



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



# ANNUAL REPORT & ACCOUNTS 2016-17

Year Ended 31 March 2017

Assurance, Challenge  
and Improvement in  
Health and Social Care



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**The Regulation and Quality Improvement Authority**

**Annual Report and Accounts**

**for the Year Ended 31 March 2017**

Laid before the Northern Ireland Assembly under Article 3 (2) and Schedule 1, paragraph 12 (5) of The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 by the Department of Health on 27 July 2017.

## RQIA Annual Report and Accounts for the Year Ended 31 March 2017

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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.

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## Foreword

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent regulator of health and social care services. Our ongoing work programme aims to provide assurance about the safety, quality and availability of these services through: our planned programme of announced and unannounced inspections at regulated services, mental health and learning disability wards, hospitals, and places of detention across Northern Ireland; and our reviews of both health and social care services and independent establishments and agencies.

In all our work we are committed to supporting and driving quality improvements for those in receipt of health and social care services. In each inspection and review report we highlight examples of good practice and identify areas for improvement.

Over the past year, we conducted almost 3,000 inspections at around 1,500 facilities, and completed eight reviews of services across Northern Ireland's five health and social care trusts. As an organisation committed to transparency, we publish reports of the findings from all our activities on our website, [www.rqia.org.uk](http://www.rqia.org.uk).

We value the involvement of the public, who can bring a fresh perspective to our inspections and reviews. During the year we recruited additional lay assessors to support us in our activities, and we will increase their engagement in the years ahead.

During the year we upgraded our website, responding to feedback from stakeholders to improve access to this information for both the public and for providers of these services. Our new website now provides easy access to inspection reports, enforcement action and guidance for the public and for providers from a range of devices including personal computers, tablets and smart phones.

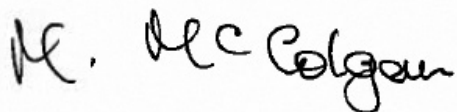
In March 2017, RQIA's Board approved a new Corporate Strategy for the period 2017-2021, developed in consultation with stakeholders, and responding to the Northern Ireland Executive's Draft Programme for Government Framework 2016-21.

Whilst operating in a context of financial constraints and health and social care reform and restructuring, our strategy also takes account of the findings of Systems, Not Structures - Changing Health and Social Care (the Bengoa Report, 2016) and the Health Minister's ten year vision, set out in Health and Wellbeing 2026: Delivering Together (Department of Health (DoH), 2016).

We believe that our new strategy will support the achievement of our strategic themes over the next four years: to encourage quality improvement in health and social care services; to use sources of information effectively; to engage and involve service users; and to deliver operational excellence.

RQIA's ability to deliver on its challenging objectives and increasing responsibilities is dependent on the commitment and dedication of its workforce and the oversight of the Board. I pay tribute to the skills, professionalism and commitment of our staff, led by Chief Executive, Olive Macleod, in meeting RQIA's business objectives.

This Annual Report and Accounts provides an overview of RQIA's work from 1 April 2016 to 31 March 2017, and highlights our key achievements during this time. On behalf of RQIA's Board, I am pleased to present this report to you.



**Professor Mary McColgan OBE  
Acting Chair**

6 July 2017





# SECTION ONE

## PERFORMANCE REPORT



# OVERVIEW

## Statement from the 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 2016 to 31 March 2017.

I took up the position of RQIA Chief Executive on 1 July 2016. Prior to my appointment, Glenn Houston was Chief Executive until his retirement on 4 May 2016, and Dr David Stewart was Acting Chief Executive from 5 May 2016 to 30 June 2016. I thank my predecessors for their contribution to the work of RQIA.

2016-17 was the second year of RQIA's Corporate Strategy 2015-18. To take forward the goals and objectives of the Strategy, a comprehensive Annual Business Plan was developed for 2016-17.

This Annual Report sets out RQIA's performance for the period 1 April 2016 to 31 March 2017. During this time, RQIA's key achievements include:

- RQIA met its statutory requirements in line with The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 and associated amendments by conducting the minimum number of inspections in each registration category. We conducted over 2,800 inspections, which included almost 900 additional inspections to gather additional information or to respond to intelligence/concerns about a service.

- Publication of nine reviews.
- RQIA programme of acute hospital inspections, with teams including RQIA inspectors, lay reviewers and peer reviewers, embedded in our activities
- 92 % of the 24 business plan actions assessed as complete, with two actions to be addressed through 2017-18 business plan.
- Breakeven budget position in relation to income and expenditure.

During 2016-17, RQIA took enforcement action in relation to breaches in regulation at registered health and social care services on 47 occasions. This included action at private dental practices on 22 occasions – 12 of which related to six practices operated by a single provider who was deregistered by RQIA in February 2017; nine nursing homes; two adult residential care homes; eight children's residential care services were subject to enforcement action on ten occasions. In addition, two domiciliary care services, a day care setting and an independent health care service were also subject to enforcement action.

The review programme included:

- Review of A Strategy for Maternity Care in Northern Ireland (2012-18) (March 2017)
- Review of the Regional Emergency Social Work Service (January 2017)
- Review of Governance Arrangements in HSC Organisations that Support Professional Regulation (January 2017)
- Review of Perinatal Mental Health Services in Northern Ireland (January 2017)
- Review of Adult Learning Disability Community Services - Phase II (October 2016)
- Review of the Operation of Health and Social Care Whistleblowing Arrangements, (September 2016)
- Review of Governance Arrangements Relating to General Practitioner Services in Northern Ireland (July 2016)
- Review of Quality Improvement Systems and Processes (June 2016)
- Review of HSC Trusts' Readiness to comply with an Allied Health Professions Professional Assurance Framework (June 2016)

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 55 mental health wards and electroconvulsive therapy services, and in conjunction with other regulators, we conducted three prison inspections.



**Olive Macleod**  
**Chief Executive**

6 July 2017

## Purpose and Activities of the Regulation and Quality Improvement Authority

RQIA is the independent health and social care regulator for Northern Ireland, and through independent, proportionate and responsible regulation, we aim to assure public confidence in health and social care services.

RQIA 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.

Through our 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 (see figure 1).

### Figure 1: How we assess services

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



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) Act (Northern Ireland) 2009).

Under The Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010, RQIA inspects services providing radiological procedures including x-rays and radiotherapy.

These regulations and RQIA's associated inspections aim to protect service users from inappropriate or unnecessary exposure to ionising radiation.

RQIA is a 'prescribed person' to whom a disclosure of information may be made under The Public Interest Disclosure (Northern Ireland) Order 1998. It is this legislation that provides protection to people who wish to make disclosures 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.

RQIA conducts a number of ongoing hospital inspection programmes, which aim to drive improvements for all those using these services. These are: acute hospital inspections, which examine the quality of care and leadership within specific wards or clinical areas; and infection prevention/hygiene inspections at a range of health and social care facilities, primarily hospitals.

The findings from these inspections are published, highlighting both areas of good practice and issues of concern.

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. Allied to this, RQIA is also one of four organisations in Northern Ireland designated as a national preventive mechanism (or NPM) by the government of the United Kingdom 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 use Northern Ireland's health and social care services and we use this information to inform our assessments of the quality of these services.

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

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

RQIA's Corporate Risk Assurance Framework identifies potential risks to the achievement of our organisational objectives and describes key controls through which these risks are managed and details the assurance on their effectiveness.

This framework provides RQIA's Board with confidence that the systems, policies and people are operating effectively, are subject to appropriate scrutiny and demonstrates that the Board is informed about key organisational risks.

Throughout the year, RQIA's Corporate Risk Assurance Framework was regularly reviewed and scrutinised by RQIA's Board, Audit Committee and Executive Management Team. At 31 March 2017 there were seven identified areas of risk:

- There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its legislative functions and providing the required level of assurances.
- There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models.
- There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners and lack of recurrent funding to support the additional work.
- There is a risk that 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 and Disability Discrimination Order and Health and Safety - may impact on the continuity and quality of the service delivered by RQIA.

- There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, this may impact the delivery of core functions and the ability to take on new areas of work.
- There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and or emotional harm.
- There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DOH.

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](http://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.

The outlook for 2017-18 is increasingly constrained, particularly in respect of resource funding. In a statement to the House of Commons on 24 April 2017 the Secretary of State for Northern Ireland outlined an indicative Budget position for NI departments.

This position was based on the advice of the Head of the NI Civil Service (NICS) in conjunction with the NICS Board.

The purpose of this statement was to provide clarity to departments as to the basis for departmental allocations in the absence of an Executive, so that Permanent Secretaries can plan and prepare to take more detailed decisions in that light. The departmental allocations set out by the Secretary of State provide the basis on which departments are now planning for 2017-18. However, the Secretary of State was clear that the indicative budget position did not constrain the ability of an incoming Executive to adjust its priorities during the year. He also advised that some £42 million Resource DEL and £7 million Capital DEL was left unallocated in order to maintain flexibility for a new Executive to allocate resources to meet further priorities as they deem appropriate. Therefore, while there is the potential for an incoming Executive to adjust these plans and also to allocate the unallocated resources, individual departments cannot anticipate any additional funding at this stage until such decisions are made.

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 2017-18.

## Performance Overview

This annual report comes at the end of the second year of RQIA's Corporate Strategy 2015-18, which identifies seven strategic themes (see figure 2).

**Figure 2: RQIA's Strategic Themes 2015-18**



During 2016-17, RQIA reported corporate performance to the RQIA Board through quarterly performance reports to monitor progress against each of the actions and supporting measures as set out in RQIA's Business Plan 2016-17.

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

**Table 1: Progress against RQIA’s Strategic Themes**

<b>STRATEGIC THEME 1: DELIVER OPERATIONAL EXCELLENCE</b>	
<b>Action: Plan, implement and evaluate a programme of quality improvement initiatives focused on the core functions of registration and inspection</b>	
<b>Measures</b>	<b>Performance</b>
Evaluation of year 2 actions of the Regulation and Nursing Improvement Plan successfully implemented and monitored through the Corporate Performance Report	Eight improvement work-streams were initiated in 2016-17 and all were successfully delivered.
Attainment of satisfactory assurance through the internal audit of inspection systems and processes	RQIA Internal Audit of inspections was completed and attained satisfactory assurance in March 2017
Number of inspections above the statutory minimum undertaken to respond to concerns	In 2016-17, a total of 1,805 inspections were completed above the statutory minimum.
Reviews progress on planned activity for the year	In 2016-17 nine reviews were published.
Healthcare Inspections progress on planned inspection activity for the year	A total of 31 scheduled inspections have been delivered in 2016-17.
GAIN Programme progress on milestones	By the end of 2016-17, 25 milestones were successfully achieved.
MHLD progress on planned inspection activity for the year	In 2016-17 MHLD completed a total of 67 inspections.
Number of inspections undertaken in regulated services as per the statutory requirement	In 2016-17, 1,428 (100%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.



## STRATEGIC THEME 1: DELIVER OPERATIONAL EXCELLENCE

**Action:** Assess the impact of RQIA review activities in driving quality improvement in HSC Services

Measures	Performance
Take forward the lessons learnt from the agreed approach with DOH to monitoring progress on the implementation of recommendations from RQIA reviews	<p>A regional short life working group led by DoH, with representation from RQIA, HSC Trusts, HSC Board and PHA was established to develop a mechanism to advise DoH on progress against RQIA review report recommendations. A standardised template was includes a report on whether an individual recommendation is: Complete, with date of completion; On target to be completed, with date of planned completion; Not on target to be completed, with reason;•Not achievable /no longer appropriate, with reason</p> <p>The working group agreed to report on all RQIA review recommendations made since March 2014. Positive feedback has been received on the benefits of the new reporting system, with organisations adopting the system to inform their own top management groups.</p>

## STRATEGIC THEME 2: DEVELOP AND EXECUTE NEW CAPABILITIES

**Action:** Engage with DOH and other stakeholders, as and when required, to review the legislative framework and standards for regulation of health and social care in Northern Ireland

Measures	Performance
The Draft Mental Capacity legislation developed	RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on the Code of Practice and associated regulations. The DoH plans to roll out a comprehensive training package and awareness raising campaign once the Code of Practice and necessary regulations have been agreed prior to the Act commencing.
The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)	The review of Fees and Frequencies of Inspections regulations (2005) is complete and it is expected that the new regulations will be issued in 2017-18.

STRATEGIC THEME 2: DEVELOP AND EXECUTE NEW CAPABILITIES	
<b>Action: RQIA/GAIN deliver additional DOH commissioned projects in relation to learning from Serious Adverse Incidents</b>	
Measures	Performance
Project milestones delivered on target	GAIN completed a project focusing on learning from serious adverse incidents (SAIs) arising from suicide, homicide and serious self-harm. Work on identifying learning from SAIs continued, due for completion in 2017-18
<b>Action: Contribute to the development of the new Mental Capacity legislation and associated codes of practice and devise a plan for its implementation</b>	
Measures	Performance
Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions	RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on the Code of Practice and associated regulations. DoH plan to roll out a comprehensive training package and awareness raising training once the Code of Practice and necessary regulations have been agreed and prior to the Act commencing.

STRATEGIC THEME 3: USE RESOURCES EFFECTIVELY	
<b>Action: Work closely with BSO to deliver a range of outsourced corporate services functions</b>	
Measures	Performance
Progress in outsourcing the following corporate functions: <ul style="list-style-type: none"> <li>• Health and Safety</li> <li>• Premises Management</li> <li>• Information Governance</li> <li>• Finance</li> <li>• Administration of Income</li> <li>• ICT</li> <li>• Organisational Development</li> <li>• Equality/DDO service</li> </ul>	By the end of 2016-17 the corporate functions had transferred to BSO Shared Services.

### STRATEGIC THEME 3: USE RESOURCES EFFECTIVELY

**Action:** Produce an agreed budget and savings plan based on a 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2016-17

Measures	Performance
Deliver savings and achieve an end-of-year break-even position on income and expenditure	Based on the financial position at the end of March 2017, the projected end-of-year position is break-even with an estimated underspend of £7K. RQIA was allocated revised VES ring-fenced funding, which resulted in eight staff (7.13 WTEs) being offered VES, with projected annual savings of £226,000.

**Action:** Fulfil RQIA's statutory obligation as a designated authority to whom whistle-blowers can make a protected disclosure

Measures	Performance
The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures	During 2016-17, RQIA was contacted on 160 occasions by people making whistleblowing disclosures. The majority of disclosures related to staffing levels, while other issues raised included medication issues, training and employment issues.
Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing	As part of a region-wide review of whistleblowing arrangement and following RQIA's review of other HSC organisations, DoH commissioned Public Concern at Work to review whistleblowing arrangements in RQIA, NIGALA and NIFRS. The fieldwork for this review was carried out in March 2017 and RQIA awaits the outcome of this review in 2017-18.

<b>STRATEGIC THEME 4: CONTINUOUSLY IMPROVE KEY SYSTEMS AND PROCESSES</b>	
<b>Action: Make appropriate use of information and Intelligence from external sources to support inspection and review processes</b>	
<b>Measures</b>	<b>Performance</b>
Evaluation of the pilot of the use of information from the Data Warehouse Project in RQIA's nursing and residential care home teams, and implementation of next steps	An extract of one month's Emergency Department ((ED))data from the Data Warehouse was made available to RQIA. This was matched to RQIA's data on registered nursing homes. A high level analysis of this information was carried out and a 12 month data extract is being requested. This will allow a further more detailed analysis to be undertaken of admissions to ED from nursing homes. A statistician from DoH was seconded to RQIA to undertake a review of its information and analysis. An action plan will be developed to take forward the recommendations from this review in 2017-18.
Implementation of the recommendations from the Information Sources Project	Following agreement by the Project Board, an Information Event to examine potential sources of external information took place, with presentations from NI Neighbourhood Information Service, DoH Information Analysis Directorate, the BSO Data Warehouse, confidential inquiries and other data sources at the PHA, attended by 31 RQIA staff. A post event survey measured the event as successful.
<b>Action: Commence roll out of iConnect web portal</b>	
<b>Measures</b>	<b>Performance</b>
Progress in implementing the web portal roll out plan	The iConnect web portal went live in Quarter 2 2016-17 and has been rolled out to 99.5% of services regulated and inspected by the Regulation and MHL D Directorates.
Number of providers registered with and using the web portal system	By the end of 2016-17, 1,506 services have been registered to use the web portal, with 918 (61%) of those services having logged on.

## STRATEGIC THEME 4: CONTINUOUSLY IMPROVE KEY SYSTEMS AND PROCESSES

**Action:** Initiate a project to develop and implement an integrated MHLD information system to replace the existing legacy systems

Measures	Performance
Progress in implementing the MHLD information system project plan	The strategic outline case for a MHLD Information System is complete. An outline business case (OBC) was developed and approved by the Project Board and was submitted to DoH for approval. The specification was approved by the Project Board in March 2017. It is anticipated that the new system will be implemented in Quarter 1 2018-19, however, this is dependent the timescale for approval of the OBC by DoH.

**Action:** Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality Management System which will improve organisational performance

Measures	Performance
An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria and Action Plan in place to address the gaps identified in the diagnostic exercise	A Project Brief and Project Initiation Document (PID) were developed and approved in Quarter 4 2016-17. The ISO Project Board met for the first time in March 2017 to formally initiate the project. The ISO project Board will meet on a regular basis throughout 2017-18 to monitor and guide progress in implementing ISO9001:2015 within RQIA.

**STRATEGIC THEME 5: DEVELOP AND ENHANCE EFFECTIVE EXTERNAL RELATIONSHIPS**

**Action: Embed PPI into RQIA's core activities**

Measures	Performance
Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation	A total of 17 KPIs were agreed in response to PHA Personal and Public Involvement (PPI) Monitoring Feedback Report. By the end of 2016-17 all KPIs were reported to be on target.

**Action: Position RQIA as an effective, reputable independent regulator**

Measures	Performance
Annual survey of public opinion focusing on their knowledge of RQIA's role and function in support of RQIA's PPI obligations	During 2016-17, for the first time, RQIA participated in the annual Health Survey Northern Ireland, which included questions on public awareness of RQIA and its role.
Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI	Throughout 2016-17 RQIA responded to a number of consultations and joined as an active members of a range of HSC strategic groups including the Improvement Institute Steering Group.

**Action: Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (ALB)**

Measures	Performance
Revise and update existing memoranda of understanding and information sharing agreements with other statutory organisations and regulatory bodies	During 2016-17 a number of memoranda of understanding were instigated and signed off with a range of organisations including General Dental Council, Nursing and Midwifery Council and HSC Board.

## STRATEGIC THEME 6: FOCUS IMPROVEMENT ACTIVITIES ON OUTCOMES

**Action:** Evaluate and agree the future use of lay assessors and peer reviewers in the delivery of RQIA's inspection and reviews programme

Measures	Performance
Evaluation of the role and contribution of peer reviewers and lay assessors engaged in the RQIA inspection programme and take forward the areas for improvement	Findings from the evaluation of peer reviewers experience in the acute hospital inspection programme was collated via a feedback form and questionnaire. This is incorporated into a section in each report entitled Learning from Peer Reviewers. A feedback questionnaire is completed by all lay assessors, after each inspection, and learning is taken forward as part of the continual review of this programme. In the 2017-18 Business Plan RQIA has committed to increasing the number of inspections completed with lay assessor involvement by 20% year on year.
The number of inspections and reviews which have involved lay assessors and peer reviewers	48 inspections included lay assessor involvement. All reviews and hospital inspections included peer reviewers

**Action:** Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland

Measures	Performance
Evidence of engagement with the developing Improvement Networks for Northern Ireland	The Chief Executive has joined the Improvement Institute Steering Group, which met twice during Quarter 4. RQIA's Medical Director has joined the Working Group and attended its design workshop in February 2017. Meetings will continue throughout 2017-18.

**Action:** Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I.

Measures	Performance
RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public	RQIA has strengthened its quality report to better demonstrate the impact of RQIA's services and functions, through the Annual Quality Report 2015-16 sent to DoH for approval in Quarter 2 2016-17.

<b>STRATEGIC THEME 7: ACTIVELY LEAD CHANGE AND MANAGE RISK</b>	
<b>Action: Develop and produce a Corporate Strategy 2017-21</b>	
<b>Measures</b>	<b>Performance</b>
Production and approval of RQIA's Corporate Strategy 2017-21	The Corporate Strategy 2017-21 was developed and approved by RQIA's Board in Quarter 4 2016-17 and was subsequently approved by DoH.
<b>Action: Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM)</b>	
<b>Measures</b>	<b>Performance</b>
Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report	Eight quality improvement work streams were initiated in 2016-17 and progress is reported quarterly to RQIA's Board via the Corporate Performance Report.
Production of RQIA's Quality Report 2015/16	RQIA's Quality Report 2015-16 was approved by the RQIA Board and DoH in September. The report was published on 10 November marking World Quality Day.
<b>Action: Implement a robust Risk Management Strategy</b>	
<b>Measures</b>	<b>Performance</b>
Attainment of substantive compliance with the Risk Management Controls Assurance Standard	RQIA achieved substantive compliance (86%) in Risk Management in Quarter 4 2016-17.
Revised Risk Management Strategy approved by the Audit Committee and RQIA Board	The Risk Management Strategy 2016/17 was approved by the RQIA Board in Quarter 2.



## STRATEGIC THEME 7: ACTIVELY LEAD CHANGE AND MANAGE RISK

**Action:** Agree and deliver a risk based Internal Audit Plan

Measures	Performance
RQIA's Internal Audit Plan successfully delivered on target	By the end of 2016-17 five planned audits were completed by BSO Internal Audit along with an additional consultancy review of RQIA Governance and Board Effectiveness.
Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA	By the end of Quarter 4, 84% (16) recommendations were implemented, 11% (2) were on target for implementation and 5% (1) was behind schedule.

# PERFORMANCE ANALYSIS

## Regulation

### Regulation of Services

Under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its associated regulations, RQIA is responsible for the regulation (registration and inspection) of services in the following categories of health and social care services:

- 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

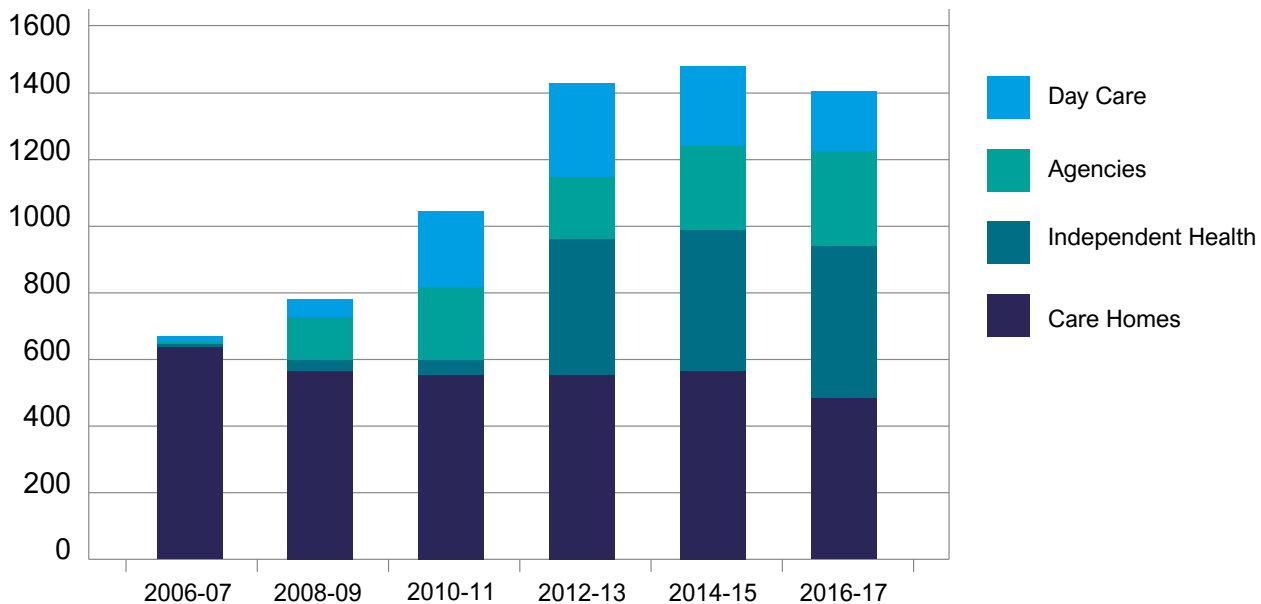
Young adult supported housing and school boarding departments are inspected by RQIA annually, however, they are not required to register with RQIA. At 31 March 2017, 1,428 services were registered with RQIA (see Table 2).

**Table 2: Number of Registered Services by Category of care and Maximum Number of Registered Places (where applicable) at 31 March 2017**

Type of Service	Number of Services	Number of Registered Places/ Chairs (where applicable)
Adult Placement Agencies	4	n/a
Children's Homes	45	300
Day Care Settings	167	6,834
Domiciliary Care Agencies	117	n/a
Domiciliary Care Agencies - SLU	176	n/a
Independent Clinics	6	n/a
Independent Hospitals	53	197
Independent Hospitals - Dental	373	1,152
Independent Medical Agencies	5	n/a
Nursing Agencies	32	n/a
Nursing Homes	251	11,740
Residential Care Homes	195	4,183
Residential Family Centres	1	15
Voluntary Adoption Agencies	3	n/a
<b>OVERALL TOTAL</b>	<b>1,428</b>	

Figure 3 (below) shows the increase in the number of services regulated by RQIA over the past 10 years.

**Figure 3: Number of Services Registered by RQIA 2006-07 – 2016-17**



During the year, RQIA processed 1,005 applications for changes to the registration of services. These included the registration of new services, manager registrations and variations to existing registrations.

### 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. All other regulated services are subject to at least one inspection per year, with the exception of voluntary adoption agencies - which are inspected once every three years.

The Better Regulation Commission’s principles of good regulation, and the Hampton Principles state that regulation should be: transparent; accountable; proportionate; consistent and targeted.

It is these principles that underpin RQIA’s approach to inspection.

We examine compliance with regulations and the minimum standards in the areas of care, estates, medicines management and safeguarding service users’ finances. During each inspection we ask four questions: is care safe?; is care effective?; is care compassionate?; and is the service well led? as we believe that the quality of leadership and management is crucial to the delivery of every aspect of the care at a service.

Our inspections are conducted by RQIA’s team of qualified and experienced nurses, social workers, pharmacists, estates and finance officers.

During 2016-17, 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). Additional inspections above the statutory minimum are conducted to respond to intelligence or concerns, or to gather additional information about a service.

During the year, RQIA conducted 2,810 inspections at 1,428 services subject to regulation (see Table 3).

In addition to these formal inspections, RQIA also conducted 54 financial assessments and 8 assessments of medicines management procedures.

**Table 3: Inspection Activity by Category of Service and Type of Inspection for the Period 1 April 2016 to 31 March 2017**

Category of Service	Care	Estates	Finance	Pharmacy	Total
Adult placement agency	4	-	-	-	4
Boarding school	6	-	-	-	6
Children's residential care home	94	15	-	23	132
Day care setting	179	74	-	-	253
Domiciliary care agency	133	-	-	5	138
Domiciliary care agency – supported living	181	-	1	4	186
Independent clinic	7	-	-	-	7
Independent hospital	67	29	-	-	96
Independent hospital - dental treatment	411	72	-	-	483
Independent medical agency	5	-	-	-	5
Nursing home	413	109	47	262	831
Nursing agency	25	-	-	-	25
Residential care home	398	100	17	105	620
Residential family centre	1	-	-	-	1
Young Adult Supported Accommodation	23	-	-	-	23
<b>Total</b>	<b>1,947</b>	<b>399</b>	<b>65</b>	<b>399</b>	<b>2,810</b>

While RQIA's inspections may be announced or unannounced, the majority are unannounced, with over 95% of care inspections at nursing homes and adult and children's residential care homes taking place without notice (see Table 4).

Notice of an inspection may be given where RQIA is following up on enforcement action or at services where patient appointments

may require to be rescheduled to facilitate an inspection.

Most estates inspections are announced as inspectors may need to engage with specialist non-care personnel during an inspection, for example, architects, fire safety and engineering staff. Conversely, 98% of medicines management inspections are unannounced.

**Table 4: Breakdown of Announced/Unannounced Inspection by Specialism (1 April 2016 - 31 March 2017)**

Specialism	Announced	Unannounced	Total	Announced %	Unannounced %
Care	578*	1,371	1,947	30%	70%
Estates	396	3	399	99%	1%
Finance	14	51	65	22%	78%
Pharmacy	8	391	399	2%	98%

\* Includes 471 inspections at dental surgeries and independent hospitals

During the year, the Department of Health led on a review of fees and frequency of inspections regulations. It is anticipated that the new regulations will be published during 2017-18, taking effect from 2018-19.

### Driving Quality Improvements for Service Users

RQIA's focus is to drive quality improvements for all those using these services. 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 inspection is appropriately focused and our regulatory activity proportionate.

RQIA's inspectors follow up on any issues identified in previous inspections, to consider what actions have been taken to address these matters, and determine further actions that may be required.

In order to gain a comprehensive insight into the quality of service being provided, during every inspection RQIA's inspectors engage with a wide range of people.

These include: staff members - management, front-line, and ancillary staff; people in receipt of care; friends and relatives; and visiting professionals - for example, medical staff,

social workers, allied health professionals, and HSC trust care teams.

During each inspection, we also focus on the quality of the management and leadership in the 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. Each 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 recommendations, based on the relevant care standards, and/or legislative requirements, which are linked to 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. RQIA publishes its inspection reports on its website at: [www.rqia.org.uk/inspections](http://www.rqia.org.uk/inspections), and should also be available on request at individual services.

### **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. The categories of incidents that are notifiable vary by service type, and may include: accidents, illness, injury, misconduct, police incidents and death.

During 2016-17, around 19,200 statutory incident notifications were received by RQIA. 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. The information contained in these notifications also contributes to our regulatory intelligence in relation to each service.

Where necessary, our follow-up actions may involve regulatory action that may include inspection, enforcement, or requests for further information from the service. Depending on the nature of the issue, investigations led by a local health and social care trust or the Police Service for Northern Ireland may be conducted in line with: Adult Safeguarding Policy Prevention and Protection in Partnership, July 2015 (Department of Health, Social Services and Public Safety (DHSSPS) (DoH from May 2016) and Department of Justice) or the Co-operating to Safeguard Children and Young People in Northern Ireland, March 2016 (DHSSPS).

### **Enforcement Action in Regulated Services**

Through our regulatory activities, RQIA is committed to ensuring that every regulated service complies with service-specific regulations and care standards.

Where a registered provider is operating a service in breach of regulations or fails to meet the required care standards, 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 such intervention by RQIA aims to be proportionate to the identified and assessed risk.

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

- recommendations, based on care standards, and/or requirements, linked to regulations, detailed in inspection reports, quality improvement plans
- an improvement notice - where a service is failing to meet published Department of Health 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 failure to register when a person carries on or manages an unregistered establishment or agency under the 2003 Order.

### Services Subject to Formal Enforcement Action

During 2016-17, RQIA took enforcement action in relation to breaches in regulation at registered health and social care services on 47 occasions. Table 5 (below) provides a breakdown of these actions.

**Table 5: Escalated Enforcement Action during 2016-17**

Category of Service	Number of occasions enforcement action taken	Number of services in receipt of enforcement action
Private dental practices	22	16
Children's residential care	10	8
Day care setting	1	1
Domiciliary care agencies	2	2
Independent health care	1	1
Nursing homes	9	9
Residential care homes	2	2
<b>Total</b>	<b>47</b>	<b>39</b>

These actions included: issuing notices of failure to comply with regulations and notices to place conditions on registration or to refuse or cancel registration.

The nature of concerns varied by service type. For example, much of the enforcement at dental services related to the absence of AccessNI checks for staff; whilst in adult and children's care homes issues included staffing, care and record keeping. Details of all enforcement action are provided at Appendix 1. Services subject to conditions of registration as a result of enforcement are listed at Appendix 2.

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 the year appeals to the Care Tribunal by two providers (in respect of five private dental services operated by Dental World Limited, and Foreglen Community Association



Day Care Service) were withdrawn by the provider prior to the Care Tribunal hearings. In each case the condition(s) of registration were placed on the services.

## 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 2016-17, RQIA prosecuted five unregistered services to ensure compliance with legislation and for the protection of those availing of these services. These services received fines ranging from £200 to £800 plus costs. Details of these services are provided at Appendix 3.

## Service User Engagement in Domiciliary Care

RQIA employs a user consultation officer, who works alongside the domiciliary care agency team inspectors to obtain the views of those in receipt of domiciliary care.

During the year, over 700 interviews were carried out with those receiving domiciliary care in their own home, or their next of kin, by the user consultation officer or the inspector for the service.



This formed part of the primary inspection for each of the 117 conventional domiciliary care agencies in Northern Ireland. Interviews were carried out with service users or their representatives, by telephone or, with the permission of the service user, in their own home.

The aim of the interviews was to discuss the standard of service provided by the domiciliary care agency, and to review a sample of the agency's records documenting care delivery. While the majority of service users and their representatives reported a high level of satisfaction with their care, a number of areas for concern were identified:

- care plans containing out of date information
- care plans absent from the file
- log sheets not appropriately completed
- staffing issues including timekeeping, short calls, or missed calls

Where concerns were highlighted, in each case, these were forwarded to the service's registered manager to be addressed; noted in the inspection report; and, where applicable, included in the quality improvement plan within the inspection report.

During the inspection year, the user consultation officer also worked alongside the inspectors of the adult placement agencies to increase the quality of feedback from service users, relatives and carers. While no areas of concern were raised during the interviews, the user consultation officer's participation in the inspections considered beneficial for the providers, service users and their families, as well as RQIA.

It is expected that the user consultation officer will continue to be involved in these inspections in future.

### **Consultation on a Revised Inspection Policy for Regulated Services**

In March 2016, RQIA held a public consultation on proposals to improve its approach to inspection. The proposals included: consideration of the quality of leadership within services, in addition to an assessment of whether care in these services is safe, effective and compassionate; and the implementation of an assessment framework for inspection.

At the conclusion of the consultation process, we received a clear endorsement for inspecting against the domain of is the service well led.

Whilst there was a level of support for the introduction of an assessment framework, RQIA considered there was not sufficient consensus for adopting this approach. To take this forward, RQIA's Board approved the establishment of an Inspection Assessment Framework Project, which commenced in November 2016, chaired by RQIA's Chief Executive, with membership including: a lay assessor; representatives from Queens University and DoH; and RQIA board members and directors.

The project aims to define an inspection assessment framework, working in partnership with QUB, to assess the evidence for the effectiveness of such a framework, prior to determining the feasibility and benefits of introducing this across all inspection areas in RQIA.

## 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, there are 56 mental health and learning disability inpatient wards in hospitals across Northern Ireland and six electroconvulsive therapy suites. During the year, RQIA conducted 55 inspections of these services. This included unannounced inspections that were part of our planned programme and also those in response to concerns identified through intelligence including whistleblowing allegations and complaints.

RQIA has adopted a standardised approach to inspection, with consideration of: is care safe?; is care effective?; is care compassionate?; and is the service well led? In each inspection we highlighted areas of good practice and, where necessary, identified areas for improvement. RQIA's inspection reports for these services are published at [www.rqia.org.uk/inspections](http://www.rqia.org.uk/inspections), along with 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 the year our inspectors met with patients, subject to detention under the Mental Health (NI) Order 1986 and also patients admitted on a voluntary basis, to gain their views on the care they are receiving.

During the course of our inspections, RQIA's Mental Health and Learning Disability team engaged with 340 members of staff, 276 patients and 53 relatives to gain their views on the services under inspection.

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 health and social care trusts. During the year we examined almost 11,000 forms and found an error rate of just under 4%.

Most errors related to incomplete or incorrect information. As a result of our intervention, the detention of seven 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 refuse the treatment prescribed to them or do not have the capacity to consent to treatment after a three month period.

In delivering this responsibility, RQIA appoints consultant psychiatrists with experience of psychiatry in a variety of clinical settings, and working with detained patients as second opinion appointed doctors (SOADs). SOADs provide a second opinion on whether the recommended approach to treatment is appropriate. They also assess whether the views and rights of the patient have been considered, thus providing additional safeguards to consent to treatment. During the year, 312 second opinions were sought in relation to the administration of psychotropic medicine, and 61 to electro convulsive therapy (ECT).

RQIA monitors all serious adverse incidents (SAIs) relating to patients who are known to mental health and learning disability services. During the year RQIA received reports relating to 143 SAI investigations.

RQIA continued to review and monitor the implementation of recommendations within SAI reports relevant to wards in the mental health and learning disability hospitals. Where there were concerns relating to the ill treatment, or deficiencies in care or treatment, these were followed up to ensure appropriate learning from these incidents.

### **Engagement with Mental Health and Learning Disability Service Providers**

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 July 2016, around 60 members of staff and management from mental health and learning disability wards attended a workshop, focusing on the introduction of RQIA's new approach to inspection of these services. This approach had been piloted in inspections during 2015-16, with inspectors focusing on indicators and evidence of safe, effective and compassionate care, and the quality of leadership within the service.

In February 2017, RQIA and the Royal College of Psychiatrists held a joint annual workshop, Improving Quality and Safety – Together, attended by some 90 Part II and Part IV medical practitioners.

At the event, learning was shared from: studies on suicide in Northern Ireland; RQIA's review of perinatal mental health services; approaches to the reduction of restrictive interventions and seclusion; and feedback on the consultation



RQIA and the Royal College of Psychiatrists held a joint annual workshop, Improving Quality and Safety – Together

of the Mental Capacity Act 2016 Code of Practice. Speakers included academics, a consultant perinatal psychiatrist and the National Clinical Director for Mental Health NHS England.

### **Human Rights**

In all RQIA's inspection and review activities there is a clear focus on positive outcomes for service users and are underpinned by human rights principles. Using these principles and standards, in our reports RQIA highlights the link between the quality practice, patient experience and outcomes.

Under the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), RQIA has been designated as a national preventive mechanism (NPM). This international convention aims to strengthen protections for people deprived of their liberty. As part of our 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, and prisons under these responsibilities.

The UK NPM Steering Group met three times during the year to discuss priorities, actions and plans by members. A UK wide detention mapping exercise was completed. RQIA contributed to the NPM Annual Report in respect of its delivery of OPCAT responsibilities. Guidance was drawn up on the use of isolation and disseminated to all NPM members for implementation.

RQIA has also contributed to three working groups involved in reviewing transitions and pathways between mental health services / criminal justice and secure care settings.

## Hospital Inspections

During the year, RQIA's healthcare team conducted 27 unannounced inspections at hospitals in Northern Ireland, examining practice in 44 clinical areas. The table below details the types of inspection we conducted.

**Table 6: RQIA Hospital Inspections 2016-17**

Inspection Type	Number of Inspections	Number of Clinical Areas
Unannounced: Infection Prevention and Hygiene	16	25
Unannounced: Re-audit - Infection Prevention and Hygiene	1	2
Unannounced: Augmented Care	5	5
Unannounced: Acute Hospital Inspection Programme	5	12
<b>Total</b>	<b>27</b>	<b>44</b>

### RQIA's Programme of Acute Hospital Inspections


In 2015, RQIA launched a significant addition to our work through a new programme of unannounced inspections at every acute hospital in Northern Ireland. During 2016-17 reports of the first phase of inspections at the five largest acute hospitals across Northern Ireland were published.

These were Antrim Area, Royal Victoria, Ulster, Craigavon Area and Altnagelvin Area hospitals.

At each hospital we inspected a number of clinical areas, where we assessed:

- Is care safe?
- Is care effective?
- Is care compassionate?
- The quality of leadership and management.

To provide assurance to the public, in each report we identify what is working well, and where improvements are needed, with a focus on improving 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.

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. The following key themes emerged from these inspections:

**Staffing** – ensuring appropriate nurse staffing levels is currently a challenge. In areas where nurse staffing levels are low morale among staff is low and this has a knock-on effect on service delivery. Appropriate access to allied health professionals improves patient flow and facilitates timely discharge of patients. Wards in which there is a dedicated pharmacist benefit from true integrated medicines management, a key aspect of safety for patients receiving acute care.

**Communication** - for nursing staff well-structured safety briefings and handovers are essential. Suitably timed ward rounds with input from both medical and nursing staff are important, as are regular meetings involving the entire multidisciplinary team. Where these systems are currently in place, they need to be actively supported and strengthened to ensure they underpin strong multi-disciplinary team working.

**Patient care** – ward-based systems are in place to treat patients who have developed, or are at increased risk of developing, blood clots (thrombo emboli), blood stream infections (sepsis) or areas of broken skin (pressure ulcers). Staff awareness and training in relation to safeguarding is good, as is awareness and understanding of end of life care. While national early warning scores (NEWS) are calculated, evidence is not always available to demonstrate the actions taken when an elevated NEWS score is recorded for a patient.

**Infection prevention** - staff are aware of trust policies relating to hand hygiene, appropriate dress code/uniform, use of personal protective equipment (PPE) and aseptic non-touch technique (ANTT). These policies are generally well implemented, there is evidence of regular audit of hand hygiene practice. Constant vigilance and continuing staff support is required to ensure that appropriate systems for prevention and control of infection are maintained.

**Nutrition** – the concept of protected mealtimes is not adhered to consistently in all areas. Where a senior nurse is not in charge mealtimes are haphazard, staff may not be aware of specific patient requirements, calorific intake may not be recorded and patients may not be encouraged to maintain their fluid intake.

**Environment** – the patients' environment is generally good, there is evidence of regular audit of environmental cleanliness. However in most cases a full assessment of the environment to provide care to patients with dementia has not been undertaken, so the appropriate adaptations have not yet been made.

Patient and relative feedback – during phase one of our acute hospital inspection programme, patients reported they were happy with their care, some pointed to challenges for nursing staff during very busy periods. Patients were content that staff introduced themselves, provided an explanation of care, and respected privacy and dignity. Relatives agreed that care was good; some reported they did not know or were not told who to approach to obtain information regarding their relative.

### Infection Prevention and Hygiene Inspection Programme

RQIA continued its programme of infection prevention/hygiene inspections which focused attention on practice in areas crucial to the prevention of health care associated infections. We audit compliance against regional

healthcare hygiene and cleanliness standards, with scores categorised as follows: Compliant: over 85%; Partial Compliance: 76-84%; Minimal Compliance: 75% or lower.

During 2016-17, RQIA noted, and welcomed, a significant increase in overall compliance levels across wards and clinical areas inspected during unannounced infection prevention, hygiene and cleanliness hospital inspections (see Table 7).

Each inspection report is published on RQIA's website, and includes a quality improvement action plan, detailing the actions being taken by the service provider in response to concerns raised by RQIA. We monitor progress through further inspection activity.

**Table 7: Overall Compliance Levels for Unannounced Infection Prevention/ Hygiene Inspections, 2012-17\***

Overall Compliance	2012-13 (%)	2013-14 (%)	2014-15 (%)	2015-16 (%)	2016-17 (%)
Compliant	73	88	91	85	100
Partial Compliance	27	12	7	10	0
Minimal Compliance	0	0	2	5	0

\* Excludes the augmented care and hospital inspection programme inspections, which were inspected against a range of separate standards

During 2016-17, the proportion of areas assessed as minimally compliant with specific regional healthcare hygiene and cleanliness standards had decreased on the previous year. Table 8 highlights the compliance levels achieved with regional standards during inspection.

**Table 8: Compliance with Individual Regional Healthcare Hygiene and Cleanliness Standards\*, 2016-17**

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	25	2	-
Patient Linen**	25	1	-
Sharps	25	2	-
Waste	26	1	-
Patient Equipment	26	-	1
Hygiene Facilities	27	-	-
Hygiene Practices	27	-	-
<b>Total</b>	<b>181</b>	<b>6</b>	<b>1</b>

\* Excludes the augmented care and hospital inspection programme inspections, which were inspected against a range of separate standards \*\*Whiteabbey Hospital, Outpatient Department - Patient Linen not applicable on this occasion

### Ionising Radiation (Medical Exposure) Regulations

Under the Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 (IR(ME)R), RQIA conducts a programme of inspections of services performing x-rays and other radiological procedures.

These include nuclear medicine, radiotherapy and diagnostic imaging services. During the year, RQIA conducted three IR(ME)R inspections, with support from Public Health England (PHE) (see Table 9). All RQIA's IR(ME)R inspection reports are published on RQIA's website at [www.rqia.org.uk](http://www.rqia.org.uk).

**Table 9: IR(ME)R Inspections 2016-17**

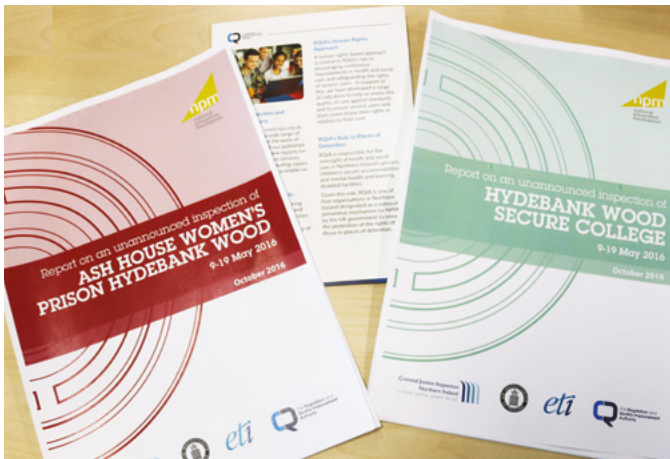
Facility	Date
Altnagelvin Area Hospital Nuclear Medicine	14 April 2016
Portadown Health Centre Diagnostic Imaging	26 April 2016
Altnagelvin Cancer Centre Radiotherapy	8-9 March 2017

In addition, we inspected radiotherapy services at Belfast City Hospital as part of a palliative pathway review. In conjunction with PHE we also commenced survey work in the areas of diagnostic imaging and nuclear medicine to inform our future inspection programme.

## 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.

RQIA's prison inspections are conducted on a joint basis with a multidisciplinary team from RQIA, Criminal Justice Inspection Northern Ireland (CJI), Her Majesty's Inspectorate of Prisons (HMIP) and Education and Training Inspectorate (ETI).



### Hydebank Wood Prison for Young Men and Ash House Women's Prison

The findings of the independent, unannounced inspections of Hydebank Wood Secure College for young men, and Ash House, Northern Ireland's women's prison conducted in May 2016 were published in October 2016.

The inspection team from RQIA, CJI, HMIP and ETI was encouraged by the performance at the prisons and commended the Northern Ireland Prison Service for delivering significant improvements in outcomes for the prisoners held in these facilities.

Inspectors commended improvements in engagement and relationships between staff and prisoners since the last inspection and for assistance in the process of rehabilitation. However, work to tackle mental health issues and drug and alcohol dependency needed to be improved.

Within Ash House many of the women reported experiencing mental health issues, high levels of self-harming behaviour and backgrounds of domestic violence, drug and alcohol abuse.

The inspection team was concerned that, given the problems with the female prison population and the high level of young men reporting mental health issues, mental health provision requires improvement. In some cases, a prisoner's needs would be best met within a mental health or hospital setting, rather than within the Hydebank Wood site.

Over half of the young men we spoke to in Hydebank Wood Secure College reported having mental health difficulties, and around double the number of young men indicated they had drug or alcohol dependency issues compared to England and Wales.

In both prisons we were also told about the availability of illicit drugs which, when combined with prisoners presenting with challenging behaviour, was resulting in bullying and intimidation. The inspectors considered that work to address the availability of drugs continued to be underdeveloped, and required prioritisation alongside violence reduction work in both prisons, to ensure those in the prisons are kept safe and that the ongoing improvement work was not undermined.

The team also recommended that a more strategic, multi-disciplinary approach to substance misuse dependency is needed. This strategy should be informed by a needs assessment of the population and result in an



action plan that ensures those dependent on drugs and alcohol in both prisons have prompt access to specialist support, including those that address links to offending behaviour.

## Maghaberry Prison

In September 2016, a three-day inspection was conducted at Maghaberry Prison which followed up on significant concerns identified in a highly critical inspection in 2015. The inspection aimed to check the momentum and progress against the nine inspection recommendations made in 2015 had been maintained.

Inspectors were encouraged by ongoing efforts to address the serious concerns identified in 2015 around safety, stability and leadership.

However, issues remain around support for vulnerable prisoners and the availability and use of drugs, with inspectors noting no significant progress in addressing the concerns raised in 2015 and repeated in early 2016, around the abuse of drugs at Maghaberry.

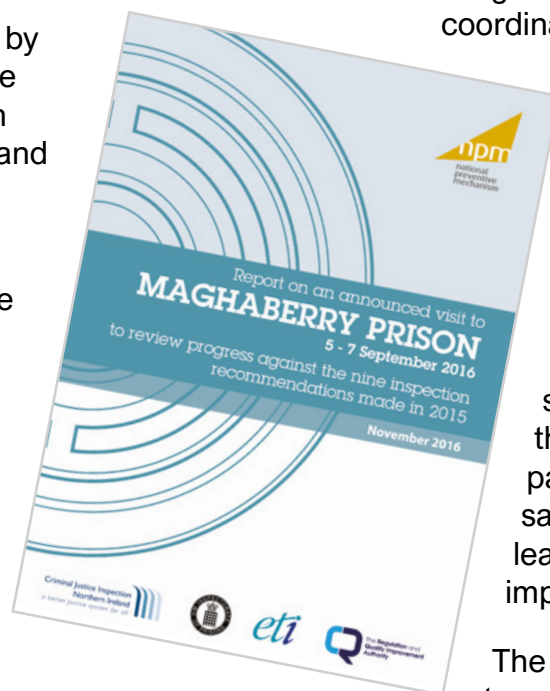
Inspectors found that while mental health support and assistance provided to new prisoners has improved since January 2016, there was still no overall safer joint custody strategy in place to comprehensively address safety issues, for those who were vulnerable. Inspectors considered this a serious omission which was impeding work in tackling vulnerability.

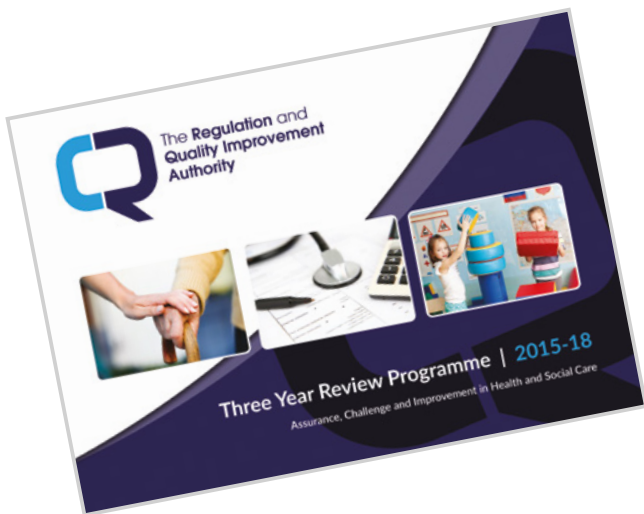
They also found that prison management were not monitoring the prison's death in custody action plan in a sufficient manner, to ensure responses to Prisoner Ombudsman recommendations were embedded within operational practice at Maghaberry, to support prisoners deemed to be vulnerable to suicide or self-harm.

The high level of prescription drug availability and use by prisoners remains a significant concern, especially given the volume of divertible medication held by prisoners themselves, which can result in vulnerable prisoners being bullied by others to hand over their medication. There were also problems in accessing addiction services and no coordinated, recovery-based approach to addressing the significant substance misuse issues which exist within the prison population.

While the inspection team welcomed the progress made and the momentum to deliver change at Maghaberry since 2015, it emphasised that significant risks remain, particularly around prisoner safety, which required strong leadership, focused on delivering improvement.

The inspection team is committed to continuing to work with the prison management, and the South Eastern Health and Social Care Trust to oversee the implementation of the nine inspection recommendations from 2015. Further inspections will take place in 2017-18 to review the prison's performance.





## RQIA Review Activity

RQIA's Three Year Review Programme 2015-18, programme incorporates reviews 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 Department of Health.

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.

During 2016-17, RQIA published the findings of nine service and thematic reviews, which were part of our planned programmes.

In addition to the full review report, which is published on RQIA's website, [www.rqia.org.uk/reviews](http://www.rqia.org.uk/reviews), we also publish a short summary leaflet, highlighting the key findings of each review.

These summaries are available on RQIA's website, at the HSC Knowledge Exchange website, and are shared via social media, primarily Twitter.

## Review of Quality Improvement Systems and Processes in Health and Social Care

In June 2016, RQIA published the findings of a baseline review of the quality improvement systems and processes in place across 14 health and social care organisations. This review identified the systems and processes that each organisation had in place to manage quality improvement activities. The review team also sought the views of staff in relation to the effectiveness of current arrangements; the capacity for quality improvement; constraints to be overcome; and how the current systems and processes could be enhanced.



The review identified steps that should be considered by all HSC organisations in taking forward the quality improvement agenda. These focused on:

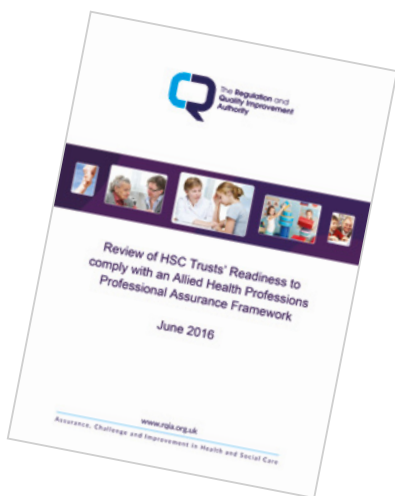
- Improving collaboration between organisations, by: defining and agreeing a regional mechanism that can support activities of HSC organisations and coordinate the sharing of learning; and prioritising the regional alignment of quality improvement training.

- Streamlining activities associated with quality improvement, by: simplifying the terminology being used and developing a toolkit of key methodologies; and coordinating activities to use existing resources more effectively.
- Increasing awareness and communication of quality improvement activities, by: further developing internal and regional communication; promoting and communicating success; and further engagement more with the media and the public.
- Providing more support for staff to undertake quality improvement activities.

### Review of HSC Trusts' Readiness to Comply with An Allied Health Professions Professional Assurance Framework

In June 2016, RQIA published the findings of its review which assessed the governance arrangements in the trusts in relation to allied health professions (AHPs), using the DHSSPS draft Professional Assurance Framework for AHPs.

This framework is designed to provide assurance that effective processes are in place within HSC trusts, to develop, support and monitor AHP workforce compliance, within agreed governance frameworks.



RQIA's review examined trusts' readiness to comply with the draft AHP Framework, which supports their ability to fulfil their professional roles.

The review also provided an opportunity for trusts to comment on the structure and content of the framework, prior to its publication. As part of this review, we also assessed the arrangements in place in HSC trusts to ensure that AHPs meet the requirements to maintain their professional regulation.

All HSC trusts supported the development of the AHP Framework and considered that in addition to supporting professional roles, it would also raise the profile of AHPs within the trusts.

While the majority of the AHP professions are covered by robust professional assurance arrangements, there is still much work to be done. Arrangements for regionally contracted AHPs such as orthotists, prosthetists, drama and music therapists will require to be reviewed to ensure they meet the requirements of the framework.

The review team considered that HSC trusts could share the burden of governance arrangements for these contracted services, with one trust taking the lead, standardising processes and avoiding duplication. Many examples of good practice were shared with the review team. However, the review team considers that more opportunities should be made available for AHPs to share these good practice initiatives and associated learning, both within trusts and regionally across all trusts.

The Professional Assurance Framework for AHPs could assist this process by inclusion of a section on sharing learning and best practice arising from emerging trends, audits, service improvements or quality improvement initiatives.

## Review of Governance Arrangements Relating to General Practitioner (GP) Services in Northern Ireland

In July 2016, RQIA published its review of governance arrangements and processes in place, to assure that services delivered by general practitioners (GPs) in Northern Ireland are safe, effective and compassionate.

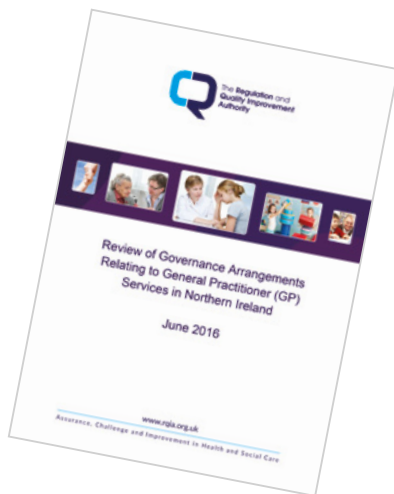
RQIA examined emerging issues in general practice that may impact on the safety and effectiveness of services, and sought the views and experiences of GPs to inform the review.

To support continued assurance in primary care medical services (general practitioners), the review team made nine recommendations for improvement.

These include: arrangements to coordinate and take forward quality improvement in primary care; streamlining processes for serious adverse incidents (SAIs) involving primary care; and ensuring an appropriate delivery plan for Transforming Your Care's shift of emphasis from secondary to primary care.

## Review of the Operation of Health and Social Care Whistleblowing Arrangements

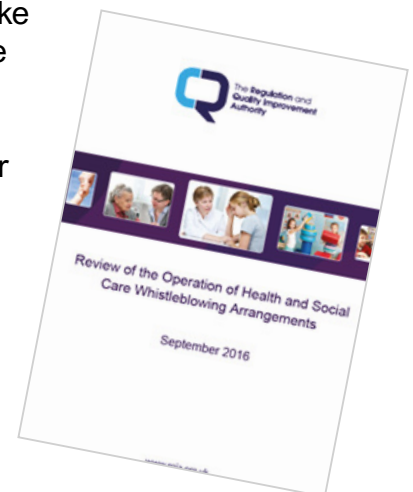
RQIA was commissioned to conduct a review of whistleblowing arrangements in HSC organisations in Northern Ireland, as part of a wider Department of Health review in response to Sir Liam Donaldson's Report.



RQIA's independent review team, which included representation from whistleblowing charity - Public Concern at Work (PCaW), examined whistleblowing arrangements in organisations across Northern Ireland. (A separate review, commenced in 2016-17, led by PCaW, of whistleblowing arrangements within RQIA, NI Guardian Ad Litem Agency and NI Fire and Rescue Service, is expected to conclude in 2017-18.)

During this review we found that there is often a negative view of whistleblowing. While many staff raise concerns, a significant minority do not, with some feeling that nothing will be done, and fear reprisal.

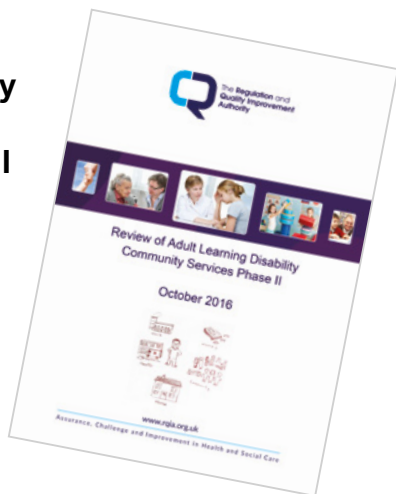
Employers must take steps to encourage workers to raise concerns about wrongdoing in their organisations. Responding to whistleblowing in a timely manner is key to supporting improvement in the quality of health and social care services, and providing assurance of patient safety.



RQIA's review report, published in September 2016, made 11 recommendations to improve whistleblowing arrangements within HSC organisations. Key recommendations include: the development of a model policy for raising concerns in HSC bodies; and piloting a confidential helpline to advise and support staff in raising concerns.

## Review of Adult Learning Disability Community Services - Phase II

The findings of RQIA's Review of Community Services for Adults with a Learning Disability - Phase II were published in October 2016.



This review assessed health and social care trusts performance against the Department of Health's Service Framework for Learning Disability.

Whilst the review team found staff were generally familiar with the content of the service framework, there was not a standardised approach to its implementation across the five health and social care trusts.

RQIA's review team found significant progress in the provision of services across Northern Ireland for adults with a learning disability since our previous review in 2013.

These included improvements in access to a wider range of day activities for adults with a learning disability; assessments by GPs of the health needs of adults with a learning disability; and the establishment of specialist teams within trusts to support carers in managing challenging behaviours.

However, the review team considered that further improvement is required in a number of areas, including: the provision of family support services; an increase in the uptake of carer's assessments and direct payments; the development of a single regional community based information system, as access to

clear, reliable information continues to be problematic; and provision of easy read materials for adults with a learning disability on trusts' websites.

This review made a series of recommendations which we believe will support improvements in the provision of services for every adult with a learning disability across Northern Ireland.

On publication, RQIA also presented the findings of this review to the Northern Ireland Assembly's All Party Group for Learning Disability at the Senate Chamber in Parliament Buildings.

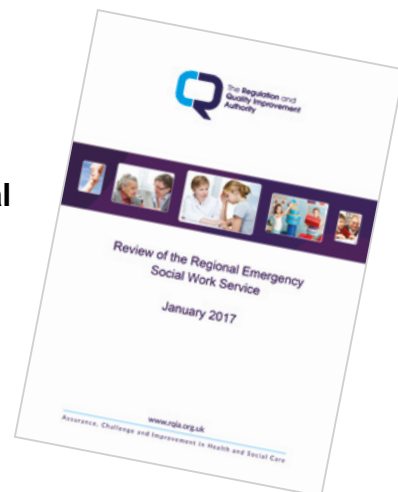
## Review of the Regional Emergency Social Work Service

In January 2017, RQIA published the findings of its Review of the Emergency Social Work Service in Northern Ireland, which considered whether the provision of emergency interventions of care is safe, effective and compassionate, and the service is well led.

The review team, which included expert representation from Care Inspectorate Scotland, also sought the views of key stakeholders in relation to the provision of this service.

While community social work services operate during office hours - five days a week, access to these services may be required 24 hours a day, seven days a week.

Since 2013, emergency social work



interventions have been provided by the Regional Emergency Social Work Service (RESWS), managed by the Belfast Health and Social Care Trust. Stakeholders reported significant improvements in accessing these services, since the establishment of RESWS.

RQIA's reviewers found that the emergency social work team was delivering a good service. However, we identified a number of significant challenges that must be addressed. These include: access to IT systems to allow social workers to obtain an individual's information to inform their assessment; a continuation of the programme of training for approved social workers; and the development of an appropriate protocol for staff safety.

Our review team also considered that there was a need for strengthened information exchange between the emergency team and daytime social work services; with GP out-of-hours services; the Housing Executive; and the police. We would also encourage further engagement with those who have used the service, to include their voices in its further development.

This report makes seven recommendations to support improvements in the Regional Emergency Social Work Service.

### **Review of Governance Arrangements in HSC Organisations that Support Professional Regulation**

In January 2017, RQIA published its review of governance arrangements in health and social care organisations (HSC Board; trusts; Public Health Agency; Northern Ireland Blood Transfusion Service) to support professional regulation by: General Dental Council (GDC); General Medical Council (GMC); Northern Ireland Social Care Council (NISCC); Nursing and Midwifery Council (NMC); and Pharmaceutical Society Northern Ireland.

The review examined the clinical and social care governance arrangements to consider if they were in keeping with the standards and guidelines set by HSC organisations and professional regulatory bodies, in order to provide assurances to the Northern Ireland public that all health professionals are registered and fit to practice.



RQIA found that the HSC organisations reviewed had robust governance arrangements in place, to ensure essential requirements for adherence to professional registration and regulation.

### **Review of Perinatal Mental Health Services in Northern Ireland**

In January 2017, following the publication of the findings of its Review of Perinatal Mental Health Services, RQIA called for the provision of specialist perinatal mental health services across Northern Ireland. The review examined the implementation of the Integrated Perinatal Mental Health Care Pathway, developed by the Public Health Agency in 2012.

RQIA's review team found that all HSC trusts had implemented and adapted this pathway, providing guidance to their staff on local arrangements for responding to women with mental health needs associated with pregnancy or the postnatal period.

While the Belfast HSC Trust provides a small scale specialist perinatal mental health service, there is no regional Mother and Baby Unit

inpatient provision in Northern Ireland, or indeed in the Republic of Ireland.

RQIA recommends that specialist perinatal mental health services - with psychological input - should be developed in each trust, and a single regional Mother and Baby Unit should be established. In the absence of such a unit, HSC trusts should provide facilities within general adult psychiatric inpatient units to meet the needs of a mother and her family.

During this review RQIA engaged with women from across Northern Ireland with mild, moderate and severe perinatal mental ill health, to hear first-hand about their care experiences. Many told us that they did not receive the right service, by the right professional, at the right time. Others highlighted that the significance of their symptoms and associated risks were not always recognised by their GP or other professionals.

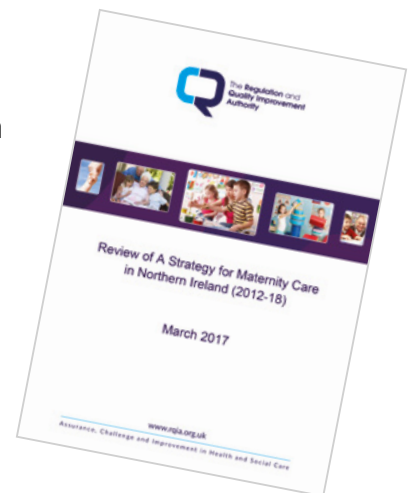


Dr Alan Lennon, RQIA Chairman, and RQIA Director Theresa Nixon with delegates at RQIA Perinatal Mental Health Review Summit Event

RQIA believes that the implementation of this report's recommendations can ensure the provision of services that address the needs of those with perinatal mental ill health.

## Review of A Strategy for Maternity Care in Northern Ireland 2012-18

The findings of RQIA's review of the Strategy for Maternity Care in Northern Ireland 2012-18, which assessed progress on its implementation and identified issues affecting its delivery, were published in March 2017. During the review, RQIA's expert team engaged with health and social care staff responsible for commissioning and delivering maternity services, the Public Health Agency and the Safety Forum. We also held focus groups to hear GP views on the implementation of this strategy.



While we found that significant work has been undertaken to progress the strategy, and there is good support for its implementation, further work is required to fully deliver its objectives.

The review team found a wide range of health initiatives has been developed within trusts to promote healthy lifestyles, and to support women before and during their pregnancy. However, the review team found a need for a more coordinated regional approach to pre-conceptual care for women.

While significant progress has been made in antenatal care and for safe labour and birth, there is a need for the establishment of midwifery-led care at every obstetric unit in Northern Ireland, in addition to the freestanding midwifery-led units in some hospitals.

The review team identified perinatal mental health as an ongoing challenge – and in RQIA's recently published review we recommended

the development of specialist perinatal mental health services in each HSC trust. The team also highlighted the need for a further focus on postnatal care during the remainder of the strategy implementation period.

We found committed leaders and evidence of multi-disciplinary working, but workforce issues have been highlighted that have the potential to impact significantly on maternity services across Northern Ireland.

Our review made 19 recommendations to support improvement in the implementation of the maternity strategy.

### Ongoing Review Activity

During the year, work continued on a number of reviews: It is anticipated that the findings of each of these reviews will be published during 2017-18

- Review of Specialist Renal Services in HSC Trusts
- Review of the Regional Plastic Surgery Service in Northern Ireland
- Review of General Paediatric Surgery in Northern Ireland
- Review of the Implementation of the Developing Eyecare Partnerships Strategy
- Review of the Use of Restraint and Seclusion
- Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) – Phase 2
- Review of Crisis Resolution and Home Treatment Services for Mental Health and Learning Disability across Northern Ireland

### Guidelines and Audit Implementation Network (GAIN)

Since the transfer of GAIN to RQIA in 2015, the team has continued promoting safety and quality in health and social care through clinical audits and the development of guidelines. 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 2016-17, GAIN published the results of audits relating to diabetic foot ulcer management and bone health in Duchenne muscular dystrophy.

Guidelines were also published: Guideline for the Prevention, Diagnosis and Management of Hyponatraemia in Labour and the Immediate Postpartum Period; and Guideline for Regional In-Utero Transfer of High Risk Women within Northern Ireland.

A further 13 audits and guidelines were completed, which will be published during 2017-18. Work commissioned by DoH on serious adverse incidents (SAIs) reporting and learning also continued during the year.



RQIA Chief Executive, Olive Macleod addresses delegates at the GAIN conference



In November 2016, GAIN held a conference, which focused on improving quality through audit and guidelines, was attended by around 100 delegates.

## Complaints and Whistleblowing

### Complaints about Health and Social Care Services

Under regional guidance for complaints published by the Department of Health in 2009 (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, DHSSPS), complaints about any health and social care service must, in the first instance be investigated by the provider of the service. 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 also 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](mailto:info.pcc@hscni.net). Where local resolution is unsuccessful, a complainant can refer their concerns to the Northern Ireland Public Service Ombudsman at freephone: 0800 343 424 or visit the Ombudsman's website at: <https://nipso.org.uk/nipso/>.

Under regional guidance RQIA does not investigate complaints and we direct complainants to raise their concerns in line with regional guidance. However, we take every concern brought to our attention very seriously.

We share the information received with our inspectors for the service, to determine whether there are any potential breaches of regulation or of standards and guidelines, or if any other issues that require the attention of RQIA.

Through our regulatory activities, RQIA also ensures that providers have an appropriate complaints and investigations procedure in place. Where a complaint relates to a service not subject to regulation, such as a hospital or a mental health facility, we seek an assurance from the relevant health and social care trust that it has taken appropriate steps to address the complaint. Where relevant, we may use the intelligence to inform our hospital inspection programme or the work of our mental health and learning disability team.

### Complaints about RQIA

RQIA's Policy and Procedure on the Management and Handling of Complaints is subject to regular review, to ensure it reflects learning from the management and investigation of previous complaints. In January 2017, RQIA's Board approved the updated policy and procedure.

During 2016-17, eight complaints or expressions of dissatisfaction were received, relating to the work of the RQIA and our staff. These were managed in line with RQIA's complaints policy and procedure, and each complaint was resolved at Stage 1 of our complaints procedure.

A further complaint, received in March 2016, which was not upheld at a Stage 1 investigation, and following a request for a Stage 2 review, was considered by a panel, who determined that no aspect of this complaint should be upheld.

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

## Whistleblowing

RQIA is a prescribed body under The Public Interest Disclosure (Northern Ireland) Order 1998. Anyone 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. This legislation provides protection to the person raising the concerns.

During 2016-17 RQIA was contacted on some 160 occasions by health and social care service staff who wished to raise concerns about the quality and safety of services being provided in their own workplace.

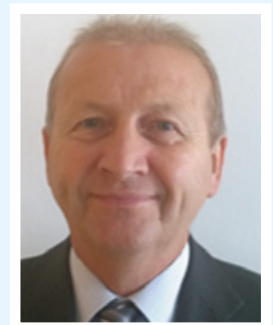
These included staff working in regulated services, and in services provided by health and social care trusts, in a range of settings. The main issues included: staffing levels, particularly at night, concerns about management, general care concerns and medication issues.

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. In some cases we found no evidence to substantiate the allegations, however, 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's Board Members as at 31 March 2017

RQIA has an independent board, chaired by Dr Alan Lennon, OBE. Each board member is appointed by the Health Minister for a four-year term, and may serve a maximum of two terms.



Dr Alan Lennon  
OBE (Chair)



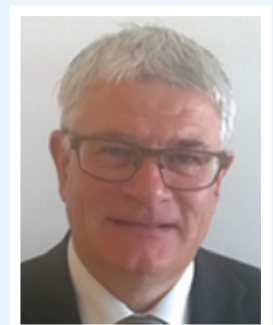
Mrs Stella Cunningham



Mrs Sarah Havlin



Dr John Jenkins CBE



Mr Seamus  
Magee OBE



## RQIA Executive Management Team

RQIA's five member executive management team is led by Olive Macleod, Chief Executive and Accounting Officer, who joined RQIA on 1 July 2016. Prior to her appointment, Glenn Houston was chief executive until his retirement on 4 May 2016, and Dr David Stewart was Acting Chief Executive from 5 May 2016 to 30 June 2016.

The Chief Executive is responsible to the Board, through the Chairman, for managing the organisation. Four directors manage the activities of their directorates (see Figure 4 below). Details of senior employees' remuneration are included within the remuneration report. RQIA does not make any payments in relation to staff benefits.



RQIA's Executive Management Team at 31 March 2017: Dr Lourda Geoghegan, Theresa Nixon; Olive Macleod, Kathy Fodey, and Maurice Atkinson



Prof Mary McColgan  
OBE



Mr Gerry McCurdy



Mr Daniel McLarnon



Dr Norman Morrow



Mr Robin Mullan



Miss Patricia  
O'Callaghan

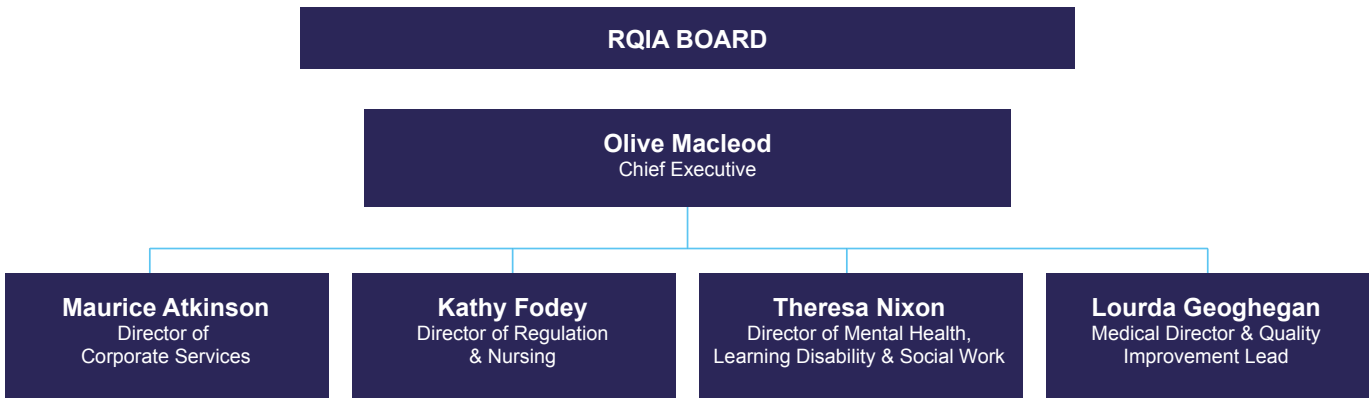


Mr Denis Power



Ms Lindsey Smith

Figure 4: Senior Management Structures as at 31 March 2017



**Staff**

RQIA has a staffing complement of 166 people (125.66 whole time equivalent), responsible for the effective delivery of our work programme and the achievement of our corporate objectives. RQIA’s Belfast office accommodates the majority of staff, while a small number of staff are based in a regional office in Omagh, Co Tyrone.

**Financial Summary**

RQIA has an annual budget of £8,306,628, which comprises £7,416,444 funding from DoH, and £890,184 fee income. During 2016-17 staffing costs were £6,497,890 and other operating expenses were £1,801,607. At year end there was an underspend of £7,131, resulting in a break even position (within £20,000 of RRL). Capital expenditure amounted to £74,958.

**Partnership Working**

RQIA has developed strong and effective partnerships with its peer organisations include health and social care systems regulators, inspectorates and professional regulatory bodies across the British Isles.



Speakers and delegates at RQIA’s Regulators Knowledge Exchange

Through this engagement we have an opportunity to share best practice in regulation and to benchmark our work with peer organisations.

In March 2017, RQIA hosted a knowledge exchange event with care regulators from across the United Kingdom and Republic of Ireland. These included: the Care Quality Commission (CQC); Care Inspectorate, Scotland; Care and Social Services Inspectorate Wales (CSSIW); and the Health Information and Quality Authority (HIQA).

The event provided an excellent opportunity to hear about best practice in regulation and to learn from the experience of other regulators. There was a mutual understanding of the challenges faced by inspectors who inspect at a point in time. Our shared aim is to drive improvement through compliance with regulations and standards. The importance of hearing the voice of service users was a recurring theme which all regulators valued.

At a local level, we continue to build on the positive relationships with our sponsor body – the Department of Health, and other health and social care organisations including the HSC Board, HSC trusts, the Public Health Agency, Northern Ireland Social Care Council and the Patient and Client Council. We participate in regular one-to-one liaison meetings to discuss areas of common interest and issues of concern.

RQIA also works with a wide range of stakeholders including: Criminal Justice Inspection Northern Ireland; Education and Training Inspectorate; Her Majesty's Inspectorate of Prisons: Northern Ireland; Commissioner for Children and Young People; the Commissioner for Older People for Northern Ireland; and The Prisoner Ombudsman for Northern Ireland.

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

To support cooperation in joint working and information sharing, RQIA updated existing memoranda of understanding and joint operating protocols with a number of bodies in health, safeguarding and education. We also developed new MOUs with a number of organisations, including: General Dental Council; Health and Social Care Board; NI Medical and Dental Training Agency; and the Nursing and Midwifery Council.

Issues affecting staff across RQIA were discussed with representatives from trade unions and representative bodies, including NIPSA, UNISON, Unite and the Royal College of Nursing (RCN), at the Joint Negotiating and Consultative Forum (JNCF), which meets twice a year.

## **Political Engagement**

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 Health Committee.

In partnership with the GMC, Pharmaceutical Society of Northern Ireland, NISCC, Patient and Client Council, and Northern Ireland Confederation for Health and Social Care, RQIA continued its attendance at the main political party conferences.

The conferences 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.

In September 2016, RQIA provided the Northern Ireland Assembly Health Committee with an overview of our work including the current issues facing RQIA, the impact of our work and our priorities moving into the future.



RQIA's Theresa Nixon, Director, Chief Executive Olive Macleod and Regulation Head of Programme Elaine Connolly address the NI Assembly Health Committee

In September 2016, RQIA participated in the fourth annual Regulators Parliamentary Reception at Parliament Buildings, Stormont, to raise politician's awareness of the roles of both health and social care systems and professional regulators. Those involved included RQIA, NISCC, the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the General Dental Council. The event was well attended by members of the Assembly's health committee, other members of the legislative assembly (MLAs) and their research staff, senior representatives from the Department of Health, the Northern Ireland Ombudsman and stakeholders from Royal Colleges, professional bodies and the higher education sector.

The reception 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.

In December 2016, we welcomed the Health Minister Michelle O'Neill to RQIA where she was provided with an overview of our current priorities and also had an opportunity to meet RQIA's frontline staff.



Health Minister, Michelle O'Neill chats with RQIA Director, Kathy Fodey, and inspector, Carmel McKeegan at RQIA's Duty desk, and discusses RQIA's priorities with Olive Macleod

## 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.

In 2016-17 RQIA used the five HSC PPI Standards – Leadership, Governance, Opportunities and Support for Involvement, Knowledge and Skills and Measuring Outcomes – to fully embed PPI across all of RQIA's activities.

During the year, we recruited 11 lay assessors to participate in inspection and review activities across the organisation, to bring a fresh perspective to our assessment of health and social care services.

RQIA's Corporate Strategy 2017-21, approved by the Board in March 2017, renewed our ongoing commitment to engaging and involving service users and stakeholders in our work.

## Communication

### Media Engagement

Throughout 2016-17, 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 each engagement with the media, RQIA provides open and comprehensive briefings to ensure that we clearly communicate the nature and complexity of our health and social care regulation activities, and also the extent of our legislative powers.

## RQIA Website

Since the launch of our previous website in 2007, there has been considerable change at RQIA.

At that time, under 700 services were registered and inspected by RQIA, however, the number of services has since doubled, with the regulation of a range of services including day care, domiciliary care and private dental care.

RQIA's reviews programme has also developed significantly since this time, and we also deliver the functions of the former Mental Health Commission and GAIN.

In the development of the new website, we sought the views of service providers and the public through asking for views on our current site and what they wanted from a new website.

The new site, which went live in August 2016, aims to address the limitations of the old site, which were highlighted in feedback from public perception surveys, a dedicated website questionnaire and focus groups.

The new site has a clearer layout and navigation features, and is also responsive to ensure that access via personal computers, tablets and mobile phones is optimised.



From the home page, visitors using personal computers, tablets or mobile phones have direct access to our latest news; around 6,500 inspection reports for adult regulated services, hospitals, mental health wards and prisons; details of enforcement action; guidance for service providers and the public; RQIA review reports; and guidance on complaints and whistleblowing.

The site is Browsealoud enabled to ensure it is fully accessible to those with sensory issues, dyslexia or low literacy, or English as a second language. This feature allows visitors to have pages simplified, magnified, speech enabled or translated into a range of languages

During 2016-17, [www.rqia.org.uk](http://www.rqia.org.uk) received around 130,000 visitors, with over half a million webpage views. Inspection reports received around 135,000 views during this period, while details of our enforcement action at adult regulated services were viewed on over 22,000 occasions.

### Social Media

During 2016-17, RQIA further increased its social media presence on Twitter, @RQIANews, to highlight our latest news; details of key activities, including the publication of review reports; guidance on where to source information about our work; and opportunities to participate in the work of RQIA. During the year, the number of followers of @RQIANews increased by 700, with 1,500 followers at 31 March 2017.



## Influencing Policy

### Development of Standards and Guidelines

During the year RQIA engaged with DoH on the review of standards for residential care homes. We also provided comment to the DOH review and consultation of the Fees and Frequency of Inspection Regulations 2005.

RQIA also engaged with DoH Mental Capacity Act (Northern Ireland) 2016 Implementation Reference Group, on the Act's draft code of practice and associated regulations, which going forward, will form part of the Act's implementation plan.

### Review Recommendations

Through its review work, RQIA continues to contribute to a wide range of improvement initiatives across the HSC in Northern Ireland by engaging, not only with those organisations subject to review, but also service users, staff working across the HSC, professional bodies, royal colleges, voluntary and community organisations.

RQIA's reviews are undertaken by teams which include experts from across the UK, and we present our reports to the Minister for Health for their endorsement.

Recommendations throughout the reports are far reaching and provide a means for facilitating improvement across Northern Ireland for those in receipt of these services. In addition, our recommendations also influence policy in a range of areas across health and social care.



## Responses to Consultations

During 2016-17, RQIA responded to a number of consultations, relevant to the work of RQIA:

- Consultation on the Safeguarding Board for Northern Ireland Regional Child Protection/ Safeguarding Policy and Procedures (SBNI)
- Expectations – Criteria For Assessing the Treatment of Prisoners and Conditions of Prisoners (HMIP)
- Improving health within criminal justice (DoH, Department of Justice)
- Consultation on proposed amendments to the Nursing and Midwifery Council (NMC) governing legislation to remove statutory midwifery supervision and improve the effectiveness and efficiency of its fitness to practise processes (DoH)
- Protect Life 2 – A Draft Strategy for Suicide Prevention in the North of Ireland (DoH)

## Corporate Activities

### Strategic Performance Management

RQIA's Corporate Strategy 2015-18 sets out our vision, core values and strategic objectives. It was supplemented by RQIA's Annual Business Plan 2016-17, 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 24 business actions and a range of supporting measures, linked to our strategic objectives and priorities.

The corporate performance report for the period 2016-17 reported the completion of 92% of actions by 31 March 2017. Two actions required exception reports, detailing how the outstanding actions were to be addressed.

During 2016-17, RQIA developed a new Corporate Strategy for the period 2017-2021. This strategy was developed in consultation with stakeholders, and to support the delivery of the Northern Ireland Executive's Draft Programme for Government Framework 2016-21. It also takes account of the vision set out by the Minister of Health in Health and Wellbeing 2026: Delivering Together (Department of Health, 2016), within the context of financial constraints and HSC reform. Following a period of public consultation, RQIA's Corporate Strategy 2017-21 was approved by RQIA's Board in March 2017.



Participants at RQIA Corporate Strategy Consultation Event, March 2017

This strategy details our vision and purpose, the strategic themes which drive improvement, the core activities we need to excel at, and the values we uphold to ensure our success. Its implementation will be supported by annual business plans, enabling RQIA to respond to new priorities and challenges that may arise over this period.

Four key themes are identified within this strategy:

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

In March 2017, RQIA's Board approved the Annual Business Plan 2017-18.

RQIA's Risk Management Strategy 2016-17 sets out our approach to ensuring the effective identification and management of risks to deliver RQIA's corporate objectives.

During the year, risks were monitored and managed by RQIA's Board through consideration of the Corporate Risk Assurance Framework Report.

## Business Continuity Planning

To ensure continuity of service in an unplanned emergency situation, RQIA has developed a business continuity plan which is tested 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 2016, 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.

## Freedom of Information and Data Protection

As a public body, RQIA is required to respond to requests for information under the Data Protection Act 1998 and the Freedom of Information Act 2000.

During 2016-17, RQIA received 57 requests under freedom of information, and 53 were responded to within 20 working days. Under the Data Protection Act, three subject access requests were also received. Two were responded to within 40 calendar days and one did not proceed, as the requestor did not provide proof of identity.

There were no personal data related incidents that were required to be reported to the Information Commissioner's Office.

## Annual Quality Report 2015-16

RQIA in partnership with other HSC organisations in Northern Ireland, published its Annual Quality Report in November 2016, on World Quality Day, which promotes awareness of quality around the world and encourages development and prosperity. This report highlighted RQIA's key achievements in quality improvement over the previous year.

## 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:

- a staff survey on sustainable development and transport to work
- a sustainability awareness day, with an emphasis on sustainability in the home as well as the office, in partnership with Sustrans, Translink and Aramark
- participation in the Active Belfast Challenge in conjunction with Public Health Agency, Belfast HSC Trust, Business Services Organisation, Belfast City Council and Sustrans
- Internal waste audit



Exhibitors at RQIA's Health Fair in January 2017

We also arranged: a Health Fair, in partnership with Specsavers, Men's Shed, Scentsy, Cancer Focus NI, Diabetes UK, Royal National Institute for the Blind, Alzheimer's Society NI, Belfast City Council Leisure Department, Sustrans sustainable transport, PHA – Healthy Eating, Cruse Bereavement, Blood Transfusion Service, and an eating disorders charity.

We also organised blood donation sessions in partnership with the Northern Ireland Blood Transfusion Service.

Both events were open to employees of all organisations accommodated in offices at Riverside Tower, Belfast.

**Olive Macleod**  
**Chief Executive**

6 July 2017





# SECTION TWO

## 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 DoH from 1 April 2005 as part of DoH'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 30 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 Chief Executive has specific financial responsibilities and duties for which she is accountable to the DoH Permanent Secretary in his 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. Dr David Stewart was Acting Chief Executive from 5 May 2016 to 30 June 2016. Olive Macleod was appointed as Chief Executive on 1 July 2016 and is designated as the Accounting Officer and has responsibility for the Annual Report and Accounts for the financial year to 31 March 2017.

## The Board of 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 four year term and can serve a maximum of two terms.

The following table lists members of the Board during 2016-17:

Board Member	Current	Appointment Date	Term
Dr Alan Lennon OBE (Chair)	Y	30 June 2014	1st
Mrs Sarah Havlin	Y	19 December 2011	2nd
Mr Denis Power	Y	19 December 2011	2nd
Ms Lindsey Smith	Y	19 December 2011	2nd
Prof Mary McColgan OBE	Y	22 April 2013	1st
Mr Daniel McLarnon	Y	22 April 2013	1st
Miss Patricia O'Callaghan	Y	22 April 2013	1st
Dr John Jenkins CBE	Y	6 May 2013	1st
Mrs Stella Cunningham	Y	21 April 2014	1st
Mr Seamus Magee OBE	Y	21 April 2014	1st
Dr Norman Morrow	Y	1 May 2014	1st
Mr Robin Mullan	Y	1 May 2014	1st
Mr Gerry McCurdy	Y	14 July 2014	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 2016/17 is detailed below.

### Audit Committee

Committee Member	Current	Membership Held
Mr Denis Power (Chair)	Y	1 April 2016 – 31 March 2017
Miss Patricia O’Callaghan	Y	1 April 2016 – 31 March 2017
Ms Lindsey Smith	Y	1 April 2016 – 31 March 2017
Mr Seamus Magee OBE	Y	1 April 2016 – 31 March 2017
Mr Gerry McCurdy	Y	1 April 2016 – 31 March 2017
Mr Robin Mullan	Y	1 April 2016 – 31 March 2017

### Appointments and Remuneration Committee

Committee Member	Current	Membership Held
Dr Alan Lennon OBE (Chair)	Y	1 April 2016 – 31 March 2017
Mrs Sarah Havlin	Y	1 April 2016 – 31 March 2017
Dr John Jenkins CBE	Y	1 April 2016 – 31 March 2017

### 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 DoH; 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 DoH
- informing DoH 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 DoH
- receiving and reviewing regular financial information and informs DoH 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 DoH 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  
9<sup>th</sup> Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

## Personal Data Related Incidents

In 2016/17 there were no personal data related 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 1.19 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 2016/17 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.

## 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 95.7% of invoices within this target during 2016-17. RQIA's accounts payable finance function is provided by BSO Shared Services Centre. 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 2016-17 RQIA paid 82.1% 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 2016-17, 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.



**Olive Macleod**  
Chief Executive

**Date: 6 July 2017**

## **i. Governance Report**

### **b. Statement of Accounting Officer Responsibilities**

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

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

- Observe the Accounts Direction issued by the Department of Health, including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that 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 Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Olive Macleod 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 Chief Executive of RQIA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's strategic priorities, statutory obligations and business objectives, whilst safeguarding the public funds and assets for which I am responsible, in accordance with the responsibilities assigned to me by the Department of Health (DoH).

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

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

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

RQIA is Northern Ireland's independent regulator of health and social care services. Our ongoing work programme aims to provide assurance about the safety, quality and availability of these services through: our planned programme of announced and unannounced inspections of regulated services, mental health and learning disability wards, hospitals, and places of detention across Northern Ireland; and our reviews of both health and social care services and independent establishments and agencies. In carrying out its role RQIA has developed strong and effective partnerships with other health and social care systems regulators, inspectorates, professional regulatory bodies, arm's length bodies, trusts and HSCB.

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

RQIA applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements. RQIA does this by undertaking continuous assessment of its compliance with corporate governance best practice by the RQIA Board's assessment against the Board Governance Self-Assessment Tool and by ensuring that it has proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

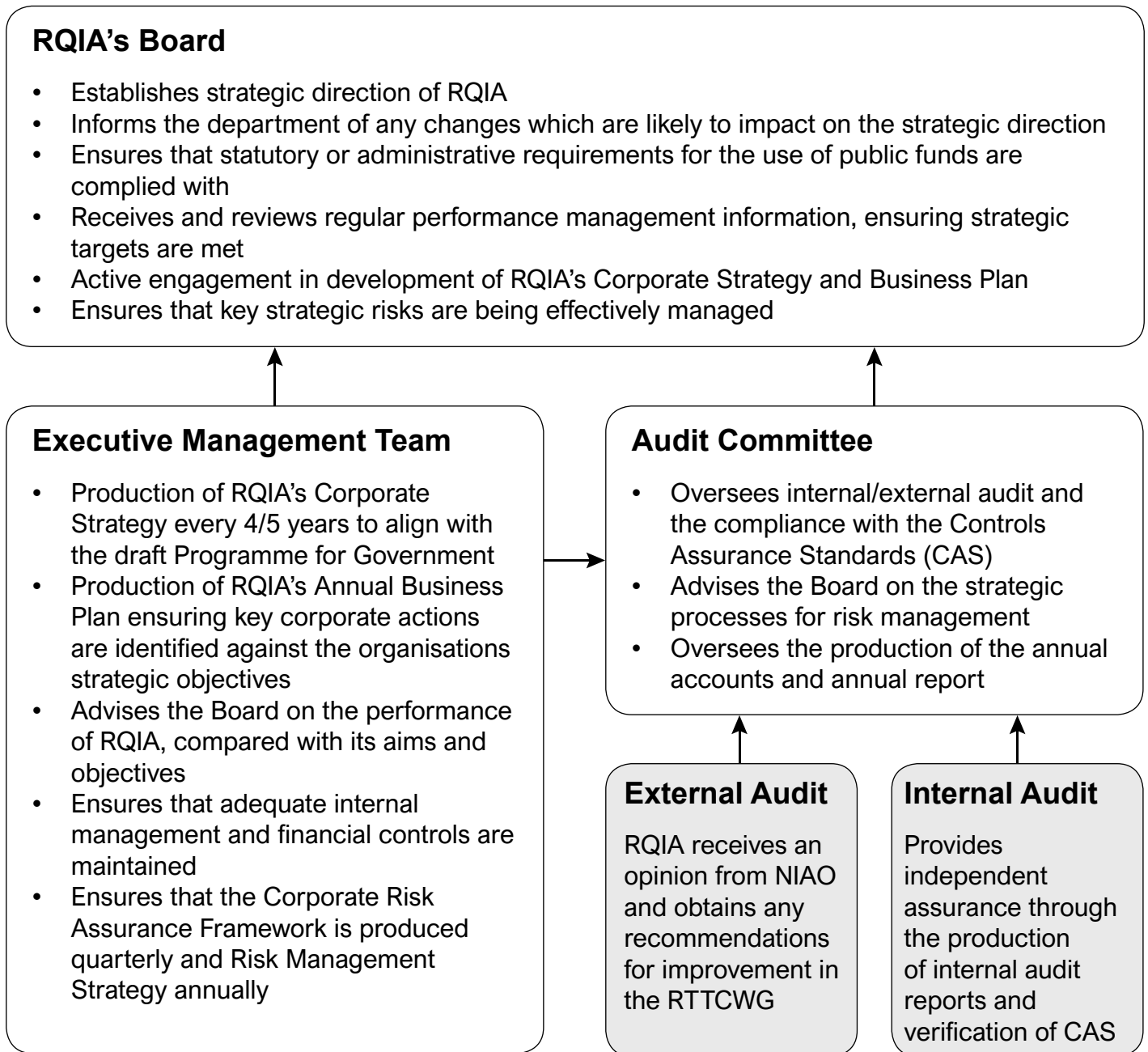
The Board of RQIA exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

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

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

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

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



During 2016-17, 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 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's independent board is ultimately responsible for all that RQIA does. In order for RQIA to discharge its responsibilities appropriately and effectively, day-to-day and operational management is delegated to the Chief Executive.

A number of matters, however, remain reserved to the Board. These are:

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

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

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

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

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

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

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

A total of seven Board meetings were held during 2016-17 with an average of 85% of Board Members in attendance. In addition, two Board workshops took place in 2016-17, addressing strategic issues facing the organisation. The Board met on 9 June 2016 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.





<b>Attendance at 2016/17 Board Meetings and Workshops</b>		
	<b>Board Meetings (Total 7)</b>	<b>Board Workshops (Total 2)</b>
Dr Alan Lennon	6	2
Sarah Havlin	6	1
Denis Power	6	2
Lindsey Smith	7	1
Dr John Jenkins	6	1
Prof. Mary McColgan	3	1
Daniel McLarnon	6	2
Patricia O’Callaghan	7	2
Stella Cunningham	7	2
Dr Norman Morrow	5	2
Seamus Magee	6	2
Robin Mullan	6	2
Gerry McCurdy	7	2

**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 2016-17 with an average of 96% in attendance. The Audit Committee completed the Audit Committee self-assessment checklist in October 2016 which concluded that RQIA can provide assurance of compliance with the good practice principles in the checklist.

<b>Attendance at 2016/17 Audit Committee Meetings</b>	
<b>Board Member</b>	<b>Audit Committee Meetings (Total 4)</b>
Denis Power	4
Patricia O’Callaghan	4
Lindsey Smith	1
Robin Mullan	4
Gerry McCurdy	3
Seamus Magee	4

### **The Appointment and Remuneration Committee Role and Performance**

The main functions of the Committee are:

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

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

The Appointments and Remuneration Committee met twice during 2016-17 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, DoH and the general public;
- acting as RQIA's Accounting Officer, reporting to the DoH on the use of public funds and with personal accountability and responsibility for RQIA's:
  - propriety and regularity;
  - prudent and economical administration;
  - avoidance of waste and extravagance;
  - efficient and effective use of available resources; and
  - the organisation, staffing and management of RQIA;
- ensuring that the EMT:
  - acts within the levels of authority delegated by the Board, escalating any high risk and /or high impact issues for the timely attention and consideration of the Board;
  - provides accurate and timely information to enable the Board to fulfill its governance responsibilities effectively; and
  - supports the Board in fulfilling its role and responsibilities as set out in this governance statement.

#### 4. Business Planning and Risk Management

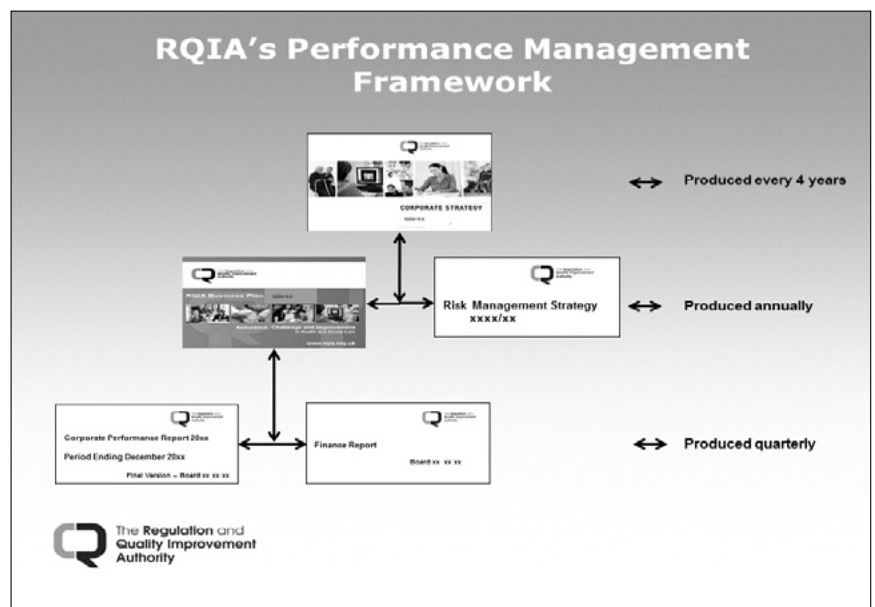
Business planning and risk management are at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within RQIA.


The outlook for 2017-18 is increasingly constrained, particularly in respect of resource funding. In a statement to the House of Commons on 24 April 2017 the Secretary of State for Northern Ireland outlined an indicative Budget position for NI departments. This position was based on the advice of the Head of the NI Civil Service (NICS) in conjunction with the NICS Board. The purpose of this statement was to provide clarity to departments as to the basis for departmental allocations in the absence of an Executive, so that Permanent Secretaries can plan and prepare to take more detailed decisions in that light. The departmental allocations set out by the Secretary of State provide the basis on which departments are now planning for 2017-18. However, the Secretary of State was clear that the indicative budget position did not constrain the ability of an incoming Executive to adjust its priorities during the year. He also advised that some £42 million Resource DEL and £7 million Capital DEL was left unallocated in order to maintain flexibility for a new Executive to allocate resources to meet further priorities as they deem appropriate. Therefore, while there is the potential for an incoming Executive to adjust these plans and also to allocate the unallocated resources, individual departments cannot anticipate any additional funding at this stage until such decisions are made.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2017-18 financial plan is ongoing between the RQIA and the Department of Health. However, as with other financial years the RQIA remains committed to achieving financial break-even.

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

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





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

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

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

Leadership for risk management is provided by the Board, Audit Committee and EMT. The EMT has developed a corporate Risk Assurance Framework report which is reviewed, updated and reported upon regularly. Directorates within RQIA develop and 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 March 2017 with Board and EMT members from the Audit Committee. During 2016-17 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 are 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 2016/17.

RQIA has nominated a personal data guardian, senior information risk owner, information asset owner and information asset assistants. It has also appointed a Head of Information.

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 DoH 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 the period January to March 2017, RQIA consulted with its stakeholders on its Draft Corporate Strategy 2017-21. Three consultation events were held in Newtownabbey, Derry/Londonderry and South Eastern Health and Social Care Trust (Ulster Hospital). Letters were sent to all Section 75 contacts and to all independent sector providers, Trusts, agencies, other regulators, DoH, NI Assembly health spokespeople and other stakeholders via email. The consultation documents were also made available on RQIA website.

In response to the consultation RQIA received 12 written submissions and 71 stakeholders attended the 3 consultation events. Stakeholders who participated in the consultation and provided feedback on the corporate strategy ensured that the strategy captured RQIA's work adequately and identified areas of the strategy that could be strengthened, added or removed

RQIA embeds Personal and Public Involvement (PPI) as a fundamental part of its work. In 2015 a Public Health Agency (PHA) external review of RQIA's PPI arrangements was completed and a total of 13 recommendations were made to demonstrate continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation. A Corporate Response Plan with actions aligned to the 5 PPI Standards was developed through a Senior Managers Workshop held in June 2016. Actions in response to PHA Personal and Public Involvement (PPI) Monitoring Feedback Report were approved by RQIA's Executive Management Team on 16 August 2016. In total 17 KPI's were agreed to ensure the delivery of all actions and by the year end all KPI's are on target for completion.

### 7. Assurance

Assurances on the effectiveness of the system of internal control are 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, organisational development, equality, internal audit, H&S, facilities, information governance, ICT, finance, legal and procurement services to RQIA and assurance concerning the operation of these systems is provided annually by its Chief Executive;
- In relation to the SLA annual monitoring meetings are held 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 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 of Health and against which a degree of progress is expected in 2016-17.



RQIA achieved the following levels of compliance for 2016-17:

<b>Standard</b>	<b>DoH Expected Level of Compliance</b>	<b>Level of Compliance</b>	<b>Reviewed by</b>
<b>Financial Management</b> (Core Standard)	75% - 99% (Substantive)	89% Substantive	Internal Audit Unit BSO
<b>Management of Procurement &amp; Supply</b>	75% - 99% (Substantive)	82% Substantive	Internally within RQIA
<b>Governance</b> (Core Standard)	75% - 99% (Substantive)	75% Substantive	Internal Audit Unit BSO
<b>Risk Management</b> (Core Standard)	75% - 99% (Substantive)	85% Substantive	Internal Audit Unit BSO
<b>Health &amp; Safety</b>	75% - 99% (Substantive)	85% Substantive	Internally within RQIA
<b>Security Management</b>	75% - 99% (Substantive)	89% Substantive	Internally within RQIA
<b>Fire Safety</b>	75% - 99% (Substantive)	89% Substantive	Internally within RQIA
<b>Information Management</b>	75% - 99% (Substantive)	87% Substantive	Internally within RQIA
<b>Information Communications Technology</b>	75% - 99% (Substantive)	76% Substantive	Internally within RQIA
<b>Human Resources</b>	75% - 99% (Substantive)	86% Substantive	Internal Audit Unit BSO

## 8. Sources of Independent Assurance

### 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 2016-17 Internal Audit reviewed the following systems:

- Risk Management - (satisfactory level of assurance received)
- Financial Review - (satisfactory level of assurance received)
- Complaints Management, Whistleblowing and Concerns - (satisfactory level of assurance received)
- Regulated Services - Inspections of Dental Services, Independent Hospitals, Clinics and Medical Agencies - (satisfactory level of assurance received)
- GAIN - (satisfactory level of assurance received)

RQIA's Chief Executive commissioned BSO Internal Audit to complete a consultancy review of RQIA Governance and Board Effectiveness. A number of recommendations were made based on this review and RQIA have agreed actions to address all issues raised.

There were five priority one weakness in control identified in relation to the 2016-17 Audit Programme in Financial Review, Risk Management, GAIN and Inspections of Dental Services, Independent Hospitals, Clinics and Medical Agencies. The priority one weaknesses and actions to address these issues are detailed in the following page. Active follow up of identified weaknesses will 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.

In addition, the RQIA receives an opinion on regularity from the External Auditor in the Report to Those Charged with Governance (RTTCWG). In his report for the year ended 31 March 2017, the NI Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity opinion of the RQIA's accounts, with no priority 1 or 2 issues being raised.

## 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

#### Issue - Audit of Inspections in the Regulation and Nursing Directorate

A Priority one weakness was identified during an audit of Regulated Services Inspections in the Regulation and Nursing Directorate in January 2016. The Auditor found that in 4 of the 6 homes visited by the inspection team, the quality improvement plan (QIP) from the previous inspections had either not been adequately followed up on or there was insufficient evidence to support that the identified areas for improvement had been followed up.

#### Response

RQIA established a Regulation Directorate Improvement Project, which has included a progressive review of the Directorate inspection methodology and the processes which support registration, inspection and enforcement to include quality assurance processes. A new process of review of previous inspection reports was also established through the introduction of a 'pre-inspection template'. All recommendations from the Internal Audit report have been addressed and progress was reported to RQIA's Audit Committee, most recently on 8 March 2017, through the Audit Action Plan.

#### Issue - Outsourcing of a range of corporate functions to BSO

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

#### Response

This risk has been mitigated through the 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.

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

#### Issue – MHL D Information Systems

An internal audit of RQIA Responsibilities under the Mental Health Order was undertaken in October 2015 and a Priority one weakness was identified in relation to the information systems available to support the full range of work of the Mental Health & Learning Disability Directorate. Internal Audit recommended that RQIA should progress the development of a business case for a new information system for approval by DoH.

### Response

The Strategic Outline Case is complete. An Outline Business Case (OBC) has been developed along with a specification. Both were approved by the Project Board on 30 March 2017. The OBC was submitted to DoH for approval on 7 April 2017. It is assumed that the new system will be implemented in Quarter 1 2018-19, however this is dependent the timescale for approval of the OBC by DoH.

### Identification of New Issues

#### Issue - Frequency of review of Corporate and Directorate Risk Registers

The following Priority 1 weakness was identified during an audit of RQIA's Risk Management. Audit noted that the frequency of formal review of risks at EMT meetings should be examined and it was recommended that risk management should be included as a monthly standing item on the agenda for EMT meetings.

### Response

The Corporate Risk Assurance Framework Report will continue to be reviewed and updated by the EMT every quarter. The Directorate Risk Registers will be presented and reviewed monthly at the EMT meetings on a rolling basis and any implications for the Corporate Risk Assurance Framework considered.

#### Issue – Inspections of dental services, independent hospitals, clinics and medical agencies

The following Priority 1 weakness was identified during an audit of inspections of dental services, independent hospitals, clinics and medical agencies. In the Independent Healthcare Team the peer review process is that all reports are peer reviewed by another inspector but a formal peer review template is only completed for 1 in 3 of these reviews. 1 in 10 should be reviewed by the Senior Inspector or the Head of Programme. On review of the Senior Inspector or Head of Programme review it was noted that on a month by month basis the 1 in 10 target had not been achieved for 5 of the 9 months (June, August, October, November and December). There is not a routine planned schedule of reviews being completed to ensure that targets are being met on a month to month basis and not only on a cumulative basis.

### Response

RQIA partially accepted this recommendation. Reports to be reviewed by the Senior Managers and Head of Programme (HoP) are prioritised according to risk. HoP review activity is concentrated within Nursing Homes as RQIA has assessed that within the Nursing Homes, Independent Healthcare and Pharmacy Regulation team that this is the area of highest risk. This audit was focused on the review process within the Independent Healthcare Sector. Consequently the 1 in 10 reviews by Head of Programme within the Independent Healthcare sector may not always be achieved on a month by month basis. However when looking at all three areas together (Nursing Homes, Independent Healthcare and Pharmacy) the 10% target of reports to be reviewed by HoP is exceeded each month across the range of services. Within the Independent Healthcare Team the review process will change from 100% to a 1 in 3 peer review as per RQIA procedure. The peer review template will be completed in all cases.

## **Issue – Internal Hospitality**

The following Priority 1 weakness was identified during an audit of Financial Review.

There is no contract in place for the provider used to provide catering for events at RQIA. The gross expenditure in the 12 month period until January 2017 was £10,277.39. Whilst there is budgetary control procedures are in place, Management do not monitor spend against individual contracted sums as recorded per the Contracts Register.

### **Response**

RQIA has developed a new Hospitality Procedure for approval by the EMT in April 2017. The Procedure is based on ceasing use of the internal catering provider (except in exceptional circumstances); ordering flasks; making a supply of tea/coffee/milk sachets/biscuits available for meetings; using an existing PaLS contract for the supply of sandwiches; and requiring approval of requests for hospitality by the Chief Executive or his/her deputy. Expenditure on hospitality will be monitored on a monthly basis.

This means that a procurement exercise will not be necessary as items for hospitality will be ordered through PaLS stock and an existing PaLS contract.

## **Issue - Governance Arrangements for Guidelines and Audit Implementation Network (GAIN)**

The following Priority 1 weakness was identified during an audit of GAIN. During the period of transition, the governance arrangements for GAIN have yet to fully evolve. The GAIN committee has met twice (April and October 2016) and following the October meeting its Terms of Reference have now been agreed. Sub-committees are not yet established. While there is evidence of integration of GAIN into the Reviews Directorate management arrangements, there is scope to further integrate with other areas of RQIA business, such as Regulation.

### **Response**

The functions currently delivered through GAIN (audit and guideline development) will be fully integrated into RQIA going forward, and specifically into the work programme and governance arrangements of the Reviews Directorate. To this end the GAIN committee will be stood down. Appropriate management and oversight of all work relating to GAIN functions will be achieved through established organisational systems and processes, reporting through the Head of Programme and Medical Director (Reviews Directorate) to the Chief Executive. Skills and functions currently delivered through GAIN will be used to support all operational directorates in RQIA. Appropriate management and oversight of GAIN functions will be achieved through established organisational systems and processes.

## **Issue – Review of Guidelines and Audit**

The following Priority 1 weakness was identified during an audit of GAIN. GAIN has identified 25 guidelines which require review to ascertain whether current practices across the region comply. Internal Audit noted that 17 of these have actually been reviewed or superseded, while actions on a further eight are outstanding. We also noted that there were a number of incomplete audits commissioned in previous financial years, some dating back to 2012/13. There is no formal plan in place to ensure that following the issue of new local guidelines, there is a clinical audit automatically scheduled after an appropriate period of time.

## Response

GAIN Management will develop a plan to ensure timely review of identified guidelines and to refresh/update as appropriate will be confirmed and actioned. A plan to complete outstanding audits will be confirmed. Doubts or risks relating to completion will be discussed with project leads and escalated through the Reviews Directorate governance arrangements to the Head of Programme. A final decision regarding completion will be agreed with the Head of Programme and relevant senior manager in the appropriate Trust(s).

## Issue – Internal Audit Review of Governance and Board Effectiveness

Internal Audit were commissioned by RQIA to undertake a review of Governance and Board Effectiveness, focusing specifically on engagement with Board and executive members, to establish whether roles and responsibilities are clear and exercised in line with RQIA's Standing Orders. Their report contained one Key Recommendation i.e. *“There is a need for RQIA to take proactive positive action to improve relationships between the Executive and the Board. Developing clarity and better understanding of roles and responsibilities is required; as well as improving communication and interaction between members and the EMT. There is a need to develop trust and confidence in professional opinions, whilst maintaining a strong challenge function at Board level.”*

## Response

This recommendation was fully accepted and it was agreed that a facilitated Board/Executive Management Team workshop would be convened in June 2017 to consider the Report in detail and develop a shared and agreed way forward.

## 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 2016-17.



**Olive Macleod**  
Chief Executive

**Date: 6 July 2017**

## ii Remuneration and Staff Report

### Remuneration Report for the Year Ended 31 March 2017

#### Scope of the Report

This Remuneration Report sets out the overall remuneration policy of 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 DoH. The Appointments and Remuneration Committee for 2016-17 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 DoH 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 hers 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 Board's 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 three 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. Eight members of staff left RQIA in 2016-17 under the Voluntary Exit Scheme.

### 2016-17 Senior Executives with Date of Appointment

- Olive Macleod, Chief Executive – 1 July 2016.
- Glenn Houston, Chief Executive - 1 March 2009 (Retired on 4 May 2016).
- Maurice Atkinson, Director of Corporate Services - 1 October 2008.
- Kathy Fodey, Director of Regulation - 1 February 2013.
- Theresa Nixon, Director of Mental Health and Learning Disability - 17 October 2005.
- David Stewart, Director of Reviews - 1 November 2007 (Acting Chief Executive: 5 May to 30 June 2016)(Retired on 30 September 2016).
- Lourda Geoghegan, Medical Director and Quality Improvement Lead – 2 January 2017

### 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 information):

	Total Remuneration 2016-17	Total Remuneration 2015-16
<b>Highest Earners Total Remuneration (Bands of £5k)</b>	£95K - £100K	£150K - £155K
<b>Median Total Remuneration</b>	£37,033	£39,239
<b>Ratio</b>	2.67	3.83

In 2016-17 the banded remuneration of the highest paid Director was £95K - £100K. The median employee in 2016-17 was a Band 7 point 6.

In 2016-17 and 2015-16 no member of RQIA staff received remuneration in excess of the highest paid director.

The highest paid earner and the median remuneration both decreased in 2016-17. This has resulted in a decrease in the median to highest earner ratio compared with 2015-16.



## Senior Executives Remuneration

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

2016-17					
Name	Salary	Bonus or Performance Pay	Benefits in Kind (to nearest £100)	Pension Benefits	Total
	£'000	£'000	£	£'000	£'000
Glenn Houston Left 4 May 2016	Actual 10 – 15 Full year equivalent 110 - 115	-	-	-	10 - 15
Olive Macleod Start Date 1 July 2016	Actual 60 – 65 Full year equivalent 80 - 85	-	-	66	125 - 130
Maurice Atkinson	70 - 75	-	-	8	75 - 80
Kathy Fodey	60 - 65	-	-	16	80 - 85
Theresa Nixon	70 - 75	-	-	11	80 - 85
David Stewart Left scheme 31 March 2016 Left organisation 30 September 2016	Actual 70 – 75 Full year equivalent 145 - 150	-	-	-	70 - 75
Lourda Geoghegan Start Date 2 January 2017	Actual 20 – 25 Full year equivalent 95 - 100	-	-	70	90 - 95

The salaries noted above exclude the 2016-17 pay award.

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

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 2016/17 or 2015/16.

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 2016/17. 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 2016-17 or 2015-16.

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.

### Appointment of Chairman and Members of RQIA's Board

The Chairman of RQIA and Board Members are appointed by the DoH 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 2016-17 are detailed below including any prior year remuneration (audited information).

Name	2016/17		2015/16	
	Remuneration	Benefits in kind (to nearest £100)	Remuneration	Benefits in kind (to nearest £100)
	£'000	£	£'000	£
Alan Lennon	15 - 20	-	15 - 20	-
Stella Cunningham	5 - 10	-	5 - 10	-
Sarah Havlin	5 - 10	-	5 - 10	-
John Jenkins	5 - 10	-	5 - 10	-
Seamus Magee	5 - 10	-	5 - 10	-
Mary McColgan	5 - 10	-	5 - 10	-
Gerry McCurdy	5 - 10	-	5 - 10	-
Daniel McLarnon	5 - 10	-	5 - 10	-
Norman Morrow	5 - 10	-	5 - 10	-
Robin Mullan	5 - 10	-	5 - 10	-
Patricia O'Callaghan	5 - 10	-	5 - 10	-
Denis Power	5 - 10	-	5 - 10	-
Lindsey Smith	5 - 10	-	5 - 10	-

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

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

## Senior Executives 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 31/03/17*	Cash Equivalent Transfer Value (CETV at 31/03/16*	Real increase in CETV
	£'000	£'000	£'000	£'000	£'000
Glenn Houston Retired 4 May 16	-	-	-	1,060	-
Olive Macleod Start Date 1 July 17	2.5–5.0 plus lump sum 7.5 -10.0	20-25 plus lump sum 60-65	450	367	72
Maurice Atkinson	0-2.5 plus lump sum 0–2.5	20-25 plus lump sum 65-70	499	467	16
Kathy Fodey	0-2.5 less lump sum 0–2.5	10-15 plus lump sum 20-25	224	202	15
Theresa Nixon	0-2.5 plus lump sum 2.5 -5.0	25-30 plus lump sum 85-90	686	644	2
David Stewart Left scheme 31 March 16 Retired 30 Sept 16	-	-	-	-	-
Lourda Geoghegan Start Date 2 Jan 17	2.5–5.0 plus lump sum 2.5-5.0	15-20 plus lump sum 35-40	247	197	43

\* The CETV figures at 31 March 2016 and at 31 March 2017 have been supplied by HSC Pension Branch.

## 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 DoH. 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 as at 31 March 2012 was certified in February 2015 and is used in the 2016-17 accounts.

## Cash Equivalent Transfer Values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

## Real increase in CETV

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Early Retirement and Other Compensation Schemes

Redundancy and other departure costs have been paid in accordance with the provision of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. During 2016-17 eight staff accepted Voluntary Exit Scheme (VES) packages, including four early retirements. (There were no early retirements during 2015-16). Ill-health retirement costs are met by the pension scheme and are not included in the table.

No payments were made in respect of early retirements or compensation scheme payments were made in 2015-16.

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

Exit package cost band	Number of compulsory 2017	Number of compulsory 2016	Number of other departures 2017	Number of other departures 2016	Total number of exit packages 2017	Total number of exit packages 2016
<£10,000			1		1	
£10,000 - £25,000			4		4	
£25,001 - £50,000			2		2	
£50,001 - £100,000			1		1	
<b>Total number exit packages by type</b>			<b>8</b>		<b>8</b>	
<b>Total resource cost £000's</b>			<b>243</b>		<b>243</b>	

## Staff Report

### Staff Costs (Audited Information)

	2017			2016
	Permanently employed staff	Others	Total	Total
Wages and Salaries	5,169,530	127,078	5,296,608	5,274,880
Social Security Costs	498,152		498,152	424,661
Other Pension Costs	703,130		703,130	714,397
<b>Sub-Total</b>	<b>6,370,812</b>	<b>127,078</b>	<b>6,497,890</b>	<b>6,413,938</b>
Capitalised staff costs	-	-	-	-
<b>Total Staff costs reported in Statement of Comprehensive Expenditure</b>	<b>6,370,812</b>	<b>127,078</b>	<b>6,497,890</b>	<b>6,413,938</b>
Less Recoveries in respect of outward secondments			-	-
<b>Total Net Costs</b>			<b>6,497,890</b>	<b>6,413,938</b>

Staff costs have been disclosed in Note 3 (page 110).

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

	2017		2016
	Permanently employed staff No.	Others No.	Total No.
Administrative and clerical	138	5	143
<b>Total average number of persons employed</b>	<b>138</b>	<b>5</b>	<b>143</b>
Less average staff number relating to capitalised staff costs	0	0	0
Less average staff number in respect of outward secondments	0	0	0
<b>Total net average number of persons employed</b>	<b>138</b>	<b>5</b>	<b>143</b>

During the year, staff turnover was recorded at 16.5% (6.7% in 2015-16), with 28 people leaving the organisation. RQIA employs 133 people (as at 31 March 2017), excluding board members, sessional, bank and agency staff.

The gender profile of our staff is outlined in the table below.

**Staff Composition by Gender and Banding**

Band/ Gender	Male (No.)	Female (No.)	Male (%)	Female (%)
Band 2	-	2	0.00	100.00
Band 3	5	15	25.00	75.00
Band 4	2	12	14.29	85.71
Band 5	2	8	20.00	80.00
Band 6	1	3	25.00	75.00
Band 7	17	41	29.31	70.69
Band 8A	2	12	14.29	85.71
Band 8B	2	3	40.00	60.00
Senior Executive	1	3	25.00	75.00
Medical and Dental	1	1	60.00	40.00
<b>Grand Total</b>	<b>33</b>	<b>100</b>	<b>24.81</b>	<b>75.19</b>

**Sickness absence**

During 2016-17, 1495 days were lost through sickness, an absence rate of 4.32% against a target of 4.36%. This compares to a rate of 4.5% in 2015-16.

**Staff policies**

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.



### **Expenditure on consultancy**

During 2016-17 there was no expenditure on consultancy.

### **Off-payroll Engagements**

During 2016-17 there were no qualifying off-payroll engagements.

### **Staff Benefits**

There were no staff benefits for the year ended 31 March 2017.

### **Retirements due to ill-health**

During 2016-17 there were no early retirements from RQIA agreed on the grounds of ill-health.



**Olive Macleod**  
**Chief Executive**

**Date: 6 July 2017**

### iii Accountability and Audit Report

#### Funding Report

##### Compliance with Regularity of Expenditure Guidance (Audited Information)

RQIA adheres to the Departmental guidance and FREM. During 2016-17 there has been no evidence of irregular expenditure.

##### Remote Contingent Liabilities (Audited Information)

At 31 March 2017, RQIA had no remote contingent liabilities.

##### Statement of Losses and Special Payments

During 2016-17 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

Type of loss and special payment	2016-17		2015-16	
	No. of Cases	£	No. of Cases	£
<b>Administrative write-offs</b>				
Bad debts	24	1,885	-	-
<b>TOTAL</b>	<b>24</b>	<b>1,885</b>	<b>0</b>	<b>0</b>

#### Special Payments

There were no other special payments or gifts made during 2016-17.

#### Other Payments and Estimates

There were no other payments made during the year (none in 2015-16).

## Losses and Special Payments over £250,000

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

## Fees and Charges

See Note 4 for details.



**Olive Macleod**  
Chief Executive

**Date: 6 July 2017**

## THE 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 2017 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 and Staff Report and the Assembly Accountability disclosures that are described in those reports 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 Regulation and Quality Improvement Authority's affairs as at 31 March 2017 and of the net expenditure 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 directions issued thereunder.

## Opinion on other matters

In my opinion:

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

## Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Remuneration and Staff Report and the Assembly Accountability disclosures 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 guidance.

## Report

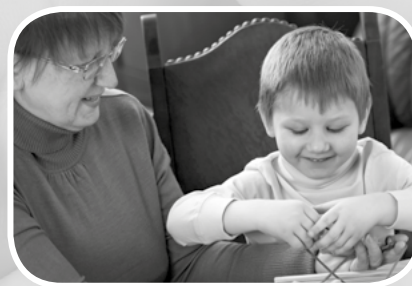
I have no observations to make on these financial statements.



*KJ Donnelly  
Comptroller and Auditor General  
Northern Ireland Audit Office  
106 University Street, Belfast BT7 1EU.  
25 July 2017*

# SECTION THREE

## ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017



## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2017**

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

	NOTE	2017 £	2016 £
<b>Income</b>			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	890,184	929,147
Deferred income	4.3	-	-
<b>Total operating income</b>		<b>890,184</b>	<b>929,147</b>
<b>Expenditure</b>			
Staff costs	3	(6,497,890)	(6,413,938)
Purchase of goods and services	3	(685,978)	(530,199)
Depreciation, amortisation and impairment charges	3	(225,263)	(154,596)
Provision expense	3	-	-
Other expenditure	3	(890,366)	(812,833)
<b>Total operating expenditure</b>		<b>(8,299,497)</b>	<b>(7,911,566)</b>
<b>Net Expenditure</b>		<b>(7,409,313)</b>	<b>(6,982,419)</b>
Finance income	4.2	-	-
Finance expense	3.2	-	-
<b>Net expenditure for the year</b>		<b>(7,409,313)</b>	<b>(6,982,419)</b>
Revenue Resource Limit (RRL) received from DoH	24.1	7,416,444	6,981,491
<b>Surplus/(Deficit) against RRL</b>		<b>7,131</b>	<b>(928)</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>			
	NOTE	2017 £	2016 £
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/8	-	272
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	-	-
Net gain/(loss) on revaluation of financial instruments	7/8	-	-
<b>Items that may be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of investments		-	-
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2017</b>		<b>(7,409,313)</b>	<b>(6,892,147)</b>

The notes on pages 101-122 form part of these accounts.

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY****STATEMENT of FINANCIAL POSITION as at 31 March 2017**

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	2017 £	£	2016 £	£
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	224,840		576,857	
Intangible assets	6.1/6.2	556,135		354,423	
Financial assets	7	-		-	
Trade and other receivables	12	-		-	
Other current assets	12	-		-	
<b>Total Non Current Assets</b>			<b>780,975</b>		<b>931,280</b>
<b>Current Assets</b>					
Assets classified as held for sale	9	-		-	
Inventories	10	-		-	
Trade and other receivables	12	71,554		54,701	
Other current assets	12	22,858		44,436	
Intangible current assets	12	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	11	18,260		15,531	
<b>Total Current Assets</b>			<b>112,672</b>		<b>114,668</b>
<b>Total Assets</b>			<b>893,647</b>		<b>1,045,948</b>
<b>Current Liabilities</b>					
Trade and other payables	13	(511,398)		(483,122)	
Other liabilities	13	-		-	
Intangible current liabilities	13	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
<b>Total Current Liabilities</b>			<b>(511,398)</b>		<b>(483,122)</b>
<b>Total assets less current liabilities</b>			<b>382,249</b>		<b>562,826</b>
<b>Non Current Liabilities</b>					
Provisions	15	-		-	
Other payables > 1 yr	13	-		-	
Financial liabilities	7	-		-	
<b>Total Non Current Liabilities</b>			<b>-</b>		<b>-</b>
<b>Total assets less total liabilities</b>			<b>382,249</b>		<b>562,826</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		3,038		3,038	
SoCNE Reserve		379,211		559,788	
<b>Total equity</b>			<b>382,249</b>		<b>562,826</b>

The financial statements on pages 97 to 122 were approved by the Board on 6 July 2017 and were signed on its behalf by:

Signed *K. McColligan* Acting Chair

Signed *Olive Raelo*  
Chief Executive

The notes on pages 101-122 form part of these accounts.



## THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

### STATEMENT of CASHFLOWS for the year ended 31 March 2017

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

	NOTE	2017 £	2016 £
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating cost		(7,409,313)	(6,982,419)
Adjustments for non cash costs		237,263	166,596
Decrease/(increase) in trade and other receivables		4,725	(50,809)
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories		-	-
Increase/(decrease) in trade payables		28,276	(345,956)
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant & equipment and intangibles		65,926	42,461
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
<b>Net cash outflow from operating activities</b>		<b>(7,073,123)</b>	<b>(7,170,127)</b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(128,575)	(293,326)
(Purchase of intangible assets)	6	(12,309)	(4,728)
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
<b>Net cash outflow from investing activities</b>		<b>(140,884)</b>	<b>(298,054)</b>
<b>Cash flows from financing activities</b>			
Grant in aid		7,216,736	7,482,300
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
<b>Net financing</b>		<b>7,216,736</b>	<b>7,482,300</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		<b>2,729</b>	<b>14,119</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	11	<b>15,531</b>	<b>1,412</b>
<b>Cash &amp; cash equivalents at the end of the period</b>	11	<b>18,260</b>	<b>15,531</b>

The notes on pages 101-122 form part of these accounts.

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY****STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2017**

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
<b>Balance at 31 March 2015</b>		<b>47,907</b>	<b>2,766</b>	<b>50,673</b>
<b>Changes in Taxpayers Equity 2015-16</b>				
Grant from DoH		7,482,300	-	7,482,300
Transfers between reserves (Comprehensive expenditure for the year)		-	-	-
Transfer of asset ownership		(6,982,419)	272	(6,982,147)
Non cash charges - auditors remuneration	3.2	-	-	-
		12,000	-	12,000
<b>Balance at 31 March 2016</b>		<b>559,788</b>	<b>3,038</b>	<b>562,826</b>
<b>Changes in Taxpayers Equity 2016-17</b>				
Grant from DoH		7,216,736	-	7,216,736
Transfers between reserves (Comprehensive expenditure for the year)		-	-	-
Transfer of asset ownership		(7,409,313)	-	(7,409,313)
Non cash charges - auditors remuneration	3.2	-	-	-
		12,000	-	12,000
<b>Balance at 31 March 2017</b>		<b>379,211</b>	<b>3,038</b>	<b>382,249</b>

The notes on pages 101-122 form part of these accounts

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **STATEMENT OF ACCOUNTING POLICIES**

##### **1. Authority**

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

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

##### **1.1 Accounting convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

##### **1.2 Currency**

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

##### **1.3 Property, Plant and Equipment**

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

##### **Recognition**

Property, plant and equipment must be capitalised if:

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

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

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

**Valuation of Land and Buildings**

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

**Assets Under Construction (AUC)**

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

**Short Life Assets**

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life. Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

**Revaluation Reserve**

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

**1.4 Depreciation**

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

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

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **1.5 Impairment loss**

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

The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

#### **1.6 Subsequent expenditure**

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

#### **1.7 Intangible assets**

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

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

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

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **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.

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

#### **1.11 Investments**

RQIA does not have any investments.

#### **1.12 Other expenses**

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

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **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**

The RQIA has had no PFI transactions during the year.

#### **1.16 Financial instruments**

##### **Financial assets**

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

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **Financial liabilities**

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

Financial liabilities are initially recognised at fair value.

#### **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within RQIA in creating risk than would apply to a non-public sector body of a similar size, therefore RQIA is not exposed to the degree of financial risk faced by business entities. RQIA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing RQIA in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

#### **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 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 either 31 March 2017 or 31 March 2016.



## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **1.18 Contingencies**

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

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

#### **1.19 Employee benefits**

##### **Short-term employee benefits**

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2017. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to RQIA and has not been included.

##### **Retirement benefit costs**

RQIA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both RQIA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. RQIA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental resource Account for the Department of Health. The costs of early retirements are met by RQIA and charged to the Statement of Comprehensive Net Expenditure at the time RQIA commits itself to the retirement. As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2012 valuation for the HSC Pension scheme will be used in the 2016-17 accounts.

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **1.20 Reserves**

##### **Statement of Comprehensive Net Expenditure Reserve**

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

##### **Revaluation Reserve**

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

#### **1.21 Value Added Tax**

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

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

#### **1.22 Third party assets**

RQIA does not hold material assets belonging to third parties.

#### **1.23 Government Grants**

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

#### **1.24 Losses and Special Payments**

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

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

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

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

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

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

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

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

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY****NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017****NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT**

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

**NOTE 3 OPERATING EXPENSES**

<b>Operating expenses are as follows:-</b>	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Staff costs: <sup>1</sup>	5,296,608	5,274,880
Wages and Salaries		
Social security costs	498,152	424,661
Other pension costs	703,130	714,397
Supplies and services – general	52,580	47,701
Establishment	256,250	247,568
Premises	168,768	173,489
Rentals under operating leases	272,184	203,638
Miscellaneous	124,228	98,401
Training	56,936	77,737
ICT Maintenance	81,128	87,001
ICT Hardware and Software	40,647	24,640
Staff Substitution	187,778	183,617
BSO Services	323,845	187,240
<b>Total Operating Expenses</b>	<b>8,062,234</b>	<b>7,744,970</b>
<b>Non cash items</b>		
Depreciation	65,732	58,506
Amortisation	159,531	96,090
Auditors Remuneration	12,000	12,000
<b>Total non cash items</b>	<b>237,263</b>	<b>166,596</b>
<b>Total</b>	<b>8,299,497</b>	<b>7,911,566</b>

<sup>1</sup> Further detailed analysis of staff costs is located in the Staff Report on page 89 within the Accountability Report.

During the year the RQIA purchased no non audit services from its external auditor (NIAO) (2016: £Nil).

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **NOTE 4 INCOME**

##### **4.1 Income from Activities**

The RQIA did not receive income from activities in 2016-17 and 2015-16.

##### **4.2 Other Operating Income**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Other income from non-patient services	703	8,208
Other income from fees levied on registered bodies	889,481	920,939
<b>TOTAL INCOME</b>	<b>890,184</b>	<b>929,147</b>

##### **4.3 Deferred income**

The RQIA did not receive any deferred income in 2016-17 or 2015-16

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

**NOTE 5.1 Property, plant and equipment - year ended 31 March 2017**

	<b>Assets under Construction</b>	<b>Plant and Machinery (Equipment)</b>	<b>Information Technology (IT)</b>	<b>Furniture and Fittings</b>	<b>Total</b>
	£	£	£	£	£
<b>Cost or Valuation</b>					
At 1 April 2016	<b>336,394</b>	<b>35,599</b>	<b>332,162</b>	<b>107,312</b>	<b>811,467</b>
Additions	-	-	50,109	-	50,109
Transfers	(336,394)	-	-	-	(336,394)
Disposals	-	-	(4,302)	-	(4,302)
At 31 March 2017	-	<b>35,599</b>	<b>377,969</b>	<b>107,312</b>	<b>520,880</b>

**Depreciation**

At 1 April 2016	-	<b>35,598</b>	<b>140,194</b>	<b>58,818</b>	<b>234,610</b>
Disposals	-	-	(4,302)	-	(4,302)
Provided during the year	-	1	55,000	10,731	65,732
At 31 March 2017	-	<b>35,599</b>	<b>190,892</b>	<b>69,549</b>	<b>296,040</b>

**Carrying Amount**

	<b>Assets under Construction</b>	<b>Plant and Machinery (Equipment)</b>	<b>Information Technology (IT)</b>	<b>Furniture and Fittings</b>	<b>Total</b>
	£	£	£	£	£
At 31 March 2017	-	-	<b>187,077</b>	<b>37,763</b>	<b>224,840</b>
At 31 March 2016	<b>336,394</b>	<b>1</b>	<b>191,968</b>	<b>48,494</b>	<b>576,857</b>

**Asset financing**

Owned	-	-	187,077	37,763	224,840
<b>Carrying Amount At 31 March 2017</b>	-	-	<b>187,077</b>	<b>37,763</b>	<b>224,840</b>

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

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

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

## THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

#### NOTE 5.2 Property, plant and equipment - year ended 31 March 2016

	<b>Assets under Construction</b>	<b>Plant and Machinery (Equipment)</b>	<b>Information Technology (IT)</b>	<b>Furniture and Fittings</b>	<b>Total</b>
	£	£	£	£	£
<b>Cost or Valuation</b>					
At 1 April 2015	186,623	35,599	266,812	106,763	595,797
Indexation	-	-	-	549	549
Additions	149,771	-	65,350	-	215,121
At 31 March 2016	<b>336,394</b>	<b>35,599</b>	<b>332,162</b>	<b>107,312</b>	<b>811,467</b>

#### Depreciation

At 1 April 2015	-	32,843	95,144	47,840	175,827
Indexation	-	-	-	277	277
Provided during the year	-	2,755	45,050	10,701	58,506
At 31 March 2016	-	<b>35,598</b>	<b>140,194</b>	<b>58,818</b>	<b>234,610</b>

	<b>Assets under Construction</b>	<b>Plant and Machinery (Equipment)</b>	<b>Information Technology (IT)</b>	<b>Furniture and Fittings</b>	<b>Total</b>
	£	£	£	£	£
<b>Carrying Amount</b>					
At 31 March 2016	336,394	1	191,968	48,494	576,857
At 31 March 2015	186,623	2,756	171,668	58,923	419,970

#### Asset Financing

Owned	336,394	1	191,968	48,494	576,857
<b>Carrying Amount</b>					
At 31 March 2016	336,394	1	191,968	48,494	576,857

#### Asset Financing

Owned	186,623	2,756	171,668	58,923	419,970
<b>Carrying Amount</b>					
At 1 April 2015	186,623	2,756	171,668	58,923	419,970

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY****NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017****NOTE 6.1 Intangible assets - year ended 31 March 2017**

	<b>Software Licenses</b> £	<b>Information Technology</b> £	<b>Total</b> £
<b>Cost or Valuation</b>			
At 1 April 2016	<b>119,466</b>	<b>453,303</b>	<b>572,769</b>
Additions		24,849	24,849
Transfers		336,394	336,394
At 31 March 2017	<b>119,466</b>	<b>814,546</b>	<b>934,012</b>

**Depreciation**

At 1 April 2016	<b>73,855</b>	<b>144,491</b>	<b>218,346</b>
Provided during the year	12,525	147,006	159,531
At 31 March 2017	<b>86,380</b>	<b>291,497</b>	<b>377,877</b>

	<b>Software Licenses</b> £	<b>Information Technology</b> £	<b>Total</b> £
<b>Carrying Amount</b>			
At 31 March 2017	<b>33,086</b>	<b>523,049</b>	<b>556,135</b>
At 31 March 2016	<b>45,611</b>	<b>308,812</b>	<b>354,423</b>

**Asset financing**

Owned	33,086	523,049	556,135
<b>Carrying Amount</b>			
At 31 March 2017	<b>33,086</b>	<b>523,049</b>	<b>556,135</b>

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

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

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



## THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

#### NOTE 6.2 Intangible assets - year ended 31 March 2016

	<b>Software Licenses</b> £	<b>Information Technology</b> £	<b>Total</b> £
<b>Cost or Valuation</b>			
At 1 April 2015	119,466	412,831	532,297
Additions	-	40,472	40,472
At 31 March 2016	<b>119,466</b>	<b>453,303</b>	<b>572,769</b>

#### **Amortisation**

At 1 April 2015	60,331	61,925	122,256
Provided during the year	13,524	82,566	96,090
At 31 March 2016	<b>73,855</b>	<b>144,491</b>	<b>218,346</b>

	<b>Software Licenses</b> £	<b>Information Technology</b> £	<b>Total</b> £
<b>Carrying Amount</b>			
Owed	<b>45,611</b>	<b>308,812</b>	<b>354,423</b>
At 31 March 2016	<b>45,611</b>	<b>308,812</b>	<b>354,423</b>

#### **Asset financing**

Owed	<b>45,611</b>	<b>308,812</b>	<b>354,423</b>
<b>Carrying Amount</b>			
At 1 April 2015	<b>45,611</b>	<b>308,812</b>	<b>354,423</b>

#### **Asset financing**

Owed	59,135	350,906	410,041
<b>Carrying Amount</b>			
At 1 April 2015	59,135	350,906	410,041

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

**NOTE 7 FINANCIAL INSTRUMENTS**

As the cash requirements of RQIA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body.

The majority of financial instruments relate to contracts to buy non-financial items in line with RQIA's expected purchase and usage requirements and RQIA is therefore exposed to little credit, liquidity or market risk.

**NOTE 8 IMPAIRMENTS**

RQIA had no impairments in 2016-17 or 2015-16.

**NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE**

RQIA did not hold any assets classified as held for sale at either 31 March 2017 or 31 March 2016.

**NOTE 10 INVENTORIES**

RQIA did not hold any inventories for resale at either 31 March 2017 or 31 March 2016.

**NOTE 11 CASH AND CASH EQUIVALENTS**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Balance at 1 April	15,531	1,412
Net change in cash and cash equivalents	2,729	14,119
<b>Balance at 31 March</b>	<b>18,260</b>	<b>15,531</b>

<b>The following balances at 31 March were held at</b>	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Commercial Banks and cash in hand	18,260	15,531
<b>Balance at 31 March</b>	<b>18,260</b>	<b>15,531</b>

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

## THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

#### NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2017	2016
	£	£
<b>Amounts falling due within one year</b>		
Trade receivables	33,460	20,272
Other receivables	38,094	34,429
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>71,554</b>	<b>54,701</b>
Prepayments and accrued income	22,858	44,436
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>22,858</b>	<b>44,436</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>94,412</b>	<b>99,137</b>

The balances are net of a provision for bad debts of £Nil (2016: £Nil).

#### NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2017	2016
	£	£
<b>Amounts falling due within one year</b>		
Trade capital payables – property, plant and equipment	62,649	128,575
Trade revenue payables	290,149	251,920
Payroll payables	106,522	88,833
BSO payables	52,078	9,525
Other payables	-	4,269
<b>Trade and other payables</b>	<b>511,398</b>	<b>483,122</b>
<b>Total payables falling due within one year</b>	<b>511,398</b>	<b>483,122</b>
<b>Amounts falling due after more than one year</b>	-	-
<b>Total non current other payables</b>	-	-
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>511,398</b>	<b>483,122</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY****NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017****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 applicable terms and appropriate Government Accounting guidance. RQIA's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	<b>2017 Number</b>	<b>2017 Value £</b>	<b>2016 Number</b>	<b>2016 Value £</b>
Total bills paid	1,432	4,097,786	1,390	2,727,107
Total bills paid within 30 day target	1,371	3,959,098	1,281	2,578,958
<b>% of bills paid within 30 day target</b>	<b>96%</b>	<b>97%</b>	<b>92%</b>	<b>95%</b>
Total bills paid within 10 day target	1,176	3,757,114	1,050	2,379,661
<b>% of bills paid within 10 day target</b>	<b>82%</b>	<b>92%</b>	<b>76%</b>	<b>87%</b>

**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**

RQIA had no provisions for liabilities and charges at either 31 March 2017 or 31 March 2016.

**NOTE 16 CAPITAL COMMITMENTS**

There was a contracted capital commitment £5,400 at 31 March 16 relating exclusively to the i-Connect system. There are no contracted capital commitments at 31 March 2017.

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTE 17 COMMITMENTS UNDER LEASES**

#### **17.1 Operating Leases**

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

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
<b>Obligations under operating leases comprise</b>		
<b>Buildings</b>		
Not later than one year	262,350	193,800
Later than one year but not later than five years	769,419	761,926
Later than five years	-	-
	<b>1,031,769</b>	<b>955,726</b>
<b>Other</b>		
Not later than 1 year	2,569	7,353
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<b>2,569</b>	<b>7,353</b>

#### **17.2 Finance Leases**

RQIA had no finance leases at either 31 March 2017 or 31 March 2016.

#### **17.3 Commitments under Lessor Agreements - Operating Leases**

RQIA did not act as a lessor at either 31 March 2017 or 31 March 2016.

## **THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

#### **NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS**

##### **18.1 Off balance sheet PFI and other service concession arrangement schemes.**

RQIA had no commitments under PFI and other concession arrangement contracts at 31 March 2017 or 31 March 2016

##### **18.2 On balance sheet (SoFP) PFI Schemes**

RQIA had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2017 or 31 March 2016.

#### **NOTE 19 OTHER FINANCIAL COMMITMENTS**

RQIA did not have any other financial commitments at 31 March 2017 or 31 March 2016

#### **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 to little credit, liquidity or market risk.

RQIA did not have any financial instruments at either 31 March 2017 or 31 March 2016.

#### **NOTE 21 CONTINGENT LIABILITIES.**

The RQIA did not have any quantifiable contingent liabilities at 31 March 2017 or 31 March 2016.

#### **NOTE 22 RELATED PARTY TRANSACTIONS**

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

During the 2016/17 year RQIA has had various material transactions with the DoH and with other entities for which the DoH is regarded as the parent department, particularly with the Business Services Organisation (BSO) which provides financial, human resources, procurement, legal, IT and corporate services to RQIA through Service Level Agreements.

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

## THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

#### NOTE 23 THIRD PARTY ASSETS

RQIA held no assets at either 31 March 2017 or 31 March 2016 belonging to third parties.

#### NOTE 24 FINANCIAL PERFORMANCE TARGETS

##### 24.1 Revenue Resource Limit

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

The Revenue Resource Limit for RQIA is calculated as follows:

	<b>2017</b>	<b>2016</b>
	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
DoH (excludes non cash)	7,179,181	6,814,895
Non cash RRL (from DoH)	237,263	166,596
<b>Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure</b>	<b>7,416,444</b>	<b>6,981,491</b>

##### 24.2 Capital Resource Limit

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

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Gross capital expenditure by RQIA	74,958	255,593
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	74,958	255,593
Capital Resource Limit	74,832	266,355
Overspend / (Underspend) against CRL	126	(10,762)

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY****NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017****24.3 Financial Performance Targets**

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

	<b>2016-17</b> £	<b>2015-16</b> £
Net Expenditure	(7,409,313)	(6,982,419)
RRL	7,416,444	6,981,491
Surplus/(Deficit) against RRL	7,131	(928)
Break Even cumulative position (opening)	(19,152)	(18,224)
Break Even Cumulative position (closing)	<u>(12,021)</u>	<u>(19,152)</u>

**Materiality Test:**

	<b>2016-17</b> %	<b>2015-16</b> %
Break Even in year position as % of RRL	0.10%	-0.01%
Break Even cumulative position as % of RRL	<u>-0.16%</u>	<u>-0.27%</u>

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

**NOTE 25 POST BALANCE SHEET EVENTS**

There are no post balance sheet events having material effect on the accounts.

**DATE OF AUTHORISED ISSUE**

The Accounting Officer authorised these financial statements for issue on 7 July 2017.





**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017**

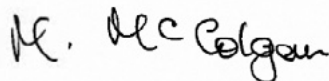
**CERTIFICATES OF DIRECTOR OF CORPORATE SERVICES,  
CHAIRMAN AND CHIEF EXECUTIVE**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 97 to 122) which I am required to prepare on behalf of the Regulation and Quality Improvement Authority have been compiled from and are in accordance with the accounts and financial records maintained by the Regulation and Quality Improvement Authority and with the accounting standards and policies for HSC bodies approved by the DoH.



**Director of Corporate Services  
6 July 2017**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 97 to 122) as prepared in accordance with the above requirements have been submitted to and duly approved by RQIA's Board.



**Acting Chair  
6 July 2017**



**Chief Executive  
6 July 2017**

# SECTION FOUR

## APPENDICIES



## Appendix 1: Enforcement Action: 1 April 2016 - 31 March 2017

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Abbey Dental Care (Damian McNally)	15 December 2016	Notice of proposal to cancel registration	24 February 2017
	19 January 2017	Notice of decision to cancel registration	
Apple Mews Nursing Home, Armagh (Parkcare Homes No2 Ltd)	6 July 2016	Two notices of failure to comply with regulations issued, relating to staffing and governance.	4 October 2016
Ashbrooke Care (Nursing) Home, Enniskillen (Runwood Homes)	10 November 2016	One notice of failure to comply with regulations issued, relating to care and records management.	13 February 2017
Bradbury Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015	Notice of proposal to place condition of registration relating to the quality of treatment.	23 August 2016
	21 September 2015	Notice of decision to place condition of registration relating to the quality of treatment.	
	9 October 2015	Appeal lodged with Care Tribunal.	
	23 August 2016	Appeal to Care Tribunal withdrawn and condition of registration placed on service.	
Bradbury Dental Surgery, Belfast (R McMitchell Dental World Ltd)	31 October 2016	Notice of proposal to cancel registration	15 February 2017
	10 January 2017	Notice of decision to cancel registration	

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
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.	8 April 2016
The Court Care Home, Nursing Home, Ballymoney (Four Seasons (No.11) Ltd)	3 November 2016	Two notices of failure to comply with regulations issued, relating to quality monitoring and governance systems, and patient records.	5 January 2017
Crumlin Road Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015  21 September 2015  9 October 2015  23 August 2016	Notice of proposal to place condition of registration relating to the quality of treatment.  Notice of decision to place condition of registration relating to the quality of treatment.  Appeal lodged with Care Tribunal.  Appeal to Care Tribunal withdrawn and condition of registration placed on service.	23 August 2016
Crumlin Road Surgery, Belfast (R McMitchell Dental World Ltd)	31 October 2016  10 January 2017	Notice of proposal to cancel registration  Notice of decision to cancel registration	15 February 2017
Cushendall Dental Surgery, Cushendall (Mr S B Killough)	8 September 2016	One notice of failure to comply with regulations issued, relating to Access NI checks	30 November 2016
Drapersfield House Nursing Home, Cookstown (Mr and Mrs McCrystal)	10 March 2016  11 April 2016	Notice of proposal to cancel registration of registered persons.  Notice withdrawn as new registered person registered.	11 April 2016

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Dunmurry Manor Nursing Home, Dunmurry (Runwood Homes Ltd)	26 October 2016	Three notices of failure to comply with regulations issued, relating to quality monitoring and governance systems and patient records.	27 January 2017 (one notice)
	6 February 2017	Notice of proposal to place three conditions of registration	
	10 March 2017	Notice of decision to place three conditions of registration	Ongoing at 31 March 2017
Foreglen Community Association Day Care Service (Ms A Hegarty, Foreglen Community Association)	25 April 2016	Two notices of failure to comply with regulations issued, relating to whistleblowing, staff induction and staff training and development policies and procedures; Access NI checks	5 August 2016 (one notice)
	15 June 2016	Notice of proposal to place three conditions of registration	
	25 July 2016	Notice of decision to place three conditions of registration	
	16 August 2016	Appeal lodged with Care Tribunal	
	16 January 2017	RQIA notified that Foreglen withdrew its appeal to Care Tribunal. Three conditions of registration placed on service.	10 February 2017 Compliance achieved with two conditions.  Ongoing at 31 March 2017

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 21 September 2015 9 October 2015 23 August 2016	Notice of proposal to place condition of registration relating to the quality of treatment.  Notice of decision to place condition of registration relating to the quality of treatment.  Appeal lodged with Care Tribunal.  Appeal to Care Tribunal withdrawn and condition of registration placed on service.	23 August 2016
Glen Dental Practice, Belfast (R McMitchell Dental World Ltd)	31 October 2016 10 January 2017	Notice of proposal to cancel registration  Notice of decision to cancel registration	15 February 2017
Homecare and Nursing Services (Homecare and Nursing Services Ltd Mrs H Kane), Donaghadee	12 October 2016	One notice of failure to comply with regulations issued, relating to recruitment of staff.	15 November 2016
Jordan Dental Care, Belfast (David Jordan)	7 January 2016	One notice of failure to comply with regulations issued, relating to AccessNI checks.	11 April 2016
Keady Dental Surgery, Keady (Mr E and Mrs A M Mallon)	24 March 2017	One notice of failure to comply with regulations issued, relating to Access NI checks.	Ongoing at 31 March 2017

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Kesh Domiciliary/ Supported Living Service, Kesh (Praxis Care Group)	19 December 2016	Six notices of failure to comply with regulations issued, relating to staffing arrangements, staff induction, records, safe working practices, quality monitoring reports and the fitness of domiciliary care workers.	16 January 2017 (four notices) 15 February 2017 (two notices)
Knock Orthodontic Practice and Coulter's Dental Surgery, Belfast (Mr W and Mrs CJ Coulter)	18 August 2016	One notice of failure to comply with regulations issued, relating to Access NI checks	14 September 2016
Laserway Laser Clinic, Ballymena (Ms I Barrett)	17 February 2016	One notice of failure to comply with regulations issued, relating to protective eyewear and staff training.	11 May 2016
Lisadian House Nursing Home, Hillsborough (Elim Trust Corporation)	13 September 2016	Two notices of failure to comply with regulations issued, relating to records management, care plans and governance and management systems.	14 December 2016
Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd)	6 August 2015 21 September 2015 9 October 2015 23 August 2016	Notice of proposal to place condition of registration relating to the quality of treatment. Notice of decision to place condition of registration relating to the quality of treatment. Appeal lodged with Care Tribunal. Appeal to Care Tribunal withdrawn and condition of registration placed on service.	23 August 2016

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd)	31 October 2016	Notice of proposal to cancel registration	15 February 2017
	10 January 2017	Notice of decision to cancel registration	
Maguire McCann Dental Surgeons, Enniskillen (Mr J Maguire)	7 December 2016	One notice of failure to comply with regulations issued, relating to Access NI checks.	7 February 2017
Joan Mangan and Associates Dental Practice, 13 Belfast Road, Antrim (Ms J Mangan)	1 June 2016	One notice of failure to comply with regulations issued, relating to Access NI checks.	2 September 2016
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	22 April 2013	Notice of proposal to place conditions of registration	16 May 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	
	9 December 2013	Compliance achieved in respect of one condition of registration	
E McCann Dental Practice, Omagh (Mr E McCann)	18 December 2015	Notice of proposal to place one condition of registration	Ongoing at 31 March 2017
	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)	



Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
McCann and Haran Dental Clinic, Omagh (Mr E McCann, Mr M Haran)	18 December 2015 20 January 2016 17 February 2016	Notice of proposal to place one condition of registration  Notice of decision to place one condition of registration  One conditions of registration placed with effect 17 February 2016 (see appendix 3 for details)	Ongoing at 31 March 2017
Mertoun Park Residential Care Home, Holywood (Belfast HSC Trust)	30 March 2017	Two notices of failure to comply with regulations issued, relating to fire safety and variations to registration.	Ongoing at 31 March 2017
Mountpottinger Dental Surgery, Belfast (R McMitchell Dental World Ltd)	6 August 2015 21 September 2015 9 October 2015 23 August 2016	Notice of proposal to place condition of registration relating to the quality of treatment.  Notice of decision to place condition of registration relating to the quality of treatment.  Appeal lodged with Care Tribunal.  Appeal to Care Tribunal withdrawn and condition of registration placed on service.	23 August 2016
Mountpottinger Dental Practice, Belfast (R McMitchell Dental World Ltd)	31 October 2016 10 January 2017	Notice of proposal to cancel registration  Notice of decision to cancel registration	15 February 2017

Name of Service and category (provider)	Date of Issue	Details of RQIA enforcement action	Date of compliance/ conditions imposed
Northcott Dental Surgery, Glengormley (R McMitchell Dental World Ltd)	7 September 2016 10 October 2016	Notice of proposal to place one condition of registration Notice of decision to place one condition of registration	14 November 2016
Northcott Dental Surgery, Glengormley (R McMitchell Dental World Ltd)	31 October 2016 10 January 2017	Notice of proposal to cancel registration Notice of decision to cancel registration	15 February 2017
Railway Dental Care, Strabane (Mr G Kennedy)	13 December 2016	One notice of failure to comply with regulations issued, relating to Access NI checks.	25 January 2017
Rose Martha Court Nursing Home, Ballymena (Runwood Homes Ltd)	21 October 2016	Two notices of failure to comply with regulations issued, relating to quality monitoring / governance systems and the statement of purpose.	25 November 2016
Ross Lodge/Ross House Residential Care Home, Dervock (Mr and Mrs McKinney)	15 July 2016	One notice of failure to comply with regulations issued, relating to service user finances	12 August 2016

## Enforcement at Children's Residential Care Services

During the year RQIA took enforcement action on ten occasions in relation to children's residential homes – all of which are operated by health and social care trusts.

- 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. Compliance was achieved in May 2016.
- In May 2016, three services operated the Northern Trust each received a notice of failure to comply with regulations in relation to child protection refresher training. In each case compliance was achieved in July 2016.
- In May 2016, a Western Trust service received one notice of failure to comply with regulations in relation to the supervision of a child to ensure their health and wellbeing is protected. Compliance was achieved in July 2016.
- In November 2016, a regional secure unit operated by the South Eastern Trust received five notice of failure to comply with regulations, relating to employment of staff, promotion of welfare, behaviour management, discipline and restraint, surveillance and monitoring the service. Compliance was achieved in February 2017.
- In November 2016, a Western Trust service received five notice of failure to comply with regulations, relating to promotion of welfare, complaints and representations, case records and placement plans, and review of cases. Compliance was achieved in January 2017.
- In January 2017, a South Eastern Trust service received three notices of failure to comply with regulations relating to employment of staff, promotion of welfare, and fitness of the premises. Compliance was achieved in February 2017.
- In February 2017 two services operated the Northern Trust each received two notices of failure to comply with regulations in relation to breaches in the statement of purpose and the promotion of welfare at the homes. This action remained ongoing at both services at 31 March 2017.

**Appendix 2: Conditions of Registration as a result of Enforcement Action**

Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
Bradbury Dental Surgery, Belfast (R McMitchell Dental World Ltd)	<p>One condition was placed on the registration of Bradbury Dental Surgery</p> <p>1. Conditions placed by the General Dental Council on the registration of Mr Robert A McMitchell must be adhered to.</p>	23 August 2016	<p>15 February 2017</p> <p>Registration of Mr R McMitchell cancelled by RQIA, therefore the condition of registration ceased to apply.</p>
Crumlin Road Dental Surgery, Belfast (R McMitchell Dental World Ltd)	<p>One condition was placed on the registration of Crumlin Road Dental Surgery</p> <p>1. Conditions placed by the General Dental Council on the registration of Mr Robert A McMitchell must be adhered to.</p>	23 August 2016	<p>15 February 2017</p> <p>Registration of Mr R McMitchell cancelled by RQIA, therefore the condition of registration ceased to apply.</p>
Foreglen Community Association (Ms A Hegarty, Foreglen Community Association)	<p>Three conditions were placed on the registration of Foreglen Community Association Day Care Setting</p> <p>01) Recruit a manager who has the qualifications, skills and experience necessary for managing the day care setting.</p> <p>(02) Registered person must ensure that appropriate arrangements are in place to recruit staff and volunteers and that these arrangements are embedded in practice.</p> <p>(03) Ensure that appropriate arrangements are in place to monitor matters set out in Day Care Settings Regulations Schedule 3.</p>	16 January 2017	<p>10 February 2017</p> <p>Compliance achieved with two conditions relating to recruitment practices and monitoring.</p> <p>Ongoing at 31 March 2017</p>



Service	Condition of Registration/ Deregistration	Date action took effect	Additional Information
E McCann Dental Practice, Omagh (Mr E McCann)	One condition was placed on the registration of Mr Eamonn McCann, E McCann Dental Practice, Omagh  1. Conditions placed by the General Dental Council on the registration of Mr Eamonn McCann must be adhered to.	17 February 2016	Ongoing at 31 March 2016
McCann and Haran Dental Clinic, Omagh (Mr E McCann, Mr M Haran)	One condition was placed on the registration of Mr Eamonn McCann, McCann and Haran Dental Clinic, Omagh  1. Conditions placed by the General Dental Council on the registration of Mr Eamonn McCann must be adhered to.	17 February 2016	Ongoing at 31 March 2016
Mountpottinger Dental Surgery, Belfast (R McMitchell Dental World Ltd)	One condition was placed on the registration of Mountpottinger Dental Surgery  1. Conditions placed by the General Dental Council on the registration of Mr Robert A McMitchell must be adhered to.	23 August 2016	15 February 2017  Registration of Mr R McMitchell cancelled by RQIA, therefore the condition of registration ceased to apply
Northcott Dental Surgery, Glengormley (R McMitchell Dental World Ltd)	One condition was placed on the registration of Northcott Dental Surgery  1. Conditions placed by the General Dental Council on the registration of Mr Robert A McMitchell must be adhered to.	14 October 2016	15 February 2017  Registration of Mr R McMitchell cancelled by RQIA, therefore the condition of registration ceased to apply

### Appendix 3: 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. To date six services have been convicted of failing to register with RQIA, and treating clients with unregistered cosmetic laser and/or intense pulsed light (IPL) equipment:

Service	Service Provider	Date	Court	Fine
Indulgence by Susan, Lisburn	Ms S Reilly	18 October 2016	Lisburn Magistrates	£800 plus costs
Ashburn Image, Londonderry	Mr A Wright	20 October 2016	Londonderry	£200 plus costs
Antrim Beauty Clinic, Antrim	Ms F Redpath	27 October 2016	Antrim	£300 plus costs
Allure House of Beauty, Lurgan	Evadan Limited	1 November 2016	Craigavon	£200 plus costs
Papilio Beauty and Lazer Clinic	Ms I Hughes Brennan	18 November 2016	Armagh	£250 plus costs

#### Appendix 4: RQIA Board Members' Profiles (as at 31 March 2017)

**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.

**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, and was reappointed for a further four-year term in December 2015. Sarah is a member of RQIA's appointments and remuneration committee and the appointment panel for Part 2 and Part 4 doctors. She is a solicitor by profession, and is currently the Northern Ireland Certification Officer for Trade Unions and Employers' Associations - a regulatory and judicial role within industrial relations. Sarah also acts as an independent adjudicator and arbitrator across a range of legal proceedings, including as an independent assessor for complaints and serious adverse incidents for the Health and Social Care Board.

**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 member of the Law Society Client Complaints Committee; and is a member of the board of governors at Assumption Grammar, Ballynahinch.

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





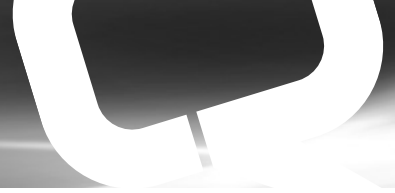
**Dr Norman Morrow, OBE**, was appointed to RQIA's board in May 2014 for a four-year term. Prior to his retirement, he was Chief Pharmaceutical Officer for Northern Ireland, and since then has been professionally active in a consultative capacity. He is a member of the panel of Independent Assessors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

**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 the Economy, and the Agricultural Wages Board of the Department of Agriculture, Environment and Rural Affairs.

**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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