers to good therapeutic and respectful relationships. The only acceptable term is: person with a learning disability.

The review team raised concerns around misunderstanding and poor practice in relation to consent, capacity assessment, best interest decisions and resuscitation orders. While the review team was satisfied that there is sufficient guidance, policy and professional codes to inform and guide clinical practice, on many occasions these were not followed. The review team found that linkages and liaison between general hospital services and learning disability services was variable and dependent on the insight of individual members of staff, rather than a structured and formalised process. RQIA recommends that each HSC trust should ensure that there are clear lines of communication and robust linkages between learning disability services and general hospitals.

While all health and social care trusts have processes in place to implement GAIN guidelines, RQIA considers that trusts need more robust procedures for monitoring progress, ensuring there are appropriate reporting mechanisms in place at director and trust board level.

RQIA made 19 recommendations, which, if implemented we believe will improve the level of care experienced by people with a learning disability in general hospital settings.

Review of Stroke Services in Northern Ireland

Since 2008, the Regional Stroke Strategy Implementation Group has taken forward the implementation of the Northern Ireland stroke strategy with the HSC trusts. While much progress has been achieved, further work is required in the implementation of a number of the strategy's recommendations.

In December, RQIA published the findings of its review of stroke services in Northern Ireland. While most patients were admitted to stroke wards, some were initially transferred to other wards due to bed capacity pressures. In cases where stroke patients were placed in outlying wards, their level of stroke care and rehabilitation was not always as comprehensive as that received in a dedicated stroke unit.

RQIA's review team found that communication with patients regarding their condition, treatment and support needs to be improved, an area that could also benefit from a regional approach. They also noted there was evidence of limited engagement and communication between secondary and primary care. For improved patient outcomes, this is an area that needs to be reviewed and developed.

Across Northern Ireland, stroke teams were found to be committed and enthusiastic, and they demonstrate a genuine sense of teamwork and willingness to provide high quality stroke care. This review made 22 recommendations to improve the quality of stroke services across Northern Ireland.

Review of Discharge Arrangements from Acute Hospitals

In December 2014, RQIA published the findings of its Review of Discharge Arrangements from Acute Hospitals.

The review team found that elements of the patient journey leading to discharge were fragmented, and recommended that trusts resolve the obstacles hindering effective discharge planning. Delays ranged from two hours to several days. RQIA also recommended that health and social care trusts provide a system that allows discharges to take effect across a seven day working week. Trusts should plan for a patient's discharge from the point of admission and coordinate arrangements for the provision of medicines, discharge letters, and transport for those who require help going home.

The review team also noted that some discharge summaries continue to be handwritten - in contravention of accepted guidance. The review team recommended that all trusts should fully implement electronic production and transmission of discharge summaries and ensure that no hand written summaries are produced. These should be sent directly to general practitioners (GPs), and not sent home with patients to pass on to their GP. Overall, the review team made 20 recommendations to improve discharge arrangements from hospitals across Northern Ireland.

Review of the Care of Older People in Acute Hospitals

In March 2015, RQIA published the findings of its Review of the Care of Older People in Acute Hospitals. This was the result of a programme of unannounced inspections at Northern Ireland's 11 acute hospitals, with RQIA speaking to over 350 patients and their relatives, observing practice and reviewing patients' notes.

While RQIA found good practice in each of the areas examined, there was room for improvement in a number of areas. This review team made 14 regional recommendations to improve the quality of care for older people in Northern Ireland's hospitals. In addition, individual recommendations were made to each hospital inspected, to be addressed through individual quality improvement plans, published with the reports.

Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust

Following the declaration of a major incident at the Royal Victoria Hospital in January 2014, the health minister requested RQIA to conduct an immediate inspection of the Emergency Department and Acute Medical Unit, which was published in April 2014 (see p.27). The minister also asked RQIA to conduct a wider review of unscheduled care at the Belfast Trust, and wider regional considerations.

In July 2014, RQIA published the findings of its Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations. The review team made a total of 17 recommendations for improvement in the management of unscheduled care in the Belfast Trust and the wider health and social care system across Northern Ireland.

Independent Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus

In July 2014, RQIA published the findings of an independent review team's assessment of actions taken in relation to concerns raised about the care delivered at Cherry Tree House in Carrickfergus from 2005 to 2013. The review examined the actions taken by a number of bodies – DHSSPS, the HSC Board, HSC trusts, and RQIA in response to complaints and whistleblowing concerns.

The independent review team made 22 recommendations for improvement by health and social care organisations in relation to complaints, whistleblowing and inspection processes. A number of these recommendations were for RQIA to address. As a learning organisation, we continually work to strengthen and improve our regulatory processes to ensure that learning is embedded in practice across health and social care.

Independent Inquiry into Child Sexual Exploitation

In November 2013 the then health minister, Edwin Poots, MLA, announced the appointment of Kathleen Marshall, former Commissioner for Children and Young People in Scotland to chair the Independent Inquiry into Child Sexual Exploitation in Northern Ireland. The inquiry, facilitated by RQIA, Criminal Justice Inspection Northern Ireland (CJI) and the Education and Training Inspectorate (ETI), submitted its report to the health, justice and education ministers in November 2014.



Child Sexual Exploitation Inquiry Team: Fiona Smith, RCN Children's and Young People's Advisor; Derek Williamson, CJI Inspector; Noelle Buick, ETI Chief Inspector; Kathleen Marshall, Inquiry Chair; Glenn Houston RQIA Chief Executive RQIA

A key element of this inquiry was strong engagement with young people, parents, professional and community groups and a range of statutory and voluntary agencies across the health, social care, justice and education sectors. During the inquiry, the team consulted with almost 600 young people and nearly 800 parents.

The inquiry chair reported that while child sexual exploitation was not a new phenomenon, it has become a more significant threat to a greater number of children and young people with ready access to the internet. While it is difficult to assess the extent of child sexual exploitation, the indications from the review team were that it is widespread and growing, and not restricted to children in care.

The inquiry chair noted that while child sexual exploitation takes forms similar to those seen elsewhere, there are Northern Ireland-specific dimensions related, in particular, to the influence of powerful individuals in some communities. The inquiry made 17 key recommendations, and a further 60 supporting recommendations to the ministers for health, justice and education.

Review of the Implementation of the Royal Dental Hospital Inquiry Action Plan

In November 2013, following the publication of the Dental Hospital Inquiry Action Plan in July 2013, DHSSPS commissioned RQIA to review the implementation of specific actions relating to the Belfast Trust and the HSC Board. The report was published in December 2014. The review team found that while 15 of the 22 actions were fully implemented, seven required further work.

RQIA noted strengthened governance arrangements at the Royal Dental Hospital, and welcomed that staff are clearer in their roles and responsibilities in relation to patient safety. However, long-term staffing arrangements to ensure sustainability of oral medicine and other dental services should be reviewed, as should arrangements for succession planning at the hospital.

The review team also recommended that the Belfast Trust focuses on completing the refurbishment of the Royal Dental Hospital; developing the patient and staff outcome measures; and the involvement of service users in planning, developing and monitoring the services at the Royal Dental Hospital. RQIA will conduct a further assessment of progress against the action plan during 2015-16.

Ongoing Review Activity

During the year, work continued on a number of reviews:

- Risk Assessment: Addictions Services
- Provision of Services for People with an Acquired Brain Injury
- Provision of Specialist Care Services for People in their own Homes: Community Respiratory Services
- Diabetic Retinopathy Screening Service
- Eating Disorder Services
- Medicines Management in Primary Care
- Palliative Care Services

It is anticipated that our findings will be published during 2015-16.

Infection Prevention and Hygiene Inspection Programme

RQIA's programme of infection prevention/hygiene inspections focus attention on practice in a range of areas crucial to the prevention of health care associated infections. Compliance is audited against a suite of regional healthcare hygiene and cleanliness standards. During the year, 35 inspections were conducted, including 29 unannounced visits to hospitals, and announced governance inspections at each of the five HSC trusts and the Northern Ireland Ambulance Service HSC Trust (see table 7).

Table 7: Infection Prevention/Hygiene inspections 2014-15

Inspection Type	Number of Inspections	Number of Clinical Areas
Unannounced: Critical Care	12	12
Unannounced: Hospital	9	24
Unannounced Re-audit	3	4
Unannounced: Independent Hospital – Theatre Practice	4	4
Unannounced Neonatal Unit	1	1
Announced Governance Inspection of HSC Trusts	6	n/a
Total	35	45

RQIA has noted a continued improvement in compliance levels across wards and clinical areas inspected, with 41 clinical areas achieving an overall compliant level. However, for the first time in three years, one clinical area inspected scored an overall minimal compliance level with healthcare hygiene and cleanliness standards (see Table 8).

Table 8: Overall Compliance Levels for Unannounced Infection Prevention/ Hygiene Inspections, 2012-15

Overall Compliance Level	2012-13 (%)	2013-14(%)	2014-15(%)
Compliant	73	88	91
Partial Compliance	27	12	7
Minimal Compliance	0	0	2

All inspection reports are published on RQIA's website and include a quality improvement action plan, detailing the actions being taken by the service provider in response to concerns raised by RQIA. Progress is monitored through further inspection activity. Any area scoring a partial or minimal compliance score was subject to a re-audit by RQIA, and during the year four re-audits were conducted.

During 2014-15, the number of areas assessed as minimally compliant with specific regional healthcare hygiene and cleanliness standards had decreased. Table 9 highlights the compliance levels achieved with regional standards during inspection.

Table 9: Compliance with Individual Regional Healthcare Hygiene and Cleanliness Standards*, 2014-15

Inspection Standard	Number of areas compliant with inspection standard	Number of areas partially compliant with inspection standard	Number of areas minimally-compliant with inspection standard
General Environment	27	14	3
Patient Linen	38	6	-
Sharps	34	6	4
Waste	40	4	-
Patient Equipment	32	7	5
Hygiene Facilities	44	-	-
Hygiene Practices	37	5	2
Total	252	42	14

* Excludes the neonatal inspection, which was inspected against a range of separate standards

RQIA Inspection of Unscheduled Care in the Belfast Health and Social Care Trust

Following the declaration of a major incident at the Royal Victoria Hospital, Belfast, and concerns brought to RQIA's attention by medical staff at the hospital in January 2014, RQIA was asked by the then Minister, Edwin Poots, MLA, to conduct an inspection of the Emergency Department and Acute Medical Unit.

The inspection, which took place over four days from 31 January 2014, focused on a range of issues including: staffing levels for nursing and medical staff; safety; the environment and the patient experience. RQIA observed practice in departments and wards, observed team meetings and examined documentation and patient care records. The inspection team also spoke to over 100 staff from a wide range of disciplines, and to patients and their relatives.

RQIA published its inspection report in April 2014, which made 59 recommendations for improvement at the hospital. A follow-up inspection conducted in May 2014, published in November, found that progress had been made towards the implementation of most recommendations. However, a number had not been addressed. A further follow-up inspection was conducted in December 2014, and a report of RQIA's findings is due for publication in May 2015.

Programme of Acute Hospital Inspections

In April 2014, RQIA was commissioned by DHSSPS to establish a programme of unannounced inspections of the quality of services in acute hospitals in Northern Ireland, from 2015-16.

During the year, RQIA developed its programme to conduct inspections which will report on the safety, effectiveness and patient experience of care, in line with RQIA's three stakeholder outcomes, agreed for the period of the RQIA Corporate Strategy for 2015 to 2018.

Inspection teams will include RQIA staff, RQIA lay assessors and peer assessors from health and social care organisations. RQIA also worked with NIMDTA and universities on the involvement of junior doctors and student nurses as members of inspection teams. The inspection methodology will be piloted for a three month period prior to the introduction of the inspection programme in autumn 2015.

Complaints about Health and Social Care Services

Under regional guidance for complaints (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, DHSSPS, 2009), responsibility for investigating a complaint about any regulated service rests with the provider. The provider is required by legislation to ensure that complaints are fully investigated and to make every attempt to achieve local resolution. The local HSC trust also has a continuing duty of care to the service user, and may assist in resolving complaints through enhanced local resolution. Complainants can also receive advice and support in pursuing a complaint from the Patient and Client Council (PCC) at freephone: 0800 917 0222 or email: info.pcc@hscni.net. Where local resolution is unsuccessful, the complainant can refer their concerns to the Northern Ireland Ombudsman at freephone: 0800 343 424 or email: ombudsman@ni-ombudsman.org.uk.

While RQIA does not investigate individual complaints, we take all concerns brought to our attention seriously. Any such information is shared with the inspector for the service to determine whether there are any potential breaches of regulation or standards, or issues that require the attention of RQIA. Through its regulatory activities, RQIA also ensures that providers have an appropriate complaints and investigations procedure in place.

Whistleblowing

In line with The Public Interest Disclosure (Northern Ireland) Order 1998 and RQIA's responsibilities to ensure maximum protection for vulnerable service users, RQIA treats all reports that indicate potential breaches in regulations and standards seriously.

During the year RQIA was contacted by almost 60 staff members of health and social care services wishing to raise concerns about the quality and safety of services being provided in identified establishments and agencies. RQIA followed up these disclosures, where necessary through unannounced inspections and on a number of occasions this led to formal escalation or enforcement action to drive improvements in the quality of services.

INFORMING THE POPULATION

Partnership with Stakeholder Organisations

RQIA has strong partnerships with peer health and social care systems regulators, inspectorates and professional regulatory bodies across the United Kingdom, Ireland and Europe. These provide an opportunity to share best practice in regulation and to benchmark our practice with peer organisations.

Throughout the year, RQIA continued, and further developed, effective working relationships with DHSSPS, HSC Board, HSC trusts and agencies, including the Public Health Agency and Patient and Client Council, through regular liaison meetings to discuss areas of common interest and concern.

RQIA also works with a wide range of stakeholders including: the Commissioner for Older People for Northern Ireland; CJI; Education and Training Inspectorate; Her Majesty's Inspectorate of Prisons: Northern Ireland Commissioner for Children and Young People; Northern Ireland Social Care Council; and, The Prisoner Ombudsman for NI.

Political Engagement

RQIA also continued its engagement with political representatives, through meetings with party political health and social care spokespersons; responses to assembly questions; and appearances before the Northern Ireland Assembly Committee for Health, Social Services and Public Safety.

In November 2014, RQIA provided evidence to the Northern Ireland Assembly Committee for Health, Social Services and Public Safety on the findings of the Independent Inquiry into Child Sexual Abuse in Northern Ireland.

In January 2015, RQIA appeared before the Northern Ireland Assembly Committee for Justice in relation to RQIA's response to the consultation on the Justice Bill. RQIA provided evidence on the potential implications of the proposed amendment for the RQIA's regulatory role and responsibilities under the Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003 and the Independent Health Care Regulations (Northern Ireland) 2005.

In June 2014, RQIA participated in the Joint Regulators Parliamentary Reception at Parliament Buildings, Stormont. The purpose of the event was to raise awareness of both health and social care systems and professional regulators in government. It also provided regulators an opportunity to meet a wide range of stakeholders, to highlight their role in the delivery of high standards of patient safety, and raise awareness of the relationship between regulation and health policy.

Those involved included RQIA, NISCC, the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the General Dental Council. Over 60 people attended, including members of the Assembly's health committee, members of the legislative assembly (MLAs) and their research staff, senior representatives of DHSSPS, the Northern Ireland Ombudsman and stakeholders in education, Royal Colleges and professional bodies.



David Silcock, RQIA Communications Officer at Joint Regulators Parliamentary Reception, June 2014

Communication

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

In its engagement with the media, RQIA provides open and comprehensive briefings to ensure clarity on the nature, breadth and complexity of health and social care regulation activities.

RQIA continued to develop its website www.rqia.org.uk, taking account of user feedback, to ensure relevant information was made available in an accessible and timely manner. During the year, work began on preparing a business case to replace and upgrade the website which has been in place since April 2007.

Traffic to RQIA's website continued to increase. During 2014-15, www.rqia.org.uk received around 130,000 visitors, viewing over 540,000 webpages, an increase from 125,000 visitors and 530,000 views in 2013-14.

Our interactive map feature, which hosts 12,000 inspection reports for adult regulated services, received over 200,000 views during the year. The associated pages providing details of our enforcement activity were visited on 35,000 occasions.

The screenshot shows the RQIA website homepage. At the top left is the RQIA logo and name. To the right are links for 'Contact us', 'Accessibility', 'Glossary', and 'Sitemap'. Below this is a navigation bar with 'Home', 'About us', 'What we do', 'Inspections', and 'Publications', along with a search box. A 'Quick links' sidebar on the left lists categories like 'Who we are', 'Registration and Inspection', 'RCIA Reviews', 'Dental Regulation', 'Mental Health and Learning Disability', 'Infection Prevention', 'Useful links', 'Press releases', 'Notifiable events', 'Archived News', 'Board meetings', 'Service Provider Guidance - 2015/16', and 'RCIA MHLI Inspector Keadshaw April 2015'. The main content area features a large image of a baby being held, a paragraph about RQIA's role, a cookie notice, and a 'Listen' button for BrowseAloud. A right-hand sidebar contains sections for 'Inspections', 'Enforcement', 'Register of services', 'Guides', and 'Feedback and comments'.

RQIA's website, www.rqia.org.uk, uses BrowseAloud, which allows the visitors with a hearing or sight impairment to have pages speech enabled, magnified or simplified

All RQIA inspection and review reports (excluding those relating to individual children's services) are published online at www.rqia.org.uk, providing easy access for the public to information on the quality of health and social care services.

Social Media

During 2014, RQIA established a social media presence on Twitter, [@RQIANews](https://twitter.com/RQIANews), which highlighted key activities, including the publication of review reports and opportunities to participate in the work of RQIA. By March 2015, [@RQIANews](https://twitter.com/RQIANews) had almost 400 followers.

Patient and Public Involvement

RQIA is committed to engaging effectively with the public and stakeholders to achieve improvements in the safety and quality of services. Personal and Public Involvement (PPI) is fundamental to how RQIA delivers its core activities.

Each year a PPI Action Plan is developed, overseen by our PPI Forum, which includes both lay, Board and staff membership. During 2014-15 key actions included:

- A series of pre-consultation events across Northern Ireland to ensure stakeholders' views were taken into account in the development of RQIA's draft Corporate Strategy and Review Programme for the period 2015-18
- Seeking the views of service users, carers, relatives and staff in regulated services through pre-inspection questionnaires. Almost 800 responses were received, which supported the identification and development of RQIA's themes for inspection
- Taking account of the views of patients and relatives in thematic and service reviews conducted during the year
- Service users were involved in the development of easy read inspection reports for mental health and learning disability services. In addition to a detailed inspection report, an easy read report was also produced, and these were made available on hospital ward notice boards and published on RQIA's website
- Patient experience interviews were carried out to ensure the rights of service users in receipt of inpatient care in mental health and learning disability facilities across Northern Ireland were upheld and promoted
- RQIA's User Consultation Officer continued to ensure that service users' views were gathered in advance of inspections at domiciliary care services. During the year around 600 interviews were undertaken
- RQIA recruited a team of lay assessors to gather the views and experiences of service users within regulated services and in mental health and learning disability facilities. Lay assessors were also engaged in RQIA's infection prevention inspections and in a number of reviews.

Freedom of Information and Data Protection

RQIA, as a public body, is required to respond to requests for information in line with the Freedom of Information Act 2000 and the Data Protection Act 1998.

During 2014-15, RQIA received 92 requests under freedom of information, and responded to 91 of these within 20 working days. Eight subject access requests were also received and all were responded to within 40 calendar days.

In 2014-15, one data incident was required to be reported to the Information Commissioner's Office (ICO), however, no personal data was lost or shared inappropriately. The ICO advised that due to the actions taken by RQIA, there would be no further action by ICO. Learning from this incident was shared with RQIA staff, and mandatory training on information governance was completed by all staff during 2014-15.

SAFEGUARDING RIGHTS

Safeguarding the rights of all those who access health and social care services is central to RQIA's approach to all its functions. RQIA places a clear focus on the delivery of good quality care and treatment and safe outcomes for service users.

Mental Health and Learning Disability

Since 2009, under The Mental Health (Northern Ireland) Order 1986, as amended by the Health and Social Care Reform (Northern Ireland) Act 2009, RQIA has a range of responsibilities for people with a mental ill health and those with a learning disability.

RQIA's key responsibilities are:

- preventing ill treatment
- remedying any deficiency in care or treatment
- terminating improper detention in a hospital or guardianship
- preventing or redressing loss or damage to a patient's property

In line with the provisions of the Mental Health (NI) Order 1986, RQIA monitors the appropriateness of applications for detention and guardianship, through an analysis of all prescribed detention and guardianship forms received from HSC trusts. During 2014-15, RQIA monitored almost 11,000 prescribed forms to ensure the appropriateness of all detentions and guardianship orders. Where any issues or concerns were identified, RQIA advised the relevant trust to ensure these were addressed as a matter of priority. During 2014-15 a total of 29 improper detentions were reported by RQIA to HSC trusts. In these cases the detention process started afresh to ensure that patients were afforded safeguards in line with the legislation.

To drive ongoing quality improvement, RQIA provided a training seminar for HSC trust medical records staff in respect of the completion of prescribed forms, trend data on detentions and errors, and other serious concerns noted by RQIA.

During 2014-15, RQIA examined and reviewed over 200 treatment plans developed by the HSC trust for patients detained over three months. RQIA noted a 10% reduction in the error rate since the previous audit, and made recommendations for improvements, with a further audit is planned for 2015-16 to assess progress.

In 2014, new procedures were developed for the provision of second opinions by a medical practitioner appointed by RQIA on the continued use of medications for detained patients unable to consent to treatment, or were unwilling to consent to treatment after a three month period. These procedures will take effect from April 2015.

RQIA conducted 65 primary inspections of mental health and learning disability wards as part of both a planned programme of inspection and in response to concerns identified through complaints and whistleblowing.

The human rights theme of autonomy was selected for all mental health and learning disability inspection. Inspectors used six expectation statements to review the safety and quality of care afforded to patients. It was encouraging to note that more than 75% of wards demonstrated compliance or substantial compliance with expectation statements related to therapeutic and recreational activity, information about rights and discharge planning.

However, inspection findings demonstrated lower levels of compliance with respect to capacity and consent, individualised assessment and management of need and risk, and restriction and deprivation of liberty. The majority of RQIA's inspection recommendations during the year related to these areas.

RQIA works to ensure that dignity and respect are the primary focus of all those involved in the care of detained patients. During RQIA's programme of individual patient experience reviews, inspectors met with 286 patients, 125 of whom were subject to detention under the Mental Health (NI) Order 1986, to gain their views on their care.

The results from the patient experience interviews indicated that generally patients have had a positive experience in hospital. However, the patient experience interviews also highlighted: concerns around delayed discharges; the provision of information in a format that meets all the communication needs of all patients; staff knowledge, understanding and application of good practice guidance in relation to restrictive practices; and patients' involvement in their care planning.

Other issues included: the quality and choice of food; limited access to occupational therapy, psychology services, and therapeutic and recreational activities; restricted time of the ward due to staff shortages; and environmental issues.

The introduction of lay assessors has added value to the inspection process during the year, with the development of easy to read patient questionnaires and observation tools.

During 2014-15, RQIA published easy read inspection reports alongside fuller reports for every inspection of mental health and learning disability services. This approach was developed in response from a request from a patients' representative group, who worked in partnership with RQIA to develop an easy read report template.

RQIA monitors all serious adverse incidents (SAIs) relating to patients known to mental health and learning disability services. These were followed up where there were potential concerns relating to ill treatment, or deficiencies in care or treatment.

RQIA noted a 70% increase in the number of SAI investigation reports received by RQIA on the previous year. RQIA continued to review SAI investigation reports and monitored the implementation of any recommendations relevant to wards in the mental health and learning disability hospitals.

Sharing Learning



Rosemary Smyth, Irish Mental Health Commission, Dr Colin Dale, Caring Solutions, and Theresa Nixon, RQIA, at Dublin Castle, December 2014

In December 2014, RQIA and the Irish Mental Health Commission jointly hosted a conference at Dublin Castle, with around 160 attendees, on deprivation of liberty and implications of recent legal challenges in England and judicial reviews in Northern Ireland.

In January 2015, RQIA, supported by the Royal College of Psychiatrists, held a workshop attended by some 80 medical practitioners to provide an overview of key activities during the year. These included: evaluating the service provision for the physical health needs of people with mental illness or learning disability; RQIA processes for second opinions; audit of treatment plans; and electroconvulsive therapy.

Human Rights

RQIA is designated as a national preventive mechanism (NPM) under the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). This international convention aims to strengthen protections for people deprived of their liberty. As part of its duties as an NPM, RQIA visits to places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment.

Human rights principles are embedded in all our inspection and review activities, with a clear focus on positive outcomes for service users. Using human rights principles and standards in its activities, RQIA has highlighted the link between practice, patient experience and outcomes.

During the year RQIA visited a range of services including mental health hospitals, prisons and police custody suites under its NMP responsibilities.

RQIA continued to work in partnership with the Care Quality Commission, Mental Welfare Commission for Scotland and Healthcare Inspectorate Wales on the issue of de facto detention, where an individual who, while not formally detained by law, may be deprived of liberty.

Prison Health and Social Care

The independent inspection of prisons is part of the mechanism by which the UK fulfils its obligations as a signatory to OPCAT.



During 2014-15, RQIA conducted joint inspections, in partnership with CJI and ETI at Magilligan Prison, Woodlands Juvenile Justice Centre, and monitoring visits in relation to the Prison Review Team's work.

In October 2014, CJI and RQIA published *The Safety Of Prisoners Held by The Northern Ireland Prison Service*, a joint report of inspections of prisons at Magilligan, Hydebank Wood and Maghaberry.

The inspection focused on safer custody, suicide and self-harm prevention, violence reduction and anti-bullying, the use of drugs and the healthcare support available to prisoners. The inspection examined the aspects of safety within the three Northern Ireland prisons following recommendations arising from a Prison Review Team report

The inspection report, published in October 2014, made three strategic recommendations to be addressed as a matter of urgency, and completed by July 2015. The report called for joint strategies between the Northern Ireland Prison Service and the South Eastern HSC Trust to address the inter-linked areas of suicide, self-harm, bullying and violence reduction and the availability and access to illegal and prescription drugs.

A joint unannounced inspection was conducted at Magilligan Prison from 27 May to 5 June 2014 by a multidisciplinary team of inspectors from Criminal Justice Inspection Northern Ireland, Her Majesty's Inspectorate of Prisons for England and Wales, RQIA and the Education and Training Inspectorate.

In a report of its findings, published in February 2015, the inspection team noted that while the prison has significant strengths, its performance in some areas had declined since it was last inspected in 2010.

The team reported that there were good relationships between staff and prisoners and reasonable levels of safety at the prison. They also found evidence that mental health services had improved within the prison, and interventions to tackle substance misuse were comprehensive and appropriate, although waiting lists were long.

The report made 79 recommendations for improvement across a range of areas, with 25 relating to health care at the prison.

Equality

Throughout the year RQIA continued to implement its equality and disability action plans. In September 2014, RQIA submitted its annual progress report on Section 75 of the Northern Ireland Act 1998 and Section 49A of The Disability Discrimination (Northern Ireland) Order 2006 to the Equality Commission.

INFLUENCING POLICY

Through its work, RQIA has contributed to the development of a range of regional policies and guidance. In addition, the recommendations arising from RQIA's reviews also influence policy in a range of areas.

Following the publication of RQIA's Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations in July 2014, the Minister asked the Chief Medical Officer and Chief Nursing Officer to establish an Unscheduled Care Task Force to take forward improvements identified within this review.

During the year, DHSSPS established a working group to develop a regional strategy for radiology services, which was a key recommendation of RQIA's Independent Review of Reporting Arrangements for Radiological Investigations, May 2012.

RQIA's Director of Reviews and Medical Director participated in DHSSPS's Quality 2020 workstream to develop a common curriculum for patient safety for medical, nursing and pharmacy students.

RQIA's Review of Oversight of Service Users' Finances in Residential and Supported Living Settings, published in June 2014, recommended that existing DHSSPS guidance should be reviewed to reflect an increase in the use of independent facilities and supported living. In response, DHSSPS established a working group to review guidance in this area to ensure it is fit for purpose.

In November 2014, RQIA, in partnership with the Patient and Client Council held the inaugural meeting of the Quality 2020 Stakeholder Forum. Around 70 representatives from a wide range of organisations were updated on the workstreams of Quality 2020, and on how quality initiatives in health and social care are being taken forward in Scotland. Around 70 people attended the event.

Development of Standards and Guidelines

Members of RQIA's regulation team supported and contributed to the development of new Care Standards for Nursing Homes. These are due for publication during 2015-16, and will form the basis of RQIA's inspections of nursing homes in the years ahead.

RQIA also participated in collaborative working groups to develop and review DHSSPS minimum care standards for children's homes and Independent Healthcare Establishments; and the Quality Standards for Health and Social Care.

Responses to Consultations

During the year, RQIA responded to a range of consultations, which were relevant to the work of RQIA. These included:

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- DHSSPS Consultation on The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2014, April 2014
- DHSSPS Consultation on Proposals for New Mental Capacity Legislation for Northern Ireland, September 2014
- Pharmaceutical Society of Northern Ireland Consultation on Draft Standards for the Provision of Monitored Dosage Systems (MDS), September 2014
- DHSSPS Minimum Care Standards for Nursing Homes, October 2014
- DHSSPS Consultation on a Proposal to Introduce Primary Legislation for the Use of Health and Social Care Service User Identifiable Information for Secondary Purposes in Controlled Circumstances, October 2014
- HSC Board Consultation on Protocol for Joint Investigation of Adult Safeguarding Cases, November 2014
- DHSSPS Draft Budget 2015-16, December 2014
- DHSSPS Consultation on Draft Standards for Supported Lodgings for Young Adults Aged 16 - 21 in Northern Ireland, January 2015
- DHSSPS Service Framework for Children and Young People Consultation, January 2015
- DHSSPS Consultation on Adult Safeguarding Policy, January 2015
- HC-One's Consultation on an Opt In Visible Camera Scheme, December 2014
- DHSSPS Consultation on The Donaldson Report Recommendations (The Right Time, The Right Place: An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland), February 2015

CORPORATE ACTIVITIES

Strategic Performance Management

RQIA's Corporate Strategy 2012-15 sets out its vision, core values and strategic objectives and our Annual Business Plan 2014-15 detailed specific actions to deliver RQIA's strategic objectives, the timescale for action and associated resources.

On a quarterly basis, a corporate performance report was presented to RQIA's Board, providing progress on the delivery of the actions identified within the annual business plan. This provided detail of RQIA's progress in delivering 99 business actions and 45 supporting measures of success, linked to our strategic objectives and priorities.

The corporate performance report for the period 2014-15 reported the completion of 90 actions by 31 March 2015. Four measures of success required exception reports, detailing how the outstanding actions were to be addressed.

In January 2015, RQIA's Board approved a new three year Corporate Strategy 2015-18 and approved the Annual Business Plan 2015-16 in March 2015.

RQIA's Risk Management Strategy 2014-15 sets out our approach to ensuring the effective identification and management of risks to deliver RQIA's corporate objectives. During the year, these risks were monitored and managed by RQIA's Board through consideration of the Corporate Risk Assurance Framework Report.

To ensure continuity of service in an unplanned emergency situation, RQIA tests its business continuity plan on an annual basis. To reflect learning from these tests, RQIA produces an action plan and revises the plan as necessary.

Steps to Excellence Programme (STEP)

Throughout 2014-15 RQIA continued its focus on embedding a culture of continuous improvement across the organisation. Following RQIA's first assessment against EFQM (European Foundation for Quality Management) in 2013, a range of improvement initiatives aligned with the model were identified.

During 2014-15, key achievements included: the attainment of Investors in People (IiP) accreditation; the implementation of iConnect, a new information management system for RQIA's regulatory activities; initiation of the RQIA's regulation improvement programme; the development of new inspection methodology for mental health and learning disability services; planning and developing a new programme of inspection for acute hospitals; and involvement of a cohort of new lay assessors in inspections and review activity, engaging directly with service users to gain a service user and patient perspective on the quality of care received.



Fiona Stevenson, RQIA, Derek Baker, Permanent Secretary, Department of Employment and Learning and Theresa Nixon, RQIA

In 2014-15 a Strategic Improvement Steering Group was established. Membership of the group consists of two Board members and the Chief Executive. The group is tasked with oversight of strategic improvement initiatives within RQIA.

People

As an employer, RQIA has a contractual duty of care to all staff, and a suite of human resources policies and procedures. In addition, RQIA ensures compliance with relevant legislation in this area, including: section 75 of the Northern Ireland Act, the Disability Discrimination Act 1995 and The Disability Discrimination (Northern Ireland) Order 2006.

During 2014-15, RQIA attained Investors in People (IiP) accreditation. IiP is the most successful framework for organisational improvement through people in the UK. Achieving IiP accreditation demonstrates RQIA's commitment to investing in and developing our staff and our belief that this is fundamental to our success as an organisation.

Organisational learning development activities also continued throughout the year, which included training on a range of issues for all staff.

Sickness absence was recorded at 3.9% (1,401 days lost through sickness) against a target of 4.8%. This compares with the same percentage level of absence for the previous year. During the year, staff turnover was recorded at 10% (10% in 2013-14), with 15 people leaving the organisation.

RQIA is committed to a partnership approach to working with staff, in conjunction with the trade unions and professional associations through its Joint Negotiating and Consultative Forum (JNCF). The JNCF met three times during the year, acting as a reference group for good practice and a focus for consultation and negotiation on policies and issues affecting the organisation.

Information and Communication Technology

During the year, RQIA continued to manage and maintain its information and communication technology (ICT) network, infrastructure, operating systems and associated equipment in-house. To support increased mobility both internally and externally, a secure Wi-Fi network was introduced in our Belfast office and improvements were undertaken in relation to secure remote access to ICT systems for RQIA's staff. In addition, to ensure the ongoing resilience of the service, RQIA's ICT disaster recovery plan was tested in November 2014.

The delivery of ICT continued to be customer focused, with ongoing engagement via a user group; monthly newsletters; and an annual ICT survey.

RQIA's new iConnect information system was launched in June 2014. Work on the second phase of iConnect, a web portal for regulated services, continued during the year. It is anticipated this will be introduced during 2015-16.

Sustainable Development

RQIA has an annual Sustainable Development Action Plan, which identifies priorities for the year. During 2014-15, a sustainability audit was conducted at RQIA in conjunction with Sustainable NI. This highlighted that good sustainable practice is embedded within RQIA in a number of areas. The report also identified a number of improvements which will be taken forward during 2015-16.

During the year, there was a particular focus on electricity usage at RQIA's Belfast office, which resulted in an eight per cent reduction on the previous year. Significant work was also carried out to improve air conditioning systems, which resulted in improved environmental conditions within the office.

Two joint working initiatives commenced during the year. Following representations by RQIA, British Telecom established a Riverside Tower tenants group which meets regularly and includes sustainability as a standing agenda item. RQIA also hosted a meeting of health and social care arm's length bodies to consider how the sustainable development agenda can best be progressed within these organisation.

RQIA continued with a range of other initiatives including: recycling of all office waste including photocopying cartridges and consumables; measures to reduce paper consumption; and promotion of sustainable transport for staff.

Complaints about RQIA

During the year, nine complaints were received about RQIA relating to the work of the organisation and our staff. These were handled in line with RQIA's Policy and Procedure on the Management and Handling of Complaints, September 2011. Seven of these were resolved at Stage 1: Early Local Resolution of the complaints procedure, while two were referred to the Stage 2: Review by the Stage 2 Complaints Panel. To ensure learning from complaints, RQIA disseminates any lessons learned to its staff.

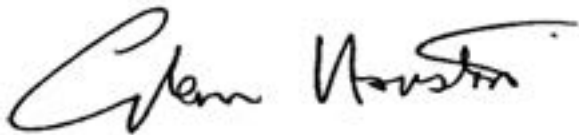
Financial Summary

	£
Staff Costs	6,182,271
Depreciation	53,292
Other Expenditures	1,615,928
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Total Expenditure	7,851,491
Fees and recharged costs	954,459
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Net Expenditure	<u>6,897,032</u>
Revenue Resource Limit	6,897,586
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Surplus	<u><u>554</u></u>

Capital expenditure amounted to £322,678 financed by DHSSPS.

Going Concern Basis

As a non-departmental public body, RQIA is mainly funded through DHSSPS. As DHSSPS funding will continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis. However, RQIA recognises that the level of future funding is uncertain.



Glenn Houston
Chief Executive

Date: 9 July 2015

Appendix 1: RQIA Board Members' Profiles (as at 31 March 2015)

Dr Alan Lennon, OBE, Chairman

Dr Alan Lennon was appointed as Chairman of RQIA on 30 June 2014 for a four-year term. Dr Lennon holds a PhD in engineering and is a former managing director of Munster Simms and currently works as a management consultant. Dr Lennon is a visiting professor at the Ulster Business School. He was also Chairman of the Council for the Curriculum, Examination and Assessment (CCEA) for nine years, and was a board member of Invest Northern Ireland (INI) for six years. Alan lives near Annahilt.

Mrs Stella Cunningham

Stella Cunningham was appointed to RQIA's Board in April 2014 for a four-year term. She is a member of the Northern Ireland Social Care Council Conduct Committee, and is also a member of the management committee of Craigavon Citizens Advice Bureau. Stella lives in Waringstown.

Mrs Sarah Havlin

Sarah Havlin was appointed to RQIA's Board in December 2011 for a four-year term. A solicitor by profession, Sarah is a freelance consultant working on judicial positions on tribunals/appeals panels, formal arbitration and mediation work. She is also a part-time law lecturer at Queen's University and the Open University. Sarah is a member of RQIA's Appointments and Remuneration Committee.

Dr John Jenkins, CBE

Dr John Jenkins was appointed to RQIA's Board in May 2013 for a four-year term and is a member of RQIA's Appointments and Remuneration Committee. He is an Honorary Senior Lecturer in Child Health at Queen's University Belfast, and was a Consultant Paediatrician. Dr Jenkins lives in Ballymena.

Mr Seamus Magee, OBE

Seamus Magee was appointed to RQIA's Board in April 2014 for a four-year term. Prior to his retirement in June 2014, Seamus was Head of the Electoral Commission's office in Northern Ireland. He is a lay assessor with the General Medical Council under its Fitness to Practise procedures; chairs registration and conduct committees for the Northern Ireland Social Care Council; and is a Department of Education representative on the Board of Governors at the Assumption Grammar school, Ballynahinch. Seamus lives in Downpatrick.

Professor Mary McColgan, OBE

Mary McColgan was appointed to RQIA's Board in April 2013 for a four-year term. She is currently Head of School of Sociology and Applied Social Studies at the University of Ulster. Mary lives in Limavady.

Mr Gerry McCurdy

Gerry McCurdy was appointed to RQIA's Board in July 2014 for a four-year term. Prior to his retirement, he was a director of the Northern Ireland Food Standards Agency. Gerry lives in Belfast.

Mr Daniel McLarnon

Daniel McLarnon was appointed to RQIA's Board in April 2013 for a four-year term. Prior to his retirement, Daniel acquired significant experience in strategic management and planning at director and board level. Daniel lives in Greenisland.

Dr Norman Morrow

Dr Norman Morrow was appointed to RQIA's Board in May 2014 for a four-year term. He is the former Chief Pharmaceutical Officer for Northern Ireland and currently works on a part-time basis with the Commonwealth Pharmacists Association and in other professional advisory roles. Norman lives in Belfast.

Mr Robin Mullan

Robin Mullan was appointed to RQIA's Board in May 2014 for a four-year term. He is Chief Executive and Accounting Officer of Peamount Healthcare. He is also Deputy Chair of the Probation Board for Northern Ireland and an independent assessor with the Commissioner for Public Appointments NI. Robin lives in Belfast.

Miss Patricia O'Callaghan

Patricia O'Callaghan was appointed to RQIA's Board in April 2013 for a four-year term, and is a member of RQIA's Audit Committee and the appointment panel for Part 2 and Part 4 doctors. Patricia is a registered nurse with significant health service experience. Prior to her retirement, Patricia was Director of Head and Skeletal Services at the Belfast Health and Social Care Trust. She also a member of the Industrial Court to the Department for Employment and Learning. Patricia lives in Belfast.

Mr Denis Power

Denis Power was appointed to RQIA's Board in December 2011 for a four-year term and is chair of RQIA's Audit Committee. Prior to his retirement, Denis held senior management positions in the banking sector. He is currently a trustee of Titanic Foundation Ltd, and a director of Springboard Opportunities Ltd, and chairs the audit and risk committees in both organisations. Denis lives in Lisburn.

Ms Lindsey Smith

Lindsey Smith was appointed to RQIA's Board in December 2011 for a four-year term and is a member of RQIA's Audit Committee. Lindsey is a self-employed organisational development consultant, executive coach and experienced facilitator, and is a part-time associate lecturer at the University of Ulster and Queens University, Belfast. Lindsey is also a board member for the Health and Safety Executive Northern Ireland and for Belfast Metropolitan College. Lindsey lives in Belfast.

Appendix 2: RQIA's Inspection Themes and Standards, by Service Category, 2014-15

Boarding Schools	
Standard 4	Each child has the right to be cared for within an explicit care and discipline policy.
Standard 12	Inspection of Premises, Children and Records (Children Accommodated in Schools) Regulations (Northern Ireland) 2000.

Children's Residential Care Homes	
Standard 7	Each child has the right to be cared for within an explicit care and control policy.
Standard 13	Each child has the right to training for life skills.
Standard 18	The required records are maintained within the home.

Day Care Settings	
Standard 7:	Individual service user records and reporting arrangements: records are kept on each service user's situation, actions taken by staff and reports made to others.
Theme 1	The use of restrictive practice within the context of protecting service user's human rights.
Theme 2	Management and control of operations: management systems and arrangements are in place that support and promote the delivery of quality care services.

Domiciliary Care Agencies (Conventional)	
Standard 8	Management systems and arrangements are in place that support and promote the delivery of quality care services.
Standard 10	Clear, documented systems are in place for the management of records in accordance with legislative requirements.
Standard 11:	Staff are recruited and employed in accordance with relevant statutory employment legislation.

Domiciliary Care Agencies (Supported Living)	
Theme 1	Service users' finances and property are appropriately managed and safeguarded.
Theme 2	People who live in their own home are not inappropriately deprived of their liberty or subject to inappropriate restrictive interventions.
Theme 3	Each service user has a written individual service agreement.
Theme 4	Service users' needs assessments and care plans are reviewed at least annually in conjunction with the HSC trust.

Independent Health Care Beauty Clinics and Refractive Eye Laser Services:	
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 9	Clinical Governance
Standard 11	Practising Privileges (refractive eye services only)
Standard 16	Management and Control of Operations
Standard 48	Laser and Intense Light Sources

Independent Health Care Hospices – Adult, Day Hospice and Community	
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 9	Clinical Governance
Standard 10	Qualified Practitioners, Staff and Indemnity
Standard 16	Management and Control of Operations
Standard 37	Arrangements for the Provision of Specialist Palliative Care
Standard 38	Discharge Planning

Independent Health Care Hospices – Children	
Standard 5	Patient and client partnerships
Standard 7	Complaints
Standard 9	Clinical governance
Standard 16	Management and control of operations
Standard 31	Resuscitation
Standard 41	Assessment and care of children and young people in hospices
Standard 42	Qualifications and training for staff caring for children in hospices

Independent Health Care Independent Hospitals	
Standard 5	Patient and Client Partnerships
Standard 6	Care Pathway
Standard 7	Complaints
Standard 9	Clinical Governance
Standard 16	Management and Control of Operations
Standard 31	Resuscitation
Standard 32	Surgery

Independent Health Care: In Vitro Fertilisation	
Standard 5	Patient and client partnerships
Standard 7	Complaints
Standard 9	Clinical governance
Standard 10	Qualifications practitioners, staff and indemnity
Standard 11	Practising privileges
Standard 16	Management and control of operations
Standard 44	Facilities for assisted conception services
Standard 45	Information and decision making for patients and clients undergoing fertility treatment
Standard 47	Management of patients and clients undergoing fertility treatment

Independent Health Care: Private Dental Treatment	
Standard 13	Prevention and control of infection (safe and effective care). The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection

Independent Health Care: Private Doctors and Independent Medical Agencies	
Standard 1	Informed decision making
Standard 5	Patient and client partnerships
Standard 7	Complaints
Standard 8	Records
Standard 9	Clinical governance
Standard 10	Qualifications practitioners, staff and indemnity
Standard 11	Practising privileges
Standard 16	Management and control of operations
Standard 18	Dealing with medical emergencies (private doctors only)

Nursing Homes	
Standard 5	Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.
Theme 1	Quality of interaction schedule – observational tool
Theme 2	Care management reviews undertaken
Standard 37	Management of medicines: medicines are handled safely and securely
Standard 38	Medicine records comply with legislative requirements and current best practice
Standard 39	Medicines are safely and securely stored.
Standard 40	Medicines are safely administered in accordance with the prescribing practitioner's instructions.

Residential Care Homes	
Standard 10	Responding to residents' behaviour.
Standard 11	Care review
Standard 13	Programme of activities and events.
Standard 19:	Recruitment of Staff: Staff are recruited and employed in accordance with relevant statutory employment legislation.
Standard 30	Management of medicines: medicines are handled safely and securely
Standard 31	Medicine records comply with legislative requirements and current best practice
Standard 32	Medicines are safely and securely stored
Standard 33	Medicines are safely administered in accordance with the prescribing practitioner's instructions.

Residential Family Centres	
Standard 3	Privacy and confidentiality - privacy is promoted and respected. Information is dealt with in a confidential manner
Standard 9	Recording Practice - Records are kept on each family's progress and work undertaken with them by staff.

Voluntary Adoption Agencies	
Regulation 4	Statement of purpose
Regulation 5	Adoption Agencies Regulations (Northern Ireland) 1989: Establishment of adoption panel and appointment of members.
Regulation 11	Arrangements for the protection of children
Regulation 12 and 13	Complaints and Complaints further requirements

16 Plus Joint Commissioned Services	
Standard 1 (HSC Trusts)	Corporate parenting responsibilities
Theme 1, Standard 5 (Projects)	Ending or leaving the service
Theme 1, Standard 8 (Projects)	Service User involvement and participation

Appendix 3: Enforcement Action: 1 April 2014 - 31 March 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Admiral Care (Domiciliary Care Agency), Newtownabbey (Dawn Smyth)	4 July 2014	One notice of failure to comply with regulations issued, relating to care planning.	17 July 2014
Ann Street Dental Practice, Enniskillen (Christopher and Sinead Kelly)	2 May 2014	One notice of failure to comply with regulations issued, relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices	2 July 2014
Anniscliff House Residential Care Home, Maghera (Bernadette McGilligan, Jacqueline Davies)	18 August 2014	Three notices of failure to comply with regulations issued, relating to Access NI checks, notification of reportable events to RQIA and staff training.	15 September 2014
Anniscliff House Residential Care Home, Maghera (Bernadette McGilligan, Jacqueline Davies)	13 February 2015	One notice of failure to comply with regulations issued, relating to the management of head injuries and staff training.	Ongoing at 31 March 2015
Ard Mhacha House Care Centre (Victoria Craddock, Countrywide Care Homes Ltd)	24 March 2015	Three notices of failure to comply with regulations issued, relating to safe and effective care of patients and medicines management.	Ongoing at 31 March 2015
Ballyclose House Domiciliary Care Agency, Limavady (Western HSC Trust)	5 March 2015	One notice of failure to comply with regulations issued, relating to service user finances.	Ongoing at 31 March 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Ballymena Dental Care, Ballymena (R McMitchell Dental World Ltd)	22 May 2014	Notice of proposal to refuse an application for registration.	Ongoing at 31 March 2015
	25 June 2014	Notice of decision to refuse an application for registration.	
	25 July 2014	Appeal lodged with Care Tribunal.	
Bowen Dental, Springfield Road, Belfast (Bowen Dental)	12 May 2014	One notice of failure to comply with regulations issued, relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.	Service ceased trading on 30 July 2014
Bowen Dental, Stewartstown Road, Belfast (Bowen Dental)	12 May 2014	One notice of failure to comply with regulations issued, relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.	7 July 2014
Bradbury Dental Surgery, Belfast (Robert McMitchell, Dental World Ltd)	28 March 2014	Two notices of failure to comply with regulations issued, relating to: radiology and radiation safety and the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.	30 May 2014 (one notice) 22 July 2014 (one notice)
	2 July 2014	Notice of proposal to place conditions of registration	22 July 2014
The Brook Domiciliary Care Agency, Coleraine (Northern HSC Trust)	23 December 2014	Two notices of failure to comply with regulations issued, relating to staffing.	20 January 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Carryduff Dental Practice (Mr and Mrs Irwin)	31 March 2015	Notice of proposal to cancel registration of registered providers.	Ongoing at 31 March 2015
Castleview Nursing Home, Belfast (Tona Enterprises Ltd)	18 June 2014	One notice of failure to comply with regulations issued, relating to safeguarding.	30 July 2014
Cherry Tree House Nursing and Residential Care Home, Carrickfergus (Dr Harron, Cherry Tree House)	28 May 2014	Two notices of failure to comply with regulations issued, relating to notification of reportable events to RQIA and staff training	9 July 2014 (one notice) 16 July 2014 (one notice)
Chester Nursing Home, Whitehead (Chester Homes Ltd)	10 January 2014 12 February 2014 4 March 2014 5 June 2014	Notice of proposal to place conditions of registration Notice of decision to impose conditions of registration Appeal lodged with Care Tribunal Provider withdrew Care Tribunal appeal. Two conditions of registration imposed with effect from 12 February 2014	18 July 2014 (one condition of registration) 25 November 2014 (one condition of registration)
Clifton Nursing Home, Belfast (Runwood Homes Ltd)	22 December 2014	Three notices of failure to comply with regulations issued, relating to restrictive practices, food and fluids and staffing.	23 February 2015 (one notice) Ongoing at 31 March 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Colinvale Nursing Home, Belfast (Raymond Murphy)	8 August 2014	Ten notices of failure to comply with regulations issued, relating to risk assessments, cleanliness/ hygiene standards, training and staffing levels, meals and mealtimes, patient care records, governance, staff appraisals, staff supervision and competency and capability assessments.	10 October 2014 (four notices) 10 November 2014 (six notices)
Colinvale Nursing Home, Belfast (Raymond Murphy)	8 August 2014 23 September 2014 27 October 2014	Notice of proposal to place three conditions of registration. Notice of proposal to place three conditions of registration. Three conditions of registration placed with effect from 23 September 2014 (see appendix 3 for details).	Ongoing at 31 March 2015
Colinvale Nursing Home, Belfast (Raymond Murphy)	19 August 2014	Six notices of failure to comply with regulations issued, relating to fire safety, staff training and legionella control, medicines management, and patient finances.	10 October 2014 (three notices) 13 October 2014 (one notice) 21 October 2014 (one notice) 13 February 2015 (one notice)

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Donaghadee Dental Surgery, Donaghadee (R McMitchell Dental World Ltd)	23 January 2014 4 March 2014 18 March 2014	Notice of proposal to refuse to register Donaghadee Dental Surgery due to a failure to make provision as to the fitness of the premises to be used as an establishment. Notice of decision to refuse to register Donaghadee Dental Surgery. Appeal lodged with Care Tribunal	Ongoing at 31 March 2015
Dundonald Dental Surgery, Dundonald (R McMitchell Dental World Ltd)	13 May 2014 13 June 2014 8 July 2014	Notice of proposal to refuse an application for registration. Notice of decision to refuse an application for registration. Appeal lodged with Care Tribunal.	Ongoing at 31 March 2015
Fairways Cloonavin Green Project Domiciliary Care Agency, Coleraine (Fairways Independent Living Initiative)	12 August 2014	One notice of failure to comply with regulations issued, relating to charging for personal care	4 November 2014
Fairways Woodford Park Project Domiciliary Care Agency, Coleraine (Fairways Independent Living Initiative)	12 August 2014	One notice of failure to comply with regulations issued, relating to charging for personal care	4 November 2014

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Faith House Nursing Home, Belfast (Faith House Board of Trustees)	27 February 2014	One notices of failure to comply with regulations issued, relating to: medicines management.	28 May 2014
Finaghy Dental Practice, Belfast (Joseph Scullion)	4 March 2014	One notice of failure to comply with regulations issued relating to: the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.	6 May 2014
Glasswater Lodge Residential Care Home, Crossgar (Mr LJ and Mrs S Reid)	8 July 2014	One notice of failure to comply with regulations issued, relating to medicines management.	2 September 2014
Glasswater Lodge Residential Care Home, Crossgar (Mr LJ and Mrs S Reid)	19 February 2015	Three notices of failure to comply with regulations issued, relating to recruitment and staff records.	Ongoing at 31 March 2015
Glenview Nursing Home, Portadown (Mr and Mrs Breen)	18 March 2015	Two notices of failure to comply with regulations issued, relating to infection prevention and control and the general environment.	Ongoing at 31 March 2015
The Heathers Supported Living Service Domiciliary Care Agency, Armagh (Inspire Wellbeing Ltd)	12 September 2014	One notice of failure to comply with regulations issued, relating to staffing.	9 January 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Karina Lodge Nursing Home, Kilrea (Mr Thomas Girvan)	25 February 2015	Two notices of failure to comply with regulations issued, relating to the recruitment of staff.	Ongoing at 31 March 2015
Leitch Dental Practice, Comber (Jonathan Leitch)	24 April 2014	One notice of failure to comply with regulations issued, relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.	25 June 2014
Leitch Dental Practice, Comber (Jonathan Leitch)	19 January 2015 24 February 2015	Notice of proposal to cancel registration. Notice of decision to cancel registration.	Ongoing at 31 March 2015
Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd)	6 January 2014 18 April 2014 21 May 2014 19 June 2014 22 December 2014	One notice of failure to comply with regulations issued, relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices. Notice of proposal to place condition of registration. Notice of proposal to place condition of registration. One conditions of registration placed with effect from 19 June 2014 (see appendix 3 for details). Condition of registration lifted	22 December 2014

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Living Rivers Beach House Domiciliary Care Agency, Ballymena (Living Rivers Trust)	5 August 2014	One notice of failure to comply with regulations issued, relating to monthly quality monitoring reports.	14 August 2014
Louisville Private Nursing Home, Belfast (Raymond Liam Murphy)	19 August 2014	Two notices of failure to comply with regulations issued, relating to fire safety and legionella control.	15 October 2014
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	22 April 2013 24 May 2013 24 June 2013 9 December 2013	Notice of proposal to place conditions of registration Notice of decision to place three conditions of registration Three conditions of registration placed with effect from 24 June 2014 (see appendix 3 for details) Compliance achieved in respect of one condition of registration	Ongoing at 31 March 2015
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	24 June 2014	Notice of proposal to cancel registration. Following consideration of representation from the provider an RQIA decision making panel determined not to implement the notice, which was therefore withdrawn.	15 August 2014
Mantlin Court Residential Care Home, Kesh (Praxis Care Group)	30 July 2014	Two notices of failure to comply with regulations issued, relating to restrictive practices and care planning.	29 September 2014

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Mary Murray House Residential Care Home, Newcastle (Autism Initiatives)	4 August 2014	Two notices of failure to comply with regulations issued, relating to staff levels and care planning.	15 September 2014 (one notice)
	18 November 2014	Notice of proposal to cancel registration.	
	23 December 2014	Through an inspection on 19 December RQIA confirmed service no longer in operation.	23 December 2014
PD McGuigan Dental Surgery, Craigavon, (PD MCGuigan)	22 May 2014	One notice of failure to comply with regulations issued, relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.	22 July 2014
Mulhern Close Residential Care Home, Omagh(Inspire Wellbeing Ltd)	8 September 2014	Two notices of failure to comply with regulations issued, relating to staffing and meals and mealtimes.	24 December 2014
	20 November 2014	Notice of proposal to place conditions of registration.	
	24 December 2014	Compliance achieved and notice of proposal withdrawn.	
Orchard House Nursing Home, Belfast (Mr J A Bailie)	12 March 2014	One notice of failure to comply with regulations issued, relating to: medicines management.	21 July 2014
	23 June 2014	Notice of proposal to place conditions of registration.	
	21 July 2014	Compliance achieved and notice of proposal withdrawn.	

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Our Lady's Home, (Nursing Home Dementia Unit) Belfast (Diocese of Down and Connor)	17 June 2014	Two notices of failure to comply with regulations issued, relating to selection and recruitment of staff.	15 September 2014
Our Lady's Home (Nursing Home General Unit), Belfast (Diocese of Down and Connor)	17 June 2014	Two notices of failure to comply with regulations issued, relating to selection and recruitment of staff.	15 September 2014
Pond Park Care Home, (Nursing Home) Lisburn (Four Seasons Health Care)	4 July 2014	Two notices of failure to comply with regulations issued, relating to notifiable events and safeguarding vulnerable adults.	22 August 2014
Presbyterian Board of Social Witness Domiciliary Care Agency, Coleraine (PBSW)	28 July 2014	Two notices of failure to comply with regulations issued, relating to service user finances.	18 September 2014
Rose Martha Court Nursing Home, Ballymena (Runwood Homes Ltd)	27 March 2015	Three notices of failure to comply with regulations issued, relating to management arrangements and patient records.	Ongoing at 31 March 2015
Ross Lodge/ Ross House Residential Care Home, Dervock (Mr and Mrs McKinney)	26 March 2015	Two notices of failure to comply with regulations issued, relating to incident reporting and staff training.	Ongoing at 31 March 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Ross Lodge/ Ross House Residential Care Home, Dervock (Mr and Mrs McKinney)	26 March 2015	Notice of proposal to cancel registration of registered manager	Ongoing at 31 March 2015
Sevenoaks Scheme Domiciliary Care Agency, Londonderry (Fold Housing Association)	14 April 2014	Two notices of failure to comply with regulations issued, relating to staffing and records.	12 May 2014
Seven Oaks Housing with Care, Residential Care Home, Londonderry (Fold Housing Association)	17 April 2014	Two notices of failure to comply with regulations issued, relating to staffing and records.	23 June 2014
Somerton Private Nursing Home, Belfast (Mr P and Mr H McCambridge)	5 June 2014	Three notices of failure to comply with regulations issued, relating to patient finances.	7 August 2014 (one notice) 5 September 2014 (two notices)
Support Care Recruitment Ltd Domiciliary Care Agency, Belfast (Ms Irene Mtisi)	10 October 2014 7 November 2014 23 December 2014	Notice of proposal to place conditions of registration. Notice of decision to place conditions of registration. Three conditions of registration placed with effect from 7 November 2014 (see appendix 3 for details).	Ongoing at 31 March 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Support Care Recruitment Ltd Nursing Agency, Belfast (Ms Irene Mtisi)	10 October 2014	Notice of proposal to place conditions of registration.	Ongoing at 31 March 2015
	7 November 2014	Notice of decision to place conditions of registration.	
	23 December 2014	Three conditions of registration placed with effect from 7 November 2014 (see appendix 3 for details).	
Three Rivers Care Centre, Nursing Home, Omagh (Zest Care Homes Ltd)	4 February 2014	One notice of failure to comply with regulations issued, relating to: medicines management.	18 June 2014
	16 May 2014	Notice of proposal to place conditions of registration.	
	18 June 2014	Compliance achieved and notice of proposal withdrawn.	
Todd's Close Domiciliary Care Agency, Antrim (Inspire Wellbeing Ltd)	18 July 2014	Four notices of failure to comply with regulations issued, relating to staffing and finances.	29 August 2014
Valley Nursing Home, Clogher (Valley Nursing Home (MPS) Ltd)	18 June 2014	Eight notices of failure to comply with regulations issued, relating to food and meal times, restrictive practices, patient finances, estates issues and staff training.	12 August 2014 (six notices)
			12 September 2014 (one notice)
			16 September 2014 (one notice)

Enforcement at Children's Residential Care Services

During the year RQIA took enforcement action against four children's residential homes operated by health and social care trusts:

- A Western Trust service received one notice of failure to comply with regulations for breaching its statement of purpose
- Two respite units operated by the Southern Trust each received two notices of failure to comply with regulations for breaching their statements of purpose and accommodating children for periods that exceeded the permitted durations
- A South Eastern Trust service received three notices of failure to comply with regulations for breaching its statement of purpose; issues relating to the proper provision for the care, protection, education, supervision and treatment of children accommodated; and in relation to notifications to RQIA.

All achieved compliance with regulations within line with timescales set by RQIA.

Appendix 4: Conditions of Registration as a result of Enforcement Action, 2014-15

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Colinvale Nursing Home, Belfast (Raymond Murphy)	<p>Three conditions were placed on the registration of Colinvale Nursing Home</p> <ol style="list-style-type: none"> 1. The registered provider must ensure that a nurse manager, with sole responsibility for Colinvale Court is working in the home. The nurse manager will take control of the day to day management and control of Colinvale Court. 2. Admissions to Colinvale Court will cease until such times as compliance with specific actions stated in the failure to comply notices has been attained 3. The registered provider must ensure that reg 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. The condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with the Nursing Homes Regulations (NI) 2005 and Nursing Homes Minimum Standards 2008. 	23 September 2014	Ongoing at 31 March 2015

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd)	<p>One condition was placed on the registration of Lisburn Dental Surgery.</p> <p>1. A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.</p>	19 June 2014	Compliance achieved on 22 December 2014
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	<p>Three conditions were placed on the registration of Maine Nursing Home.</p> <p>2. The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.</p> <p>3. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such times that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.</p>	24 June 2013	<p>Ongoing at 31 March 2015</p> <p>(Condition 1 to cease admissions to the service was removed on 9 December 2013 following an inspection. Conditions 2 and 3 remain in place)</p>

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Support Care Recruitment Limited Domiciliary Care Agency (Ms Irene Mtisi)	<p>Two conditions were placed on the registration of Support Care Recruitment Limited Domiciliary Care Agency.</p> <ol style="list-style-type: none"> 1. The agency shall ensure that a registered manager with the require qualifications, skills and experience is in place to manage the day to day operations of the agency. 2. The agency may not operate as a domiciliary care agency until they demonstrate compliance with the Domiciliary Care Regulations (Northern Ireland) 2007 and Domiciliary Care Agencies Minimum Standards 2011. 	7 November 2014	Ongoing at 31 March 2015
Support Care Recruitment Limited Nursing Agency (Ms Irene Mtisi)	<p>Three conditions were placed on the registration of Support Care Recruitment Limited Nursing Agency.</p> <ol style="list-style-type: none"> 1. The agency shall ensure that a registered manager with the require qualifications, skills and experience is in place to manage the day to day operations of the agency; and 2. The agency may not operate as a nursing agency until they demonstrate compliance with the Nursing Agency Regulations (Northern Ireland) 2005 and Nursing Agencies Minimum Standards 2008; and 3. Where the agency is acting as an employment business, the registered person shall ensure that any staff member supplied to a residential care home or nursing home is registered with the Northern Ireland Social Care Council. 	7 November 2014	Ongoing at 31 March 2015

DIRECTORS' REPORT

Brief History and Statutory Background

Provision for a Health and Personal Social Services Regulation and Improvement Authority was made on 1 September 2003 under Part II of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is known as, the Regulation and Quality Improvement Authority (RQIA).

The Health and Personal Social Services (Quality, Improvement and Regulation) (Order 2003) (Commencement No.3 and Transitional Provisions) (Northern Ireland) Order 2005 made the provisions of the 2003 Order, effective from 1 April 2005. RQIA is a non-departmental public body, established by DHSSPS from 1 April 2005 as part of DHSSPS's drive to see clear standards applied, with accountability for high quality delivery held at a local level.

RQIA has responsibility for registering health and social care services in Northern Ireland, monitoring and inspecting their availability and quality, and encouraging improvements in the quality of those services.

Under the Mental Health (Northern Ireland) Order 1986, as amended by the Health and Social Care Reform (Northern Ireland) Act 2009, RQIA has a range of responsibilities for people with a mental ill health and those with a learning disability.

Principal Activities

In discharging its responsibilities, RQIA exercises two main functions.

- To inspect the quality of health and social care services provided by health and social care (HSC) bodies in Northern Ireland. These inspections take the form of reviews of clinical and social care governance arrangements within HSC bodies; and
- To regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards introduced for Northern Ireland to ensure that service users know what quality of services they can expect to receive and that service providers have a benchmark against which to measure the quality of their services.

Registration, inspection and enforcement are carried out to consistent standards across Northern Ireland, for the HSC and independent sectors alike.

Chairman and Chief Executive

The Chairman of RQIA is responsible to the health minister. Dr Ian Carson completed his second term as Chairman on the 31 May 2014. Dr Alan Lennon OBE was appointed as Chairman on the 1 June 2014.

The Chief Executive is an officer of RQIA and not a member of the Board. The Chief Executive is responsible to the Board, through the Chairman, for managing RQIA as a corporate body. The post holder has specific financial responsibilities and duties for which he or she is accountable to the DHSSPS Permanent Secretary in his or her role as the designated Accounting Officer of RQIA's sponsor department. Glenn Houston was appointed as Chief Executive on 1 March 2009. He is designated as the Accounting Officer for 2014-15 and has responsibility for the Annual Report and Accounts for the financial year to 31 March 2015.

The Board of the RQIA

Appointments to the Board are made with the agreement of the health minister. There are no specific qualifications required for appointment. Each person is appointed to act in a personal capacity, and not to represent any particular interest or group. Board members are appointed for a 4 year term and can serve a maximum of 2 terms.

The following table lists members of the Board during 2014/15:

Board Member	Current	Appointment Date	Term
Dr Ian Carson (Chair)*	N	01-Jun-10	Ended
Dr Alan Lennon OBE (Chair)	Y	30-Jun-14	1st
Mrs Sarah Havlin	Y	19-Dec-11	1st
Mr Denis Power	Y	19-Dec-11	1st
Ms Lindsey Smith	Y	19-Dec-11	1st
Prof Mary McColgan OBE	Y	22-Apr-13	1st
Mr Daniel McLarnon	Y	22-Apr-13	1st
Miss Patricia O'Callaghan	Y	22-Apr-13	1st
Dr John Jenkins CBE	Y	06-May-13	1st
Mrs Stella Cunningham	Y	21-Apr-14	1st
Mr Seamus Magee OBE	Y	21-Apr-14	1st
Dr Norman Morrow	Y	01-May-14	1st
Mr Robin Mullan	Y	01-May-14	1st
Mr Gerry McCurdy	Y	14-Jul-14	1st

*Dr Carson completed his second term as Chairman on the 31 May 2014.

Board Committee Structure and Composition

To fulfil its duties and promote good governance the Board utilises two committees. The membership of each committee during 2014/15 is detailed below.

Audit Committee

Committee Member	Current	Membership Held
Mr Denis Power (Chair)	Y	01-Apr-14 - 31-Mar-15
Miss Patricia O'Callaghan	Y	01-Apr-14 - 31-Mar-15
Ms Lindsey Smith	Y	01-Apr-14 - 31-Mar-15
Mr Seamus Magee OBE	Y	11-Sept-14 - 31-Mar-15
Mr Gerry McCurdy	Y	11-Sept-14 - 31-Mar-15
Mr Robin Mullan	Y	11-Sept-14 - 31-Mar-15

Appointments and Remuneration Committee

Committee Member	Current	Membership Held
Dr Ian Carson (Chair)	N	01/Apr/14 - 31/May/14
Dr Alan Lennon OBE (Chair)	Y	30/Jun/14 - 31/Mar/15
Mrs Sarah Havlin	Y	01/Apr/14 - 31/Mar/15
Dr John Jenkins CBE	Y	01/Apr/14 - 31/Mar/15

Role of the Board

The Board has corporate responsibility: for ensuring that RQIA complies with statutory and administrative requirements for the use of public funds; to fulfil the aims and objectives set by DHSSPS; and for promoting the efficient and effective use of staff and other resources. The Board's responsibilities include:

- establishing the overall strategic direction of RQIA within the policy and resources framework set by DHSSPS;
- informing DHSSPS of any changes that may affect the strategic direction of RQIA and the attainability of its targets together with any remedial action required;
- ensuring that RQIA operates within the limits of its statutory authority and any delegated authority agreed with DHSSPS;
- receiving and reviewing regular financial information and informs DHSSPS of any concerns;
- making certain that high standards of corporate governance are observed at all times including the use of an independent audit committee to address key financial and other risks;
- appointing a chief executive with the approval of DHSSPS and set performance objectives and remuneration terms linked to these objectives.

Register of Interests

RQIA maintains a register of interests. This register details interests which may conflict with the management responsibilities of members of RQIA, senior managers and staff and is recorded as necessary. Information held on the register may be obtained by application to the following address:

Director of Corporate Services
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Sickness Absence Data

Sickness absence data is included in the People section of the RQIA Annual Report.

Personal Data Related Incidents

In 2014/15 one data incident was required to be reported to the Information Commissioner's Office (ICO). On 3rd July 2014 the registered manager of a residential care establishment wrote to RQIA confirming receipt of an inspection report but indicating they had also received a 'patient profile'. The materials were likely to have been picked up from a printer with the inspection report and enclosed in the envelope. The material was returned promptly and confirmation was received from the residential care establishment that no copy had been made. The ICO replied on the 1st of November 2014 stating, that due to the actions already taken by RQIA, no further action by them was necessitated.

Pension Scheme for All Staff

Details of the scheme for staff and the treatment of pension liabilities in the accounts are included in the Remuneration Report section of this document and also in Note 1.20 to the Annual Accounts.

Auditors

Under Schedule 1, paragraph 12 (4) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Northern Ireland Comptroller and Auditor General has been appointed as auditor of RQIA. The notional cost of the audit of the 2014/15 annual accounts was £12,000. An additional amount of £1,232 was paid to the Northern Ireland Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected within

miscellaneous expenditure within Note 4 to the Annual Accounts. There were no other non-audit services purchased from RQIA's external Auditor during 2014/15.

The Accounting Officer has taken all the steps that he ought to have taken to make himself aware of any relevant audit information and to establish that it is made known to RQIA's auditors. So far as the Accounting Officer is aware, there is no relevant audit information of which RQIA's auditors have not been advised.

The Internal Audit Unit of the HSC Business Services Organisation is appointed to provide an internal audit service to RQIA. The cost for this service in 2014/15 was £14,803. All reports by internal and external audit are considered by the Audit Committee.

Payment policies

RQIA has sought to meet the Departmental prompt payment compliance target that 95% of invoices should be paid within 30 days. RQIA paid 85.6% of invoices within this target during 2014/15. RQIA's accounts payable finance function is provided by BSO Shared Services Centre. BSO Shared services have on-going operational issues with invoice approvals on FPM, auto-matching, and receipting which have had a significant impact on processing speeds. The Accounts Payable Shared Services Centre is working with the system supplier to resolve these issues as quickly as possible. Furthermore during 2014/15 much focus by the Shared Service centre was on aged unapproved invoices. This necessary action had a detrimental impact on prompt payment performance in 2014/15 but the in year reduction in aged unapproved invoices should enable payment performance to improve in 2015/16.

The Departmental 30 day target does not remove the Northern Ireland Executive's commitment to pay suppliers within 10 days whenever possible. RQIA makes every effort to meet this more demanding target and to pay its suppliers as quickly as possible. During 2014/15 RQIA paid 63.3% of its invoices within 10 days.

Additional information in relation to RQIA's prompt payment performance is contained within Note 15 to the Accounts.

The Late Payment of Commercial Debts Regulations 2002 provides qualifying businesses with a statutory right to claim interest on the late payment of commercial debt. During 2014/15, RQIA incurred £53 of charges in relation to 2 overdue invoices. This is disclosed in Note 26 to the Accounts.

Related party transactions

These are disclosed at Note 23 to the Accounts.

Research and development

RQIA does not carry out any research and development work.

Charitable and Political donations

RQIA does not receive or make any charitable or political donations.

Fixed Assets

Transactions during the year relating to fixed assets are set out at Note 6 and Note 7 to the Annual Accounts.

Commitments under PFI Contracts


RQIA does not have any commitments under PFI contracts.

Events after the reporting period

All events, where appropriate, are disclosed at Note 27 to the Annual Accounts.

Annual Accounts

Under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA is to prepare a statement of accounts for each financial year. An Accounts Direction issued by the Department of Health, Social Services and Public Safety (DHSSPS), dated 3 August 2010 required that RQIA should prepare annual accounts for the year ended 31 March 2010 and subsequent financial years.



Glenn Houston
Chief Executive

Date: 9 July 2015

REMUNERATION REPORT

Remuneration Report for the Year Ended 31 March 2015

Scope of the Report

This remuneration report sets out the overall remuneration policy of the Regulation and Quality Improvement Authority (RQIA) and its application to board members and senior executives. It also discloses the payments (in specified bands as required) made to board members and senior executives together with the pension entitlements of the latter. In line with Departmental guidance introduced in 2011/12, a disclosure is also made in relation to the ratio between the salary of the highest paid Director and the salary of the median member of staff.

Remuneration Policy

The Appointments and Remuneration Committee of the Board has been given delegated functions in Standing Orders including the monitoring of the remuneration of senior executives in accordance with the guidance issued by the Department of Health, Social Services and Public Safety (DHSSPS). The membership for 2014/15 is detailed in the Directors' Report.

The Committee considers the remuneration policy as directed by circular HSS (SM) 3/2001 issued by the DHSSPS in respect of senior executives which specifies that they are subject to the HSC Individual Performance Review system. Within this system, each participant agrees objectives with the Chief Executive and the Chief Executive agrees his with the Chairman. At the end of each year performance is assessed and a performance pay award is recommended on the basis of that performance. This recommendation is submitted to the Chairman of the Board for approval and to the Boards Appointments and Remuneration Committee for endorsement. There are no elements of senior executives' remuneration that are not subject to performance conditions.

Contracts of Employees & Notice Periods

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. Unless otherwise stated the employees covered by this report are appointed on a permanent basis, subject to satisfactory performance.

Up to 3 months notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Senior Executives with Date of Appointment

- Glenn Houston, Chief Executive - 1 March 2009.
- Maurice Atkinson, Director of Corporate Services - 1 October 2008.
- Kathy Fodey, Director of Regulation - 1 February 2013.
- Theresa Nixon, Director of Mental Health & Learning Disability - 17 October 2005.
- David Stewart, Director of Reviews - 1 November 2007.

Senior Executives Remuneration

The salary, pension benefits, and the value of any taxable benefits in kind of RQIA senior executives are as follows (Audited):

Name	2014/15				
	Salary	Bonus or Performance Pay	Benefits in Kind (to nearest £100)	Pension Benefits	Total
	£'000	£'000	£	£'000	£'000
Glenn Houston	105 - 110	-	-	11	115 - 120
Maurice Atkinson	65 - 70	-	-	9	75 - 80
Kathy Fodey	60 - 65	-	-	12	75 - 80
Theresa Nixon	70 - 75	-	-	(5)	65 - 70
David Stewart	145 - 150	-	-	N/A	145 - 150

Name	2013/14				
	Salary	Bonus or Performance Pay	Benefits in Kind (to nearest £100)	Pension Benefits	Total
	£'000	£'000	£	£'000	£'000
Glenn Houston	105 - 110	-	-	29	135 - 140
Maurice Atkinson	65 - 70	-	-	16	80 - 85
Kathy Fodey	60 - 65	-	-	14	75 - 80
Theresa Nixon	70 - 75	-	-	19	90 - 95
David Stewart	145 - 150	-	-	N/A	145 - 150

The 2013/14 table includes a correction in relation to T Nixon's Salary banding which was incorrectly reported as 75-80 in the 2013/14 accounts.

Benefits in kind refer to any taxable non-cash benefits provided by an employer to its staff. No bonus payments or benefits in kind were given in 2014/15 or 2013/14.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20 plus the real increase in any lump sum less the contributions made by the individual during 2014/15. The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights. The total band of remuneration figure would also include severance packages however no severance payments were made in either 2014/15 or 2013/14.

Where the in-year accrued pension benefit has declined or where its growth has been exceeded by the employee's personal pension contribution a negative figure will be reported.

The total remuneration banding reported does not include employer pension contributions or the cash equivalent transfer value of pensions.

Senior Executives Pension Entitlements

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

Name	Real Increase in Pension and related lump sum at age 60 (Bands of £2,500)	Accrued Pension at age 60 as at 31/03/14 and related lump sum (Bands of £5,000)	Cash Equivalent Transfer Value (CETV) at 31/03/14	Cash Equivalent Transfer Value (CETV) at 31/03/13	Real increase in CETV	Employer Contribution to partnership pension account
	£'000	£'000	£'000	£'000	£'000	Nearest £100
Glenn Houston	2.5 - 5.0	185 - 190	1,000	944	24	-
Maurice Atkinson	2.5 - 5.0	80 - 85	416	389	15	-
Kathy Fodey	0.0 - 2.5	30 - 35	181	162	13	-
Theresa Nixon	0.0 - 2.5	110 - 115	610	584	5	-
David Stewart	0	0	0	0	0	-

HSC Superannuation Scheme

RQIA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the RQIA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. During 2014/15 RQIA paid £583K into the HSC superannuation scheme. RQIA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource

Accounts purposes as at 31 March 2012 was completed in 2014 and will be used in the 2014/15 accounts.

Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised 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 include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC 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 and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. The figure does not include 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.

Early Retirement and Other Compensation Schemes

The costs of early retirements are met by RQIA and charged to the Statement of Comprehensive Net Expenditure Account at the time RQIA commits itself to the retirement. No early retirements occurred in 2014/15 and no payments were made in respect of early retirements agreed in previous financial years.

No compensation scheme payments were made in 2014/15.

Off Payroll Staff Resources

During 2014/15 there was one qualifying Off-Payroll engagement which ended in year.

Hutton Fair Pay Review Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisations workforce. This relationship is detailed in the table below (Audited):

	Total Remuneration 2014/15	Total Remuneration 2013/14
Highest Earners Total Remuneration (Bands of £5K)	£145K - £150K	£145K - £150K
Median Total Remuneration	£39,239	£40,588
Ratio	3.76	3.63

In 2014/15 the banded remuneration of the highest paid Director was £145K - £150K which is unchanged from 2013/14. The median employee in 2014/15 was a Band 7 point 8 which fell from a Band 7 point 9 in 2013/14.

In 2014/15 and 2013/14 no member of RQIA staff received remuneration in excess of the highest paid Director.

Appointment of Chairman and Members of RQIA's Board

The Chairman of RQIA and Board Members are appointed by the DHSSPS under the terms of the founding legislation of RQIA and in line with the Code of Practice for appointments to Public Bodies issued by the Commissioner for Public Appointments for Northern Ireland. Appointments to the Board of RQIA have been made as set out in the Directors' Report above.

Remuneration of Chairman and Members of RQIA's Board

The amounts paid to Board members in 2014/15 are detailed below including any prior year remuneration (Audited).

Name	2014/15		2013/14	
	Remuneration Bands of £5,000	Benefits in Kind (to nearest £100)	Remuneration Bands of £5,000	Benefits in Kind (to nearest £100)
	£'000	£	£'000	£
Ian Carson (Chair) * ¹	0 - 5	-	15 - 20	-
Alan Lennon (Chair) * ²	10 - 15	-	-	-
Stella Cunningham * ³	5 - 10	-	-	-
Sarah Havlin	5 - 10	-	5 - 10	-
John Jenkins	5 - 10	-	5 - 10	-
Seamus Magee * ³	5 - 10	-	-	-
Mary McColgan	5 - 10	-	5 - 10	-
Gerry McCurdy * ³	0 - 5	-	-	-
Daniel McLarnon	5 - 10	-	5 - 10	-
Norman Morrow * ³	5 - 10	-	-	-
Robin Mullan * ³	5 - 10	-	-	-
Patricia O'Callaghan	5 - 10	-	5 - 10	-
Denis Power	5 - 10	-	5 - 10	-
Lindsey Smith	5 - 10	-	5 - 10	-

*¹ Ian Carson ended his second term as Chairman on 31 May 2014.

*² Alan Lennon joined as Chairman on 30 June 2014. The full year equivalent salary falls within the range of £15,000 - £20,000.

*³ Board Members joining in 2014/15. The full year equivalent salary, without exception, falls within the range of £5,000 - £10,000.

Full details of Board Members appointments can be found in the Directors Report.

As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions.



Glenn Houston
Chief Executive

Date: 9 July 2015

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Personal Social Services (Quality improvement and Regulation) (Northern Ireland) 2003, the Department of Health, Social Services and Public Safety 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, changes in taxpayers equity and cash flows for the financial year.

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

- Observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that RQIA will continue in operation.
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of RQIA.
- Pursue and demonstrate value for money in the services RQIA provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for Health and Personal Social Services Resources in Northern Ireland has designated Glenn Houston of the Regulation and Quality Improvement Authority as the Accounting Officer for RQIA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding RQIA's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

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

As Chief Executive I am accountable to RQIA's Board for the day-to-day operations and management of RQIA and as the designated Accounting Officer I am accountable to the Permanent Secretary of the DHSSPS. I am personally responsible for safeguarding the public funds for which I am responsible and for ensuring propriety and regularity in the handling of those funds. As Chief Executive and Accounting Officer I establish, in agreement with the Department and RQIA's Board, the corporate strategy and business plan in the context of the Department's wider strategic aims, Departmental Requirements and current Public Sector Agreement (PSA) objectives and targets.

The Chief Executive provides a formal report to RQIA's Board covering matters of strategic importance, including updates on key targets and business objectives, information on enforcement actions, progress in respect of planned and commissioned reviews, serious incidents, complaints and whistleblowing. Board meetings are held at least six times a year.

The Chief Executive chairs a weekly meeting of the Executive Management Team which provides strategic oversight of all operational issues impacting on the day to day management of the organisation.

The Chair and Chief Executive attend biannual accountability reviews with the Permanent Secretary.

The Chief Executive and Directors attend bimonthly liaison meetings with Sponsor Branch (DHSSPS) to discuss matters of strategic importance relating to regulation and quality improvement across health and social care.

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

RQIA applies the principles of good practice in corporate governance. RQIA continues to strengthen its governance arrangements by undertaking continuous assessment of its compliance with corporate governance best practice. RQIA ensures that it has proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its strategic objectives and delivering appropriate outcomes.

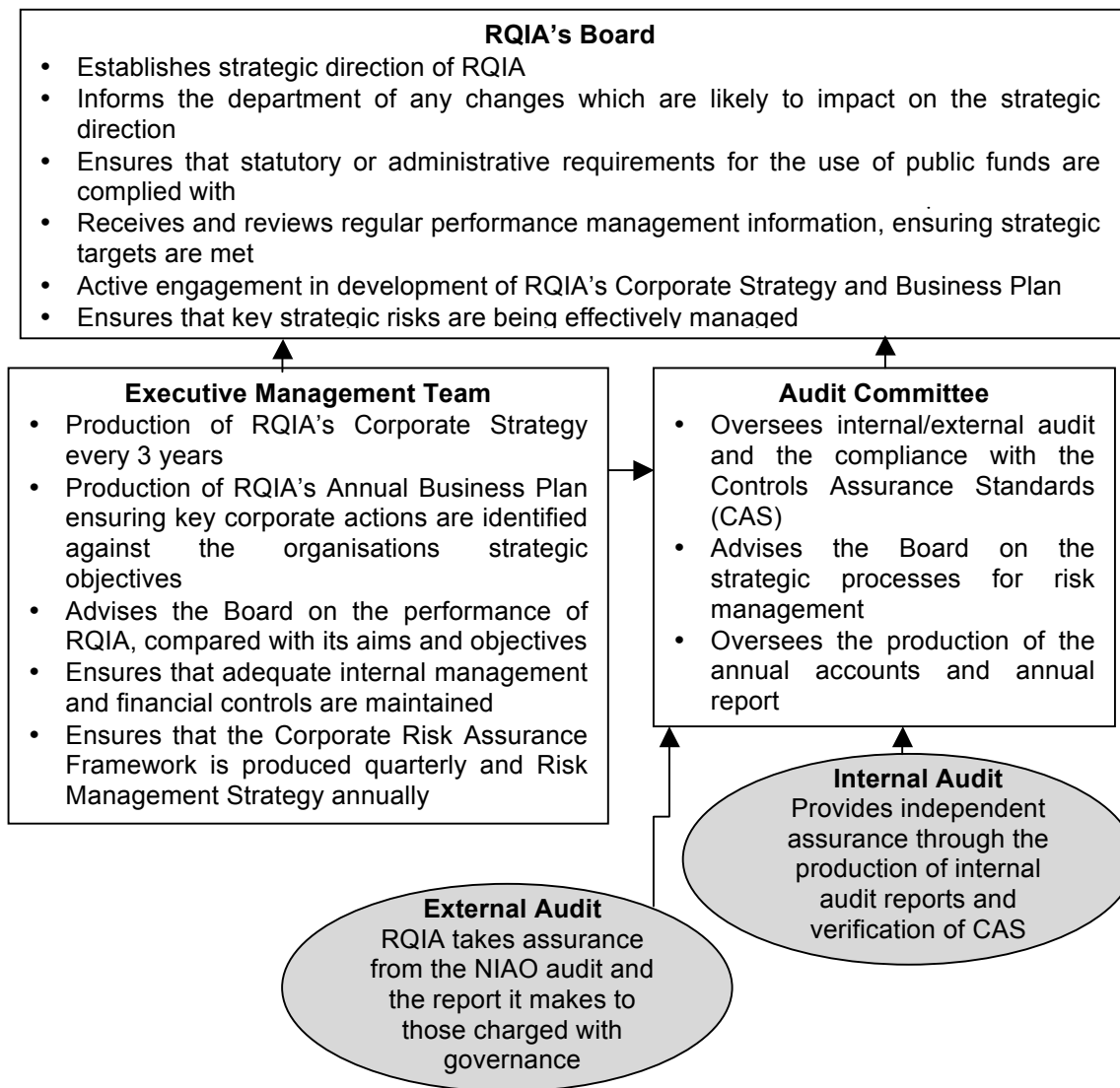
The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

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

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

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

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



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

- Audit Committee Self-Assessment
- Self-assessment against the Governance Controls Assurance Standard
- The Board Governance Self-Assessment Tool

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

3. Governance Framework

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

RQIA's governance framework sets out the roles, responsibilities and procedures for the effective and efficient conduct of its business. As an Arms-Length Body (ALB)

RQIA is committed to governance excellence and is accountable for its decisions and activities.

RQIA's Responsibility

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

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

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

RQIA demonstrates accountability to the DHSSPS through:

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

Board Responsibility

RQIA has an independent board of 13 non-executive members including the Chairman. Each board member is appointed by the Minister for Health, Social Services and Public Safety for an initial four-year term. Board members can serve a maximum of two terms.

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

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

- determining the overall strategic direction of RQIA within resource limits;
- active engagement in the development of the Corporate Strategy and Business Plan;
- monitoring the performance of the Chief Executive and his team, holding them to account for the exercise of their delegated powers and delivery against plans and budgets;
- promoting and protecting RQIA's values, integrity, and reputation; and
- ensuring high standards of governance which command the confidence of all of RQIA's staff and stakeholders.

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

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

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

- The Board acts collectively in making decisions.
- The Board actively pursues learning and self-development opportunities.
- The Board expects the Executive Management Team (EMT) to provide appropriate, accurate and timely information and advice to enable informed decision making.
- The Board seeks to achieve consensus on major decisions. However, where this is not possible, collective decisions will be based on a majority vote with the Chair holding a casting vote.
- The Board delegates authority through the Chief Executive to the EMT and staff, for the efficient and effective operation of RQIA and prudent use of public funds.

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

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

A total of seven Board meetings were held during 2014-15 with an average of 82% of Board Members in attendance. In addition, Board workshops took place on five occasions in 2014-15, addressing a range of relevant themes including an update on the development of the Corporate Strategy 2015-18, iConnect demonstration, Three year Review Programme 2015-18, overview of the Unscheduled Care Report, Board Member Induction, Independent Review of Cherry Tree House, Enforcement Training and horizon scanning of corporate risks. The Board met on 25 March 2015 to complete the Board Governance Self-Assessment Tool, to assess the performance of the Board. This concluded that RQIA can provide assurance in relation to the various leading indicators of effective Board governance.

Attendance at 2014/15 Board Meetings and Workshops		
	7 Board Meetings	5 Board Workshops
Dr Ian Carson	1 (of 1)	1 (of 1)
Dr Alan Lennon	6 (of 6)	4 (of 4)
Sarah Havlin	4	4
Denis Power	6	5
Lindsey Smith	6	5
John Jenkins	5	4
Mary McColgan	5	5
Daniel McLarnon	6	4
Patricia O'Callaghan	7	5
Stella Cunningham*	5	5
Norman Morrow*	7	5
Seamus Magee*	6	5
Robin Mullan*	6	5
Gerry McCurdy*	7	4
* Board member appointed in 2014		

Audit Committee Responsibility

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

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

The Audit Committee advises the Board and Accounting Officer on:

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

- consideration of write off of losses and authorisation of special payments before submission to the Board for approval.

The Audit Committee met four times during 2014-15 with an average of 94% of Board Members in attendance. A workshop was held with Board Members from the Audit Committee on 6 August 2014 to complete Audit Committee self-assessment tool. The workshop concluded that RQIA had complied with all the principles within the Audit Committee self-assessment checklist. Induction programme was held for newly appointed Board members to the Audit Committee on 6 August 2014. In addition Audit Committee members have attended relevant training within three months of their appointment.

Attendance at 2014/15 Audit Committee Meetings and Workshops		
Board Member	Audit Committee Meetings	Audit Committee Workshops
Denis Power	4 (of 4)	1
Patricia O'Callaghan	4 (of 4)	1
Lindsey Smith	4 (of 4)	1
Robin Mullan*	2 (of 3)	0
Gerry McCurdy*	1 (of 2)	-
Seamus Magee*	2 (of 2)	-
* Board Member appointed in 2014		

The Appointment and Remuneration Committee Responsibility

The main functions of the Committee are:

- Consider and agree the framework or broad policy for the appointment and pay (remuneration) of the Chief Executive and second tier officers. This will include the basic pay principles and overall approach to remuneration including governance and disclosure.
- In considering this policy, take into account all factors, which it decides are necessary, including the provisions of any national agreements for staff where appropriate. The objective of this policy shall be to ensure that the senior management of RQIA are:
 - remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose; and
 - provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation.
- Consider and recommend to RQIA the framework or broad policy for the pay (remuneration) of staff below second tier level, including the policy or broad approach for pay uplifts for RQIA staff and pension policies.
- Be informed of and review any major changes in employee benefit structures, including pensions, throughout RQIA;
- Monitor and evaluate the performance of the Chief Executive and agree targets for pay progression and any performance related pay schemes operated by RQIA;

- Within the terms of the agreed policy, receive reports from the Chief Executive on the total individual remuneration package of each Director including, where appropriate, bonuses and incentive payments. These packages shall be determined within the framework or policy set by the DHSSPS;
- Agree the framework or broad policy for the terms and conditions of service for Directors, including termination payments and compensation commitments, taking account of such national guidance as is appropriate.
- Consider and recommend to RQIA disciplinary and grievance procedures applicable to and possible disciplinary action involving the Chief Executive including the dismissal of the post-holder.

The Appointments and Remuneration Committee met once during 2014-15 with 3 out of 3 Board Members (100%) in attendance.

Chief Executive and EMT Responsibility

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

- fulfilling RQIA's statutory responsibilities including the general functions and duties specified in the Management Statement and Financial Memorandum;
- developing plans, programmes and policies for Board approval including the Corporate Strategy, 3 year Review Programme and Annual Business Plan;
- delivering RQIA's services in line with targets and performance indicators agreed by the Board;
- developing RQIA's relationships with key stakeholders;
- communicating RQIA's plans and achievements to stakeholders, RQIA's staff, DHSSPS and the general public;
- acting as RQIA's Accounting Officer, reporting to the DHSSPS on the use of public funds and with personal accountability and responsibility for RQIA's:
 - propriety and regularity;
 - prudent and economical administration;
 - avoidance of waste and extravagance;
 - efficient and effective use of available resources; and
 - the organisation, staffing and management of RQIA;
- ensuring that the EMT:
 - acts within the levels of authority delegated by the Board, escalating any high risk and /or high impact issues for the timely attention and consideration of the Board;
 - provides accurate and timely information to enable the Board to fulfill its governance responsibilities effectively; and
 - supports the Board in fulfilling its role and responsibilities as set out in this governance statement.

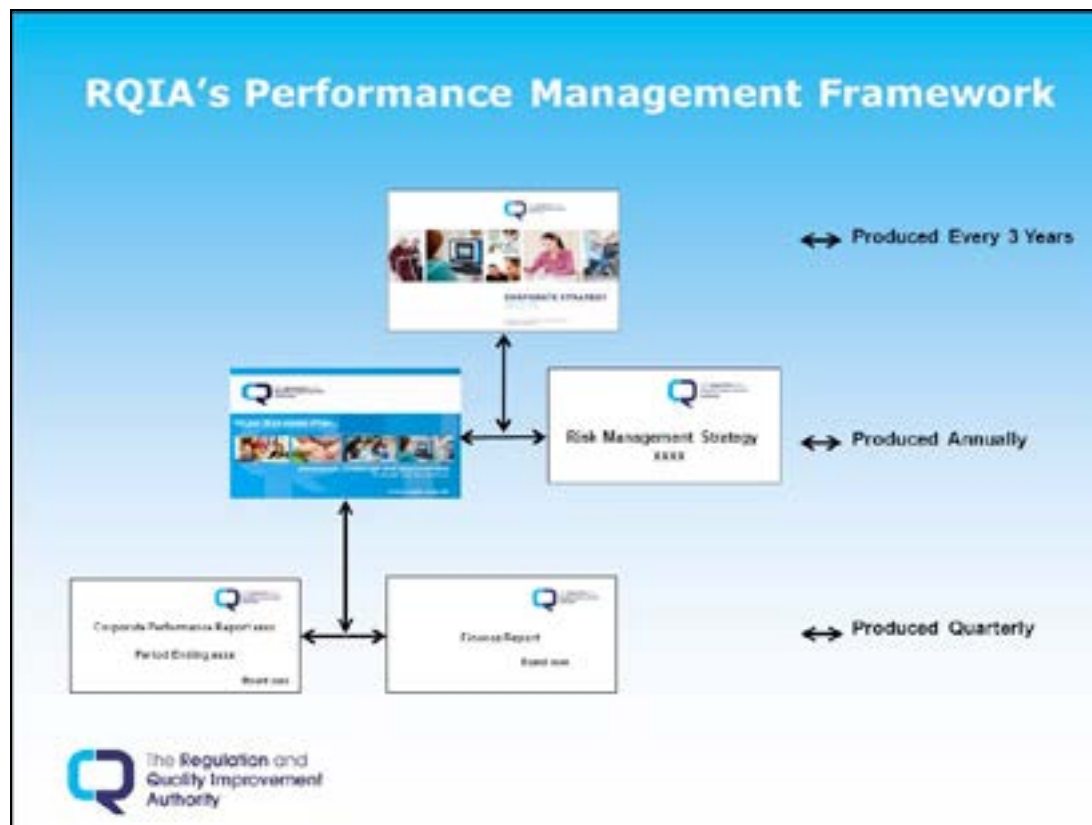
4. Business Planning and Risk Management

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

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

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

The status of the Business Plan actions, measures of success and current financial positions are presented quarterly to RQIA's Board for approval.



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

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

Leadership for risk management is provided by the Board, Audit Committee and EMT. The EMT has developed a corporate Risk Assurance Framework report which is reviewed, updated and reported upon regularly. Directorates within RQIA develop and review continually directorate specific risk registers which provide a clear linkage between directorate and corporate risks. RQIA Board provides leadership through its governance arrangements, annual reviews, approval of the Risk Management Strategy and Corporate Risk Assurance Framework reports with a specific focus on a review and challenge of the Corporate Risk Register on a quarterly basis, and has oversight of the risk management process through the Audit Committee.

An annual review of the risk landscape both external and internal (Horizon Scanning) was completed in April 2015 with Board members from the Audit Committee and EMT. During 2014/15 a number of new risks were added to the Corporate Risk Assurance Framework report and a few risks were de-escalated to the appropriate Directorate Risk Registers. Each risk added to the Corporate Risk Assurance Framework Report is assessed to determine the likelihood and impact of the risk occurring and appropriate mitigating actions are agreed with the EMT and Board. Risk Management procedures and a concept known as 'Risk-On-A-Page' is available to all staff to support them with understanding their risk management roles and responsibilities. The procedures are reviewed annually to reflect any developments or amendments made to the Risk Management Strategy. Compulsory Risk Awareness E-learning is also to be completed by all staff every three years.

5. Information Risk

The management and control of the risk of loss of electronic information is safeguarded by the provision of secure remote access to a protected ICT environment, encryption of portable media and adherence to corporate security policies for ICT and Data Protection. RQIA also achieved substantive compliance with the HSC CAS in Information Management and ICT during 2014/15.

RQIA has nominated a Personal Data Guardian, Senior Information Risk Owner, Information Asset Owner and information Asset Assistants. It has appointed a Head of Information and an Information Governance and Records Manager.

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

RQIA has introduced a suite of information and ICT policies including:

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

RQIA has the following reporting and accountability mechanisms in place

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

6. 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. It engages with services users and carers using a variety of methods (as appropriate) including, one to one meetings, questionnaires and focus groups. It gathers information from a user/carer/stakeholder perspective for the purpose of making clear and informed judgments when assessing associated risks.

RQIA also engages with stakeholders at a corporate level. This allows it to plan activities in advance and to take into consideration the views of the public, service users and carers. During April 2014 RQIA engaged in a series of pre-consultation events, with its external stakeholders to develop and agree RQIA's Corporate Strategy 2015-18 and Three Year Review programme 2015-18. The draft Corporate Strategy and Three Year Review Programme were subject to a further 12 week consultation with external stakeholders before final agreement and approval by RQIA's Board and DHSSPS.

RQIA embeds Personal and Public Involvement (PPI) as a fundamental part of its work. During 2014-15 RQIA progressed a number of actions flowing from the PPI Annual Plan. Key Actions included:

- Obtained and incorporated the public and stakeholder views to develop the Corporate Strategy 2015-18 and the Review Programme 2015-18 through six pre-consultation events which took place across Northern Ireland.
- Obtained and incorporated service users, carers and relatives and staff views on regulated services to inform and develop future RQIA inspection themes and methodology through sending out 1615 pre-inspection questionnaires with 770 being returned.
- Obtained and incorporated patients' and relatives' views as part of reviews within the final year of the Three Year Review Programme 2012-15. Ten reviews which took place in 2014-15 incorporated elements of ensuring that patients and relatives views were sought and harnessed.
- Engagement with service users to develop an easy read Mental Health and Learning Disability Inspection Report. Feedback from service users in relation to this report was very positive and since April 2014 all inspection reports within the Mental Health and Learning Disability team have been produced in easy read versions and posted on notice boards in the hospitals for ease of access.
- 65 patient experience interviews were carried out between April and August 2014 to ensure the rights of service users in receipt of care on an inpatient basis in mental health and learning disability inpatient facilities across Northern Ireland are upheld and promoted. The feedback reports were issued to trusts and

published on the RQIA website, these reports were all provided in easy read format and sent to the ward managers.

- The User Consultation Officer continued to ensure that service users' views were gathered and used to inform and improve inspection methodology and future inspection themes for Domiciliary Care Agencies. In 2014-15 600 interviews were undertaken.
- RQIA advertised and recruited a number of Lay Assessors in April 2014. The role of Lay Assessors is to obtain service users' views and experiences within regulated services, mental health and learning disability facilities, hygiene inspections and reviews. The Lay Assessor feedback is captured and incorporated into the subsequent RQIA reports.

7. Assurance

Assurances on the effectiveness of the system of internal control 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 by considerations made by the external auditors in their report to those charged with governance.

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

- Executive managers review performance regularly against the actions and measures of success within RQIA's Annual Business Plan.
- Ten controls assurance standards are reviewed annually against the departmental guidance.
- Internal audit is provided by the Internal Audit Unit of BSO which operates to defined standards and whose work is informed by an analysis of risk to which RQIA is exposed. There is continued coverage of the financial systems through its finance review, corporate risk-based audit and governance audits.
- A Service Level Agreement (SLA) exists with the Business Services Organisation to provide human resources, equality, internal audit, finance, legal and procurement services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive;
- In relation to the SLA annual monitoring meetings are held with the BSO Chief Executive and Director of Customer Care. Meetings are held with the service leads to discuss requirements and feedback about performance provided through the annual customer service questionnaires. RQIA also attend Customer Care Forums;
- The report by the external auditor to those charged with governance;
- An audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports is regularly reviewed by the Audit Committee which also advises on the review of the effectiveness of the system of internal control, and is presented to the Board for noting.

Controls Assurance Standards

RQIA assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2014/15.

RQIA achieved the following levels of compliance for 2014/15:

Standard	DHSS&PS Expected Level of Compliance	Level of Compliance	Reviewed by
Financial Management (Core Standard)	75% - 99% (Substantive)	85% Substantive	Internal Audit Unit BSO
Management of Purchasing & Supply (Core Standard)	75% - 99% (Substantive)	82% Substantive	Internally within RQIA
Governance (Core Standard)	75% - 99% (Substantive)	86% Substantive	Internal Audit Unit BSO
Risk Management (Core Standard)	75% - 99% (Substantive)	86% Substantive	Internal Audit Unit BSO
Health & Safety (Core Standard)	75% - 99% (Substantive)	88% Substantive	Internally within RQIA
Security Management	75% - 99% (Substantive)	88% Substantive	Internally within RQIA
Fire Safety	75% - 99% (Substantive)	90% Substantive	Internally within RQIA
Information Management	75% - 99% (Substantive)	86% Substantive	Internally within RQIA
Information Communications Technology	75% - 99% (Substantive)	82% Substantive	Internally within RQIA
Human Resources	75% - 99% (Substantive)	86% Substantive	Internally within RQIA

8. Sources of Independent Assurance

RQIA obtains Independent Assurance from:

- Internal Audit, Business Services Organisation (BSO).
- External Audit, Northern Ireland Audit Office (NIAO).

Internal Audit

The internal audit function operates to defined standards, and whose work is informed by an analysis of risk to which the body is exposed. Annual audit plans are based on this analysis.

In 2014-15 Internal Audit reviewed the following systems:

- Risk Management – (satisfactory level of assurance received)
- Board Effectiveness and Performance Management - (satisfactory level of assurance received)
- Procurement and Contract Management - (satisfactory level of assurance received)
- Financial Review - (satisfactory level of assurance received)
- Regulated Services - Special Assignment 2014/15 (limited level of assurance received)

There were four significant (priority one) weakness in control identified in the internal audit of Regulated Services – Special Assignment 2014/15. Active follow up of identified weaknesses are to be monitored by RQIA’s Audit Committee. In the annual report, the Internal Auditor reported that there is a satisfactory system of internal control designed to meet the Authority’s objectives.

Northern Ireland Audit Office

The financial audit of RQIA was undertaken by the Northern Ireland Audit Office (NIAO). NIAO’s approach to the 2014-15 Audit was delivered in accordance with the Audit Strategy presented to the Audit Committee in February 2015. The Report for those Charged with Governance was issued in June 2015.

9. Review of Effectiveness of the System of Internal Governance

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

10. Significant Internal Control Issues

Update on prior year control issues which have now been resolved and are no longer considered to be control issues

In June 2014, following completion of an inspection, a hard copy version of a quality improvement plan (QIP) was sent to a residential care home. The manager telephoned RQIA to advise that a ‘patient profile’ was included with the QIP. No data was lost, as the residential care home notified RQIA of the issue and returned the patient profile promptly.

The Information Commissioner’s Office was informed about the incident and an email was promptly sent out to all staff advising that:

- Confidential material should not be left unattended at any place in the office, and particularly at the printer / photocopier facilities.
- All material left unclaimed at printers / photocopiers after 5pm each day will be placed in the confidential waste bin.
- The ‘secure print’ facility should be used when sending any confidential information to the printer

Update on prior year control issues which continue to be considered control issues

In response to the independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home RQIA had

produced an action plan. Progress made against the actions was monitored by the Executive Management Team and by the RQIA Board.

A number of actions are currently being taking forward through the Regulation Directorate Improvement Project where there is specific focus on the inspection methodology, use of intelligence to inform inspections and the reporting of key findings and recommendations.

Identification of New Issues

Issue

In October 2014 Internal Audit identified four priority 1 audit recommendations in relation to Regulated Services – Special Assignment 2014/15:

- The quality assurance process for inspection reports within the Nursing Inspectorate Team is weak and the quality assurance is out of date.
- The recommendations made during inspections are frequently restated for up to five, six and seven times, and in one case eight times in inspection reports without enforcement action.
- Anomalies were identified in the quality improvement plans (QIPs) from inspections that were followed up at subsequent inspections.
- Some of the nursing homes reviewed had requirements restated at least three times and no enforcement action was initiated.

Actions to address the Issue

RQIA has established a Regulation Directorate Improvement Programme, which includes a review of our inspection methodology, and quality assurance processes. The Regulation Directorate Improvement Programme continues to make good progress with a number of workshops and focus groups held with inspectors and administration staff to map out RQIA's current processes and identify the areas where improvement and efficiencies can be made. The outcomes and progress of the Regulation Directorate Improvement Programme is reported to RQIA's Quality Improvement Steering Group and RQIA's Board and the progress of the audit recommendations are also reported to RQIA's Audit Committee.

Issue

Business Services Organisation (BSO) is responsible for providing RQIA with a range of services through a Service Level Agreement (SLA). The Head of Internal Audit presented her draft Annual Report on the system of internal control for the year ended 31 March 2015 to the BSO Governance and Audit Committee on 14 April 2015. However, to date, significant weaknesses in control were identified in a number of audits in relation to Payments Shared Services, HRPTS Shared Services, Regional Interpreting Service and Information Management.

Actions to address the Issue

BSO's Management have accepted all of the recommendations in the 2014/15 internal audit reports and recommendations to address these control weaknesses have been or will be implemented.

Issue

The Management Statement and Financial Memorandum sets out arrangements for reviewing the role of the RQIA. DHSSPS will conduct a review of RQIA every four years or at other intervals that the Department may determine. DHSSPS appointed RSM McClure Watters to conduct a Landscape Review of the RQIA in April 2014. The purpose of the review was to assess the effectiveness of RQIA's statutory functions, core activities, financial and management systems and relationship between DHSSPS and RQIA. A total of 26 operational recommendations were made in relation to legislative change, operational matters, governance and resourcing.

Actions to address the Issue

RQIA has produced an action plan to address the recommendations from the RSM McClure Watters review. A copy of the action plan was sent to DHSSPS in March 2015 and the progress of the actions will continue to be report to DHSSPS and to RQIA's Audit Committee.

Issue

Sir Liam Donaldson was commissioned by the former Minister for Health Social Services and Public Safety, Mr Edwin Poots MLA, to conduct a review of governance arrangements for ensuring the quality of care provision in Northern Ireland. The overall aim of the review was to examine the arrangements for assuring and improving the quality and safety of care, to assess their strengths and weaknesses, and to make proposals to strengthen them. The report was presented to the Northern Ireland Assembly on the 27 January 2015 and contained ten recommendations for improvement of which one directly relates to the functions of the RQIA.

Actions to address the Issue

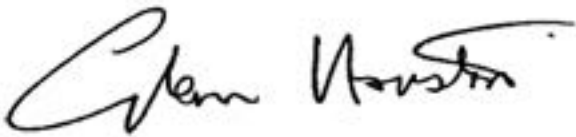
RQIA is on a journey of excellence with regard to providing an efficient and effective regulatory system which commands public confidence. In February 2015 RQIA provided DHSSPS with a response paper to the Donaldson report. RQIA recognised the need to address many of the issues raised in the Donaldson report through its new Corporate Strategy 2015-18. These include: compensating for fragmentation through closer cooperation with other quality and safety bodies, a more strategic approach to inspection of the management of safety and quality, and the collation, analysis and system-wide dissemination of best practice information.

Recommendation 5 of the Donaldson Review is focused on regulation and the need to have a holistic system which impacts across the full spectrum of health and social care. RQIA has a well-established footfall into HSC Trusts and all independent regulated services and RQIA is capable of delivering robust inspections of all healthcare establishments. In 2015 RQIA will implement a new rolling programme of inspections of acute hospitals, based on the patient experience standards.

11. Conclusion

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

Further to considering the accountability framework within RQIA and in conjunction with assurances given to me by the Head of Internal audit, I am content that RQIA has operated a sound system of internal governance during the period 2014 -15.



Glenn Houston
Chief Executive

Date: 9 July 2015

REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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

I certify that I have audited the financial statements of the Regulation and Quality Improvement Authority for the year ended 31 March 2015 under the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) 2003. The financial statements comprise the Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Regulation and Quality Improvement Authority's and Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) 2003. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Regulation and Quality Improvement Authority's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Regulation and Quality Improvement Authority; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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.

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.

Opinion on financial statements

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 2015 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) 2003 and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) 2003; and
- the information given in Annual 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

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 part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.


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

27 July 2015

**The Regulation and Quality
Improvement Authority Statement
of Accounts**

For the year ended 31 March 2015

The Regulation and Quality Improvement Authority

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE
for the year ended 31 March 2015**

	Note	2015 £	2014 £
Expenditure			
Staff costs	3.1	(6,182,271)	(6,166,905)
Depreciation	4	(53,292)	(38,093)
Other expenditures	4	(1,615,928)	(1,428,639)
		<u>(7,851,491)</u>	<u>(7,633,637)</u>
Income			
Income from activities	5.1	0	0
Other Operating income	5.2	954,459	914,670
Deferred income	5.3	0	0
		<u>954,459</u>	<u>914,670</u>
Net Expenditure		<u>(6,897,032)</u>	<u>(6,718,967)</u>
Revenue Resource Limit (RRL)	25.1	6,897,586	6,719,574
Surplus / (Deficit) against RRL		<u>554</u>	<u>607</u>

OTHER COMPREHENSIVE EXPENDITURE


	Note	2015 £	2014 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment	6.1/6.2/10	0	1,225
Net gain/(loss) on revaluation of intangibles	7.1/7.2/10	0	0
Net gain/(loss) on revaluation of available for sales financial assets		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2015		<u>(6,897,032)</u>	<u>(6,717,742)</u>

The notes on pages 104 to 133 form part of these accounts.

The Regulation and Quality Improvement Authority

STATEMENT OF FINANCIAL POSITION
as at 31 March 2015

		2015		2014	
	Note	£	£	£	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	419,970		606,650	
Intangible assets	7.1/7.2	410,041		24,439	
Total Non Current Assets			830,011		631,089
Current Assets					
Trade and other receivables	12.1	16,388		29,936	
Other current assets	12.1	31,940		22,940	
Cash and cash equivalents	13	1,412		3,292	
Total Current Assets			49,740		56,168
Total Assets			879,751		687,257
Current Liabilities					
Trade and other payables	14.1	(829,078)		(791,452)	
Other liabilities	14.1	0		0	
Total Current Liabilities			(829,078)		(791,452)
Non Current Assets plus/less Net Current Assets / Liabilities			50,673		(104,195)
Non Current Liabilities					
Total Non Current Liabilities			0		0
Assets less Liabilities			50,673		(104,195)
Taxpayers' Equity					
Revaluation reserve		2,766		2,766	
SoCNE reserve		47,907		(106,961)	
			50,673		(104,195)



Glenn Houston
Chief Executive

Date: 9 July 2015



Alan Lennon
Chairman

Date: 9 July 2015

The notes on pages 104 to 133 form part of these accounts.

The Regulation and Quality Improvement Authority

STATEMENT OF CASH FLOWS
for the year ended 31 March 2015

	Note	2015 £	2014 £
Cash flows from operating activities			
Net expenditure after interest		(6,897,032)	(6,718,967)
Adjustments for non cash costs	25.1	135,756	55,903
(Increase)/decrease in trade and other receivables	12.1	4,548	(3,908)
Less movements in receivables relating to items not passing through the SOCNE			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Increase/(decrease) in trade payables	14.1	37,626	(602,602)
Less movements in payables relating to items not passing through the SOCNE			
Movements in payables relating to the purchase of property, plant and equipment		(24,150)	(73,092)
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Use of provisions		0	0
Net cash outflow from operating activities		(6,743,252)	(7,342,666)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6/7	(298,528)	(336,905)
(Purchase of intangible assets)		0	0
Proceeds of disposal of property, plant & equipment		0	0
Proceeds on disposal of intangibles		0	0
Net cash outflow from investing activities		(298,528)	(336,905)
Cash flows from financing activities			
Grant in aid		7,039,900	7,674,800
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net financing		7,039,900	7,674,800
Net increase (decrease) in cash & cash equivalents in the period		(1,880)	(4,772)
Cash & cash equivalents at the beginning of the period	13	3,292	8,063
Cash & cash equivalents at the end of the period	13	1,412	3,292

The notes on pages 104 to 133 form part of these accounts.

The Regulation and Quality Improvement Authority

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
for the year ended 31 March 2015**

	Note	SoCNE Reserve	Revaluation Reserve	Total
		£	£	£
Balance at 31 March 2013		(1,076,794)	1,541	(1,075,253)
Changes in Taxpayers Equity 2013-14				
Grant from DHSSPS		7,674,800	0	7,674,800
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(6,718,967)	1,225	(6,717,742)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	14,000	0	14,000
Balance at 31 March 2014		(106,961)	2,766	(104,195)
Changes in Taxpayers Equity 2014-15				
Grant from DHSSPS		7,039,900	0	7,039,900
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(6,897,032)	0	(6,897,032)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	12,000	0	12,000
Balance at 31 March 2015		47,907	2,766	50,673

The notes on pages 104 to 133 form part of these accounts.

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting manual (FReM) and in accordance with the requirements of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The accounting policies follow International Financial Reporting Standards (IFRS) to the extent that it is meaningful and appropriate to RQIA. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of RQIA for the purpose of giving a true and fair view has been selected. RQIA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

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 where appropriate.

1.2 Currency and Rounding

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

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, RQIA;
- 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 or Department, irrespective of their individual or collective cost

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 the DHSSPS.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as permitted by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

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

Items under construction are not depreciated until they are commissioned.

1.5 Impairment loss

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

1.6 Subsequent expenditure

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

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, 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 asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

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

Recognition

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

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

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

1.8 Donated assets

Income for donated assets would be recognised when received. RQIA has no donated assets.

1.9 Non-current assets held for sale

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

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.10 Inventories

RQIA does not hold any inventories.

1.11 Income

Operating Income relates directly to the operating activities of RQIA and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

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

1.12 Investments

RQIA does not have any investments.

1.13 Other expenses

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

1.14 Cash and cash equivalents

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

1.15 Leases

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

RQIA as lessee

RQIA does not hold any Finance Leases. Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

RQIA as lessor

RQIA does not act as a lessor.

1.16 Private Finance Initiative (PFI) transactions

RQIA has no PFI transactions.

1.17 Financial instruments

Financial assets

Financial assets are recognised on the balance sheet 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.

Financial liabilities

Financial liabilities are recognised on the balance sheet 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. Due to our relationships with HSC Commissioners, and the manner in which we are funded, financial instruments play a more limited role within RQIA in creating risk than

would apply to a non public sector body of a similar size. Therefore RQIA is not exposed to the degree of financial risk faced by business entities. RQIA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing RQIA in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

Currency risk

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

Interest rate risk

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

Credit risk

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

Liquidity risk

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

1.18 Provisions

In accordance with IAS 37, provisions are recognised when RQIA has a present legal or constructive obligation as a result of a past event, it is probable that the RQIA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

RQIA had no provisions at the 31 March 2015 or the 31 March 2014.

1.19 Contingencies

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

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

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

1.20 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.

Retirement benefit costs

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2014 and is used in the 2014/15 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 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.

1.23 Third party assets

RQIA does not hold material assets belonging to third parties.

1.24 Government Grants

Government assistance for capital projects whether from UK, or Europe, were treated as a Government grant even where there were no conditions specifically relating to the operating activities of the entity other than the requirement to operate in certain regions or industry sectors. Such grants (does not include grant-in-aid) were previously credited to a government grant reserve and were released to income over the useful life of the asset.

DFP issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met. The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments

Losses and special payments are items that the Northern Ireland 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 RQIA 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.

1.26 Accounting standards that have been issued but have not yet been adopted

Under International Accounting Standard (IAS) 8 there is a requirement to disclose those standards issued but not yet adopted.

The International Accounting Standards Board (IASB) have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards are effective from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A review of the NI financial process, which will bring NI departments under the same adaptation, has been presented to the Executive, but a decision has yet to be made. Should the Executive agree to the recommendations, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

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

NOTE 2 - ANALYSIS OF NET EXPENDITURE BY SEGMENT

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

NOTE 3 - STAFF NUMBERS AND RELATED COSTS

3.1 - Staff Costs

Staff Costs comprise:

	2015		2014	
	Permanently employed staff £	Others £	Total £	Total £
Wages and salaries	5,134,324	44,128	5,178,452	5,203,002
Social security costs	420,971	0	420,971	424,809
Other pension costs	582,848	0	582,848	572,426
Sub-Total	6,138,143	44,128	6,182,271	6,200,237
Capitalised staff costs	0	0	0	33,332
Total staff costs reported in Statement of Comprehensive Expenditure	6,138,143	44,128	6,182,271	6,166,905
Less recoveries in respect of outward secondments			72,606	45,527
Total net costs			6,109,665	6,121,378

Staff costs represent 80% of RQIA's 2014/15 expenditure.

3.2 - Average number of persons employed

The average number of whole time equivalent persons employed during the year was as follows:

	2015		2014	
	Permanently employed staff No.	Others No.	Total No.	Total No.
Administrative & clerical	147	2	149	151
Total average number of persons employed	147	2	149	151
Less average staff number relating to capitalised staff costs	0	0	0	1
Less average staff number in respect of outward secondments	1	0	1	1
Total net average number of persons employed	146	2	148	149

3.3 - Senior Employees' Remuneration

Details of senior employees' remuneration are included within the remuneration report.

3.4 - Reporting of early retirement and other compensation scheme - exit packages

There were no early retirements or awards of any compensation packages in 2014/15 or 2013/14.

3.5 - Staff Benefits

RQIA does not make any payments in relation to staff benefits.

3.6 - Trust Management Costs

Not applicable to RQIA.

3.7 Retirements due to ill-health

During 2014/15 or 2013/14 there were no early retirements agreed on the grounds of ill-health.

NOTE 4 - OPERATING EXPENSES

Operating Expenses are as follows:

	2015	2014
	£	£
Operating Expenses are as follows:-		
Supplies and services - General	41,673	48,754
Establishment	319,031	315,036
Premises	217,791	172,891
Bad debts	0	0
Rentals under operating leases	203,065	203,186
BSO services	241,274	244,398
Training	63,810	79,129
ICT Maintenance	109,429	117,188
ICT Hardware and Software	53,685	66,453
Staff substitution	218,233	118,494
Miscellaneous expenditure	65,473	45,300
Non cash items		
Depreciation	53,292	38,093
Amortisation	67,412	2,000
Loss on disposal of property, plant & equipment (including land)	3,052	1,810
Loss on disposal of intangibles	0	0
Auditors remuneration	12,000	14,000
Total	<u>1,669,220</u>	<u>1,466,732</u>

An additional amount of £1,232 was paid to the NIAO in respect of work carried out on the National Fraud Initiative. This is reflected within miscellaneous expenditure above. There were no other non audit services purchased from RQIA's external auditor (NIAO) during 2014/15.

In 2013/14 staff substitution was included within miscellaneous expenditure. Staff substitution expenditure is largely made up of specialists engaged to contribute to RQIA's review programme and the level of expenditure is directly related to the nature and scope of that work in any given year. In 2014/15 this amount increased significantly due to Minister commissioned reviews and it has therefore been disaggregated from miscellaneous expenditure and the appropriate prior year comparator provided.

NOTE 5 - INCOME

5.1 - Income from Activities

RQIA did not receive income from activities in 2014/15 or 2013/14.

5.2 - Other Operating Income

	2015	2014
	£	£
Other income from non-patient services	0	0
Seconded staff	72,606	46,990
Donations / Government grant / Lottery funding for non current assets	0	0
Other income from Fees Levied on registered bodies	881,853	867,680
Total	954,459	914,670

The amount recorded against Seconded Staff relates exclusively to work placements at the DHSSPS.

5.3 - Deferred income

RQIA did not receive any deferred income in 2014/15 or 2013/14.

NOTE 6 – PROPERTY, PLANT & EQUIPMENT

6.1 – Property, plant & equipment – year ended 31 March 2015

	Plant and Machinery (Equipment)	Asset Under Construction	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2014	35,599	378,901	294,707	106,763	815,970
Indexation	0	0	0	0	0
Additions	0	220,553	61,942	0	282,495
Disposals	0	0	(89,837)	0	(89,837)
Transfers Out	0	(412,831)			(412,831)
At 31 March 2015	35,599	186,623	266,812	106,763	595,797
Depreciation					
At 1 April 2014	29,088	0	143,068	37,164	209,320
Indexation	0	0	0	0	0
Disposals	0	0	(86,785)	0	(86,785)
Provided during the year	3,755	0	38,861	10,676	53,292
At 31 March 2015	32,843	0	95,144	47,840	175,827
Carrying Amount					
At 31 March 2015	2,756	186,623	171,668	58,923	419,970
At 31 March 2014	6,511	378,901	151,639	65,599	606,650

Transfers out recorded against assets under construction relate to the iConnect system that went live in June 2014. The £412K was transferred to Information Technology intangible assets. Further details are provided in Note 7.1. The balance remaining in assets under construction relates to the Web Portal section of iConnect which is due to be commissioned in 2015/16.

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

The Regulation and Quality Improvement Authority
Notes to the Accounts for the year ended 31 March 2015

6.2 – Property, plant & equipment – year ended 31 March 2014

	Plant and Machinery (Equipment)	Asset Under Construction	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2013	103,729	89,779	320,453	105,133	619,094
Indexation	0	0	0	1,630	1,630
Additions	0	289,122	98,435	0	387,557
Disposals	(68,130)	0	(124,181)	0	(192,311)
At 31 March 2014	35,599	378,901	294,707	106,763	815,970
Depreciation					
At 1 April 2013	90,703	0	244,537	26,084	361,324
Indexation	0	0	0	404	404
Disposals	(68,130)	0	(122,371)	0	(190,501)
Provided during the year	6,515	0	20,902	10,676	38,093
At 31 March 2014	29,088	0	143,068	37,164	209,320
Carrying Amount					
At 31 March 2014	6,511	378,901	151,639	69,599	606,650
At 31 March 2013	13,026	89,779	75,916	79,049	257,770

NOTE 7 - INTANGIBLE ASSETS

7.1 – Intangible assets – year ended 31 March 2015

	Software Licenses £	Information Technology £	Total £
Cost or Valuation			
At 1 April 2014	98,767	0	98,767
Indexation	0	0	0
Additions	40,183	0	40,183
Transfers in	0	412,831	412,831
Disposals	(19,484)	0	(19,484)
At 31 March 2015	119,466	412,831	532,297
Amortisation			
At 1 April 2014	74,328	0	74,328
Indexation	0	0	0
Disposals	(19,484)	0	(19,484)
Provided during the year	5,487	61,925	67,412
At 31 March 2015	60,331	61,925	122,256
Carrying Amount			
At 31 March 2015	59,135	350,906	410,041
At 31 March 2014	24,439	0	24,439

Information Technology Transfers in of £412K relates to the iConnect System which went live in June 2014. Further details are provided in Note 6.1.

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

The Regulation and Quality Improvement Authority
Notes to the Accounts for the year ended 31 March 2015

7.2 – Intangible assets – year ended 31 March 2014

	Software Licenses
	£
Cost or Valuation	
At 1 April 2013	141,623
Indexation	0
Additions	22,439
Disposals	(65,295)
At 31 March 2014	98,767
Amortisation	
At 1 April 2013	137,623
Indexation	0
Disposals	(65,295)
Provided during the year	2,000
At 31 March 2014	74,328
Carrying Amount	
At 31 March 2014	24,439
At 31 March 2013	4,000

NOTE 8 - FINANCIAL INSTRUMENTS

RQIA is a Non-Departmental Public Body funded by its sponsor body in the DHSSPS and holds no powers to borrow funds or invest surplus funds. RQIA does not hold any financial instruments and is not exposed to credit, interest rate, or currency risk.

NOTE 9 - ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale in 2014/15 or 2013/14.

NOTE 10 - IMPAIRMENTS

There were no impairments in 2014/15.

NOTE 11 - INVENTORIES

RQIA does not hold any inventories.

NOTE 12 - TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 - Trade receivables and other current assets

	2015 £	2014 £
Amounts falling due within one year		
Trade receivables	718	28,743
Other receivables	15,670	1,193
Trade and other receivables	<u>16,388</u>	<u>29,936</u>
Prepayments and accrued income	31,940	22,940
Other current assets	<u>31,940</u>	<u>22,940</u>
Amounts falling due after more than one year		
Trade and other receivables	0	0
Prepayments and accrued income	0	0
Other current assets falling due after more than one year	<u>0</u>	<u>0</u>
Total Trade and Other Receivables	<u>16,388</u>	<u>29,936</u>
Total Other Current Assets	<u>31,940</u>	<u>22,940</u>
Total Receivables and other Current Assets	<u>48,328</u>	<u>52,876</u>

With the advent of RQIA's participation in the HSC car leasing scheme we have separately identified receivables due from staff under the heading of other receivables. For comparison we have amended the reported receivables figure in 2014 to provide a comparator of receivables due from staff in the prior year.

12.2 - Trade receivables and other current assets: Intra-Government balances

	Amounts falling due within 1 year 2014/15	Amounts falling due within 1 year 2013/14	Amounts falling due after more than 1 year 2014/15	Amounts falling due after more than 1 year 2013/14
	£	£	£	£
Balances with other central government bodies	0	0	0	0
Balances with NHS/HSC Trusts	0	0	0	0
Intra-government balances	0	0	0	0
Balances with bodies external to government	48,328	52,876	0	0
Total receivables and other current assets at 31 March	48,328	52,876	0	0

NOTE 13 - CASH AND CASH EQUIVALENTS

	2015 £	2014 £
Balance at 1st April	3,292	8,063
Net change in cash and cash equivalents	(1,880)	(4,771)
Balance at 31st March	(1,412)	3,292
The following balances at 31st March were held at	2015 £	2014 £
Commercial banks and cash in hand	1,412	3,292
Balance at 31st March	1,412	3,292

NOTE 14 - TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 - Trade payables and other current liabilities

	2015 £	2014 £
Amounts falling due within one year		
Other taxation and social security	222,222	208,907
Trade capital payables - property, plant and equipment	171,036	146,886
Trade revenue payables	145,846	163,112
Payroll payables	137,649	144,008
BSO payables	42,597	49,345
Other payables	109,728	79,194
Trade and other payables	829,078	791,452
Other current liabilities	0	0
Total payables falling due within one year	829,078	791,452
Amounts falling due after more than one year		
Total non current other payables	0	0
Total Trade Payables and Other Current Liabilities	829,078	791,452

14.2 - Trade payables and other current liabilities - Intra-government balances

	Amounts falling due within 1 year 2014/15 £	Amounts falling due within 1 year 2013/14 £	Amounts falling due after more than 1 year 2014/15 £	Amounts falling due after more than 1 year 2013/14 £
Balances with other central government bodies	183,670	266,975	0	0
Balances with local authorities	0	0	0	0
Balances with NHS / HSC Trusts	532	1,214	0	0
Balances with public corporations and trading funds	0	0	0	0
Intra-government balances	184,202	268,189	0	0
Balances with bodies external to government	644,876	523,263	0	0
Total payables and other liabilities at 31 March	829,078	791,452	0	0

14.3 – Loans

RQIA did not have any loans payable at either 31 March 2015 or 31 March 2014.

NOTE 15 - PROMPT PAYMENT POLICY

15.1 - Public Sector Payment Policy - Measure of Compliance

The Department requires that NDPB's pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. RQIA's payment policy is consistent with the Better Payments Practice code and Government Accounting rules and its measure of compliance is:

	2015 Number	2015 £	2014 Number	2014 £
Total bills paid	1,130	1,143,271	1,232	1,125,783
Total bills paid within 30 day target or under agreed payment Terms	967	937,031	943	938,666
% of bills paid within 30 day target or under agreed payment terms	85.6%	82.0%	76.5%	83.4%
Total bills paid within 10 days of receipt of an undisputed invoice	715	683,914	702	730,898
% of bills paid within 10 days of receipt of an undisputed invoice	63.3%	59.8%	57.0%	64.9%

15.2 - The Late Payment of Commercial Debts Regulations 2002

Amount of compensation paid for payment(s) being late	£	24
Amount of interest paid for payment(s) being late		29
Total		<u>53</u>

This is also reflected as a fruitless payment in note 26.

NOTE 16 - PROVISIONS FOR LIABILITIES AND CHARGES - 2014 & 2013

RQIA did not hold any provisions in 2014/15 or 2013/14.

NOTE 17 - CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements.

	2015 £	2014 £
Intangible Assets	0	102,863
	<u>0</u>	<u>102,863</u>

This contractual commitment in 2014 related exclusively to the construction of the iConnect system.

NOTE 18 - COMMITMENTS UNDER LEASES

18.1 - Operating Leases

Total future minimum lease payments under operating leases are given in the table below.

	2015 £	2014 £
Obligations under operating leases comprise		
Buildings		
Not later than 1 year	193,800	193,800
Later than 1 year and not later than 5 years	775,200	775,200
Later than 5 years	180,526	374,326
	<u>1,149,526</u>	<u>1,343,326</u>
Other		
Not later than 1 year	7,353	8,564
Later than 1 year and not later than 5 years	0	6,528
Later than 5 years	0	0
	<u>7,353</u>	<u>15,092</u>

18.2 - Finance Leases

RQIA does not hold any finance leases.

18.3 - Lessor Commitments

RQIA does not act as a lessor.

NOTE 19 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

19.1 - Off balance sheet PFI and other service concession arrangements schemes

RQIA has no commitments under PFI or other service concession arrangement contracts.

NOTE 20 - OTHER FINANCIAL COMMITMENTS

RQIA did not have any other financial commitments at either 31 March 2015 or 31 March 2014.

NOTE 21 - FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

RQIA is a non-departmental public body funded by its sponsor body in the DHSSPS and holds no powers to borrow funds or invest surplus funds. Therefore RQIA does not require or hold any financial guarantees, indemnities or letters of comfort. Similarly RQIA has not provided any guarantees, indemnities or letters of comfort.

NOTE 22 - CONTINGENT LIABILITIES

RQIA is currently engaged in legal proceedings which may lead to a financial liability. It is not possible to quantify this potential liability at this time.

NOTE 23 - RELATED PARTY TRANSACTIONS

RQIA is a non-departmental public Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) and is regarded as a related party.

During the 2014/15 RQIA has had various material transactions with the DHSSPS and with other entities for which the DHSSPS is regarded as the parent department, particularly with the Business Services Organisation (BSO) which provides financial, human resources, procurement and legal services to RQIA through Service Level Agreements.

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

NOTE 24 - THIRD PARTY ASSETS

RQIA did not hold any third party assets at the 31 March 2015.

NOTE 25 - FINANCIAL PERFORMANCE TARGETS

25.1 - Revenue Resource Limit

RQIA is given a Revenue Resource Limit (RRL) which it is not permitted to overspend. The RRL for RQIA is calculated as follows:

	2015	2014
	Total	Total
	£	£
HSCB	0	43,700
DHSSPS (excludes non cash)	6,761,830	6,619,971
Non cash RRL (from DHSSPS)	135,756	55,903
Total Revenue Resource Limit to Statement	<u>6,897,586</u>	<u>6,719,574</u>
Comprehensive Net Expenditure	<u>6,897,586</u>	<u>6,719,574</u>

25.2 - Capital Resource Limit

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

	2015	2014
	Total	Total
	£	£
Gross capital expenditure	322,678	409,997
(Receipts from sales of fixed assets)	0	0
Net capital expenditure	322,678	409,997
Capital Resource Limit	323,066	415,523
Overspend/(Underspend) against CRL	<u>(388)</u>	<u>(5,526)</u>

NOTE 25.3 - Financial Performance Targets

RQIA is required to ensure it breaks even on an annual basis by containing its net expenditure to within £20,000 of RRL.

	2014/15	2013/14
	£	£
Net Expenditure	(6,897,032)	(6,718,967)
RRL	6,897,586	6,719,574
Surplus / (Deficit) against RRL	554	607
Break Even cumulative position(opening)	(18,778)	(19,385)
Break Even cumulative position (closing)	(18,224)	(18,778)

Materiality Test:

	2014/15	2013/14
	%	%
Break Even in year position as % of RRL	0.01%	0.01%
Break Even cumulative position as % of RRL	-0.26%	-0.28%

NOTE 26 - LOSSES & SPECIAL PAYMENTS

Type of loss and special payment	2014/15		2013/14	
	No. of Cases	£	No. of Cases	£
Cash losses				
Theft, fraud etc				
Overpayments of salaries, wages and allowances				
Other causes				
Claims abandoned				
Waived or abandoned claims				
Administrative write-offs				
Bad debts				
Other				
Fruitless payments				
Late Payment of Commercial Debt	2	53	8	108
Other fruitless payments and constructive losses				
	2	53	8	108
Stores & Inventory losses				
Losses of accountable stores through any deliberate act				
Other stores losses				
Other Equipment & Property	3	3,052	5	1,810
	3	3,052	5	1,810
Special Payments				
Compensation payments				
- Clinical Negligence				
- Public Liability				
- Employers Liability				
- Other				
Ex-gratia payments				
Extra contractual				
Special severance payments				
TOTAL	5	3,105	13	1,918

26.1 - Special Payments

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

26.2 - Other Payments

There were no other payments made during the year.

The Regulation and Quality Improvement Authority
Notes to the Accounts for the year ended 31 March 2015

NOTE 27 - EVENTS AFTER THE REPORTING PERIOD

There are no events, between the end of the reporting period and the date the financial statements are authorised for issue, having a material effect on the accounts.

The accounting officer authorised these financial statements for issue on 27 July 2015.

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 103 to 132) 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 DHSSPS.



.....Director of Corporate Services
(Including Finance)

9 July 2015

.....Date

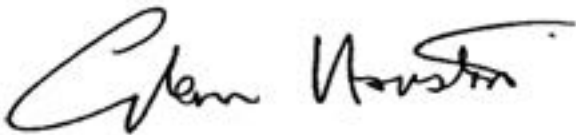
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 103 to 132) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

9 July 2015

.....Date



.....Chief Executive

9 July 2015

.....Date

Notes

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The **Regulation** and
Quality Improvement
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