



The **Regulation** and
Quality Improvement
Authority

Annual Report and Accounts

1 April 2015 to 31 March 2016



Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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The Regulation and Quality Improvement Authority

Annual Report and Accounts

1 April 2015 to 31 March 2016

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 27 July 2016

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

Our Vision

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

Our Purpose

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

Our Values

RQIA has a shared set of values that define our culture:

Independence: upholding our independence as a regulator

Inclusiveness: promoting public involvement 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

These come together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

**RQIA Annual Report and Accounts
1 April 2015 to 31 March 2016**

Contents	Page
Chairman's Foreword	1
SECTION 1: PERFORMANCE REPORT	
(i) Overview	3
Statement from the Acting Chief Executive	3
Purpose and Activities of the Organisation	5
Key Sectoral Issues and Risks Affecting the Achievement of the Organisation's Objectives	6
Risks which Could Affect the Going Concern Principle	7
Performance Overview	7
(ii) Performance Analysis	15
Regulation	15
Mental Health and Learning Disability	25
Human Rights	27
Hospital Inspections	28
Prison Health Care	32
RQIA Review Activity	34
Guidelines and Audit Implementation Network (GAIN)	42
Complaints and Whistleblowing	43
People	44
Financial Summary	47
Partnership Working	47
Communication	50
Influencing Policy	52
Corporate Activities	54
Social, Community and Environmental Matters	57
SECTION 2: ACCOUNTABILITY REPORT	
i. Governance Report	59
a. Directors Report	59
b. Statement of Accounting Officer Responsibilities	65
c. Governance Statement	66
ii. Remuneration and Staff Report	83
iii. Accountability and Audit Report	92

SECTION 3: FINANCIAL STATEMENTS	96
Financial Statements	97
Notes to the Financial Statements	101
Certificates of Director of Corporate Services, Chairman and Acting Chief Executive	125
APPENDICES	
Appendix 1: RQIA’s Inspection Themes and Standards, by Service Category, 2015-16	126
Appendix 2: Enforcement Action: 1 April 2015 - 31 March 2016	130
Appendix 3: Conditions of Registration as a result of Enforcement Action, 2015-16	141
Appendix 4: Prosecution of Unregistered Services	144
Appendix 5: GAIN Clinical Audits and Guidelines, 2015-16	145
Appendix 6: RQIA Board Members’ Profiles (as at 31 March 2016)	146

CHAIRMAN'S FOREWORD

The core purpose of the Regulation and Quality Improvement Authority (RQIA) is to provide independent assurance about the safety, quality and availability of health and social care services in Northern Ireland.

Through a combination of inspection and review, we promote improvement, challenge poor performance, safeguard the rights of service users and inform the public through publication of our reports. During 2015-16, we met our statutory requirements in relation to registration and inspection and discharged our responsibilities as set out in the Mental Health (Northern Ireland) Order 1986. We also completed the first year of a new three year review programme and introduced a new programme of hospital inspections.

One of our most important priorities is to make sure that our reports convey clearly to the public, how well services are performing in respect of relevant regulations and standards. During the course of the year we introduced revised inspection methodologies in regulation and mental health. We have introduced new report formats across all programmes designed to better inform the public as to the standard of care they receive.

During 2015-16, the Guidelines and Audit Implementation Network (GAIN) was successfully integrated into RQIA. GAIN will contribute to ensuring we make best use of intelligence and learning, to assist us in driving forward improved quality of the services we inspect and review. We will continue to use evidence of best practice from research and other data sources to improve our approaches.

Going forward, RQIA must maintain a strong focus on our statutory responsibilities. However, there is significant scope for us to take a stronger role in quality improvement. Combined with a more effective quality and safety intelligence function, RQIA in the future, could provide the framework for a robust benchmarking programme across health and social care services in Northern Ireland.

The commitment and dedication of our workforce and the oversight and direction of the Board is key to our success in meeting our objectives and I wish to acknowledge their skill, professionalism and hard work during the year.

This Annual Report and Accounts provides an overview of the work and achievements of The Regulation and Quality Improvement Authority for the period 1 April 2015 to 31 March 2016, and on behalf of RQIA's Board, I am pleased to present this report to you.



Dr Alan Lennon, OBE
Chairman

SECTION 1

PERFORMANCE REPORT

OVERVIEW

Statement from the Acting Chief Executive

The Regulation and Quality Improvement Authority's Annual Report and Accounts provide an overview of the organisation's activities over the period 1 April 2015 to 31 March 2016.

During this period, the Chief Executive for the Regulation and Quality Improvement Authority (RQIA) was Glenn Houston. Glenn retired on 4 May 2016. On behalf of everyone at RQIA, I would like to thank Glenn for his successful period of leadership since he took up post in 2009 and wish him a long and happy retirement.

I am, at the time of writing, the Acting Chief Executive of RQIA, pending the appointment of a new Chief Executive.

2015-16 was the first year of the 2015-18 RQIA Corporate Strategy. To take forward the goals and objectives of the Strategy, an ambitious Annual Business Plan was established for 2015-16.

This report sets out RQIA's performance for the year. Key achievements included:

- In January 2016, RQIA achieved the prestigious EFQM recognised for excellence 4 star level of recognition at the All Ireland Quality Awards following assessment in relation to the European Framework for Quality Management.
- GAIN was successfully transferred from DHSSPS to RQIA on 1 April 2015 and this has enhanced RQIA's role in quality improvement.
- RQIA delivered a programme of improvements in the arrangements for carrying out inspections of regulated services and carried out almost 2,600 inspections of these services.
- 2015-16 was the first year of a new thematic review programme and reports were published on nine reviews.
- RQIA developed and initiated a new programme of acute hospital inspections commissioned by the Minister. Inspection teams comprise both RQIA inspectors, lay reviewers and peer reviewers from HSC organisations.
- New arrangements were designed and piloted for carrying out inspections of mental health services which were subject to external evaluation.
- By the end of the year, 84% of the 43 actions set out in the business plan were assessed as completed, with the remaining actions due for completion early in 2016-17.
- RQIA achieved a breakeven position in relation to income and expenditure.

Over the course of the year, RQIA took enforcement action in relation to breaches in regulation at 24 registered adult health and social care services, nine children's residential care homes, 18 private dental practices and two clinics providing laser or intense pulsed light beauty treatments.

The review programme included a review of whistleblowing arrangements, commissioned by the Department of Health, Social Services and Public Safety (DHSSPS), following a recommendation contained in Sir Liam Donaldson's examination of health and social care arrangements in Northern Ireland. The report of this review will be published in 2016-17.

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 (NPM) 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 70 psychiatric wards and, in conjunction with other regulators, we conducted a major inspection of Maghaberry Prison.



Dr David Stewart
Acting Chief Executive

Purpose and Activities of the Organisation

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.

Public confidence in health and social care services in Northern Ireland is assured through independent, proportionate and responsible regulation.

Through its activities, RQIA makes an independent assessment of a wide range of health and social care services, to determine if the care being delivered is safe, effective and compassionate. We also consider whether these services are well led and meet the required standards.

Figure 1: Stakeholder Outcomes



RQIA is responsible for the registration and inspection of regulated health and social care services. These include care homes for adults and children; agencies providing domiciliary care workers and nurses; day care services and a wide range of independent health care services such as independent hospitals and private dental treatment.

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

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

RQIA also inspects services providing radiological procedures including x-rays and radiotherapy under the Ionising Radiation (Medical Exposure) (Amendment) Regulations Northern Ireland 2010. These aim to protect service users from inappropriate or unnecessary exposure to ionising radiation.

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

During 2015, RQIA commenced a new programme of inspections at acute hospitals, which examine the quality of care and leadership within specific wards or clinical areas. This is in addition to an ongoing programme of infection prevention/hygiene inspections at a range of health and social care facilities, including hospitals. The reports of our inspections highlight both good practice and areas of concern. This allows us to help drive improvements for all those using these hospital facilities and services.

RQIA is responsible for the oversight of health and social care in places of detention, including Northern Ireland's prisons, children's secure accommodation and mental health and learning disabled facilities. In light of these duties, RQIA is one of four organisations in Northern Ireland designated as a national preventive mechanism (or NPM) by the UK government to ensure the protection of the rights of all those in places of detention.

RQIA is committed to listening to and acting on the views and opinions of the public. We listen to the views of those who avail of health and social care services in Northern Ireland and we use this information to inform our assessments of these services.

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

RQIA's Board is responsible for ensuring that it has effective systems in place for governance, essential for the achievements of its organisational objectives. RQIA's Corporate Risk Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

RQIA's Corporate Risk Assurance Framework describe the organisational objectives, identifies the potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. This Framework provides RQIA's Board with confidence that the systems, policies and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

During 2015-16, RQIA's Corporate Risk Assurance Framework was reviewed and scrutinised by RQIA's Board, Audit Committee and Executive Management Team on regular basis. This provides an overview of the most prominent risks affecting the achievement of RQIA's corporate objectives. At 31 March 2016 identified areas of risk included:

- potential impact of changes in the legislative and regulatory framework
- impact of arrangements to deliver a range of organisational support functions
- responding to efficiency savings and requirements to respond to potential new areas of work

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

Risks Which Could Affect the Going Concern Principle

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

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

Having considered the potential risks to the organisation and the mitigating actions that it has in place RQIA considers that there is limited risk to its ability to continue as a going concern during 2016-17.

Performance Overview

This annual report comes at the end of the first year of RQIA's Corporate Strategy 2015-18. In order to deliver the corporate strategy, RQIA is focusing on seven strategic themes as set out in Figure 1.

Figure 1: RQIA’s Strategic Themes 2015-18



During 2015-16, we strengthened our arrangements for reporting on corporate performance to the RQIA Board. The new arrangements include monthly reporting of key performance indicators through a Chief Executive’s dashboard. We redesigned the format of our quarterly performance reports to monitor progress against each of the actions and supporting measures as set out in RQIA’s Business Plan 2015-16.

During the year we made significant progress in the delivery of the seven strategic themes as set out below.

Table 1: Progress against RQIA’s Strategic Themes

STRATEGIC THEME 1: DELIVER OPERATIONAL EXCELLENCE	
Action: Implement a strategic review of inspection systems and processes as set out in the Regulation Directorate Improvement Plan.	
Measures	Performance
A revised system of reporting compliance with requirements and recommendations	A revised system has been developed and incorporated into the revised inspection policy and procedures and was consulted on in March 2016.
Increase the number of unannounced inspections to a target of 80% of all inspections	79% of inspections in 2015-16 at nursing and residential care homes were unannounced. Target not achieved by 1%.
All draft inspection reports completed within the 28 day timescale	91% of draft inspection reports completed within the 28 day timescale. Target not achieved but this is an increase of 18% from 2014/15.

Action: Complete the planned programme of reviews set out for 2015-2016 contained in the 2015-2018 programme.	
Measures	Performance
All reviews completed within the specified timeframes for each review	42 milestones were set and 39 were achieved. Three reviews were outstanding but all fieldwork had been completed. The outstanding review reports to be submitted to DHSSPS by the end of quarter 1 2016/17.
Action: Complete the planned programme of inspections of statutory healthcare.	
Measures	Performance
100% of inspections carried out as set out in the annual inspection plan	A total of 50 inspections had been planned which included infection, prevention and hygiene, augmented care, prison healthcare and IR(ME)R. 49 inspections were completed and the final IR(ME)R inspection which had to be postponed, was completed in April 2016.
Action: Introduce and pilot a new inspection methodology in mental health and learning disability facilities, providing a rating for quality against three stakeholder outcomes of safe care, effective care and compassionate care.	
Measures	Performance
Introduce and pilot a revised inspection methodology	A new inspection methodology pilot was commenced in quarter 2, completed in quarter 3 and evaluated in quarter 4 2015/16.
A minimum of one inspection of mental health and learning disability wards completed each year	100% of mental health and learning disability wards received an inspection in 2015-16.
100% of mental health and learning disability inspection reports accompanied by an easy read version and available on the RQIA website	100% of inspection reports that were published in 2015/16 were accompanied by an easy read version and made available on the RQIA website.
STRATEGIC THEME 2: DEVELOP AND EXECUTE NEW CAPABILITIES	
Action: Develop and implement a new hospital inspection methodology and programme	
Measures	Performance
Methodology for a new programme of hospital inspections formally agreed	Methodology agreed in October 2015.
An acute hospital in each HSC Trust subject to an inspection using the agreed methodology	Three inspections were completed by year end with a further 2 planned for quarters 1-2 2016-17.
Evaluate the pilot	An evaluation is being planned for completion by the end of quarter 2 2016-17.

Action: Complete a programme of inspections of all regulated sector services using the new inspection methodology.	
Measures	Performance
All registered providers to receive inspections in line with statutory minimums	100% of services inspected in line with statutory minimums.
Number of providers subject to enforcement	During 2015/16 RQIA commenced enforcement action against registered services on 36 occasions.
STRATEGIC THEME 3: USE RESOURCES EFFECTIVELY	
Action: Pilot and evaluate a revised intelligence and risk based approach to inspection of regulated services	
Measures	Performance
New system of risk assessment developed	New system of risk assessment was developed in March 2016 to be piloted by the Domiciliary Care Agencies Team by the end of June 2016.
Training for regulation staff completed	Training for the Domiciliary staff was delivered in April 2016 as part of the pilot for the new system of risk assessment.
Evaluation and review of pilot	Evaluation and review of pilot to be completed by the end of September 2016.
Action: Proactively engage with DHSSPS to review the Fees and Frequency of Inspection Regulations (NI) 2005.	
Measure	Performance
Evidence of engagement with DHSSPS to revise the scheme of charges set out in the Fees and Frequency of Inspection Regulations	DHSSPS has established a working group to review the Fees and Frequencies of Inspection Regulations Northern Ireland 2005 which included input from RQIA throughout 2015-16.
Action: Produce an agreed budget and savings plan based on 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit	
Measures	Performance
Resource needs are established with DHSSPS	Savings plan developed to deliver a 3% recurring reduction in its budget was delivered in 2015-16.
Directorate and team budgets established	Directorate and team budgets established in quarter 1 2015-16.
Deliver savings and achieve an end of year break-even position on income and expenditure	Break even position was successfully achieved by end of year.

STRATEGIC THEME 4: CONTINUOUSLY IMPROVE KEY SYSTEMS AND PROCESSES	
Action: Implement a programme of key strategic and quality improvement workstreams.	
Measures	Performance
Attainment level in the EFQM assessment	In December 2015, RQIA was awarded the prestigious EFQM Recognised for Excellence 4 star level of Recognition by the Centre for Competitiveness.
Action: Enhance our capacity and capability to access and act on information and intelligence.	
Measure	Performance
Independent audit providing a satisfactory level of assurance of RQIA's internal systems and processes	Internal audit of inspections of children's regulated services completed and adult residential care homes provided a satisfactory level of assurance.
RQIA receiving and analysing relevant information	Two work-streams commenced in 2015-16 in order to further enhance our capacity and capability to access and act on information and intelligence.
Action: Develop and commence implementation of a new information and ICT plan 2015-2016.	
Measures	Performance
Information and ICT plan approved by the RQIA board	Information and ICT plan approved by the RQIA board in June 2015.
Percentage of staff satisfaction with the information and ICT service	In the 2015 Information Team Staff Survey 93% of staff rated the support as either important, very important or couldn't do without it.
Action: Implement the sustainability action plan.	
Measure	Performance
Sustainability action plan approved	Sustainability action plan approved by the Executive Management Team in June 2015.
Percentage of actions in the plan successfully implemented	By the end of quarter 4 2015-16, 95% of the actions to be implemented within that Quarter were completed.
STRATEGIC THEME 5: DEVELOP AND ENHANCE EFFECTIVE EXTERNAL RELATIONSHIPS	
Action: Embed PPI into RQIA's core activities.	
Measures	Performance
Personal and public involvement action plan approved by the RQIA board	The PPI Annual Action Plan was approved by the RQIA Board on 9 th July 2015.
Percentage of actions successfully implemented	90% of actions successfully achieved.

Action Develop an effective communications and stakeholder engagement plan.	
Measure	Performance
Revised communication framework to be developed	Communications and Action Plan approved by the Executive Management Team in June 2015.
A new RQIA website is operational	Website build completed in quarter 4 2015-16. Hosting is being undertaken by ITS at BSO and a delay in launching the website until quarter 2 2016-17 has been agreed in order to carry out additional, robust, failsafe testing.
Action: Develop and implement a revised framework for engagement and collaborative working with other relevant regulatory organisations.	
Measures	Performance
RQIA and CQC to benchmark each other's STP self-assessment tool scores in respect of their compliance with NPM requirements.	RQIA was assessed to be fully compliant in 53 out of 59 NPM self- assessment statements.
A framework agreed setting out how RQIA will engage with each relevant organisation	RQIA has completed a Memoranda of Understanding (MoU) and Information Sharing Agreements with 11 other organisations including HSC organisations and professional regulatory bodies.
STRATEGIC THEME 6: FOCUS IMPROVEMENT ACTIVITIES ON OUTCOMES	
Action: Embed Personal and Public Involvement (PPI) into RQIA's core activities.	
Measures	Performance
Number of inspections and reviews which have involved lay assessors	60 inspections involving lay assessors were completed in 2015-16.
Survey to be completed evaluating the experience of lay assessors engaged in inspections and reviews for RQIA	Formal evaluation of Lay Assessor involvement was completed in Quarter 4 2015-16.

Action: Work jointly with the HSC Leadership Centre and relevant academic organisations to extend our contribution to the health and social care body of knowledge.	
Measure	Performance
Work jointly with the HSC Leadership Centre and relevant academic institutions and other organisations to extend our contribution to the health and social services body of knowledge	RQIA summary reports available on the HSC Knowledge Exchange Website.
Contributions through seminars, papers and reports	RQIA continues to explore opportunities to share learning from inspection and reviews. For example the findings of the RQIA Review of the Implementation of Living Matters Dying Matters, the palliative and end of life care strategy NI, was presented at a regional meeting in March 2016.
STRATEGIC THEME 7: ACTIVELY LEAD CHANGE AND MANAGE RISK	
Action: Implement a robust risk management strategy.	
Measures	Performance
Revised risk management strategy to be approved	Revised risk management strategy approved in November 2015.
Implementation of recommendations from a programme of risk based internal audits to be completed	75% of internal audit recommendations implemented by year end.
Attainment of substantive compliance (80%) with risk management controls assurance standards	Achieved substantive compliance (87%) in risk management in 2015-16.
Action: Implement revised enforcement and escalation policies and procedures.	
Measure	Performance
Number of staff trained in application of the new policies	Relevant staff received training for the Enforcement Policy which was approved by RQIA's Board in Quarter 4.
Enforcement action taken	During 2015/16 RQIA commenced enforcement action against registered services on 36 occasions.

Action: Devise and test a new performance rating system in residential care and nursing homes.	
Measures	Performance
Draft paper on a new performance rating system for reporting the outcomes of inspections of residential care and nursing homes	A system of overall performance rating is a policy decision for DHSSPS. A revised inspection methodology has been initiated to develop an Assessment Framework which will measure performance against the assessment of: Excellent; Good; Requires Improvement; Unsatisfactory.
A timeframe approved by the RQIA Board and agreed with DHSSPS to consult stakeholders on the option of introducing a new performance rating system in residential care and nursing homes	A revised inspection policy for regulated services was launched for consultation in March 2016.

PERFORMANCE ANALYSIS

REGULATION

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 services 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 and young adult supported housing are subject to annual inspection by RQIA, however, under legislation they are not required to register with RQIA. At 31 March 2016, a total of 1,464 services were registered with RQIA (see Table 2). Figure 2 below shows the growth in the number of services registered by RQIA over the past ten years

Figure 2: Growth in Number of Services Registered by RQIA 2005-06 – 2015-16

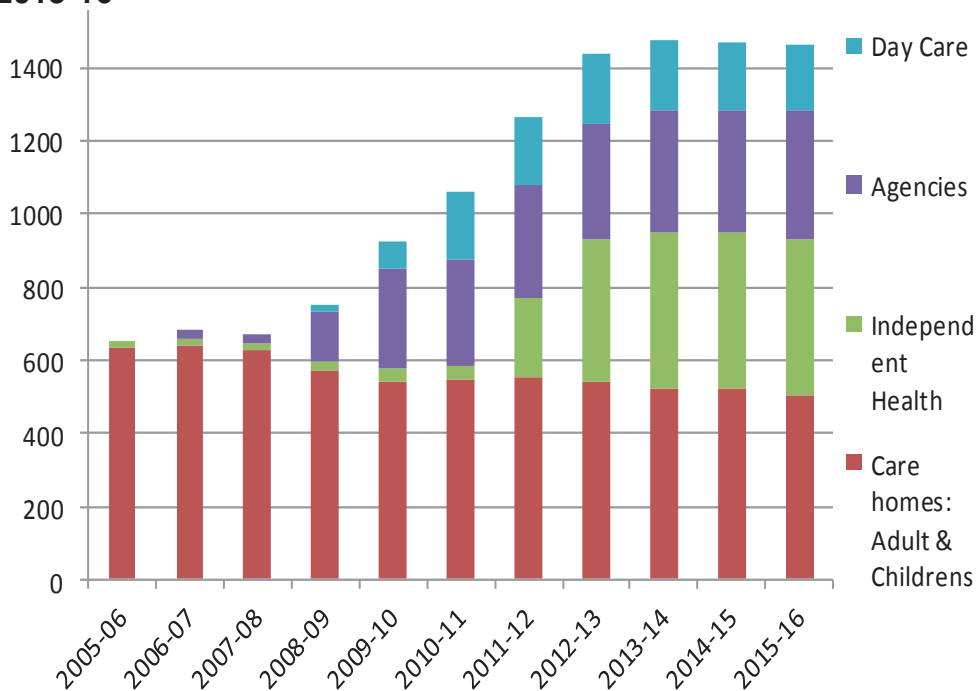


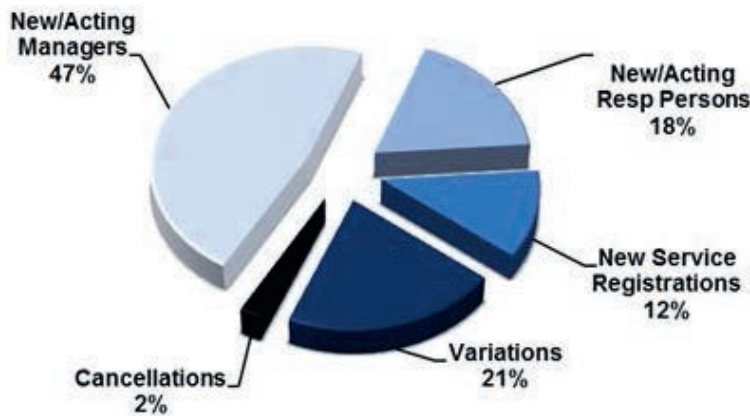
Table 2: Number of Registered Services by Category of care and Maximum Number of Registered Places (where applicable) at 31 March 2016

Type of Service	Number of Services	Number of Registered Places/Chairs* (where applicable)
Adult Placement Agencies	4	n/a
Children's Homes	48	329
Day Care Settings	180	7,231
Domiciliary Care Agencies	119	n/a
Domiciliary Care Agencies -SLU	185	n/a
Independent Clinics	6	n/a
Independent Hospitals	49	206
Independent Hospitals - Dental	373	1,141*
Independent Medical Agencies	5	n/a
Nursing Agencies	33	n/a
Nursing Homes	260	11,860
Residential Care Homes	197	4,111
Residential Family Centres	1	21
Voluntary Adoption Agencies	4	n/a
Overall Total	1,464	

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.

During the year RQIA's registration team completed 884 applications for changes to the registration of services. Almost 500 related to the appointment of a new responsible individual or registered manager to a service. Other changes included variations to a service's registration, new registrations and deregistrations.

Figure 3: Breakdown of RQIA's Registration Activity 2015-16

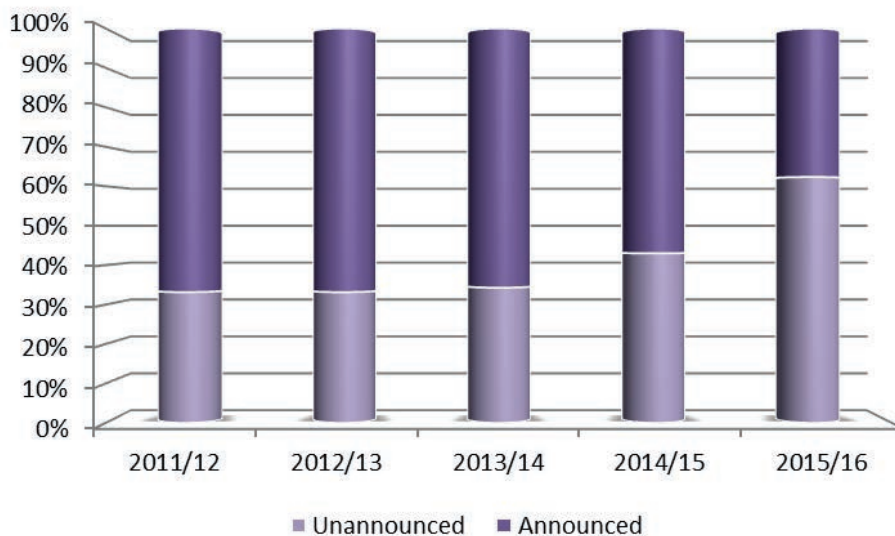


Inspection Activity

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 are subject to at least one inspection per year.

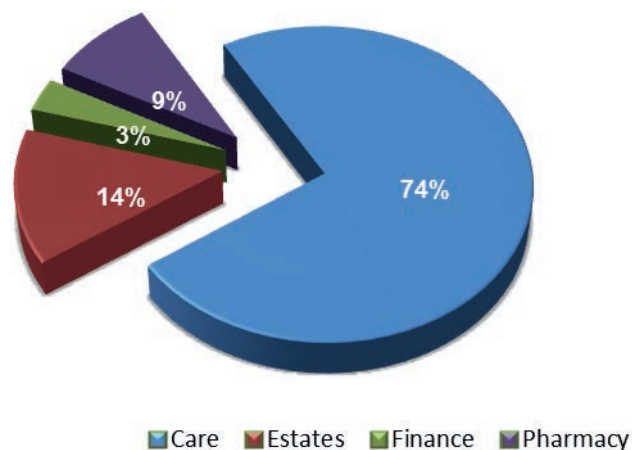
RQIA's approach to inspection is underpinned by the Better Regulation Commission's principles of good regulation, and the Hampton Principles, which state that regulation should be: transparent; accountable; proportionate; consistent and targeted.

Figure 4: Inspection Activity at All Categories of Regulated Services: Announced/Unannounced 2011-12 - 2015-16



The majority of RQIA's inspections are unannounced, and we examine compliance with regulations and the minimum standards in the areas of care, estates, medicines management and safeguarding service users' finances. Our inspections are conducted by RQIA's team of qualified and experienced nurses, social workers, pharmacists, estates and finance officers (see Figure 5). Notice of an inspection may be given where RQIA is following up on enforcement action, or in services such as independent hospitals where patient appointments may require to be rescheduled to facilitate an inspection.

Figure 5: Type of Inspection 2015-16



Driving Quality Improvements for Service Users

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 comprehensive approach to our regulatory activities. This allows us to ensure that our programme of regulation is appropriately focused and proportionate.

We use our knowledge and experience from our regulatory activities and from intelligence over the previous year to identify particular service specific standards and themes, which we use as a focus for our inspection during the year (see Appendix 1).

We 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 – management, front-line, and ancillary staff; patients, residents or service users; friends and relatives; and visiting professionals – for example, medical staff, social workers, allied health professionals, and HSC trust care managers. Our inspections also focus on the quality of the management and leadership at each service.

Supporting Quality Improvement

To drive continuous quality improvement in services, we provide initial verbal feedback on our findings at the end of an inspection, including any issues that require immediate attention by the service provider. The inspection is followed by a written report that includes a quality improvement plan, which is sent to the service provider. This identifies areas for improvement and makes time-bound recommendations, based on the relevant care standards, and/or legislative requirements, which are based on service specific regulations. The service provider is required to submit 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 3: Inspection Activity by Category of Service and Type of Inspection for the Period 1 April 2015 to 31 March 2016

Category of Service	Care	Estates	Finance	Pharmacy	Total
Adult placement agency	4	-	-	-	4
Boarding school	6	-	-	-	6
Children's residential care home	79	19	-	16	114
Day care setting	182	84	-	-	266
Domiciliary care agency	129	-	-	-	129
Domiciliary care agency – supported living	179	-	8	-	187
Independent clinic	7	-	-	-	7
Independent hospital	66	8	-	13	87
Independent hospital - dental treatment	395	38	-	-	433
Independent medical agency	5	-	-	-	5
Nursing home	460	129	42	130	761
Nursing agency	30	-	-	-	30
Residential care home	342	79	38	71	530
Residential family centre	1	-	-	-	1
Young Adult Supported Accommodation	21	-	-	-	21
Total	1,906	357	88	230	2,581

During 2015-16, RQIA met its statutory requirements by conducting the minimum number of inspections in each registration category (two inspections at nursing, residential care and children's homes; one inspection at all other services, excluding voluntary adoption agencies - which are inspected once every three years).

During the year, 2,581 inspections were conducted by RQIA at 1,464 services subject to regulation (see Table 3). In addition to formal inspections, RQIA also conducted 40 financial assessments and 12 assessments of medicines management procedures.

RQIA also conducted 70 inspections at mental health and learning disability services operated by HSC trusts, and 33 health care inspections at hospitals in Northern Ireland, including five pilot inspections as part of our new acute hospital inspection programme.

Incident Reporting

Service providers are required to notify RQIA of a range of incidents as defined by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated regulations,

During 2015-16, almost 28,000 statutory incident notifications were received by RQIA, a decrease of around 4,000 on the previous year. This reduction is as a direct result of our quality improvement initiative, where we developed and issued updated guidance for providers. Each notification is risk assessed by RQIA to determine what further action is required to ensure the safety, protection and wellbeing of all service users, and this contributes to our regulatory intelligence in relation to each service.

Where necessary, our follow-up actions may involve regulatory action that may include inspection or enforcement requests for further information from the service; investigation 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).

Enforcement Action in Regulated Services

All regulated services are required to comply with regulations and care standards relevant to their particular service, and through its regulatory activities, RQIA is committed to ensuring that this is the case.

Where a registered provider fails to meet the required care standard, or is in breach of regulations, RQIA will take appropriate action. Where significant and/or repeated failings are identified, whether through our inspection activity or through intelligence such as concerns, complaints or whistleblowing, RQIA may take enforcement action against a regulated service.

In line with the principles of good regulation, any intervention by RQIA aims to be proportionate to the identified and assessed risk.

There are a range of enforcement measures and sanctions available to RQIA under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its associated regulations. RQIA can take the required action 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 published DHSSPS care standards
- a failure to comply notice - where a service is in breach of regulations
- 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 a serious risk to a person's life, health or wellbeing

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

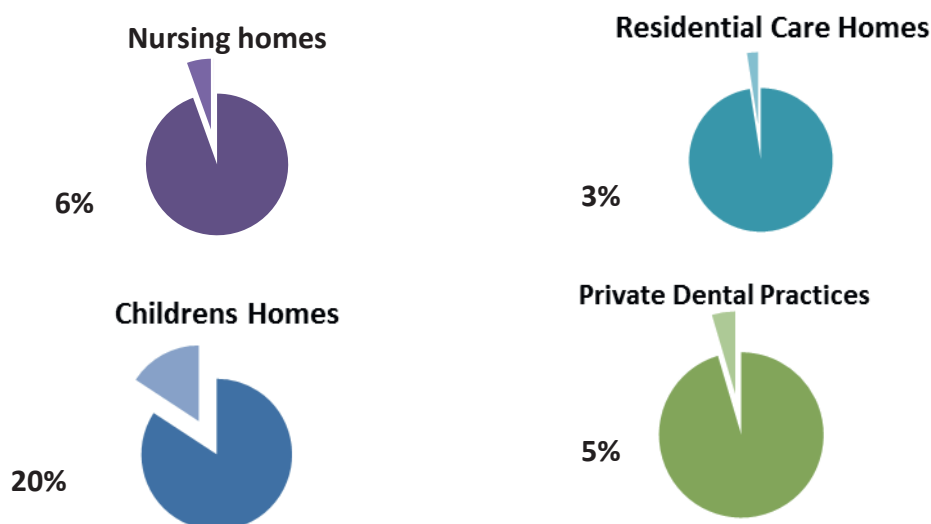
Services Subject to Formal Enforcement Action

During 2015-16, RQIA undertook enforcement action on 53 occasions. These included: adult and children's residential care homes, nursing homes, domiciliary care private dental practices and beauty clinics providing certain classes of laser or intense pulsed light treatments (Table 4). These actions included: issuing notices of failure to comply with regulations and notices to place conditions on registration or to refuse or cancel registration. Details of all enforcement action are provided at Appendix 2. Services subject to conditions of registration as a result of enforcement are listed at Appendix 3. Figure 6 provides detail of the percentage of services that were subject to enforcement during the year.

Table 4: Escalated Enforcement Action during 2015-16

Category of Service	Number of occasions enforcement action taken
Beauty Clinic	2
Children's residential care home	9
Domiciliary care agency	5
Nursing home	14
Private dental treatment	18
Residential care homes	5
Total	53

Figure 6: Percentage of Services Subject to Enforcement 2015-16



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, three private dental services operated by one registered provider, were issued with notices of proposal to refuse registration. Appeals were lodged with the Care Tribunal at this time, and in February 2016, the provider withdrew the appeals prior to the Care Tribunal hearing.

In September 2015, RQIA received representation from the same registered provider, in respect of a further five private dental services that were issued with notices of proposal to place conditions of registration. This representation was not upheld, and notices of decision were issued. In October 2015, the provider lodged appeals in respect of each notice with the Care Tribunal. At 31 March 2016, RQIA was awaiting a hearing date from the Care Tribunal.

Prosecution of Unregistered Beauty Clinics/Tattoo Removal Services

In Northern Ireland, beauty clinics providing services using certain classes of laser or intense pulsed light (IPL) treatments are required to register with RQIA. Registration with RQIA is an important safeguard for those availing of these treatments, which include hair and tattoo removal, and it is an offence for those providing these services not to register with RQIA.

During 2015-16, RQIA commenced the prosecution of 12 unregistered services to ensure compliance with legislation and for the protection of those availing of these services. Details of these services are provided at Appendix 4.

Domiciliary Care – Service User Engagement

During the year, RQIA's user consultation officer and domiciliary care inspectors conducted over 700 interviews with people in receipt of domiciliary care services, or their relatives. This included almost 500 telephone interviews and over 200 visits to a service user's home.

As a result of the engagement, around 300 issues of concern were highlighted, which included:

- Log sheets incomplete or poorly completed
- Care Plans out of date records or absent from file
- Risk assessments incomplete, out of date records or absent from file
- Staffing: timekeeping, short calls, standard of care
- Potential safeguarding issues: missed calls, alleged physical or emotional abuse
- Medication records incomplete or poorly completed

During 2015-16, in our examination of safe and effective care, the management of missed calls was identified as an inspection theme. In addition, inspectors and the user consultation officer examined a sample of records in agency offices and service users' homes respectively.

To drive improvements in services, any issues identified by the user consultation officer were shared with the inspector, and forwarded to the service's registered manager to be addressed. These were also noted in inspection reports, and, where necessary, included in the quality improvement plan for the service.

Consultation on RQIA's Revised Inspection Policy for Regulated Services

In March 2016, RQIA invited its stakeholders, including service users, their friends and relatives, and regulated service providers, to respond during an eight week public consultation period to proposals to improve its approach to inspection.

RQIA considers that the governance, leadership and management of a service is a crucial indicator of the quality of service delivery for those in receipt of these services. The proposals included an examination of the quality of leadership within services in addition to an assessment of whether care in these services is safe, effective and compassionate.

The outcome of the consultation will be considered in 2016-17, and used to improve how we present our inspection findings.

Engagement with Regulated Service Providers

In April 2015, RQIA, in partnership with the Independent Health and Care Providers, a representative group for care homes and domiciliary care providers in Northern Ireland, hosted a joint information session at Mossley Mill, attended by around 150 service providers and managers. At the event RQIA provided guidance including an overview of inspection themes for the 2015-16 inspection year.



Attendees at RQIA's Information event, March 2016, where guidance was shared with service providers

During March 2016, RQIA held a series of information events across Northern Ireland for adult and children's registered services, which were attended by over 1,000 registered providers and managers.

At each event, RQIA provided an overview of its proposed new approach to inspection, which was subject to public consultation at the time. In addition, those in attendance were provided with details of the service-specific guidance which was developed to support providers in their preparation for regulation over the forthcoming inspection year.

RQIA Residential Child Care Symposium

In November 2015, over 40 delegates attended RQIA's symposium on residential child care. The keynote speaker was Professor Jim Anglin, School of Child and Youth Care at University of Victoria, British Columbia, Canada, who addressed delegates on the issue of international best practice in residential child care.



Professor Jim Anglin with RQIA's Joanne Mills, Senior Inspector Children's Team, Kathy Fodey, Director of Regulation and Gerry Marshall, Children's Team inspector.

MENTAL HEALTH AND LEARNING DISABILITY

RQIA has 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 (Northern Ireland) Act 2009. These legislative 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

At present, in Northern Ireland there are 57 mental health and learning disability wards. During the year, RQIA visited each ward on at least one occasion, conducting a total of 70 inspections of psychiatric wards and learning disability wards across Northern Ireland.

This included inspections that were part of our planned programme and also those in response to concerns identified through complaints and whistleblowing. In each inspection we highlighted areas of good practice and, where necessary, made recommendations for improvement. Following each inspection, RQIA published a full report of its findings and also a short easy read report.

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 157 patients, 74 of whom were subject to detention under the Mental Health (NI) Order 1986, to gain their views on their care.

As part of our duties under the Mental Health (Northern Ireland) Order 1986, RQIA screens patient detention, assessment and holding forms, which are required to be submitted to us by the five HSC trusts. During the year we examined around 10,250 forms and found an error rate of approximately 5%. Most errors related to incomplete or incorrect information. As a result of our intervention, the detention of 12 patients who were improperly detained was terminated.

RQIA has a key role in safeguarding the rights of patients detained under the Mental Health Order who either refuse the treatment prescribed to them or do not have the capacity to consent to treatment after a three month period.

In response to updated DHSSPS policy, RQIA revised its procedures in respect of second opinion appointed doctors (SOADs). RQIA now appoints SOADs to provide second opinions on whether the recommended treatment is appropriate and whether due consideration has been given to the views' and rights' of the patient. The majority of these treatment plans relate to reviews of medication or administration of electro convulsive therapy (ECT).

As a direct result of RQIA's intervention, around 280 second opinions were provided on detained patients who now benefit from a more robust system of consent to treatment safeguards.

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.

During the year RQIA received around 120 SAI investigation reports. RQIA continued to review and monitor the implementation of any recommendations within these reports relevant to wards in the mental health and learning disability hospitals.

Driving Service Improvements in Mental Health and Learning Disability

During the year, RQIA held a number of events for providers of mental health and learning disability services to share best practice and support improvements across the sector.

In April 2015, RQIA held an information event for mental health and learning disability service providers. Topics covered included:

- inspection findings from 2014-15
- human rights
- patient experience and lay assessors
- RQIA's inspection methodology 2015 -16
- best practice in HSC trusts

In December 2015, RQIA, in partnership with the Royal College of Psychiatrists, held a workshop for Part II and Part IV medical practitioners (under the Mental Health (Northern Ireland) Order 1986).



At the event, RQIA provided an overview of its activities including management of detention forms and findings from the NPM report on seclusion and solitary confinement. A consultant psychiatrist in public health also presented key findings from research on the impact of the misuse of alcohol, smoking and obesity on public mental health.

HUMAN RIGHTS

Human rights principles are embedded in all RQIA's 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.

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 places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment.

During the year, RQIA visited a range of services including mental health hospitals, children in secure accommodation, prisons and police custody suites under its NPM responsibilities.

RQIA also participated in a joint project with 20 regulators across the UK focusing on isolation practices. NPM members found wide variations in the practices, procedures, safeguards against harm and experiences of individuals arising from isolation, even when it was applied in similar circumstances. In response to these findings guidance was being developed by NPM members, drawing on international standards and best practice, to monitor the use of isolation in health and social care settings. It is anticipated this will be introduced during 2016-17.

HOSPITAL INSPECTIONS

Programme of Acute Hospital Inspections



In October 2015, RQIA launched a significant addition to our work through a new programme of unannounced inspections at every acute hospital in Northern Ireland. During each acute hospital inspection we assess:

- Is care safe?
- Is care effective?
- Is care compassionate?

We also examine the quality of leadership and management at each clinical area inspected.

To provide assurance to the public, this new programme of unannounced inspections will identify and report on what is working well, and where improvements are needed, with a focus on increasing the quality of care and reducing harm to patients.

During each unannounced inspection, a number of specific clinical areas within the hospital are visited. To help provide a clear view of the overall performance of each area, inspectors: examine the hospital environment; observe practice; speak to patients, families and staff; and examine evidence including: patient records, policies and other relevant documentation.



RQIA's inspection team at Antrim Area Hospital, October 2015

At each hospital, RQIA leads inspection teams which include doctors, nurses, pharmacists, ambulance staff, allied health professionals and support services - who are engaged in the daily delivery of health and social care elsewhere in Northern Ireland, as peer reviewers. Equally important is the involvement of lay assessors - service users and members of the public, who bring their own experience, fresh insight and a public focus to these inspections.

In October 2016, following a series of pilot inspections at five hospitals, conducted during the year, the first unannounced inspection took place at Antrim Area Hospital. This inspection lasted three days, and initial feedback was provided to the management of the Northern Health and Social Care Trust at the end of this inspection. Further unannounced inspections took place at the Royal Victoria Hospital, Belfast, and the Ulster Hospital, Dundonald.

Full reports of our findings from each inspection will be published during 2016-17.

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 regional healthcare hygiene and cleanliness standards. Scores are categorised as follows: Compliant: over 85%; Partial Compliance: 76-84%; Minimal Compliance: 75% or lower. During the year, RQIA's healthcare team conducted 22 unannounced infection prevention and hygiene inspections at hospitals in Northern Ireland.

Table 5: Infection Prevention/Hygiene inspections 2015-16

Inspection Type	Number of Inspections	Number of Clinical Areas
Unannounced: Hospital	7	18
Unannounced Re-audit	2	2
Unannounced: Critical Care	7	7
Unannounced Neonatal Unit	6	6
Total	22	33

RQIA has noted an overall decline in compliance levels across wards and clinical areas inspected during unannounced hospital inspections, with 17 of the 20 clinical areas achieving an overall compliant level. However, two clinical area inspected scored an overall partial compliance level and one was assessed as minimally compliant with healthcare hygiene and cleanliness standards (see Table 6).

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. During the year, re-audits were conducted to areas scoring a partial or minimal compliance level.

Table 6: Overall Compliance Levels for Unannounced Infection Prevention/ Hygiene Inspections, 2012-16*

Overall Compliance	2012-13 (%)	2013-14(%)	2014-15(%)	2015-16(%)
Compliant	73	88	91	85
Partial Compliance	27	12	7	10
Minimal Compliance	0	0	2	5

* Excludes the neonatal and critical care inspections, which were inspected against a range of separate standards

During 2015-16, the proportion of areas assessed as minimally compliant with specific regional healthcare hygiene and cleanliness standards had increased on the previous year. Table 7 highlights the compliance levels achieved with regional standards during inspection.

Table 7: Compliance with Individual Regional Healthcare Hygiene and Cleanliness Standards*, 2015-16

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	15	2	3
Patient Linen	16	3	1
Sharps	12	6	2
Waste	18	2	-
Patient Equipment	15	2	3
Hygiene Facilities	20	-	-
Hygiene Practices	19	1	-
Total	115	16	9

* Excludes the neonatal and critical care inspections, which were inspected against a range of separate standards

Ionising Radiation (Medical Exposure) Regulations

RQIA conducts a programme of inspections of services performing x-rays and other radiological procedures under the Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 (IR(ME)R). These include nuclear medicine, cardiology, radiotherapy and diagnostic imaging services.

During the year, RQIA conducted five IR(ME)R inspections, with support from Public Health England (PHE) (see table 8). All RQIA's IR(ME)R inspection reports are published on RQIA's website at www.rqia.org.uk.

Table 8: IR(ME)R Inspections 2015-16: Diagnostic Imaging Services

Facility	Date
Belfast City Hospital – Radiotherapy	27 May 2015
Musgrave Park Hospital – Diagnostic Imaging	30 September 2015
Whiteabbey Hospital – Diagnostic Imaging	27 October 2015
Altnagelvin Breast Screening	8 December 2015
Craigavon Breast Screening	9 December 2015

A Review of Justification of CT Examinations in Northern Ireland

As part of its programme of assessing compliance with IR(ME)R, RQIA in partnership with Public Health England undertook a review of the justification of computed tomography (CT) examinations in Northern Ireland. This aimed to assess the quality of clinical information included in referrals for CT examinations, and their justification.

All diagnostic CT scans undertaken on one day were retrospectively reviewed by two consultant radiologists to assess the degree of justification. Each scan was assessed to determine its justification, based on the clinical information provided in the referral and any relevant previous imaging.

During the day under review, 601 CT scans were performed, and in total 572 scans (95%) were considered by the reviewers to be justified. In the remaining cases, the reviewers considered that magnetic resonance imaging (MRI) was more appropriate, or that given the previous imaging history or clinical information provided by the referrer, the scan was unnecessary or unlikely to alter patient management.

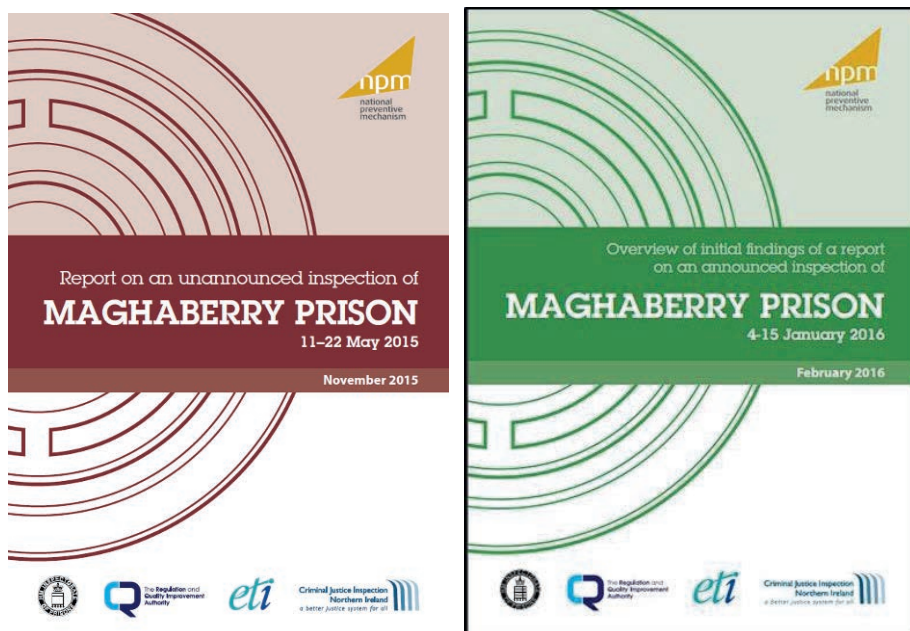
This review shows that, at a time when increasing emphasis is being placed on the use of embedded clinical decision support software, conventional systems utilising up-to-date referral criteria and robust justification processes can ensure that inappropriate examinations are rare.

PRISON HEALTH CARE

RQIA is responsible for the oversight of health care in places of detention, including Northern Ireland's prisons, in which care is provided by the South Eastern Health and Social Care Trust.

During 2015-16, RQIA continued to carry out assessments of the implementation of the health care recommendations of the 2011 Review of Prisons in Northern Ireland, led by Dame Anne Owers. RQIA reported on the findings to an oversight group, chaired by David Ford, MLA, Minister of Justice. The oversight group completed its work in February 2016, and RQIA will continue to have a monitoring role in this regard.

Inspections at Maghaberry Prison



In November 2015, Criminal Justice Inspection Northern Ireland (CJI) in partnership with RQIA, Her Majesty's Inspectorate of Prisons and the Education and Training Inspectorate published a report on the findings of an unannounced inspection of Maghaberry Prison, conducted in May 2015. This revealed significant failures in local leadership, which, combined with an ineffective relationship with senior management within the Northern Ireland Prison Service, contributed to the high security facility becoming unsafe and unstable for both prisoners and staff.

Inspectors were very concerned that aspects of health care provision had deteriorated since the previous inspection three years earlier and that the complex needs of the prison population were not being met. The team also noted insufficient numbers of primary care nurses and problems in retaining staff. Certain areas of health care, including chronic disease management and substance misuse, were considered by Inspectors to be unsafe.

Delays and serious problems with the way in which medications were administered, particularly the practice of prisoners holding their own prescribed drugs created a risk of medicines being diverted and vulnerable prisoners bullied.

Inspectors recommended that health care services were urgently improved to ensure patient safety and requested that an action plan to address the concerns identified in the report be developed within one month by the South Eastern Health and Social Care Trust, in partnership with the Prison Service.

The initial findings of a follow-up inspection conducted in January 2016 were published in February 2016. Inspectors noted that while the prison has stabilised, this progress was considered to be fragile.

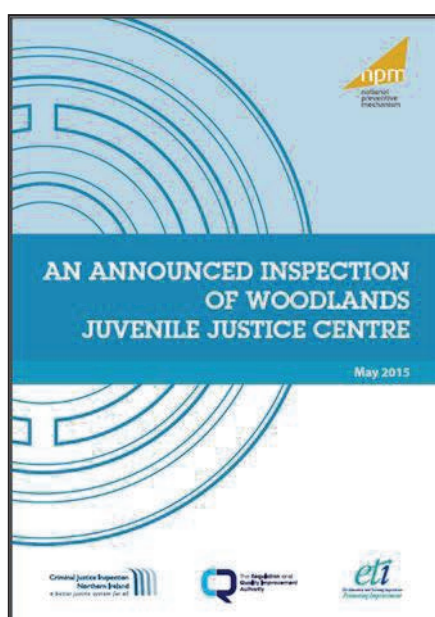
While some aspects of primary health care had improved since the previous inspection, the team was concerned that mental health provision had deteriorated as a result of staff shortages and was in need of urgent attention.

Given the vulnerability of many of the men in this prison and the prevalence of such health problems, this was considered a significant additional area of concern. These concerns were brought to the attention of the South Eastern Health and Social Care Trust, which advised that it was prioritising this issue.

As an indication of the commitment of each inspection body to ensuring inspection recommendations are addressed, a series of further announced, low-impact inspections will be conducted over the next 18 months.

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

Prison Inspections: Woodland Juvenile Justice Centre



In May 2015, the report of a joint inspection of Woodlands Juvenile Justice Centre led by the CJI, in partnership with RQIA and the Education and Training Inspectorate, was published.

Whilst Woodlands Juvenile Justice Centre was praised by inspectors for its role in improving the child custody system, the team found that changes are required within the centre to meet future challenges.

The inspection report recommended steps be taken to improve the clinical leadership and governance for healthcare staff, in order to maintain and improve the quality of nursing at this facility. The report makes four strategic recommendations and 27 operational recommendations for improvement.

RQIA REVIEW ACTIVITY

In April 2015, RQIA published its Three Year Review Programme 2015-18, which was developed following extensive public consultation during 2014-15.



The programme incorporates issues identified through this consultation with service users, the public and other key stakeholders. Planned reviews include both reviews initiated by RQIA and those commissioned by the DHSSPS. In planning and reporting on our reviews, we focus on whether care is safe, effective and compassionate; and the quality of leadership within a service.

Our planned programme builds on the work carried out in our previous reviews, and covers a wide range of both hospital and community based services. The reports of our reviews are submitted to the Minister for Health, Social Services and Public Safety.

During 2015-16, RQIA published the findings of nine service and thematic reviews, which were part of our planned programmes of review.

RQIA Three Year Review Programme 2012-15

- Services for People with an Acquired Brain Injury
- Community Respiratory Services in Northern Ireland
- The Diabetic Retinopathy Screening Programme
- Eating Disorder Services in Northern Ireland
- Medicines Optimisation in Primary Care
- Implementation of Palliative and End of Life Care Strategy

RQIA Three Year Review Programme 2015-18

- Advocacy Services for Children and Adults in Northern Ireland
- Health and Social Care Trusts' Arrangements for the Registration and Inspection of Child-Minders and Day Care Providers in Northern Ireland
- Northern Ireland Ambulance Service

Review of Services for People with an Acquired Brain Injury

Each year, in Northern Ireland over 2,000 people sustain a brain injury, while many more live with the long-term effects.



The review team, which included experts in the field from across the UK, assessed acquired brain injury services against brain injury service standards and quality indicators.

To achieve best outcomes for people with a brain injury, collaborative working arrangements are required to drive service improvement and to share innovation. The review team calls for a strategic direction for brain injury services, to facilitate better coordination of services across the five health and social care trusts.

While information on both adult and children's services was available, the review team recommends that trusts should involve service users, their families and carers in reviewing how and when this information is provided.

In September 2015, RQIA published its findings from this review, which makes 23 recommendations to support improvements in the provision of brain injury services. RQIA considers that the recommendations to improve patient care require particular consideration by the DHSSPS, HSC Board and trusts.

Review of Risk Management in Addiction Services

In June 2015, RQIA published the findings of its Independent Review of Risk Assessment and Management in Addiction Services. During the review, RQIA audited 100 patient files and held focus groups with service users to examine risk management processes in Northern Ireland's addiction services.

While some service users told reviewers of their positive experiences of addiction services, others highlighted delays in getting timely and appropriate support and treatment, which left them at risk of further relapse.

Variation was noted within GPs' referrals to addiction services, particularly in terms of the detail of the intervention by the GP and information to inform a risk assessment.

Records of service users examined by the review team indicated that half of service users with addiction problems demonstrated a history of mental ill health. These patients reported that they would receive treatment for either their addiction or their mental ill health, but not both conditions.

The review team found that less than one third of initial assessments by addiction services were completed accurately, with significant sections not completed, and limited evidence of the use of recommended psychological interventions.

However, service users reported positive experiences of treatment and support in inpatient units, with examples of effective support and counselling provided by trusts as part of the addiction treatment programme.

This review makes 15 recommendations to support improvements in risk assessment and risk management in addiction services.

Review of Medicines Optimisation in Primary Care

Northern Ireland has an ageing population, which is likely to lead to an increase in the number of people with multiple medical conditions, leading to greater use of complicated medicines regimens.

RQIA assessed present medicines optimisation processes in Northern Ireland, against DHSSPS's Medicines Optimisation Quality Framework for Northern Ireland, and the report, published in July 2015, makes 16 recommendations to improve medicines optimisation processes in primary care.

Review of the Diabetic Retinopathy Screening Programme

People with diabetes are at risk of developing retinopathy, a condition which can damage their vision. In 2007, an annual regional diabetic retinopathy screening programme was introduced for people with diabetes aged 12 years and over. This programme aims to ensure early diagnosis and treatment to reduce visual morbidity caused by diabetic retinopathy.

In May 2015, RQIA published the findings of its review of the Diabetic Retinopathy Screening Programme. RQIA's expert review team included members with extensive experience in diabetic eye screening services in England. The team assessed the service against 14 standards within the programme's quality assurance framework. The review team found the programme compliant with three standards; partly compliant with four standards; and non-compliant with seven standards.

Although the service has continued to provide screening to a considerable volume of people, a reliance on a predominantly paper-based administration system has created issues in relation to oversight of the programme; implementation of further developments; and inconsistent comparison of achievements against the programme's standards. At the time of the review, the Public Health Agency indicated that it had recognised these concerns, and had commenced a modernisation plan to address these issues. The review team makes 40 recommendations for improvement, which are detailed within the report.

Review of Health and Social Care Trusts' Arrangements for the Registration and Inspection of Child-Minders and Day Care Providers in Northern Ireland

In December 2015, RQIA published a report of its review of health and social care trusts' arrangements for the registration and inspection of child-minders and day care providers in Northern Ireland.

RQIA's review team found that all trusts have arrangements for their registration and inspection and maintain up-to-date registers of providers. However, areas for improvement in inspection processes were identified by RQIA. These included: the development of more robust arrangements for appeals and enforcement; more person centred inspections; and ensuring inspection reports are shared with providers.

RQIA's review team also recommended improvements in training for early years teams, in areas such as child protection, safeguarding and child development. RQIA also noted that issues in relation to consistency in HSC trusts' interpretation of the Minimum Standards for Childminding and Day Care of Children Aged under 12 (2012) needed to be resolved.

The report makes 17 recommendations for improvement to the HSC's arrangements for the registration and inspection of early years services.

Review of Eating Disorder Services in Northern Ireland

While anyone can develop an eating disorder, regardless of age or gender, the most commonly affected group are young women between the ages of 15 and 25. It can be difficult to identify the early stages of an eating disorder, and these disorders are often associated with psychiatric and physical complications.

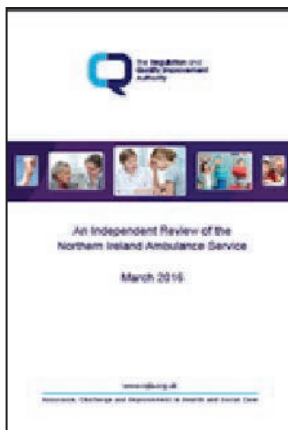
Early intervention and the development of clear treatment pathways is crucial for anyone with an eating disorder. The experiences of service users' initial contact with GPs, and their subsequent referral into other essential services were mixed. Parents and carers told us that advice was not consistently available to help them cope with living with someone with an eating disorder. During the review of eating disorder services in Northern Ireland, RQIA held a series of focus groups with adults and young people with an eating disorder and with their families. The review team also met with health and social care staff responsible for commissioning and providing services and with representatives from voluntary organisations.

In recent years there has been an increase in the numbers of patients referred to hospitals in Great Britain and the Republic of Ireland. RQIA recommends that there should be a feasibility study to determine if a specialist eating disorder unit should be developed in Northern Ireland, and welcomes the Health Minister's statement in October 2015 on this matter. Engagement with patients who have been subject to these referrals is also critical in the future development of eating disorder services.

In December 2015, RQIA published a report of the findings of its Review of Eating Disorder Services in Northern Ireland, which makes 11 key recommendations and 15 supporting recommendations to drive improvements for all those in Northern Ireland with an eating disorder.

The Health Minister also issued a statement, welcoming the publication of RQIA's report.

Review of Northern Ireland Ambulance Service



In March 2016, RQIA published its review of the Northern Ireland Ambulance Service Trust (NIAS), which follows up on RQIA's recommendations from the previous review of NIAS in 2011 and from RQIA's review of unscheduled care in 2014.

While RQIA noted that progress has been made in the development of a programme of clinical pathways and approaches to avoid the need for patients to be transported to hospital emergency departments, RQIA recommends that NIAS works to progress those areas for improvement which remain outstanding.

The last strategic review of ambulance services in Northern Ireland was published in 2000. Since then there have been very significant changes in how ambulance services are delivered, with a growing recognition of the importance of its key role in underpinning the delivery of new models of patient care in Northern Ireland.

A key recommendation is the call for the development of a new strategy for ambulance services, to define the roles of the service in emergency and unscheduled care, and as a key partner in the health and social care system in Northern Ireland.

RQIA welcomes the ambulance service's plans for a clinical support desk, to support new models of care that would allow staff to treat and leave or treat and refer patients who may not require to be brought to hospital emergency departments, and recommends that this is progressed.

This review makes a total of nine recommendations in relation to service improvement, staff training, ICT and communication. The review team also recommends the development of a new performance framework, prioritising clinical outcomes, and ensuring that time-based outcomes relate only to time-critical calls.

RQIA believes that by addressing the recommendations in this review, NIAS can improve further the service it provides for all patients.

Review of Community Respiratory Services in Northern Ireland

Death rates from respiratory disease in the UK and Ireland rank among the worst in Europe. Each year in Northern Ireland, there are over 10,000 admissions to hospital for respiratory problems, including chronic obstructive pulmonary disease (COPD). Some 2,000 people will die from a respiratory condition, accounting for around one in seven of all deaths.

In its review of Northern Ireland's Community Respiratory Services, published in February 2016, RQIA's review team found that improvements are needed in community respiratory services, to avoid unnecessary admission to hospital, and to extend availability into the evening and weekends.

The review team highlighted the need for equal access to services across Northern Ireland for every patient and for stronger integration across primary, community and acute services - from prevention to palliative and end of life care. Patients also called for better information on the services available. RQIA's review team found a committed community respiratory services workforce, providing a patient-centred service for those with long-term respiratory conditions across Northern Ireland. This view was also endorsed by those using the services.

RQIA's review makes 13 key recommendations for the HSC Board and all trusts, with 17 supporting recommendations for the HSC Board and individual trusts, which aim to improve the quality of community respiratory services for patients across Northern Ireland.

Review of Implementation of Palliative and End of Life Care Strategy

In January 2016, RQIA published the findings of its review of the implementation of Living Matters Dying Matters (DHSSPS, 2010), Northern Ireland's Palliative and End of Life Care Strategy.

RQIA's review team found progress in taking the strategy forward, facilitated by strongly committed leaders from statutory and voluntary sector organisations. Although many initiatives have been developed to raise awareness of palliative and end of life care, there remains a significant lack of understanding about these services amongst the public. RQIA also noted a lack of clarity on how the range of regional structures fitted together.

A key principle within the strategy is that each person should have a key worker, to coordinate the delivery of their palliative and end of life care needs. While this is being actively taken forward in community settings, it is less clear how it operates in hospitals. The team also noted that there was no consistent approach across Northern Ireland and recommends that regional coordination arrangements should be strengthened, to ensure better outcomes. This review makes a total of eight recommendations for improvement, including the need for a new action plan for the next three-years (2016-19), building on what has already been achieved.

RQIA Publishes its Review of Advocacy Services for Children and Adults in Northern Ireland

As part of RQIA's Three Year Review Programme, 2015-18, DHSSPS commissioned RQIA to conduct a review of the commissioning arrangements for the provision of advocacy services for children and adults in Northern Ireland. RQIA's review team considered these in the context of the principles and standards set out in Developing Advocacy Services, DHSSPS, 2012.

While RQIA was provided with examples demonstrating recognition by HSC organisations of the importance of independent advocacy services, the review team identified a number of constraints that impact on their delivery.

These included: no clear statutory duty or strategic framework to provide independent advocacy services in Northern Ireland; resource issues; and an absence of regulation of advocacy providers.

RQIA found that the provision of advocacy services varies across geographical areas and HSC trust programmes of care. Most advocacy services are provided for mental health, learning disability, and family and children's services. In most HSC trusts, there is limited investment in advocacy for individuals in other programmes of care. RQIA's review team also noted that the future direction of advocacy services will be impacted by forthcoming mental capacity legislation. RQIA makes eight recommendations for improvements in the commissioning and quality of advocacy services for children and adults in Northern Ireland.

Ongoing Review Activity

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

- Allied Health Professionals in the Community
- Governance Arrangements (Professional Regulation)
- Learning Disability Community Services – Phase II (Adults)
- Maternity Services
- Governance Arrangements Relating to GP Services
- Quality Improvement Systems

In addition, RQIA was commissioned by DHSSPS to conduct a review of whistleblowing arrangements in HSC organisations in Northern Ireland, which was conducted in partnership with Public Concern at Work.

This review arose from a recommendation in *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*, December 2014, led by Sir Liam Donaldson.

It is anticipated that the findings of each of these reviews will be published during 2016-17.

Animated Summary of RQIA's Inquiry into Child Sexual Exploitation in Northern Ireland



In November 2014, the findings of the Independent Inquiry into Child Sexual Exploitation in Northern Ireland were published.

During the inquiry, it was agreed that a child/young person friendly summary would be produced.

Include Youth, an independent organisation that promotes the rights, best interests of and best practice with disadvantaged and vulnerable children and young people, brought together a group of young people who have made a short animation on the inquiry's key messages and contact details for help and support on child sexual exploitation. The animation can be viewed on RQIA's YouTube channel, accessible from RQIA's website, www.rqia.org.uk.

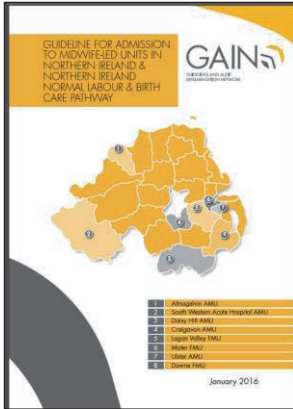
RQIA Publishes Easy Read and Summary Reports



Following the publication of the full findings of RQIA's review of hospital care for people with a learning disability, RQIA prepared an easy read report, summarising why we undertook this work, our findings and our recommendations for improvement.

In addition, for each review report published during the year, we also prepared a short summary leaflet, highlighting the key findings of each review. These summaries have been made available on RQIA's website, on the HSC Knowledge Exchange, and shared via social media.

GUIDELINES AND AUDIT IMPLEMENTATION NETWORK (GAIN)



On 1 April 2015, responsibility for the management of the Guidelines and Audit Implementation Network (GAIN) transferred from DHSSPS to RQIA.

GAIN's role is to promote leadership in safety and quality in health and social care. Outcomes for patients, clients and carers are improved through the development and integration of regional guidelines and audit, and their implementation by HSC organisations.

During 2015-16, GAIN facilitated 14 clinical audits. These included monitoring care for female breast cancer patients; platelet transfusion in Northern Ireland; and dying, death and bereavement.

Three sets of guidelines were also published, including: admission to midwifery units; management of chronic kidney disease; and caring for a child who requires enteral feeding.

Details of all GAIN clinical audits and guidelines published during the year are included at appendix 5.

At the request of DHSSPS, in consultation with other HSC organisations GAIN commenced work on relation to serious adverse incidents (SAIs) reporting, and distilling learning from adverse events, including sudden unexplained deaths and suicides; and a scoping exercise to examine Northern Ireland participation in National Clinical Audit programmes. It is anticipated that the outcome of this work will be published during 2016-17.



In October 2015, GAIN held its annual conference, Quality Improvement: The Way Forward, which was attended by around 120 delegates. At the event there were a series of presentations and discussion on patient safety; service improvement and innovation; and quality improvement initiatives.

Glenn Houston, RQIA Chief Executive, with Dr Michael McBride at GAIN's annual conference, Quality Improvement: The Way Forward

COMPLAINTS AND WHISTLEBLOWING

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. Local HSC trusts also have 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 complaints, we take all concerns brought to our attention seriously, and in each case we direct the complainant in line with regional guidance. Any information relating to a regulated service is shared with the inspector for the service, to determine whether there are any potential breaches of regulation or standards, or any other 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. Where the complaint relates to a hospital service, we seek an assurance from the relevant trust that it has taken appropriate steps to address the complaint, and, where relevant, we may use the intelligence to inform our hospital inspection programme.

Complaints about RQIA

In September 2015, RQIA's Board approved a revised Policy and Procedure on the Management and Handling of Complaints which took on board learning from the management and investigation of previous complaints.

During 2015-16, seven complaints were received about RQIA relating to the work of the organisation and our staff. These were handled in line with RQIA's complaints policy and procedure. Three complaints were resolved at Stage 1 of the complaints procedure, two were received outside the timescale for which complaints can be considered; one anonymous complaint was followed up to determine whether any action was required, and then closed; and, one complaint received in March 2016 was being considered under Stage 1 as at 31 March 2016.

To ensure learning from complaints, RQIA disseminates any lessons learned to its staff.

Whistleblowing

RQIA is a prescribed body under The Public Interest Disclosure (Northern Ireland) Order 1998. Those wishing to raise concerns about wrongdoing in their workplace can bring these to RQIA, who will work to ensure the protection of vulnerable service users. It is this legislation that provides protection to the person raising the concerns.

During 2015-16, RQIA was contacted on around 80 occasions by health and social care service staff who wished to raise concerns about the quality and safety of services being provided in their workplace. These included staff working in regulated services, and in services provided by health and social care trusts, in a range of settings.

We treat all instances of whistleblowing seriously, and in each case RQIA followed up these disclosures and sought assurances that the concerns were being addressed in an appropriate manner. Where necessary, we conducted unannounced inspections, to determine whether there were any concerns in relation to the quality and safety of care. On a number of occasions this led to formal escalation or enforcement action to drive improvements in the quality for those using these services.

PEOPLE

RQIA's Board and Staff

RQIA has a 13 member independent board, 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 2016, 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, OBE
Mr Robin Mullan
Miss Patricia O'Callaghan
Mr Denis Power
Ms Lindsey Smith

In December 2015, the health minister reappointed Sarah Havlin, Denis Power and Lindsey Smith to the board for a further four year term. A profile of each board member is included at Appendix 6.



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

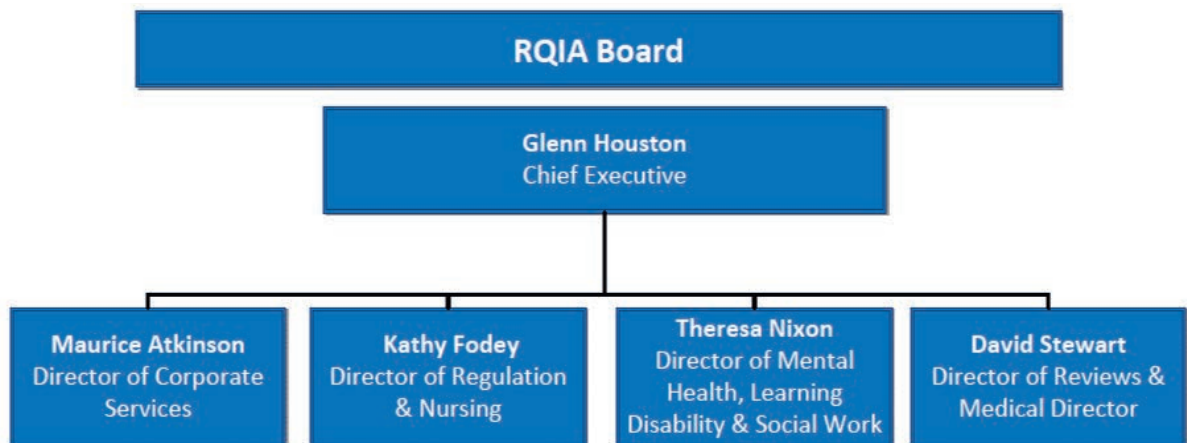
RQIA Executive Management Team

RQIA's executive management team comprises five members. Glenn Houston was RQIA's Chief Executive and Accounting Officer, as at 31 March 2016. He was responsible to the Board, through the Chairman, for managing the organisation. The Chief Executive leads a team of four directors, who manage the activities of their directorates. Details of senior employees' remuneration are included within the remuneration report. RQIA does not make any payments in relation to staff benefits.



Dr David Stewart, Glenn Houston, Maurice Atkinson, Kathy Fodey and Theresa Nixon

Figure 7: Senior Management Structures



Staff

RQIA's headquarters is located in Belfast, where the majority of staff are based, while a small number are based at an office in Omagh, Co Tyrone. RQIA's staff are responsible for the effective delivery of our work programme and the achievement of our corporate objectives.

FINANCIAL SUMMARY

RQIA has an annual budget of £7,910,638, which comprises £6,981,491 funding from DHSSPS, and £929,147 fee income. During 2015-16 staffing costs were £6,413,938 and other operating expenses were £1,497,628. At year end there was an overspend of £928, resulting in a break even position (within £20,000 of RRL). Capital expenditure amounted to £255,593.

PARTNERSHIP WORKING

RQIA has strong partnerships with a wide range of peer organisations. These include health and social care systems regulators, inspectorates and professional regulatory bodies across the United Kingdom, Ireland and Europe. Through this engagement we have an opportunity to share best practice in regulation and to benchmark our work with peer organisations.

We continue to build on our effective working relationships with DHSSPS, HSC Board, HSC trusts and agencies, including the Public Health Agency and Patient and Client Council, and we hold regular one-to-one 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; Criminal Justice Inspection Northern Ireland; 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 Northern Ireland.

To support cooperation in joint working and information sharing, during the year RQIA signed a memorandum of understanding and joint operating protocol with the Health and Care Professions Council (HCPC) which regulates a range of health and care professionals including: podiatrists, dietitians, occupational therapists, physiotherapists and speech and language therapists.

This MoU sets out a framework for cooperation between RQIA and HCPC in the referral of concerns, the sharing of fitness to practice information and feedback about particular health and social care services, as well as risk summits; media and publications; and joint working projects.



RQIA staff with Colleagues from HCPC

RQIA also signed a protocol for the exchange of information with the Northern Ireland Social Care Council, to support collaboration, cooperation and exchange of information relating to each organisation's responsibilities for regulating the social care workforce and social services.

Political Engagement

During the year, RQIA 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.

During October 2015, RQIA attended two Northern Ireland Assembly committee hearings. RQIA appeared before the Assembly's Health Committee in relation to Changing the Culture of Care Provision in Northern Ireland, and provided evidence on our actions to address the issues raised with in this report. RQIA also provided evidence to the Assembly's Ad Hoc Joint Committee on the Mental Capacity Bill in relation to its potential impact.

In June 2015, RQIA participated in the annual Regulators Parliamentary Reception at Parliament Buildings, Stormont to raise awareness of both health and social care systems and professional regulators in government.

It also provided RQIA with 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. Attendance at the reception included 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.



(L) Glenn Houston RQIA Chief Executive chats with Health Minister Simon Hamilton, MLA, at the Regulators Parliamentary Reception.
 (R) Malachy Finnegan RQIA, Alan Walker, GMC, and Mark Neill, Pharmaceutical Society with Mark H Durkan, MLA.

For the first time, during 2015-16, RQIA, in partnership with the GMC, Pharmaceutical Society of Northern Ireland, NISCC, Patient and Client Council, and Northern Ireland Confederation for Health and Social Care, attended the main political party conferences. These events provided RQIA with an opportunity to engage directly with local councillors, MLAs and party members, and provide an overview of the work of RQIA, and highlight the effective partnership between the participating organisations.

Personal and Public Involvement

RQIA is committed to effective engagement with the public and stakeholders to achieve improvements in the safety and quality of services, and personal and public involvement (PPI) is fundamental to how we meet our objectives. The key activities were detailed in RQIA's PPI Action Plan, overseen by a PPI Forum, with membership drawn from RQIA's board and staff and the public.

These included:

- Seeking the views of service users, carers, relatives and staff in both regulated services and mental health and learning disability services, through pre-inspection questionnaires and direct engagement during inspections.
- Involving services users and relatives in RQIA's programme of reviews through questionnaires, one-to-one interviews, and focus groups.
- RQIA's User Consultation Officer continued to ensure that service users' views were gathered in advance of inspections at domiciliary care services.
- RQIA's team of voluntary lay assessors contributed to 60 inspections (including infection prevention inspections) within regulated services and in mental health and learning disability facilities interviewing service users, carers and relatives and gathering their views in relation to safe, effective and compassionate care.

- Lay assessors have participated RQIA's new acute hospital inspection programme, which commenced in October 2015. The lay assessors have gathered information from patients and relatives through questionnaires and interviews, which has informed inspection outcomes, and is included within inspection reports.

During the year, the Public Health Agency PPI team conducted an external assessment of RQIA's PPI activities, and recommended that these are fully embedded across all RQIA's activities. These recommendations will be taken forward in 2016-17 through RQIA's business plan

RQIA continues to have representation at the regional PPI Forum led by the Public Health Agency, and contributed to the development of the Regional PPI Training Programme, launched in February 2016.

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.

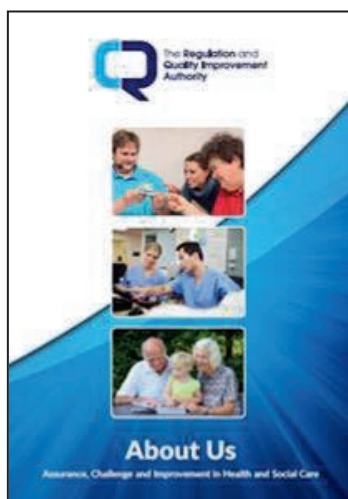
In its engagement with the media, RQIA provides open and comprehensive briefings to ensure clarity on the nature, breadth and complexity of health and social care regulation activities.

In late 2015, RQIA commenced work on the upgrade of its website www.rqia.org.uk. This took account of public and stakeholder feedback from surveys and focus groups, to ensure the new site addresses the requirements of all its visitors.

During 2015-16, www.rqia.org.uk received around 130,000 visitors, viewing over 520,000 webpages. Our interactive map, which provides access to around 14,000 inspection reports for adult regulated services, received over 180,000 views during this period. We also publish details of our enforcement action at adult regulated services online, and these pages received some 20,000 visits.

To maximise the accessibility of RQIA's website, www.rqia.org.uk, is BrowseAloud enabled, 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.



On a quarterly basis, RQIA publishes an electronic newsletter (an ezine), aimed at both the public and providers of health and social care services. Each edition, which is issued by email, provides details of RQIA's latest activities, including publications, events and training opportunities. Further information is available on each story through links to RQIA's website.

In March 2016, RQIA published a new edition of About Us, an information leaflet on the work of RQIA. This can be downloaded from RQIA's website, or care providers can request supplies of the leaflet from RQIA

Social Media

During 2015-16, RQIA increased its social media presence on Twitter, [@RQIANews](#), which highlighted key activities, including the publication of review reports and opportunities to participate in the work of RQIA. During the year, the number of followers of [@RQIANews](#) doubled, reaching 800 by 31 March 2016.

RQIA Public Perception Survey, 2015

In late 2015, RQIA conducted a survey, seeking the views of stakeholders and the public on our work. This followed a pilot survey conducted in 2014. Over 200 people from across Northern Ireland responded to a range of questions relating to: confidence in RQIA; the importance of our work; our reports; satisfaction with contact with RQIA. While many respondents worked within health and social care in Northern Ireland, others were aware of our work through the media, our website, or because they had friends or relatives availing of health and social care services.

Some 90% of respondents described the work of RQIA as very important or important. Confidence in RQIA was high, with 80% of respondents confident in our ability to deliver on our responsibilities in regulation, review and mental health and learning disability.

Around 80% of respondents had previous contact with RQIA, seeking advice, looking for a report, or to raise a concern. Some 80% advised that they were very satisfied or satisfied with this contact.

The majority of respondents were familiar with RQIA's inspection and review reports, and around 70% described these as easy to understand.

RQIA has taken on board the comment received, and we are confident that with ongoing improvement work across the organisation - on inspection and review activities - that this will increase in the years ahead. A further survey will be conducted in late 2016 to assess progress in responding to feedback

INFLUENCING POLICY

Development of Standards and Guidelines

During the year, RQIA engaged with DHSSPS on the development of new standards for fostering agencies, in preparation for the regulation of these services. In addition, RQIA participated in working groups to review care standards for residential care homes.

In January 2015, in response to the recommendations arising from Sir Liam Donaldson's *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*, the then Minister for Health announced a review of : *The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*. During 2015-16 RQIA participated in DHSSPS working groups to review the 2003 Order and *The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005*.

Review Recommendations

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.

In 2014, RQIA published its *Independent Inquiry into Child Sexual Exploitation in Northern Ireland*, making 17 key recommendations and a further 60 supporting recommendations.

During the year, the response to this review included the establishment of structures to implement these recommendations, which included:

- Health and Social Care Response Team
- Health and Social Care Implementation Group
- Senior Officials Group – includes representation from the department of health, justice and education and a Cross-Departmental Working Group

Implementation/Action Plans have been developed for health, justice and education. In terms of health, a costed implementation plan has been developed by the HSC Implementation Group, which details responsibilities, and how and when the recommendations will be delivered. Account has also been taken of work already underway to tackle CSE in Northern Ireland, and of best practice from across the UK and Ireland in relation to tackling CSE.

A Cross-Departmental Implementation Plan has also been developed by the departments of health, justice and education. This sets out how, when and by whom each of the cross-departmental recommendations will be delivered.

A key recommendation was that the DHSSPS should lead the development of a regional strategy to prevent, identify, disrupt and tackle CSE. A working group has now been established to take forward this development, which will include pre-consultation engagements with parents, carers, children and young people; the development of a strategy for formal consultation; followed by public consultation and a publication of the final strategy in June 2017. The other two cross-departmental recommendations relate to pursuing an All-Ireland information sharing agreement and ensuring that there are appropriate safeguarding arrangements for children in all non-statutory education settings.

As a result of RQIA's Overview of Service Users' Finances in Residential Settings Review, published in 2014, during 2015, DHSSPS issued a circular to the service in 2015 Safeguarding of Service Users' Finances within Residential and Nursing Homes and Supported Living Settings. The circular superseded HSS (F) 57/2009 - Misappropriation of Residents' Monies – Implementation and Assurance of Controls, and was to remind the service of responsibilities to ensure that service users' finances are safeguarded within both the statutory and independent sectors. In particular, this review highlighted the need to strengthen the level of assurances received from the Independent sector and to extend these assurances to supported living settings.

Responses to Consultations

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

- Cooperating to Safeguard Children and Young People in Northern Ireland Bereaved by Suicide
- The Process for Developing Prescribing Guidance and Formulary Chapters
- Records Management: Good Management, Good Records
- Health and Social Care Board and Public Health Agency Process for Developing Prescribing Guidance and Formulary Chapters
- The Proposed Amendments to the Controlled Drugs (Supervision of management and use) Regulations NI 2009

CORPORATE ACTIVITIES

Strategic Performance Management

RQIA's Corporate Strategy 2015-18 was published in April 2015, following public consultation during 2014-15. This strategy sets out our vision, core values and strategic objectives. It is supplemented by RQIA's Annual Business Plan 2015-16, which 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 43 business actions and a range of supporting measures, linked to our strategic objectives and priorities.

The corporate performance report for the period 2015-16 reported the completion of 84% of actions by 31 March 2016. Seven actions required exception reports, detailing how the outstanding actions were to be addressed.

In February 2016, RQIA's Board approved the Annual Business Plan 2016-17.

RQIA's Risk Management Strategy 2015-16 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.

Equality

Throughout the year, RQIA continued to implement its equality and disability action plans. In September 2015, 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.

Annual Quality Report

In November 2015, on World Quality Day, which promotes awareness of quality around the world and encourages development and prosperity, RQIA published its Annual Quality Report. This highlighted RQIA's key achievements in quality improvement over the previous year.

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 2015-16, RQIA received 51 requests under freedom of information, and 50 were responded to within 20 working days. Four subject access requests were also received. Two were responded to within 40 calendar days and two did not proceed, as the requestor did not provide proof of identity.

There were no data incidents that were required to be reported to the Information Commissioner's Office (ICO). Staff also completed mandatory training on records management and ICT security during 2015-16.

Information and Communication Technology

RQIA continued to manage and maintain its information and communication technology (ICT) network, infrastructure, operating systems and associated equipment in-house. During the year, hardware and software upgrades improved equipment performance, speed and security, and enhanced remote access for staff.

To ensure the ongoing resilience of the service, RQIA's ICT disaster recovery plan was tested in December 2015.

RQIA's in-house ICT team continued to ensure a strong customer focus with ongoing engagement via a cross-directorate user group; monthly newsletters; and an annual ICT survey.

Work on RQIA's iConnect information system continued, with further development of a web portal for regulated services. It is anticipated this system will go live during 2016-17, which will provide regulated services with direct access to a range of self-service processes, including registration activities, inspection processes, and incident reporting.

The ICT team was also fully engaged in the project team for the development of a new website for RQIA, providing technical support and assistance, and liaison with third party providers.

EFQM Recognised for Excellence Four Star Level of Recognition



RQIA has a clear focus on continuous improvement across the organisation. Following the achievement of an EFQM (European Foundation for Quality Management) Bronze Steps to Excellence award in 2012, RQIA undertook a range of improvement initiatives aligned with the model to improve performance across the organisation.

In November 2015, an assessment team conducted an intensive site visit to RQIA to evaluate the organisation's progress against the EFQM framework.

The assessors evaluated RQIA's submission, through interviews with some 65 staff and examination of evidence from RQIA, to form a view on the organisation.



RQIA board members and staff receive EFQM Award

In January 2016, RQIA achieved an EFQM Recognised for Excellence Four Star Level of recognition. RQIA will continue to build on the strengths identified by the assessors and to address the areas for improvement highlighted within the report.

SOCIAL, COMMUNITY AND ENVIRONMENTAL MATTERS

Sustainable Development

RQIA has an annual Sustainable Development Action Plan, which maintained an organisational focus on energy reduction, recycling office waste, promotion of healthy lifestyles and public transport. During the year, activities included:

- an air quality audit at RQIA's offices at Riverside Tower, Belfast
- an assessment of the physical and psychological health and wellbeing of RQIA staff based on the Health and Safety Executive's (HSE), Management Standards for Mental Wellbeing
- staff surveys on sustainable development and transport to work
- participation in the Leading the Way with Active Travel initiative, in conjunction with the Public Health Agency, Belfast HSC Trust, Business Services Organisation, Belfast City Council and Sustrans
- a sustainability awareness day with an emphasis on sustainability in the office and in the home



Exhibitors and participants at RQIA's Health Fair

In January 2016, RQIA's Sustainable Development working group organised a health fair for all tenants at Riverside Tower, Belfast. At the event 25 organisations provided advice on healthy living, including physical health checks, to over 200 attendees.

David Stewart

Dr David Stewart
Acting Chief Executive
30 June 2016

SECTION 2

ACCOUNTABILITY REPORT

i. GOVERNANCE REPORT
a. Director's 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 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 and retired on 04 May 2016. He was designated as the Accounting Officer for 2015-16. Dr David Stewart was designated as Accounting Officer with effect from 05 May 2016 and has responsibility for the Annual Report and Accounts for the financial year to 31 March 2016.

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 2015/16:

Board Member	Current	Appointment Date	Term
Dr Alan Lennon OBE (Chair)	Y	30-Jun-14	1st
Mrs Sarah Havlin	Y	19-Dec-11	2nd
Mr Denis Power	Y	19-Dec-11	2nd
Ms Lindsey Smith	Y	19-Dec-11	2nd
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

Board Committee Structure and Composition

To fulfil its duties and promote good governance the Board utilises two committees. The membership of each committee during 2015/16 is detailed below.

Audit Committee

Committee Member	Current	Membership Held
Mr Denis Power (Chair)	Y	01-Apr-15 - 31-Mar-16
Miss Patricia O'Callaghan	Y	01-Apr-15 - 31-Mar-16
Ms Lindsey Smith	Y	01-Apr-15 - 31-Mar-16
Mr Seamus Magee OBE	Y	01-Apr-15 - 31-Mar-16
Mr Gerry McCurdy	Y	01-Apr-15 - 31-Mar-16
Mr Robin Mullan	Y	01-Apr-15 - 31-Mar-16

Appointments and Remuneration Committee

Committee Member	Current	Membership Held
Dr Alan Lennon OBE (Chair)	Y	01-Apr-15 – 31-Mar-16
Mrs Sarah Havlin	Y	01-Apr-15 – 31-Mar-16
Dr John Jenkins CBE	Y	01-Apr-15 – 31-Mar-16

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

Personal Data Related Incidents

In 2015/16 there were two incidents, neither of which were reportable incidents.

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 2015/16 annual accounts was £12,000.

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 2015-16 was £15,077. 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 92.16% of invoices within this target during 2015-16. RQIA's accounts payable finance function is provided by BSO Shared Services Centre.

BSO Shared services have ongoing 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 enabled 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 2015-16 RQIA paid 75.54% of its invoices within 10 days.

Additional information in relation to RQIA's prompt payment performance is contained within Note 14 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 2015-16, RQIA incurred no charges in relation to overdue invoices.

Related party transactions

These are disclosed at Note 22 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.

Property, Plant and Equipment and Intangible Assets

Transactions during the year relating to property, plant and equipment and intangible assets are set out at Note 5 and Note 6 to the Annual Accounts.

Commitments under PFI Contracts

RQIA does not have any commitments under PFI contracts.

Events after the reporting period

There were no events to disclose.

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.

A handwritten signature in black ink that reads "David Stewart". The signature is written in a cursive style with a small dot at the end.

Dr David Stewart
Acting Chief Executive

Date: 30 June 2016

i. GOVERNANCE REPORT

b. 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, as Accounting Officer for Health and Personal Social Services Resources in Northern Ireland has designated Dr David Stewart, Acting Chief Executive 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.

i. GOVERNANCE REPORT
c. GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

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

As Acting Chief Executive I am accountable to RQIA's Board for the day-to-day operations and management of RQIA and as the designated Accounting Officer I am accountable to the Permanent Secretary of DoH. I am personally responsible for safeguarding the public funds for which I am responsible and for ensuring propriety and regularity in the handling of those funds. As Acting 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 bi-annual accountability reviews with the Permanent Secretary.

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

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

The Board of RQIA applies the principles of good practice in corporate governance. RQIA continues to further 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.

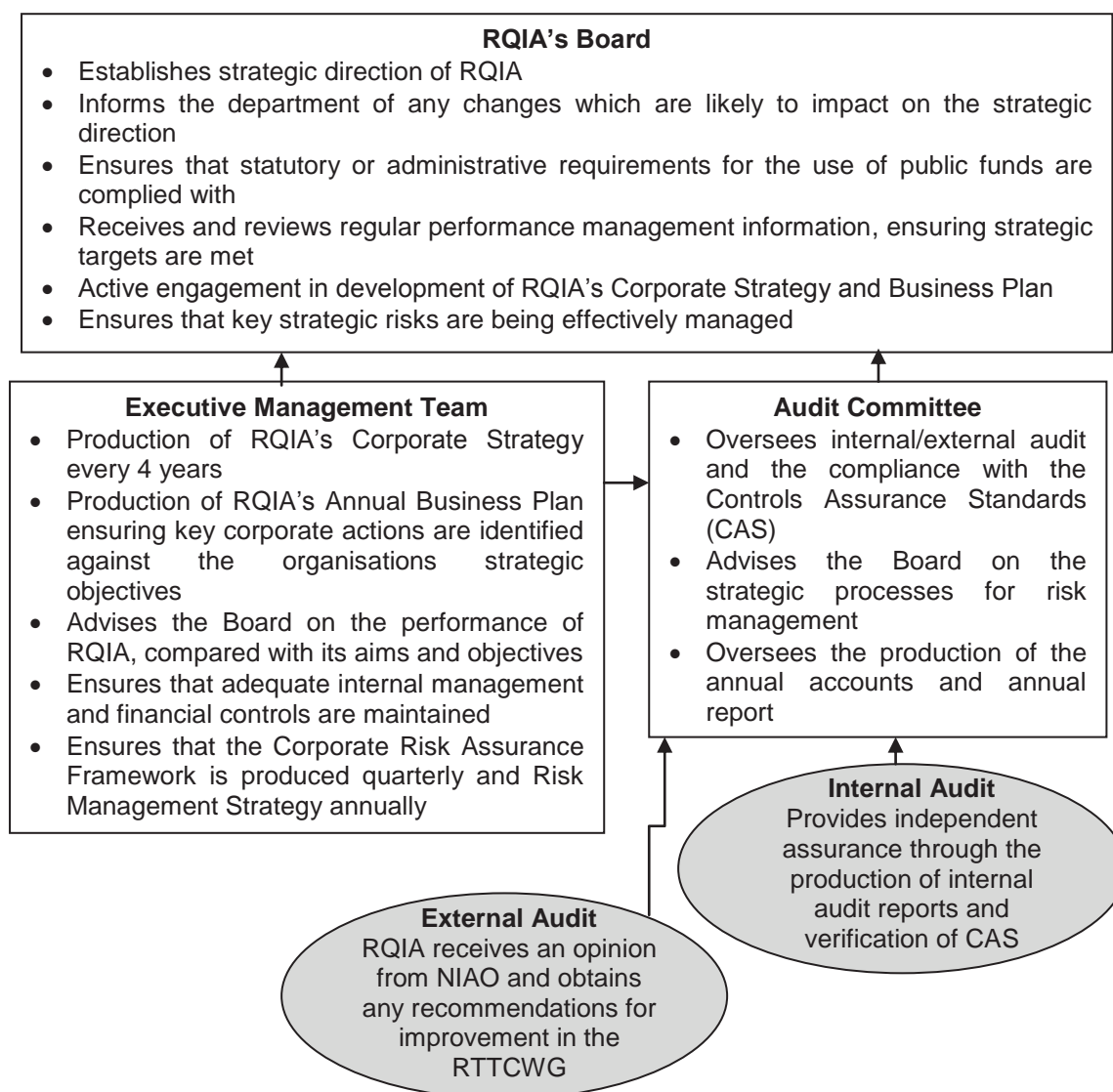
The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- 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 (DoH).

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

RQIA demonstrates accountability to DoH through:

- 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, 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 assures itself as to the quality of data through RQIA's Performance Management Framework;
- the Board seeks to achieve consensus on major decisions. However, where this is not possible, collective decisions will be based on a majority vote with the Chair holding a casting vote; and
- the Board delegates authority through the Chief Executive to the EMT and staff, for the efficient and effective operation of RQIA and prudent use of public funds.

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

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

A total of seven Board meetings were held during 2015-16 with an average of 85% of Board Members in attendance. In addition, one Board workshop took place in 2015-16, addressing strategic issues facing the organisation. The Board met on 25 March 2015 to complete the Board Governance Self-Assessment Tool, assessing the performance of the Board. This assessment concluded that RQIA can provide assurance in relation to the various leading indicators of effective Board governance.

Attendance at 2015/16 Board Meetings and Workshops		
	Board Meetings (Total 7)	Board Workshops (Total 1)
Dr Alan Lennon	6	1
Sarah Havlin	5	1
Denis Power	6	1
Lindsey Smith	6	1
Dr John Jenkins	6	1
Prof. Mary McColgan	6	1
Daniel McLarnon	6	1
Patricia O'Callaghan	7	1
Stella Cunningham	6	1
Dr Norman Morrow	6	1
Seamus Magee	7	0
Robin Mullan	6	1
Gerry McCurdy	5	0

Audit Committee Role and Performance

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

The Audit Committee advises the Board and Accounting Officer on:

- the strategic processes for risk management, internal control, governance and the mid-year Assurance Statement and the Governance Statement;
- the adherence to accounting policies, the preparation of annual accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit and the extent of adjustments arising from audit findings;
- the planned activity and recommendations of both internal and external auditors;
- adequacy of management response to issues identified by internal audit activity, and those included in the external auditor's report to those charged with governance;
- assurances relating to the corporate governance requirements for the organisation;
- anti-fraud policies, 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 2015-16 with an average of 96% in attendance. A workshop was held with Board Members from the Audit Committee on 22 October 2015 to complete the Audit Committee self-assessment tool. The workshop concluded that RQIA had complied with all the principles within the Audit Committee self-assessment checklist.

Attendance at 2014/15 Audit Committee Meetings and Workshops		
Board Member	Audit Committee Meetings (Total 4)	Audit Committee Workshop (Total 1)
Denis Power	4	1
Patricia O'Callaghan	4	1
Lindsey Smith	4	1
Robin Mullan	4	1
Gerry McCurdy	3	1
Seamus Magee	4	1

The Appointment and Remuneration Committee Role and Performance

The main functions of the Committee are:

- Consider and agree the broad policy for the appointment and pay (remuneration) of the Chief Executive and second tier officers. This will include the basic pay principles and overall approach to remuneration including governance and disclosure.
- In considering this policy, take account of all factors, which it decides are necessary, including the provisions of any national agreements for staff where appropriate. The objective of this policy shall be to ensure that the senior management of RQIA are:
 - remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose; and
 - provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation.
- Consider and recommend to RQIA, the framework or broad policy for the pay (remuneration) of staff below second tier level, including the policy or broad approach for pay uplifts for RQIA staff and pension policies.
- Be informed of, and review any major changes in employee benefit structures, including pensions, throughout RQIA;
- Monitor and evaluate the performance of the Chief Executive and agree targets for pay progression and any performance related pay schemes operated by RQIA;
- Within the terms of the agreed policy, receive reports from the Chief Executive on the total individual remuneration package of each Director including, where appropriate, bonuses and incentive payments. These packages shall be determined within the framework or policy set by the 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 2015-16 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:

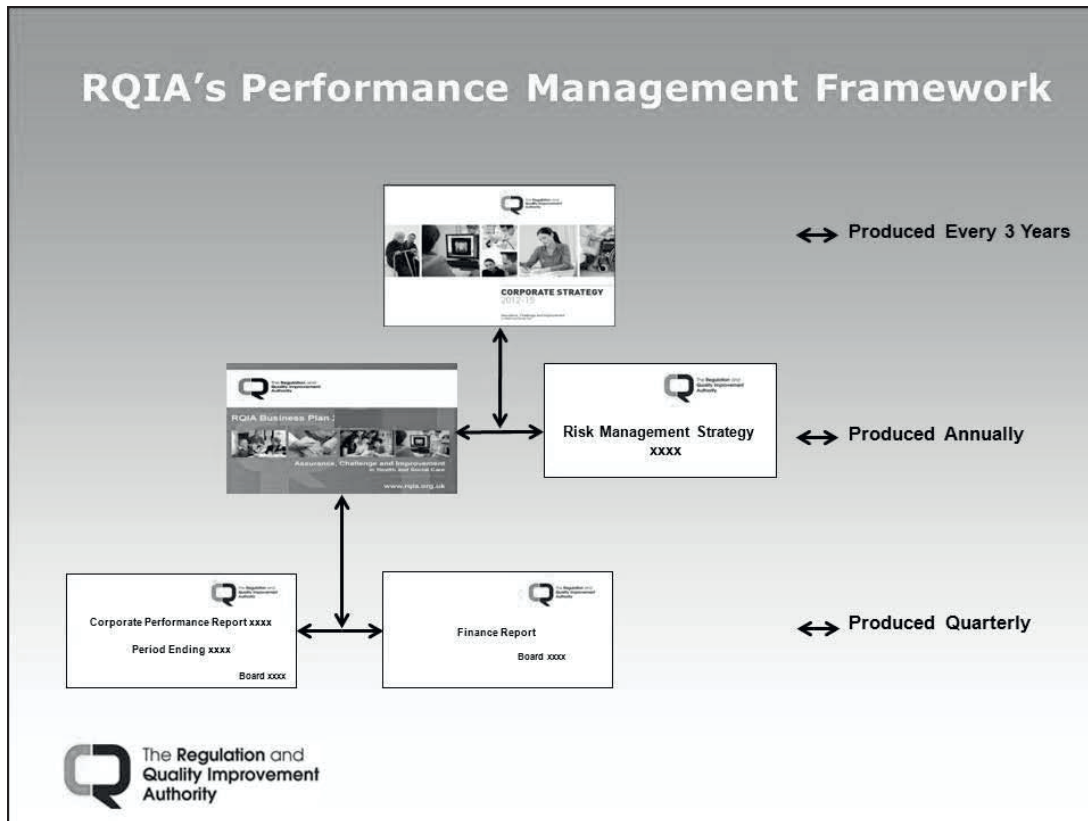
- fulfilling RQIA's statutory responsibilities including the general functions and duties specified in the Management Statement and Financial Memorandum;
- developing plans, programmes and policies for Board approval including the Corporate Strategy, 3 year Review Programme and Annual Business Plan;
- 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, Annual 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 2015-16 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 2015/16.

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 DoH 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
- DoH 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.

During March and April 2016 RQIA, consulted with its stakeholders on its Revised Inspection Policy of Regulated Services. RQIA's revised Inspection Policy for Regulated Services provides a framework for the inspection of registered establishments and agencies undertaken by RQIA. This includes reference to the legislative framework underpinning the inspection process and the roles and responsibilities of RQIA staff in discharging this function.

RQIA embeds Personal and Public Involvement (PPI) as a fundamental part of its work. During 2015-16 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.
- 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.
- The PPI Annual Plan was approved by the RQIA Board in July 2015.
- There were 58 lay assessors episodes of involvement in RQIA's inspections between April and December 2015. Formal evaluation of lay assessor involvement was completed at the end of December 2015 and will be reported to RQIA's Board in early 2016.
- Completed PHA external monitoring of PPI against the new PPI standards, in September 2015, and formal feedback report received in November 2015.

7. Assurance

Assurances on the effectiveness of the system of internal control is informed by the work of the internal auditors and the EMT 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 services are 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 to those charged with governance issued by the external auditor;
- An audit action plan charting progress in implementing the agreed recommendations of internal and external audit reports is regularly reviewed by 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 2015/16.

RQIA achieved the following levels of compliance for 2015-16:

Standard	DHSS&PS Expected Level of Compliance	Level of Compliance	Reviewed by
Financial Management (Core Standard)	75% - 99% (Substantive)	90% Substantive	Internal Audit Unit BSO
Management of Purchasing & Supply	75% - 99% (Substantive)	82% Substantive	Internally within RQIA
Governance	75% - 99% (Substantive)	86% Substantive	Internal Audit Unit BSO
Risk Management (Core Standard)	75% - 99% (Substantive)	88% Substantive	Internal Audit Unit BSO
Health & Safety	75% - 99% (Substantive)	86% Substantive	Internally within RQIA
Security Management	75% - 99% (Substantive)	88% Substantive	Internally within RQIA
Fire Safety	75% - 99% (Substantive)	89% Substantive	Internally within RQIA
Information Management	75% - 99% (Substantive)	84% Substantive	Internal Audit Unit BSO
Information Communications Technology	75% - 99% (Substantive)	82% Substantive	Internally within RQIA
Human Resources	75% - 99% (Substantive)	92% Substantive	Internally within RQIA

8. Sources of Independent Assurance

NIAO

The financial audit of RQIA was undertaken by the Northern Ireland Audit Office (NIAO). NIAO's approach to the 2015-16 Audit was delivered in accordance with the Audit Strategy presented to the Audit Committee in March 2016. The Report to those Charged with Governance was issued in June 2016.

Internal Audit - BSO

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 2015-16 Internal Audit reviewed the following systems:

- Mental Health Order Responsibilities - (satisfactory level of assurance received)
- Financial Review - (satisfactory level of assurance received)
- Board Effectiveness and Performance Management - (satisfactory level of assurance received)
- Regulated Services - Inspection of Children's Regulated Services and Adult Residential Homes and follow-up of the Special Assignment 2014/15 - (satisfactory level of assurance received)

There was one priority one weakness in control identified in the internal audit of Mental Health Order Responsibilities and one priority one weakness in the internal audit of Regulated Services – Inspection of Children's Regulated Services and Adult Residential Homes. Both priority one weaknesses and actions to address their issues are detailed in the following page. 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.

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

Cherry Tree Nursing Home - Issue

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

Response

A number of actions where there was specific focus on the inspection methodology, use of intelligence to inform inspections; and the reporting of key findings and recommendations; were successfully delivered through the Regulation Directorate Improvement Project, 2015-16. A final action report in relation to the recommendations from the Cherry Tree House Nursing Home was presented to DHSSPS in June 2015.

Internal Audit of Regulated Services - 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.

Response

RQIA established a Regulation Directorate Improvement Project 2015-16, which included a review of our inspection methodology, and quality assurance processes. The recommendations from the Internal Audit report were implemented and their progress was reported to RQIA's Audit Committee quarterly through the Audit Action Plan 2015-16. A follow up audit was completed by BSO Internal Audit in January 2016 and it was reported that all recommendations were implemented apart from one which is on target for implementation by its deadline.

Landscape Review - Issue

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.

Response

RQIA 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. A final progress report was presented to the RQIA's Audit Committee in April 2016 who agreed that the 2 outstanding actions were to be taken forward under the responsibility of the Executive Management Team.

Review of Governance Arrangements - Issue

Sir Liam Donaldson conducted a review of governance arrangements for ensuring the quality of care provision in Northern Ireland. 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.

Response

In February 2015 RQIA provided DHSSPS with a response paper to the Donaldson report. In 2015 RQIA commenced a new rolling programme of inspections of acute hospitals, based on the patient experience standards. RQIA also commenced a review of whistleblowing in 2015 which will be published in 2016.

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

Business Services Transformation Project/Shared Services

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, 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.

A further BSO Internal Audit of Shared Services was presented to RQIA's Audit Committee on 28 April 2016. The audit showed that there continues to be significant weaknesses in control in relation to Payroll Shared Services and Recruitment Shared Services. BSO's Senior Management have accepted all of the recommendations in the 2014/15 and 2015/16 internal audit reports and have agreed a range of actions to address these control weaknesses.

Identification of New Issues in the current year

Internal Audit of Mental Health Order Responsibilities - Issue

The following Priority 1 weakness was identified during an audit of Mental Health Order Responsibilities. i-Connect is used within the MHLD Directorate for Inspections, Patient Experience Reviews and Escalation. There are an additional 15 standalone IT systems used for recording information, including FoxPro for recording detentions, which is currently unsupported. The Programme Board plan to move all standalone systems to i-Connect. However a business case to support this proposal has not been completed and it is expected to take two years before full implementation.

Actions to address the Issue

A PRINCE2 project has been initiated to take forward the development of a MHLD Information System. The Project Board met on 17 February 2016 to sign-off the PID and Strategic Outline Case (SOC). However, the SOC has not, as yet, been issued to the Department until a source of funding has been identified for the recurring revenue consequences of implementing a new information system. This issue was considered by the Project Board on 26 April 2016 and escalated to the Project Sponsor. It was agreed that the recurring revenue cost would be found out of efficiency savings and the SOC would be issued to the DHSSPS for approval.

Internal Audit of Regulated Services - Issue

The following Priority 1 weakness was identified during an audit of Regulated Services. Inspections in the Regulation and Nursing Directorate in January 2016, in 4 of the 6 homes visited, the QIPs from previous inspections had either not been adequately followed up or there was insufficient evidence to support that they had been followed up. Some of these individual inspections pre-dated the new 2015/16 improved process however the new process did not detect these potentially outstanding issues. It was also noted in one report that where requirements or recommendations had not been inspected, these had been incorrectly restated in the QIP.

Actions to address the Issue

RQIA has established a Regulation Directorate Improvement Project 2016-17, which includes a review of our inspection methodology, and quality assurance processes. The Regulation Directorate Improvement Project 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. All recommendations from the Internal Audit report continue to be implemented and their progress is reported to RQIA's Audit Committee quarterly through the Audit Action Plan 2016-17.

Shared Services - Issue

The outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety- may impact on the continuity and quality of the service delivered by RQIA.

Actions to address the Issue

This risk will be mitigated through project management of the service change; working collaboratively with BSO during the period of transition; setting up appropriate liaison arrangements and contacts within RQIA in relation to the outsourced services; and reviewing the performance of the delivery of the new services.

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 2015-16.

A handwritten signature in black ink that reads "David Stewart". The signature is written in a cursive, slightly slanted style.

Dr David Stewart
Acting Chief Executive

Date: 30 June 2016

ii. REMUNERATION AND STAFF REPORT

Remuneration Report for the Year Ended 31 March 2016

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 Appointments and Remuneration Committee for 2015/16 is detailed in the Directors' Report and membership includes

- Dr Alan Lennon OBE (Chair)
- Mrs Sarah Havlin
- Dr John Jenkins CBE

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 and 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. No member of staff left RQIA in 2015-16 under the Voluntary Exit Scheme.

2015-16 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.

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 2015/16	Total Remuneration 2014/15
Highest Earners Total Remuneration (Bands of £5k)	£150K-£155K	£145K-£150K
Median Total Remuneration	£39,239	£39,239
Ratio	3.83	3.76

In 2015/16 the banded remuneration of the highest paid Director was £150K - £155K. The median employee in 2015/16 was a Band 7 point 8.

In 2015/16 and 2014/15 no member of RQIA staff received remuneration in excess of the highest paid Director

Senior Executives Remuneration

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

2015/16					
Name	Salary	Bonus or Performance Pay	Benefits in Kind (to nearest £100)	Pension Benefits	Total
	£'000	£'000	£	£'000	£'000
Glenn Houston	110 - 115	-	-	11	125 - 130
Maurice Atkinson	65 - 70	-	-	9	75 - 80
Kathy Fodey	60 - 65	-	-	24	85 - 90
Theresa Nixon	70 - 75	-	-	8	80 - 85
David Stewart	150 - 155	-	-	N/A	150 - 155

The salaries noted above exclude the 2015/16 pay award.

2014/15					
Name	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

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 2015/16 or 2014/15.

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 2015/16. 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 2015/16 or 2014/15.

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.

As non-executive members do not receive pensionable remuneration, there are no entries in respect 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 60 (Bands of £2,500)	Accrued Pension at age 60 as at 31/03/16 and related lump sum (Bands of £5,000)	Cash Equivalent Transfer value (CETV) at 31/03/16	Cash Equivalent Transfer Value (CETV) at 31/03/15	Real increase in CETV	Employer Contribution to partnership pension account
	£'000	£'000	£'000	£'000	£'000	Nearest £100
Glenn Houston	0-2.5 plus lump sum 2.5-5.0	45-50 plus lump sum 145-150	1,060	1,000	25	-
Maurice Atkinson	0-2.5 plus lump sum 0-2.5	20-25 plus lump sum 65-70	446	417	16	-
Kathy Fodey	0-2.5 less lump sum 0-2.5	10-15 plus lump sum 20-25	201	178	17	-
Theresa Nixon	0-2.5 plus lump sum 0-2.5	25-30 plus lump sum 85-90	637	600	17	-
David Stewart	0	0	0	0	0	-

Dr Stewart left the superannuation scheme 31 March 2013.

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 2015-16 RQIA paid £714K 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 2015-16 Pension Scheme 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 2015-16 and no payments were made in respect of early retirements agreed in previous financial years.

No compensation scheme payments were made in 2015-16.

Off Payroll Staff Resources

During 2015-16 there were no qualifying Off-Payroll engagements.

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 2015/16 are detailed below including any prior year remuneration (Audited).

Name	2015/16		2014/15	
	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	-
Alan Lennon (Chair) ²	15 - 20	-	10 - 15	-
Stella Cunningham ³	5 - 10	-	5 - 10	-
Sarah Havlin	5 - 10	-	5 - 10	-
John Jenkins	5 - 10	-	5 - 10	-
Seamus Magee ³	5 - 10	-	5 - 10	-
Mary McColgan	5 - 10	-	5 - 10	-
Gerry McCurdy ³	5 - 10	-	0 - 5	-
Daniel McLarnon	5 - 10	-	5 - 10	-
Norman Morrow ³	5 - 10	-	5 - 10	-
Robin Mullan ³	5 - 10	-	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. The full year equivalent salary falls within the range £15,000 - £20,000.

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 falls, without exception, falls within the range of £5,000 - £10,000.

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

Staff Report

Staff Costs

Staff costs have been disclosed in Note 3 (page111).

Average Number of Whole Time Equivalent Persons Employed

	2016		2015	
	Permanently employed staff No.	Others No.	Total No.	Total No.
Administrative and clerical	146	3	149	149
Total average number of persons employed	146	3	149	149
Less average staff number relating to capitalised staff costs	0	0	0	0
Less average staff number in respect of outward secondments	0	0	0	1
Total net average number of persons employed	146	3	149	148

During the year, staff turnover was recorded at 6.7% (10% in 2014-15), with 12 people leaving the organisation.

RQIA employs 147 people (as at 31 March 2016), excluding board members, sessional, bank and agency staff. The gender profile of our staff is: three male and two female directors; eight male and 15 female senior managers; 31 male and 88 female staff.

During 2015-16, 1,667 days were lost through sickness, an absence rate of 4.5% against a target of 3.9%. This compares to a rate of 3.9% in 2014-15.

RQIA has a duty of care to its entire staff and this is supported with a comprehensive range of human resources policies and procedures. In addition, RQIA ensures compliance with relevant employment 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.

To ensure that staff are equipped to deliver against the objectives within RQIA's Business Plan, organisational learning development activities continued throughout the year. This included a range of mandatory and job-specific training for staff across RQIA.

RQIA remains committed to a partnership approach to working with staff in conjunction with trade union representatives through its Joint Negotiating and Consultative Forum. The forum continued to meet 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.

Early Retirement and other Compensation Scheme-exit packages

During 2015-16 there were no early retirements or other compensation scheme exit packages.

Staff Benefits

There were no staff benefits for the year ended 31 March 16.

Retirements due to ill-health

During 2015-16 there were no early retirements from RQIA agreed on the grounds of ill-health.

A handwritten signature in black ink that reads "David Stewart". The signature is written in a cursive, slightly slanted style.

**Dr David Stewart
Acting Chief Executive**

Date: 30 June 2016

iii. ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Compliance with regularity of expenditure guidance

RQIA adheres to the Departmental guidance and FREM. During 2015-16 there has been no evidence of irregular expenditure.

Remote contingent liabilities

At 31 March 2016, RQIA had no remote contingent liabilities.

Statement of losses and special payments

During 2015-16 RQIA had no losses and special payments incurred over the limits proscribed in Managing Public Money Northern Ireland, as set out in the table below.

LOSSES AND SPECIAL PAYMENTS (AUDITED INFORMATION)

Type of loss and special payment	2015/16		2014/15	
	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	0	0	2	53
Other fruitless payments and constructive losses				
	0	0	2	53
Stores & Inventory losses				
Losses of accountable stores through any deliberate act				
Other stores losses				
Other Equipment & Property	0	0	3	3,052
	0	0	3	3,052
Special Payments				
Compensation payments				
- Clinical Negligence				
- Public Liability				
- Employers Liability				
- Other				
Ex-gratia payments				
Extra contractual				
Special severance payments				
TOTAL	0	0	5	3,105

Special Payments

There were no other special payments or gifts made during 2015/16.

Other Payments and Estimates

There were no other payments made during the year.

Losses and Special Payments over £250,000

There were no losses or special payments over £250,000.

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 2016 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The financial statements comprise the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity, and the related notes. 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 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) Order 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 2016 and of the net expenditure, cash flows and changes in taxpayer's 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) Order 2003 and Department of Health (formerly 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 directions made under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; and
- the information given in the 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's (formerly Department of Finance and Personnel) 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

Date 7th July 2016

SECTION 3

STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 31 MARCH 2016

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE
for the year ended 31 March 2016**

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

	Note	2016 £	2015 £
Expenditure			
Staff costs	3.1	(6,413,938)	(6,182,271)
Depreciation	3.2	(58,506)	(53,292)
Other expenditures	3.2	(1,439,122)	(1,615,928)
Total operating expenditure		<u>(7,911,566)</u>	<u>(7,851,491)</u>
Income			
Income from activities	4.1	0	0
Other Operating income	4.2	929,147	954,459
Deferred income	4.3	0	0
Total operating income		<u>929,147</u>	<u>954,459</u>
Net Expenditure		<u>(6,982,419)</u>	<u>(6,897,032)</u>
Revenue Resource Limit (RRL) received from DHSSPS	24.1	6,981,491	6,897,586
Surplus / (Deficit) against RRL		<u>(928)</u>	<u>554</u>

OTHER COMPREHENSIVE EXPENDITURE

	Note	2016 £	2015 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2/8	272	0
Net gain/(loss) on revaluation of intangibles	6.1/6.2/8	0	0
Net gain/(loss) on revaluation of financial instruments	7/8	0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2016		<u>(6,892,147)</u>	<u>(6,897,032)</u>

The notes on pages 101 to 124 form part of these accounts.

**STATEMENT OF FINANCIAL POSITION
as at 31 March 2016**

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

	Note	2016		2015	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	576,857		419,970	
Intangible assets	6.1/6.2	<u>354,423</u>		<u>410,041</u>	
Total Non Current Assets			931,280		830,011
Current Assets					
Trade and other receivables	12.1	54,701		16,388	
Other current assets	12.1	44,436		31,940	
Cash and cash equivalents	11	<u>15,531</u>		<u>1,412</u>	
Total Current Assets			114,668		49,740
Total Assets			<u>1,045,948</u>		<u>879,751</u>
Current Liabilities					
Trade and other payables	13.1	(483,122)		(829,078)	
Other liabilities	13.1	<u>0</u>		<u>0</u>	
Total Current Liabilities			(483,122)		(829,078)
Total assets less current liabilities			<u>562,826</u>		<u>50,673</u>
Non Current Liabilities			0		0
Total assets less total liabilities			<u><u>562,826</u></u>		<u><u>50,673</u></u>
Taxpayers' Equity and other reserves					
Revaluation reserve		3,038		2,766	
SoCNE reserve		<u>559,788</u>		<u>47,907</u>	
Total equity			<u><u>562,826</u></u>		<u><u>50,673</u></u>

The financial statements on pages 97 to 100 were approved by the Board on 7th July 2016 and were signed on its behalf by:



**Dr David Stewart
Acting Chief Executive**



**Dr Alan Lennon
Chairman**

Date: 30 June 2016

Date: 30 June 2016

The notes on pages 101 to 124 form part of these accounts.

STATEMENT OF CASH FLOWS
for the year ended 31 March 2016

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

	Note	2016 £	2015 £
Cash flows from operating activities			
Net expenditure		(6,982,419)	(6,897,032)
Adjustments for non cash costs	24.1	166,596	135,756
(Increase)/decrease in trade and other receivables	12.1	(50,809)	4,548
<i>Less movements in receivables relating to items not passing through the SOCNE</i>			
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	13.1	(345,956)	37,626
<i>Less movements in payables relating to items not passing through the SOCNE</i>			
Movements in payables relating to the purchase of property, plant, equipment and intangibles		42,461	(24,150)
Movements in payables relating to finance leases		0	0
Use of provisions		0	0
Net cash outflow from operating activities		(7,170,127)	(6,743,252)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(293,326)	(298,528)
(Purchase of intangible assets)	6	(4,728)	0
Proceeds of disposal of property, plant & equipment		0	0
Proceeds on disposal of intangibles		0	0
Net cash outflow from investing activities		(298,054)	(298,528)
Cash flows from financing activities			
Grant in aid		7,482,300	7,039,900
Net financing		7,482,300	7,039,900
Net increase (decrease) in cash & cash equivalents in the period		14,119	(1,880)
Cash & cash equivalents at the beginning of the period	11	1,412	3,292
Cash & cash equivalents at the end of the period	11	15,531	1,412

The notes on pages 101 to 124 form part of these accounts.

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
for the year ended 31 March 2016**

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

	Note	SoCNE Reserve	Revaluation Reserve	Total
		£	£	£
Balance at 31 March 2014		(106,961)	2,766	(104,195)
Changes in Taxpayers' Equity 2014-15				
Grant from DoH		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	3.2	12,000	0	12,000
Balance at 31 March 2015		47,907	2,766	50,673
Changes in Taxpayers' Equity 2015-16				
Grant from DoH		7,482,300	0	7,482,300
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(6,982,419)	272	(6,982,147)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3.2	12,000	0	12,000
Balance at 31 March 2016		559,788	3,038	562,826

The notes on pages 101 to 124 form part of these accounts.

NOTES TO THE FINANCIAL STATEMENTS

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 Plant & Machinery (Equipment), 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 comprise software licences and Information Technology. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

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

1.9 Inventories

RQIA does not hold any inventories.

1.10 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 the Department of Health is accounted for as grant in aid and is reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

RQIA does not hold any investments.

1.12 Other expenses

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

1.13 Cash and cash equivalents

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

1.14 Leases

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

RQIA as lessee

RQIA does not hold any Finance Leases.

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

RQIA as lessor

RQIA does not act as a lessor.

1.15 Private Finance Initiative (PFI) transactions

RQIA has no PFI transactions.

1.16 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.

1.17 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 2016 or at the 31 March 2015.

1.18 Contingencies

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

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

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

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken balance determined from the results of a survey to ascertain leave balances as at 31 March 2016. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the HSC body and has not been included.

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 2015/16 accounts.

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.21 Value Added Tax

RQIA, as a Non-Departmental Public Body, cannot recover VAT incurred through the central VAT agreement.

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

1.22 Third party assets

RQIA does not hold material assets belonging to third parties.

1.23 Government Grants

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.

1.24 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.

1.25 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.

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 - OPERATING EXPENDITURE

3.1 - Staff Costs

Staff Costs comprise:

	2016		2015	
	Permanently employed staff £	Others £	Total £	Total £
Wages and salaries	5,213,131	61,749	5,274,880	5,178,452
Social security costs	424,661	0	424,661	420,971
Other pension costs	714,397	0	714,397	582,848
Sub-Total	6,352,189	61,749	6,413,938	6,182,271
Capitalised staff costs	0	0	0	
Total staff costs reported in Statement of Comprehensive Expenditure	6,352,189	61,749	6,413,938	6,182,271
Less recoveries in respect of outward secondments			0	72,606
Total net costs			6,413,938	6,109,665

3.2 - Operating Expenses

Operating Expenses are as follows:

	2016 £	2015 £
Operating Expenses are as follows:-		
Supplies and services - General	47,701	41,673
Establishment	247,568	319,031
Premises	173,489	217,791
Bad debts	0	0
Rentals under operating leases	203,638	203,065
BSO services	187,240	241,274
Training	77,737	63,810
ICT Maintenance	87,001	109,429
ICT Hardware and Software	24,640	53,685
Staff substitution	183,617	218,233
Miscellaneous expenditure	98,401	65,473
Non cash items		
Depreciation	58,506	53,292
Amortisation	96,090	67,412
Loss on disposal of property, plant & equipment (including land)	0	3,052
Loss on disposal of intangibles	0	0
Auditors remuneration	12,000	12,000
Total	1,497,628	1,669,220

NOTE 4 - INCOME

4.1 - Income from Activities

RQIA did not receive income from activities in 2015-16 or 2014-15.

4.2 - Other Operating Income

	2016	2015
	£	£
Other income from non-patient services	8,208	0
Seconded staff	0	72,606
Other income from fees levied on registered bodies	920,939	881,853
Total	929,147	954,459

The amount recorded against seconded staff relates exclusively to work placements at the DoH.

4.3 - Deferred income

RQIA did not receive any deferred income in 2015/16 or 2014/15.

NOTE 5 – PROPERTY, PLANT AND EQUIPMENT

5.1 – Property, plant and equipment – year ended 31 March 2016

	Plant and Machinery (Equipment)	Asset Under Construction	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2015	35,599	186,623	266,812	106,763	595,797
Indexation	0	0	0	549	549
Additions	0	149,771	65,350	0	215,121
Disposals	0	0	0	0	0
Transfers Out	0	0	0	0	0
At 31 March 2016	35,599	336,394	332,162	107,312	811,467
Depreciation					
At 1 April 2015	32,843	0	95,144	47,840	175,827
Indexation	0	0	0	277	277
Disposals	0	0	0	0	0
Provided during the year	2,755	0	45,050	10,701	58,506
At 31 March 2016	35,598	0	140,194	58,818	234,610
Carrying Amount					
At 31 March 2016	1	336,394	191,968	48,494	576,857
At 31 March 2015	2,756	186,623	171,668	58,923	419,970

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

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

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

5.2 – Property, plant and 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		(89,837)	0	(89,837)
Transfers out		(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	69,599	606,650

NOTE 6 - INTANGIBLE ASSETS

6.1 – Intangible assets – year ended 31 March 2016

	Software Licenses £	Information Technology £	Total £
Cost or Valuation			
At 1 April 2015	119,466	412,831	532,297
Indexation	0	0	0
Additions	0	40,472	40,472
Transfers in	0	0	0
Disposals	0	0	0
At 31 March 2016	119,466	453,303	572,769
Amortisation			
At 1 April 2015	60,331	61,925	122,256
Indexation	0	0	0
Disposals	0	0	0
Provided during the year	13,524	82,566	96,090
At 31 March 2016	73,855	144,491	218,346
Carrying Amount			
At 31 March 2016	45,611	308,812	354,423
At 31 March 2015	59,135	350,906	410,041

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

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

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

6.2 – 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

NOTE 7 - 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 any credit, interest rate, or currency risk.

NOTE 8 - IMPAIRMENTS

There were no impairments in 2015/16.

NOTE 9 - ASSETS CLASSIFIED AS HELD FOR SALE

RQIA did not hold any assets classified as held for sale in 2015/16 or 2014/15.

NOTE 10 - INVENTORIES

RQIA does not hold any inventories.

NOTE 11 - CASH AND CASH EQUIVALENTS

	2016	2015
	£	£
Balance at 1st April	1,412	3,292
Net change in cash and cash equivalents	14,119	(1,880)
Balance at 31st March	15,531	1,412

	2016	2015
	£	£
The following balances at 31st March were held at Commercial banks and cash in hand	15,531	1,412
Balance at 31st March	15,531	1,412

NOTE 12 - TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2016 £	2015 £
Amounts falling due within one year		
Trade receivables	20,272	718
Other receivables	34,429	15,670
Trade and other receivables	<u>54,701</u>	<u>16,388</u>
Prepayments and accrued income	44,436	31,940
Other current assets	<u>44,436</u>	<u>31,940</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>54,701</u>	<u>16,388</u>
TOTAL OTHER CURRENT ASSETS	<u>44,436</u>	<u>31,940</u>
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u><u>99,137</u></u>	<u><u>48,328</u></u>

There was no provision for bad debts in 2016 or 2015.

NOTE 13 - TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2016 £	2015 £
Amounts falling due within one year		
Other taxation and social security	0	222,222
Trade capital payables - property, plant and equipment	128,575	171,036
Trade revenue payables	251,920	145,846
Payroll payables	88,833	137,649
BSO payables	9,525	42,597
Other payables	4,269	109,728
Trade and other payables	<u>483,122</u>	<u>829,078</u>
Other current liabilities	0	0
Total payables falling due within one year	<u>483,122</u>	<u>829,078</u>
Amounts falling due after more than one year		
Total non current other payables	<u>0</u>	<u>0</u>
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	<u><u>483,122</u></u>	<u><u>829,078</u></u>

NOTE 14 - PROMPT PAYMENT POLICY

14.1 - Public Sector Payment Policy - Measure of Compliance

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

	2016 Number	2016 Value £	2015 Number	2015 Value £
Total bills paid	1,390	2,727,107	1,455	2,837,628
Total bills paid within 30 day target or under agreed payment Terms	1,281	2,578,958	1,272	2,350,158
% of bills paid within 30 day target or under agreed payment terms	92.16%	94.57%	87.42%	82.82%
Total bills paid within 10 days of receipt of an undisputed invoice	1,050	2,379,661	992	1,986,415
% of bills paid within 10 days of receipt of an undisputed invoice	75.54%	87.26%	68.18%	70.0%

The figures for 2015 presented in our previous Annual Report and Accounts have been amended to reflect a new reporting model. The parameters have been extended over the past 12 months to ensure all transactions are included (e.g. payment to temporary suppliers).

14.2 - The Late Payment of Commercial Debts Regulations 2002

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

NOTE 15 - PROVISIONS FOR LIABILITIES AND CHARGES - 2016 AND 2015

RQIA did not require any provisions in 2015/16 or 2014/15.

NOTE 16 - CAPITAL COMMITMENTS

There is a contracted capital commitment £5,400 at 31 March 2016 not included in these financial statements which relates exclusively to the Web Portal section of the i-Connect system. This is due to be commissioned in 2016/17.

NOTE 17 - COMMITMENTS UNDER LEASES

17.1 - Operating Leases

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

	2016	2015
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	761,926	775,200
Later than 5 years		180,526
	955,726	1,149,526
Other		
Not later than 1 year	7,353	7,353
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	7,353	7,353

17.2 - Finance Leases

RQIA does not hold any finance leases.

17.3 - Lessor Commitments

RQIA does not act as a lessor.

NOTE 18 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENTS

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

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

NOTE 19 - OTHER FINANCIAL COMMITMENTS

RQIA did not have any other financial commitments at either 31 March 2016 or 31 March 2015.

NOTE 20 - FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

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

RQIA did not have any financial instruments at either 31 March 2016 or 31 March 2015.

NOTE 21 - CONTINGENT LIABILITIES

RQIA did not have any unquantifiable contingent liabilities as at 31 March 2016.

NOTE 22 - RELATED PARTY TRANSACTIONS

RQIA is a non-departmental public Body sponsored by the Department of Health (DoH) and is regarded as a related party.

During the 2015/16 year RQIA has had various material transactions with the DoH and with other entities for which the DoH is regarded as the parent department, particularly with the Business Services Organisation (BSO) which provides financial, human resources, procurement 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 23 - THIRD PARTY ASSETS

RQIA did not hold any third party assets at the 31 March 2016.

NOTE 24 - FINANCIAL PERFORMANCE TARGETS

24.1 - 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:

	2016	2015
	Total	Total
	£	£
DHSSPS (excludes non cash)	6,814,895	6,761,830
Non cash RRL (from DHSSPS)	166,596	135,756
Total Revenue Resource Limit to Statement	<hr/>	<hr/>
Comprehensive Net Expenditure	6,981,491	6,897,586
	<hr/> <hr/>	<hr/> <hr/>

24.2 - Capital Resource Limit

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

	2016	2015
	Total	Total
	£	£
Gross capital expenditure	255,593	322,678
(Receipts from sales of fixed assets)	0	0
Net capital expenditure	<hr/>	<hr/>
	255,593	322,678
Capital Resource Limit	266,355	323,066
Overspend/(Underspend) against CRL	<hr/>	<hr/>
	(10,762)	(388)
	<hr/> <hr/>	<hr/> <hr/>

NOTE 24.3 - 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.

	2015/16	2014/15
	£	£
Net Expenditure	(6,982,419)	(6,897,032)
RRL	6,981,491	6,897,586
Surplus / (Deficit) against RRL	(928)	554
Break Even cumulative position(opening)	(18,224)	(18,778)
Break Even cumulative position (closing)	(19,152)	(18,224)

Materiality Test:

	2015/16	2014/15
	%	%
Break Even in year position as % of RRL	-0.01%	0.01%
Break Even cumulative position as % of RRL	-0.27%	-0.26%

NOTE 25 – 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.

NOTE 26 – DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 30 June 2016.

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

**CERTIFICATES OF DIRECTOR OF CORPORATE SERVICES,
CHAIRMAN AND ACTING CHIEF EXECUTIVE**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 100 to 123) 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)

30 June 2016

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

30 June 2016



Acting Chief Executive

30 June 2016

Appendix 1: RQIA's Inspection Themes and Standards, by Service Category, 2015-16

Adult Placement Agencies	
Theme 1	Carers are trained and supported to meet the needs of individual service users.
Theme 2	The agency regularly reviews and monitors the placement.

Children's Residential Care Homes	
Standard 4	Safeguarding Children and Young People: Children and young people feel safe and are safe in the care of the home. Arrangements are in place to safeguard them and help them understand how to protect themselves from harm.

Day Care Settings	
Standard 5	Care plan: Where appropriate, service users receive individual continence promotion and support
Standard 8	Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the day care setting.

Domiciliary Care Agencies (Conventional)	
Theme 1	The views of the service users and their carers/ representatives shape the quality of services provided by the agency
Theme 2	Management systems and arrangements are in place that support and promote the quality of care services

Domiciliary Care Agencies (Supported Living)	
Theme 1	Staffing arrangements: Suitable staff are supplied to meet the assessed needs of service users
Theme 2	Service User Involvement: Service users are involved in the care they receive

Independent Health Care: Assisted Conception Services	
Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 11	Practising Privileges
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 Hospices – Adult, Day Hospice and Community	
Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 37	Arrangements for the Provision of Specialist Palliative Care
Standard 40	Specialist Palliative Care Team

Independent Health Care Hospices – Children	
Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 41	Assessment and Care of Children and Young People in Hospices
Standard 43	Hospice Environment for Care of Children and Young People

Independent Health Care Independent Hospitals	
Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 6	Care Pathway
Standard 7	Complaints
Standard 32	Surgery

Independent Health Care: Independent Medical Agencies	
Standard 1	Informed Decision Making: Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.
Standard 4	Dignity, Respect and Rights: Patients, clients, visitors and staff are respected and their rights are recognised and upheld
Standard 5	Patient and Client Partnerships: The views of patients, clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.
Standard 7	Complaints: All complaints are taken seriously and dealt with appropriately and promptly.
Standard 8	Records: Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.
Standard 10	Qualified Practitioners, Staff and Indemnity: Staff are educated, trained and qualified for their roles and responsibilities and maintain their training and qualifications.
Standard 11	Practising Privileges: Medical practitioners may only use the facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.

Independent Health Care: Laser and Intense Pulsed Light (IPL) – (Cosmetic)	
Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 48	Laser and Intense Light Sources

Independent Health Care: Private Dental Treatment	
Standard 11	The dental team and service management: Your care and treatment will be provided by a dental team that is appropriately qualified, skilled and registered to carry out its duties.
Standard 12	Medical and other emergencies: If there is an emergency while you are attending the dental service, the dental team is trained to deal with it.

Independent Health Care Refractive Eye Laser Services:	
Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 11	Practising Privileges (where applicable)
Standard 48	Laser and Intense Light Sources

Nursing Homes	
Standard 19	Communicating Effectively: Staff communicate with residents in a manner that is sensitive and understanding of their needs
Standard 20	Death and Dying: The death and dying of residents is handled with care and sensitivity, and relatives are supported in a sensitive and appropriate manner
Standard 32	Palliative and End of Life Care: Residents' palliative and end of life care needs are met

Residential Care Homes	
Standard 1	Residents' involvement: Residents views and comments shape the quality of services and facilities provided by the home
Standard 9	Health and social care: Residents receive individual continence management and support
Standard 14	Dying and death: The death of a resident is respectfully handled as they would wish

Residential Family Centres	
Standard 7	Safeguarding Children and Young People: Arrangements are in place to safeguard children and young people

School Boarding Departments	
Standard 5	Standard 5 – Each child has the right to be protected

Voluntary Adoption Agencies	
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Voluntary adoption agencies are inspected once every three years and were not subject to inspection during 2015-16.	
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Young Adult Accommodation	
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Theme 1: Standard 7 (Projects)	Safeguarding (including child protection and risk management) and protection from abuse
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Standard 5	Living in Safety and With Stability
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Appendix 2: Enforcement Action: 1 April 2015 - 31 March 2016

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
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.	10 April 2015
Ard Mhacha House Care Centre Nursing Home (Victoria Craddock, Countrywide Care Homes Ltd)	24 March 2015 26 June 2015	Three notices of failure to comply with regulations issued, relating to safe and effective care of patients and medicines management. Notice of proposal to place two conditions of registration Compliance achieved and notice of proposal withdrawn.	28 May 2015 (one notice) 18 June 2015 (one notice) 23 July 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.	11 June 2015
Ballymena Dental Care, Ballymena (R McMitchell Dental World Ltd)	22 May 2014 25 June 2014 25 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.	26 February 2016 Registration refused following withdrawal of Care Tribunal appeal

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Ballynahinch Dental Care (Dr Clare McGowan)	1 October 2015	Notice of proposal to place one condition of registration.	21 March 2016 (see appendix 3)
	3 November 2015	Notice of decision to place one condition of registration.	
	4 December 2015	One condition of registration placed with effect from 4 December 2015	
Bradbury Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015	Notice of proposal to place conditions of registration relating to the quality of treatment.	Ongoing at 31 March 2016
	21 September 2015:	Notice of decision to place conditions of registration relating to the quality of treatment.	
	9 October 2015	Appeal lodged with Care Tribunal.	
Bradbury Dental Surgery, Belfast (R McMitchell Dental World Ltd)	14 October 2015	One notice of failure to comply with regulations issued, relating to AccessNI checks.	15 January 2016
Brooklands Nursing Home, Dunmurry (Ms T Conway)	25 March 2016	One notice of failure to comply with regulations issued, relating to registration status and statement of purpose.	Ongoing at 31 March 2016
Carryduff Dental Practice (Mr and Mrs Irwin)	31 March 2015	Notice of proposal to cancel registration of registered providers.	12 June 2015 registration of registered providers cancelled
	15 May 2015	Notice of proposal to cancel registration of registered providers.	

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
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)
	8 April 2015	Notice of proposal to place three conditions of registration	
		Compliance achieved and notice of proposal withdrawn.	7 May 2015
Colinvale Nursing Home, Belfast (Raymond Murphy)	8 August 2014	Notice of proposal to place three conditions of registration.	23 April 2015
	23 September 2014	Notice of proposal to place three conditions of registration.	
	27 October 2014	Three conditions of registration placed with effect from 23 September 2014	
Colinvale Nursing Home, Belfast (Raymond Murphy)	14 September 2015	Four notices of failure to comply with regulations issued, relating to nursing care, staffing and management.	16 October 2015 (two notices) 16 November 2015 (one notice) 16 December 2015 (one notice)

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)	14 September 2015	Notice of proposal to place three conditions of registration.	16 February 2016
	16 October 2015	Notice of proposal to place three conditions of registration.	
	16 November 2015	Three conditions of registration placed with effect from 23 September 2014	
Connected Health DCA Ltd, Belfast (Douglas Adams)	26 October 2015	One notice of failure to comply with regulations issued, relating to AccessNI checks.	12 January 2016
Cregagh Nursing Home, Belfast (Spa Nursing Homes Ltd)	9 July 2015	One notice of failure to comply with regulations issued, relating to medicines management.	12 October 2015
Crumlin Road Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015	Notice of proposal to place conditions of registration relating to the quality of treatment.	Ongoing at 31 March 2016
	21 September 2015:	Notice of decision to place conditions of registration relating to the quality of treatment.	
	9 October 2015	Appeal lodged with Care Tribunal.	
Crutchley RJ Dental Practice (Mr Richard Crutchley)	27 April 2015	Three notice of failure to comply with regulations relating to policies and procedures; radiology and radiation safety; and the decontamination of reusable dental instruments.	29 July 2015 (one notice) 14 August 2015 (two notices)

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	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.	26 February 2016 Registration refused following withdrawal of Care Tribunal appeal
	4 March 2014	Notice of decision to refuse to register Donaghadee Dental Surgery.	
	18 March 2014	Appeal lodged with Care Tribunal	
Drapersfield House Nursing Home, Cookstown (Mr and Mrs McCrystal)	10 March 2016	Notice of proposal to cancel registration of registered persons.	Ongoing at 31 March 2016
Dundonald Dental Surgery, Dundonald (R McMitchell Dental World Ltd)	13 May 2014	Notice of proposal to refuse an application for registration.	26 February 2016 Registration refused following withdrawal of Care Tribunal appeal
	13 June 2014	Notice of decision to refuse an application for registration.	
	8 July 2014	Appeal lodged with Care Tribunal.	
Gentle Dental Care, Belfast (Adam Jaffa, Lucy Stock)	13 November 2015	One notice of failure to comply with regulations issued, relating to AccessNI checks.	15 January 2016
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.	23 April 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Glen Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015	Notice of proposal to place conditions of registration relating to the quality of treatment.	Ongoing at 31 March 2016
	21 September 2015:	Notice of decision to place conditions of registration relating to the quality of treatment.	
	9 October 2015	Appeal lodged with Care Tribunal.	
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.	19 June 2015
The Graan Abbey Nursing Home, Enniskillen (Carewell Homes Ltd)	16 June 2015	One notice of failure to comply with regulations issued, relating to restrictive practices.	18 August 2015
Jordan Dental Care, Belfast (David Jordan)	7 January 2016	One notice of failure to comply with regulations issued, relating to AccessNI checks.	Ongoing at 31 March 2016
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.	24 April 2015 (one notice)
			22 May 2015 (one notice)
Kingsway Nursing Home, Dunmurry (Care Circle Group)	15 December 2015	Two notices of failure to comply with regulations issued, relating to the statement of purpose and the care and management of pressure ulcers and wounds.	12 February 2016

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Laserway Laser Clinic, Ballymena (Imelda Barrett)	17 February 2016	One notice of failure to comply with regulations issued, relating to protective eyewear and staff training.	Ongoing at 31 March 2016
Leitch Dental Practice, Comber (Jonathan Leitch)	19 January 2015	Notice of proposal to cancel registration of registered provider.	8 April 2015
	24 February 2015	Notice of decision to cancel registration of registered provider.	Registration of registered provider cancelled
Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd)	6 August 2015	Notice of proposal to place conditions of registration relating to the quality of treatment.	Ongoing at 31 March 2016
	21 September 2015:	Notice of decision to place conditions of registration relating to the quality of treatment.	
	9 October 2015	Appeal lodged with Care Tribunal.	
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	22 April 2013	Notice of proposal to place conditions of registration	Ongoing at 31 March 2016
	24 May 2013	Notice of decision to place three conditions of registration	
	24 June 2013	Three conditions of registration placed with effect from 24 June 2014 (see appendix 3 for details)	
	9 December 2013	Compliance achieved in respect of one condition of registration	

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
E McCann Dental Practice, Omagh (Mr E McCann)	18 December 2015	Notice of proposal to place one condition of registration	Ongoing at 31 March 2016
	20 January 2016	Notice of decision to place one condition of registration	
	17 February 2016	One conditions of registration placed with effect from 17 February 2016 (see appendix 3 for details)	
McCann and Haran Dental Clinic, Omagh (Mr E McCann, Mr M Haran)	18 December 2015	Notice of proposal to place one condition of registration	Ongoing at 31 March 2016
	20 January 2016	Notice of decision to place one condition of registration	
	17 February 2016	One conditions of registration placed with effect 17 February 2016 (see appendix 3 for details)	
Mountpottinger Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015	Notice of proposal to place conditions of registration relating to the quality of treatment.	Ongoing at 31 March 2016
	21 September 2015:	Notice of decision to place conditions of registration relating to the quality of treatment.	
	9 October 2015	Appeal lodged with Care Tribunal.	
MPA Home Care, Domiciliary Care Agency Londonderry (Mrs Mary Pat O'Kane)	12 August 2015	One notice of failure to comply with regulations issued, relating to quality monitoring.	11 November 2015

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Northcott Dental Practice, Glengormley(R McMitchell Dental World Ltd)	5 January 2016	NOP to refuse an application for registration	25 January 2016
	25 January 2016	Compliance achieved and notice of proposal withdrawn.	
Potens Domiciliary Care Agency, Derrygonnelly (Mr Neill Wadge)	1 May 2015	One notice of failure to comply with regulations issued, relating to service user finances.	20 July 2015
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.	10 June 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.	28 April 2015
Ross Lodge/Ross House Residential Care Home, Dervock (Mr and Mrs McKinney)	7 May 2015	Two notices of failure to comply with regulations issued, relating to service users finances.	10 August 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 29 May 2015	Notice of proposal to cancel registration of registered manager Notice of decision to cancel registration of registered manager	1 July 2015 Registration of registered manager cancelled
The Skin Clinic, Belfast (Mrs Grace Anne-Marie O’Kane)	7 August 2015	Notice of proposal to refuse application for registration. Compliance achieved and notice of proposal withdrawn.	16 September 2015
Support Care Recruitment Ltd DCA, Belfast (Ms Irene Mtisi)	14 May 2015	One notice of failure to comply with regulations issued, relating to staff recruitment	17 June 2015

Enforcement at Children’s Residential Care Services

During the year RQIA took enforcement action against nine children’s residential homes – seven operated by health and social care trusts, and two by a voluntary organisation.

- In May 2015, two services operated by a voluntary organisation each received one notice of failure to comply with regulations in relation to care and supervision. Compliance was achieved in August 2015.
- In May 2015, a Belfast Trust service received one notice of failure to comply with regulations for breaching its statement of purpose. Compliance was achieved in July 2015.
- In July 2015, a South Eastern Trust service received three notice of failure to comply with regulations, two relating to care and supervision and one with regard to notifications to RQIA. Compliance was achieved in October 2015.

- In August 2015, a Western Trust service received two notices of failure to comply with regulations for breaching its statement of purpose and accommodating a child for periods that exceeded the permitted durations. Compliance was not achieved within the timescales set by RQIA. As a result, in December 2015, RQIA issued a notice of proposal to place two conditions of registration on the service – to cease admissions and to ensure a comprehensive needs assessment and behavioural support plan was in place in preparation for the child’s move from the home. A notice of decision was issued in January 2016, and compliance was achieved in February 2016 before the notice took effect.
- In October 2015, the same Western Trust home was issued with a further two notices of failure to comply with regulations in relation to care and supervision, and notifications to RQIA. Compliance was achieved in November 2015.
- In September 2015, another Western Trust home was issued with three notices of failure to comply with regulations in relation to a breach of its statement of purpose, care and supervision, and the welfare of children. Compliance was achieved in October 2015.
- In November 2015, a South Eastern Trust service received two notices of failure to comply with regulations in relation to the welfare of children and staffing issues. Compliance was achieved in November 2015.
- In March 2016, a regional secure unit operated by the South Eastern Trust was issued with two notices of failure to comply with regulations in relation to control and restraint, and care and supervision issues. This action was ongoing at 31 March 2016

Appendix 3: Conditions of Registration as a result of Enforcement Action, 2015-16

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Ballynahinch Dental Care (Dr Clare McGowan)	<p>One condition was placed on the registration of Dr Clare McGowan, Ballynahinch Dental Care</p> <p>1. Conditions placed by the General Dental Council on the registration of Dr Clare McGowan must be adhered to.</p>	4 December 2015	Condition lifted in respect of this service on 21 March 2016: Practice sold, Dr McGowan no longer registered person of Ballynahinch Dental Care.
Colinvale Nursing Home, Belfast (Raymond Murphy)	<p>Three conditions were placed on the registration of Colinvale Nursing Home</p> <p>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.</p> <p>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</p> <p>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.</p>	23 September 2014	Compliance achieved and conditions lifted on 16 February 2016

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
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 2016</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>
E McCann Dental Practice, Omagh (Mr E McCann)	<p>One condition was placed on the registration of Mr Eamonn McCann, E McCann Dental Practice, Omagh</p> <p>1. Conditions placed by the General Dental Council on the registration of Mr Eamonn McCann must be adhered to.</p>	17 February 2016	Ongoing at 31 March 2016
McCann and Haran Dental Clinic, Omagh (Mr E McCann, Mr M Haran)	<p>One condition was placed on the registration of Mr Eamonn McCann, McCann and Haran Dental Clinic, Omagh</p> <p>1. Conditions placed by the General Dental Council on the registration of Mr Eamonn McCann must be adhered to.</p>	17 February 2016	Ongoing at 31 March 2016

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	Compliance achieved and conditions lifted on 1 April 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	Compliance achieved and conditions lifted on 1 April 2015

Appendix 4: Prosecution of Unregistered Services

In Northern Ireland, beauty clinics providing services using certain classes of laser or intense pulsed light (IPL) treatments are required to register with RQIA. During 2015-16, RQIA commenced the prosecution of 12 unregistered services to ensure compliance with legislation and for the protection of those availing of these services.

- Allure House of Beauty, Lurgan
- Antrim Beauty Clinic, Antrim
- Ashburn Image, Eglinton
- Radiance Day and Beauty Spa, Belfast
- Hylagen – Londonderry Natural Touch, Londonderry
- Hylagen, Newry
- Indulgence by Susan, Lisburn
- Lasertech Tattoo Removal, Coleraine
- Maysoon Beauty Clinic, Newtownabbey
- Papilio Beauty Clinic and Day Spa, Armagh
- Ravin Beauty, Newtownabbey
- Rosemary Cottage , Omagh

Appendix 5: GAIN Clinical Audits and Guidelines, 2015-16

- Appropriate Use of Anti D Immunoglobulin in Pregnant Mothers
- Audit of Discharge of Children on Long-term Ventilation
- Audit on Record Keeping in the Acute Hospital Setting
- Audit of Neonatal Enteral and Parenteral Nutrition in Northern Ireland
- Audit to Determine the Adherence to Regional Guidelines for the Treatment of Urinary Tract Infections
- Dying, Death and Bereavement: A Re-audit of HSC Trust's Progress to Meet Recommendations to Improve Policies, Procedures and Practices When Death Occurs
- Every Child Counts – Regional Audit of the Child Health Promotion Programme – Health Visiting and School Nursing Service
- GAIN Investigation and Management of the Adult Patient with Anaemia
- GAIN Northern Ireland Trauma Audit
- Monitoring Care for Female Breast Cancer Patients in Northern Ireland Diagnosed in 2012
- Platelet Transfusion in Northern Ireland
- Regional Audit of Assessments for Admission under the Mental Health (Northern Ireland) Order 1986
- Regional Audit to Identify Baselines for the Learning Disability Service Framework, Coordinated by the Health Social Care Board
- GAIN Guidance on the Management of Iron Deficiency Anaemia for Endoscopy Professionals
- GAIN Guidance on the Management of Iron Deficiency Anaemia for Primary Care Professionals
- GAIN Guidance on the Management of Iron Deficiency Anaemia Prior to Surgery
- Guideline for Admission to Midwife-led Units in Northern Ireland and Northern Ireland Normal Labour and Birth Care Pathway
- Guidelines for the Management of Chronic Kidney Disease
- Guidelines for Caring for an Infant, Child, or Young Person who Requires Enteral Feeding

Appendix 6: RQIA Board Members' Profiles (as at 31 March 2016)

Dr Alan Lennon, OBE, was appointed as Chairman of RQIA on 30 June 2014 for a four-year term. He is also chair of RQIA's appointments and remuneration committee. Dr Lennon 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.

Mrs 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 chair of Waringstown Community Development Association.

Mrs Sarah Havlin was appointed to RQIA's Board in December 2011 for a four-year term. She is a member of RQIA's appointments and remuneration committee and the appointment panel for Part 2 and Part 4 doctors. Sarah is a solicitor by profession, and is currently the Northern Ireland Certification Officer for Trade Unions and Employers' Associations. She is also a member of the Parades Commission and a non-executive director of the Agri-Food and Biosciences Institute.

Dr John Jenkins, CBE, was appointed to RQIA's board in May 2013 for a four-year term. He is a member of RQIA's appointments and remuneration committee and the appointment panel for Part 2 and Part 4 doctors.. He is an honorary senior lecturer in child health at Queen's University Belfast, and was a consultant paediatrician.

Mr Seamus Magee, OBE, was appointed to RQIA's board in April 2014 for a four-year term. He is a member of RQIA's audit committee. Prior to his retirement, Seamus was head of the Electoral Commission in Northern Ireland. He is a Charity Commissioner for Northern Ireland and serves on the board of the Victims and Survivors Service. 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 member of the board of governors at Assumption Grammar, Ballynahinch.

Professor Mary McColgan, OBE, 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 Ulster University.

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

Mr Daniel McLarnon was appointed to RQIA's board in April 2013 for a four-year term. He is a member of RQIA's appointment panel for Part 2 and Part 4 doctors. Prior to his retirement, Daniel acquired significant experience in strategic management and planning at director and board level.

Dr Norman Morrow, OBE, was appointed to RQIA's board in May 2014 for a four-year term. Prior to his retirement, he was Chief Pharmaceutical Officer for Northern Ireland. He is a member of the panel of Independent Assessors for the Commissioner for Public Appointments in Northern Ireland and continues to be active professionally in a consultative capacity.

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

Miss 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, and prior to her retirement, she was director of head and skeletal services at the Belfast Health and Social Care Trust. She also a member of the Industrial Court to the Department for Employment and Learning, and the Agricultural Wages Board of the Department Agriculture and Rural Development.

Mr Denis Power was appointed to RQIA's board in December 2011, and reappointed for a further four years in December 2015. Denis is chair of RQIA's audit committee and a member of the appointment panel for Part 2 and Part 4 doctors. 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.

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

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