



Annual Quality Report 2016-17

Assurance, Challenge and Improvement in Health and Social Care

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Introduction

This is RQIA's fourth Annual Quality Report, which provides an overview of how we align our quality improvement activities to Quality 2020's five strategic goals:

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating the Care

In this report we have highlighted examples of practice which we believe are significant in assuring and improving the quality of health and social care for all those in receipt of these services.

Foreword

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Our key duties are to register and inspect a wide range of independent and statutory health and social care services. We assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews. We also undertake a range of responsibilities for people with mental ill health and those with a learning disability.

RQIA aims to 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.

We are committed to contributing to the delivery of the Department of Health's Quality 2020 strategy through our programme of inspections and reviews, which aim to support and encourage continuous improvement in the quality of Northern Ireland's health and social care services.

To ensure continuous improvement within RQIA, we have adopted the European Foundation for Quality Management (EFQM) Quality Excellence Framework, which underpins everything we do.

This report describes RQIA's progress in the areas of quality and continuous improvement in 2016-17 to support the delivery of the Quality 2020 goals.

Prof Mary McColgan
Interim Chair

Olive Macleod
Chief Executive

Strategic Goal 1: Transforming the Culture

We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

Governance and Assurance

RQIA's Board is responsible for the oversight of corporate performance and governance arrangements in the organisation. Through regular board meetings, board members assess corporate performance reports, which detail the organisation's progress against strategic and operational aims and objectives, and our commitment to quality improvement.

Assurance is also sought through an ongoing programme of internal audit. During the year, the following areas were subject to audit: complaints management, whistleblowing and concerns; risk management; inspection; the Guidelines and Audit Implementation Network (GAIN); and governance and board effectiveness. RQIA's response to address the recommendations arising from each audit are shared with board members through RQIA's Audit Committee, which monitors progress through its meetings, and provides assurance to the full board.

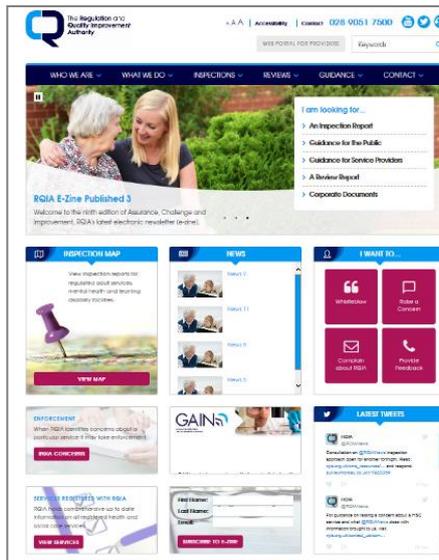
Staff Meetings and Training

Each month, staff meetings are held where the latest news is shared with all staff. Staff are also encouraged to contribute to the agenda to ensure these meetings remain relevant to RQIA employees at all levels. The meetings also provide a platform for staff to share examples of best practice across the organisation. Following the meeting a minute is circulated to all staff to ensure those unable to attend are kept fully informed.

To ensure our staff are suitably skilled to deliver a high quality and high performing service, we provide a range of mandatory training for all staff. This included: patient and public involvement, data protection, records management, ICT security, and fire safety.

Individual training needs are also identified through annual staff appraisal where opportunities for professional and personal development are discussed. This ensures that each staff member has an opportunity to avail of training for their specific roles, to ensure that their knowledge and skills remain up-to-date.

RQIA Website

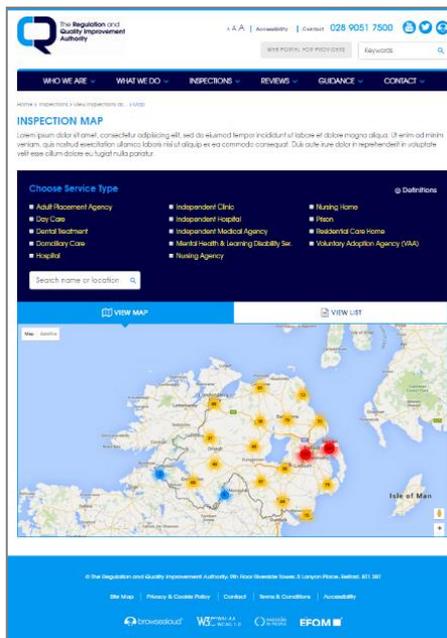


Since the launch of our previous website in 2007, there has been considerable change at RQIA.

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

RQIA's home page: www.rqia.org.uk



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.

RQIA's Inspection Map allows access to all our inspection reports

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 BrowserCloud 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 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](https://twitter.com/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](https://twitter.com/RQIANews) increased by 700, with 1,500 followers at 31 March 2017.

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.

During 2016-17, RQIA conducted around 2,800 inspections at health and social care services, ranging from care homes, domiciliary care agencies and independent health care services to mental health facilities, hospitals and prisons. 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.

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.

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.

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. 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.

Strategic Goal 2: Strengthening the Workforce

We will provide the right education, training and support to deliver high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.

Commitment to Excellence

RQIA is strongly committed to ensuring that all our work is of the highest quality. We operate within a shared culture of excellence, underpinned by the values set out in RQIA's Culture Charter entitled "Living our values every day".

This approach has been independently validated through an EFQM excellence award in late 2015. Taking account of this external benchmarking, during 2016-17 RQIA initiated a series of quality improvement work streams with progress reported to RQIA's Board on a quarterly basis. This included active engagement with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland.

During 2016-17, RQIA prepared its application for the new Investors in People (IiP) Standard, which will be subject to an external assessment in early 2017-18. The IiP performance model provides a pathway to future progress, and a journey of continuous improvement, which aligns with RQIA approach to quality improvement.

In an ongoing drive to improve organisational performance, initial preparation for the implementation of ISO9001 certification commenced during the year, with the aim of developing a robust and flexible Quality Management System across RQIA over the year ahead.

In January 2017, RQIA appointed a new Medical Director with specific responsibility for leading and promoting quality improvement within the organisation and developing wider engagement with the sector on quality improvement initiatives.

RQIA has a team of highly skilled staff, including nurses, social workers and medical staff. We monitor ongoing professional revalidation, which is integral to ensuring our staff maintain and develop their knowledge and skill in line with new and emerging models of care delivery across health and social care.

RQIA continued its participation in the ADEPT Clinical Leadership programme. During the year, RQIA, in partnership with NIMDTA, appointed a clinical leadership fellow. During their placement, they worked on a range of projects, including RQIA's new acute hospital inspection programme and a range of reviews, bringing additional clinical expertise to RQIA work programme.

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.

During the year RQIA also provided staff from across the organisation to avail of the Putting People First regional training programme, aimed at embedding positive behaviours to improve experience in any interaction within health and social care.

The involvement of lay assessors - service users and members of the public, is integral to the work of RQIA. RQIA is committed to increasing lay assessor involvement year on year. During the year we recruited 11 lay assessors to participate in inspection and review activities, bringing their own experience, fresh insight and a public focus to our work. Following each inspection or review which includes a lay assessor, we seek feedback on how we can improve and maximise the benefit of their involvement. This learning is taken forward as part of the continual review of this programme.

On a monthly basis, and in addition to regular team meetings, RQIA holds staff meetings, led by the Chief Executive and executive management team. Here, staff are provided with an update on the latest news at RQIA and presentations by staff sharing best practice. These meetings also provide a platform for senior management to listen to staff and encourage them to be involved in decision making, problem solving and innovation.

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.

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 a range of organisations and charities, including 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.

Strategic Goal 3: Measuring the Improvement

We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively

Regulation of Health and Social Care 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 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

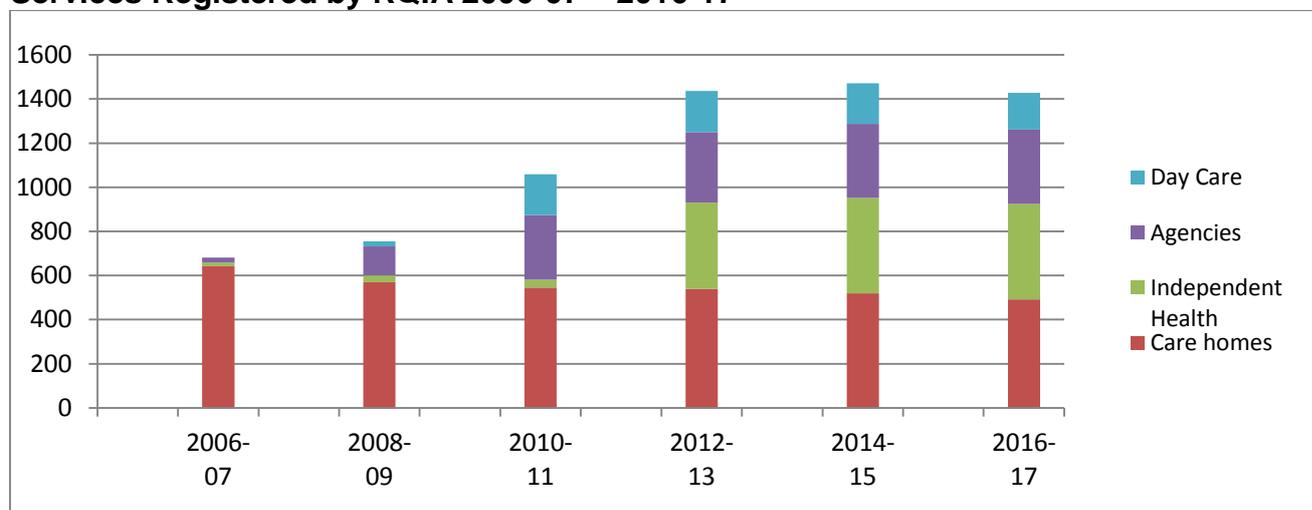
Young adult supported housing and school boarding departments are inspected by RQIA annually, however, they are not required to register with RQIA.

The table below provides details of services registered with RQIA

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
Overall Total	1428	

The figure below shows the increase in the number of services regulated by RQIA over the past decade.

Services Registered by RQIA 2006-07 – 2016-17



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. 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 over 2,800 inspections at 1,428 services subject to regulation (see table below).

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
Total	1,947	399	65	399	2,810

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.

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.

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, 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, including 16 dental services, nine nursing homes and eight children's residential care homes. 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.

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.

During the year, RQIA also took action to place conditions of registration on a day care service, and to cancel the registration of a provider in respect of five private dental services they operated.

Prosecution of Unregistered Laser Services

The Regulation and Quality Improvement Authority

Attention! Cosmetic Laser Treatment Clients
IMPORTANT SAFETY INFORMATION

Did you know, **FOR YOUR SAFETY AND PROTECTION**, any clinic that provides cosmetic laser treatment (e.g. for hair removal, thread veins, skin rejuvenation), or laser tattoo removal **MUST** be registered with RQIA?

Before you agree to any cosmetic laser or intense pulsed light (IPL) treatment, ask to see the RQIA registration certificate, which should be prominently displayed in the clinic.

If a service is not registered with RQIA - it is **BREAKING THE LAW** and you should seek an alternative registered service.

If you become aware of any unregistered service, please tell RQIA.

IT'S YOUR BODY, TAKE CARE OF IT!

The Regulation and Quality Improvement Authority (RQIA)
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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.

Service User Engagement in Domiciliary Care

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

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.

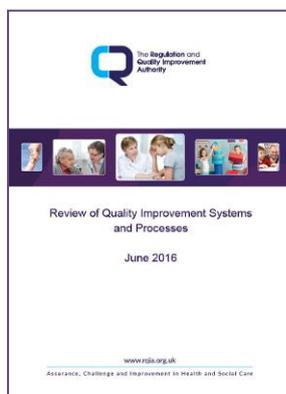
In planning and reporting on our reviews, we focus on whether care is safe, effective and compassionate; and the quality of leadership within a service.

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 Department of Health and the minister.

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, 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.

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.

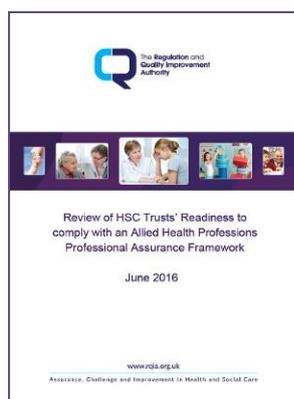
This review identified steps that should be considered by all HSC organisations in taking forward the quality improvement agenda. These focused on:

- 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.

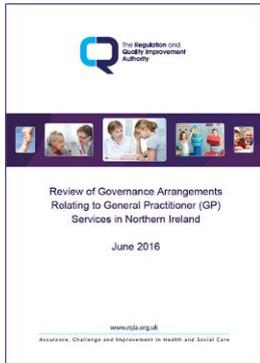
All HSC trusts supported the development of the AHP Framework and considered that in addition to supporting professional roles, it would also raise the profile of AHPs within the trusts.

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

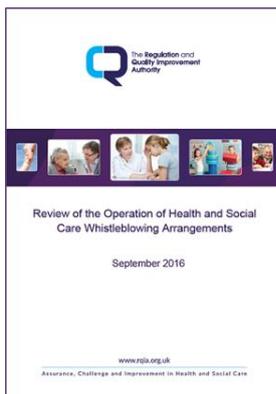


In July 2016, RQIA published its review of governance arrangements and processes in place, to assure that services delivered by general practitioners (GPs) in Northern Ireland are safe, effective and compassionate.

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



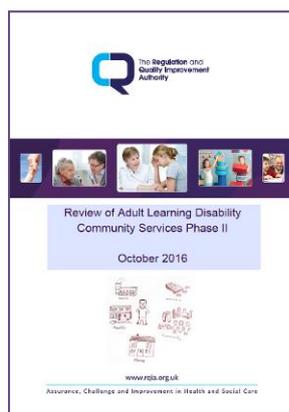
RQIA was commissioned to conduct a review of whistleblowing arrangements in HSC organisations in Northern Ireland, as part of a wider Department of Health review in response to Sir Liam Donaldson's Report. RQIA's independent review team, which included representation from whistleblowing charity - Public 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.

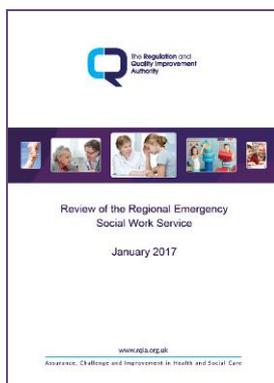
On publication, RQIA also presented the findings of this review to the Northern Ireland Assembly's All Party Group for Learning Disability at the Senate Chamber in Parliament Buildings.

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.

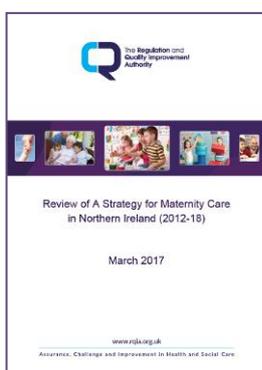
RQIA's review team found that all HSC trusts had implemented and adapted this pathway, providing guidance to their staff on local arrangements for responding to women with mental health needs associated with pregnancy or the postnatal period. While the Belfast HSC Trust provides a small scale specialist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

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.

Hospital Inspections

During the year, RQIA’s healthcare team conducted 27 unannounced inspections at hospitals in Northern Ireland, examining practice in 44 clinical areas.

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.

In each area inspected we assessed compliance levels in respect of: general environment; patient linen; sharps management; waste management; patient equipment; hygiene facilities; and hygiene practices.

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. The table below demonstrates progress over the past five years

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 using separate standards

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.

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.

Strategic Goal 4: Raising the Standards

We will establish a framework of a clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review

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, attended by around 100 delegates.

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 2015 a Public Health Agency (PHA) external review of RQIA's PPI arrangements was completed and a number of 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. In response to PHA recommendations, at a staff workshop in June 2016, an action plan aligned to the regional PPI Standards was developed. At March 2017, all actions were on target for completion.

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.

Strategic Goal 5: Integrating the Care

We will develop integrated pathways of care for individuals. We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external providers.

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. 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).



Speakers and delegates at RQIA's Regulators Knowledge Exchange

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; Northern Ireland 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.

Public Affairs

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 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.

During the year, 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 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 staff at RQIA's Duty desk, and discusses RQIA's priorities with Chief Executive Olive Macleod

Looking Ahead

In every aspect of its work, RQIA strives to be a driving force for improvement in the quality of health and social care in Northern Ireland. RQIA will continue to report on our four stakeholder outcomes of safe, effective, compassionate, and well-led care.

RQIA continues to focus on building the capability and capacity of our staff to ensure they have the necessary knowledge and skills to support improvements in quality that result in better outcomes for those in receipt of health and social care.

As part of this process we have commenced a review of our workforce with a view to structuring the organisation to improve how we support both providers and users of health and social care services across Northern Ireland.

During 2017-18, we will prepare for an independent assessment by Investors in People against the new IiP standard which will involve meeting with a wide range of staff at all levels within in the organisations. Following this assessment RQIA will develop a two year organisational development action plan to support further improvements in organisational performance.

We are also preparing for ISO 9001 accreditation which we will use to further demonstrate our ability to provide products and services that meet our customer and regulatory requirements in a consistent manner



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