

RQIA Board Meeting – 7 June 2007

Quarterly Report

Aim and Purpose

This paper presents an overview of RQIA's activities and progress against the business plan objectives during the reporting period January to March 2007.

Monitoring Performance

Following completion of the business planning process for 2007/08 work has commenced to develop a corporate performance scorecard. For each action, appropriate performance measures are being determined to assist the quantitative assessment of progress. The key performance indicators (KPI's) need to be effective, measurable and related to our four strategic themes. Detailed reporting against KPI's will then form an integral part of the quarterly report.

Recommendation

The Board is asked to **NOTE** the report.

JOHN STEWART
DIRECTOR OF CORPORATE SERVICES
25 May 2007

Agenda item 5
Paper B/04/07



Quarterly Report

Reporting period 1 January to 31 March 2007

Agenda item 5
Paper B/04/07

Quarterly report highlights

This report details activity and progress on the last quarter of 2006/07. The following information is explained fully within the main body of this paper.

Stakeholder	Internal Business Process
<p>Complaints</p> <ul style="list-style-type: none"> 32 complaints received: 88% relating to nursing homes and 13% against residential care homes Complaints from relatives and friends accounted for 63% <p>Freedom of Information</p> <ul style="list-style-type: none"> 1 requests were received during the period and was processed within the 20 working day timeframe <p>Progress report on business plan objectives</p> <ul style="list-style-type: none"> Full details of progress are detailed in Section 3 of this paper <p>New inspection methodology</p> <ul style="list-style-type: none"> Using the feedback received from the consultation process and the series of roadshows with service providers responses were collated and analysed. A letter summarising the key findings and recommendations has been drafted to send to all stakeholders who responded. A copy of the report will be available from our website. 	<p>Regulated sector activity</p> <ul style="list-style-type: none"> 682 registered establishments and agencies at 31 March 2007 806 inspections carried out, including announced, unannounced, pharmacy, estates and financial and additional inspections <p>Clinical and Social Care Governance</p> <ul style="list-style-type: none"> The review visit programme to 25 health and social care organisations were completed on schedule in March 2006. The review visit process included a summation meeting to senior teams in each of the organisations on the findings of the review team. Report writing is underway.
Learning and improvement	Resource Management
<p>Notifications-children's homes</p> <ul style="list-style-type: none"> 278 notifications reported from children's homes <p>Failure to comply notices</p> <ul style="list-style-type: none"> Within WHSSB area: <ul style="list-style-type: none"> -two notices(pharmacy and environmental issues) were issued to one home -one notice(pharmacy issues) issued to another home <p>Reviews</p> <ul style="list-style-type: none"> Governance review of the lessons arising from the death of Mrs Janine Murtagh- improvement review and Governance review of NI Breast Screening Programme- recommendations further reviewed during the clinical and social care governance review conducted during this quarter. <p>Incident, Investigation and Review</p> <ul style="list-style-type: none"> Received 7 new incident referrals <p>Organisational Development Strategy</p> <ul style="list-style-type: none"> Consultants appointed to assist with the preparation of an organisational strategy. Project will be completed by June 2007. 	<p>Annual Fees for 2006/07</p> <ul style="list-style-type: none"> Invoices for annual fees for 2006/07 have been raised and sent out <p>Staffing at 31 March 2007</p> <ul style="list-style-type: none"> 92 staff in post with 84 and 8 staff based in Belfast and Omagh respectively. 6.48 % sickness absence rate <p>Financial Position at 31 March 2007</p> <ul style="list-style-type: none"> Shows a deficit of £39,914 which resulted from surrendering too much cash based on forecasts to the year end.

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Section 1: Activity information - 1 January to 31 March 2007

1. Registration activity

1.1 Registered establishments/agencies

The Authority has the function of registering services delivered by statutory and independent (private and voluntary) providers, to make sure they are of an acceptable standard all meet all legal requirements.

The regulated services include:

Nursing homes;
Residential care homes;
Children's homes;
Independent health care providers- include independent hospitals, and independent clinics; and
Nursing agencies.

The number and type of registered establishments and agencies at 31 March 2007 is presented in table 1A and 1B. This information has been derived from the central register.

Table 1A: Number of registered establishments

Type of establishment	NHSSB	EHSSB	SHSSB	WHSSB	NI Total
Total at 31 Dec 2006	178	275	106	100	659
Nursing homes	63	103	48	39	253
Residential care homes	103	133*	49	46	331
Children's homes	10	25	11	13	59
Independent clinics	0	8	0	0	8
Independent hospitals	0	5	0	2	7
Total at 31 Mar 2007	176	274	108	100	658

* Note: discrepancy identified in table 1A of quarter 3 report. Number of residential homes should have been detailed as 137 as opposed to 138.

Table 1B: Number of registered nursing agencies

Date	NI total
Total at 31 Dec 2006	20
Total at 31 March 2007	24

The total number of registered establishments and agencies increased from 679 to 682 at 31 March 2007. Further details regarding the changes to the number of

registered establishments and agencies are detailed in the registration and closures section of this report.

1.2 Nursing, residential and children's homes

Fees for registration are being collected as they arise i.e. registration of establishments, changes to managers, variations to registrations. Invoices for annual fees for 2006/07 have been raised and sent out.

Details from the establishment and agency register held by the Authority were forwarded to the Community Information Branch at the DHSSPS during January and March 2007.

1.3 Independent health care providers and nursing agencies

Independent health care

At the 31 March 2007, there were 8 independent clinics and 7 independent hospitals registered. Work on the further registration of independent healthcare has continued over the last quarter. Independent healthcare providers offering laser treatments are being scheduled for registration. Problems still exist with some of the definitions under the 2003 order this includes the potential regulation of some private occupational health providers. Two investigations into services being provided by private occupational health providers have resulted in the decision not to register. Liaison with the health and social care trusts in relation to this matter.

Nursing agencies

Four nursing agencies were registered during this quarter, increasing the number of agencies registered from 20 to 24. There has been communication with trusts, boards and independent providers about the governance responsibilities in relation to the use of nursing agencies.

2. Registrations and closures of establishments

The number of registrations and voluntary closures are detailed below. The Authority did not instigate any cancellation of registrations in respect of a person or an establishment during this quarter.

2.1 NHSSB

During this quarter two private residential care homes were registered, each offering one place for residents with a learning disability. These small homes have increased the adult placement provision within the NHSSB area.

Four private residential care homes voluntarily cancelled registration as follows:

- 10 bedded home- category I, refer to key at end of this section.

- 6 bedded home- category I and PH(E);
- 3 bedded home - category MP, MP(E);
- 1 bedded home within the Positive Futures Scheme - category LD, LD(E).

These closures have resulted in a decrease in the availability of residential care within the Causeway area.

2.2 EHSSB

During this quarter two new establishments were registered, this included a private nursing home with 52 beds- category I, PH and PH(E) and a voluntary residential home with 1 respite place- category LD.

Two private residential care homes voluntarily cancelled registration as follows:

- 22 bedded- categories I, PH;
- 7 bedded- categories I, PH.

Additional amendments to register included:

- removal of records for two residential homes that had de-registered but had not been deleted from the register in error;
- variation processed to change registration of a home from the residential category to nursing;
- one existing nursing home registered as two units.

2.3 SHSSB

During this quarter two new homes were registered as follows:

- one 75 bed private nursing home was registered (56- category I and 19 residential beds –category DE);
- one private children’s home with 6 beds- category LD.

There were no voluntary cancellations of registration during this quarter.

2.4 WHSSB

No changes reported during this quarter.

Category	Definition
I	Old age not falling within any other category
E	Service users who are over 65 years of age but do not fall within the category of old age
DE	Dementia
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years
LD	Learning Disability
LD(E)	Learning disability – over 65 years
PH	Physical disability other than sensory impairment
PH(E)	Physical disability other than sensory impairment – over 65 years

3. Inspecting helps to improve the quality of care services by:

- confirming the service provider is meeting the obligations as defined in legislation and continues to meet an acceptable standard of care;
- monitoring the quality of care provided to the people who use the service and identify aspects that could be improved;
- verifying good practice and providing information about the quality of care services;
- recognising poor practice and requesting action to be taken.

3.1 Summary of inspection activity

Table 2: Type and number of inspections conducted January - March 2007

Board		Type & Number of Inspections						Total
		Announced	Unannounced	Pharmacy	Estates	Financial	Additional	
NHSSB	Inspection total Qtr 3	27	26	40	2	6	16	117
	Nursing homes	22	21	32	4	4	2	85
	Residential care homes	18	41	9	0	1	4	73
	Children's homes	1	8	3	0	0	0	12
	Sub total	41	70	44	4	5	6	170
EHSSB	Inspection total Qtr 3	50	24	50	45	0	15	184
	Nursing homes	40	62	23	16	0	16	157
	Residential care homes	47	52	30	17	0	8	154
	Children's homes	6	24	1	3	0	0	34
	Independent health care facilities	3	1	2	1	0	0	7
	Boarding Schools	0	0	0	0	0	0	0
	Sub total	96	139	56	37	0	24	352
SHSSB	Inspection total Qtr 3	21	8	21	21	2	5	78
	Nursing homes	10	30	11	9	6	6	72
	Residential care homes	5	10	5	6	0	1	27
	Children's homes	5	7	4	4	0	1	21
	Sub total	20	47	20	19	6	8	120
WHSSB	Inspection total Qtr 3	27	23	29	24	6	15	124
	Nursing homes	8	8	4	11	6	11	48
	Residential care homes	11	18	13	13	7	7	69
	Children's homes	4	10	11	11	2	0	38
	Independent health care facilities	2	2	2	2	0	1	9
	Sub total	25	38	30	37	15	19	164
Total: all inspections		182	294	150	97	26	57	806

During this quarter, we carried out 806 inspections of services which were eligible for inspection. The following table summarises the total number of inspections conducted during 2006/07.

Table 3: Summary of inspection activity 2006/07

Registered establishments	Type of inspection						TOTAL
	Announced	Unannounced	Pharmacy	Estates	Financial	Additional	
Nursing homes	276	265	260	164	33	190	1,188
Residential care homes	261	251	217	131	22	80	962
Children's homes	58	56	54	40	4	20	232
Independent healthcare facilities	22	4	12	15	0	5	58
Boarding schools	4	0	0	0	0	6	10
TOTAL	621	576	543	350	59	301	2,450*

*2005/06- 2,461 inspections undertaken.

The total number of inspections includes:

- scheduled inspections which include announced, unannounced, pharmacy, estates and financial inspections. In accordance with the regulations the Authority aims to carry out one announced and one unannounced inspection to each large home and this objective is being met (large care home- 4 places or more and small care home -3 places or less)
- additional inspections may be conducted during the pre-registration process, re-registration process, complaint investigation process and when inspectors conduct monitoring, follow-up or advisory inspections.

The number of inspections conducted in 2006/07 is comparable with data collected during 2006/07. Key performance indicators relating to inspection activity will be developed to measure our activity in a more specific way.

3.2 What does inspection tell us about the quality of care services?

When we inspect a care service we check to see if the service meets the regulations. If it does not, the inspection report will include requirements: this sets down what the provider of a service must do to comply with the law. Recommendations will also be detailed in the report. Inspectors work with service providers and trusts to ensure plans for quality improvement are effectively progressed to address issues of non compliance with regulations. We are compiling and validating data relating to the regulations contravened and requirements issued to the registered establishments during 2006/07. We will use this information to inform our inspection process and focus during the 2007/08 inspection year.

3.3 Identification of specific themes for quality improvement

The thematic indicators for regulated services across children and adult services were pre-admission planning, care planning following admission and recording of information. In addition, the children's inspectors were reviewing the health and educational outcomes for looked after children.

The findings in relation to the specific themes will be detailed in the overall assessment of health and social care services that will be published later in 2007.

3.4 How we are developing and improving the inspection process?

We would like to gradually change the way we inspect and report on care services. The proposed new methodology is underpinned by four key principles which are as follows:

- Focusing on improving care and outcomes for service users;
- Provider responsibility for the quality of services- introduction of self-assessment;
- Targeting activity where it can be most effective in improving services and protecting service users i.e. introduction of risk based approach and proportionate approach to the regulation;
- The provision of timely, user friendly inspection reports.

A 13-week consultation period was undertaken of the new inspection methodology. There were 74 responses submitted to the consultation document, a response rate of 8%. Using the feedback received from the consultation process and the series of roadshows with service providers, the outcomes were collated and analysed. The outcomes from this process were as follows:

- Introduce the new inspection methodology during Autumn 2007.
- Organise a number of awareness raising events for service providers on the risk assessment matrix.
- Continue to meet legislative requirements of inspection and continue to liaise with DHSSPS about any amendment to this.
- Provide continuing support and training to service providers.

A letter summarising the key findings and recommendations from the report has been drafted to send to all stakeholders who responded. A copy of the report will be available from our website.

4. Complaints

Complaints help us identify aspects of services that need to improve; services that are not providing the quality of service; aspects of care we should focus on

when conducting routine inspections; serious problems in a service that may lead to issue of improvement actions and enforcement action.

We investigate and deal with complaints which arise from services not meeting the regulations if they cannot be dealt with by the providers own complaints procedures. We believe that as far as possible, complaints should be resolved through local resolution.

4.1 Complaints we received about care services

We received 32 complaints during this year quarter, a decrease compared to the previous quarter; refer to Table 4 for further details. The majority of complaints received continue to be in respect of nursing homes (88%) followed by residential care homes (13%).

Table 4: Number of complaints received January - March 2007

Type of establishment	Complaints received by Board					
	Total Oct-Dec 2006	NHSSB	EHSSB	SHSSB	WHSSB	Total Jan-Mar 2007
Nursing homes	32	6	13	6	3	28
Residential care homes	5	2	2	0	0	4
Independent health care	1	0	0	0	0	0
Total	38	8	15	6	3	32

These figures do not include those complaints made directly to care homes or to trusts in relation to statutory facilities. Such complaints are required, under regulations to be recorded by homes and are subject to inspection at any time, in order to ensure complaints have been dealt with appropriately.

There were no complaints raised directly with any of the children's inspectors during this quarter. Under Regulation 23, The Children's Homes Regulations (NI) 2005, homes are required to retain a record of all complaints and are required to provide an annual summary of all complaints to the Authority if requested. This summary statement of complaints and action taken is provided by the registered person within the annual quality statement.

Table 5: Source of complaints received from January – March 2007

Source of Complaints	Source of complaints by Board					Totals Quarter 4
	Totals Quarter 3	NHSSB	EHSSB	SHSSB	WHSSB	
Anonymous	5	3	0	0	0	3
Professionals	5	0	0	1	1	2
Proprietors	0	0	1	0	0	1
Public	1	0	1	0	0	1
Relative/Friend	24	4	10	5	1	20
Resident	1	0	0	0	0	0
Current staff	0	0	0	0	0	0
Ex-staff	2	1	0	0	1	2
Other	0	0	3	0	0	3
Total	38	8	15	6	3	32

The highest number of complaints continues to be received from relatives and friends on behalf of residents/patients in care homes, accounting for 63% of all complaints received. This is comparable to the trend identified during quarter 3 of 2006/07.

4.2 What were the complaints about?

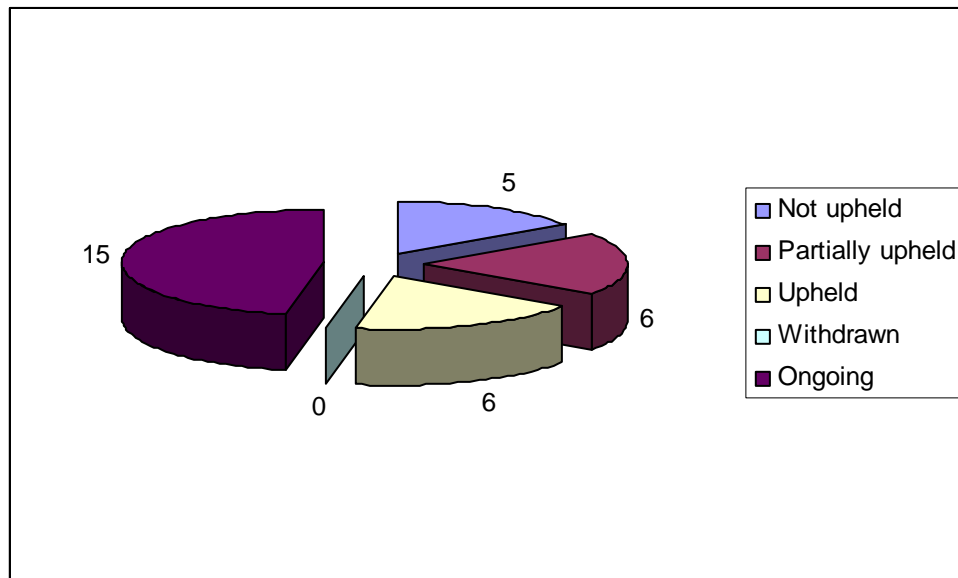
Table 6: Issues arising from complaints

Issues identified	Number of complaints
Care practice	24
Patient/residents rights	1
Management of establishment	5
Staffing	5
Attitude of staff	2
Financial arrangements	0
Environment	1
Personal care	2
Infection control	1
Medication issues	2
Health and safety	6
Allegation of abuse	3
Catering	2
Laundry	2
Activities	0
Incidents	2
Communication	3
Other	1
Total	62

4.3 Complaints outcomes

The figure below shows complaint outcomes during this quarter.

Figure 1: Complaint Outcomes



Three complaints with outcomes but cases not closed.

4.4 Development of a new complaints procedure

The DHSSPS issued a consultation document 'Complaints in the Health and Personal Social Services' on 20 November 2006 in respect of future complaint handling. The proposed role of RQIA is set out in this document. It recommends that RQIA deals with complaints that show a breach in regulations and second stage complaints involving regulated services i.e. complaints that cannot be resolved by local resolution. Following circulation of the approved complaint handling document, the specific recommendations will be incorporated into the RQIA processes and procedures. Guidance will also be issued to all registered establishments and agencies in due course.

4.5 Complaints received about the Authority

We did not receive any complaints about the Authority during this quarter. The five complaints received during 2006/07 are being handled and processed in accordance with the internal complaints procedure. As at 31 March 2007, all of these complaints are classified as ongoing.

5. Notifications received from children's homes

The Authority were notified of events that:

- are required to be reported under Regulation 29(1) Schedule 5, The Children's Homes Regulations (NI) 2005. The events to be notified to the Authority include:
 - Death of child accommodated in the home;
 - Staff misconduct under POCVA (Protection of children and vulnerable adults): alleged abuse/ other unprofessional conduct;
 - Serious illness or serious accident sustained by child;
 - Outbreak of infectious disease: serious in nature;
 - Allegation of serious offence by child;
 - Involvement/suspected involvement of child in sexual exploitation;
 - Serious incident necessitating calling police to home;
 - Absconding by child;
 - Serious complaint about home/employees;
 - Child protection enquiry involving child accommodated; and
 - Child protection procedures followed.
- did not fall within the remit of Regulation 29(1) and Schedule 5, The Children's Regulation (NI) 2005. Some of the events reported were:
 - Incident of fire;
 - Overdose;
 - Self Harm;
 - Serious assault by child on child;
 - Serious assault by child on staff;
 - Other- referred to in section 5.2.

A total of 278 events were reported to the Authority which is a decrease compared to the incidents reported in quarter 3 (247).

5.1 Notifications received in compliance with the regulations

There were 228 events reported to the Authority that fully complied with the regulations.

Absconding of children accounted for 65% of the notifications received in accordance with the regulations. 14% of notifications received related to allegation of serious offence by child. 12% of notifications related to serious incidents that necessitating the police being called to home.

Follow up action taken by the service provider involved:

- informing other professionals of the event and seeking advice;
- informing parents about the event and assessing their response and satisfaction with the management of the event;
- assessing if therapeutic intervention is required;
- reviewing child/young persons risk assessment/ risk management plan if required;
- convening group meetings, strategy meetings, emergency meetings if required;
- monitoring and assessment to minimise reoccurrence of events;
- referrals to another agency/body e.g. child psychiatrist.

Inspections and monitoring of notifiable events indicate evidence of variation and inconsistency in the quality and timeliness of reporting. The Authority intends to review guidance issued to providers previously regarding the reporting of events and to emphasise the importance of detailing the follow up actions taken. Work has commenced to assist the capture of data from incidents reported to the Authority from Children's Homes. Guidance will be issued to providers in due course in respect of the reporting of such incidents.

5.2 Notifications received that did not fully comply with the regulations

There were 50 events reported to the Authority that did not fully meet the definitions within the regulations. The Authority provided guidance on the interpretation of definitions in Regulation 29 (1) Schedule 5 incident reporting to the DHSSPS.

6. Deaths reported from children's homes

The children's homes regulations request the death of a child to be reported to the Authority. There were no deaths reported within children's homes in Northern Ireland during this quarter.

7. Deaths reported from nursing and residential homes

The nursing home and residential care regulations request the death of a patient or resident to be reported to the Authority. Due to variations in reporting timescales by service providers all deaths reported this year have been presented

Table 7: Number of deaths reported during 2006/2007

Type of establishment	Deaths reported by Board				
	NHSSB	EHSSB	SHSSB	WHSSB	Total 2006-07
Nursing homes	521	645	311	281	1758
Residential care homes	55	99	10	46	210
Independent Healthcare	0	268*	0	53**	321
Total	576	1012	321	380	2289

* Marie curie centre (126), NI Hospice (141) and Ulster Independent Clinic (1).

** Foyle Hospice (52) and North West Independent Hospital (1) - patient transferred from hospital for step down medical care.

77% of death notifications received were in respect of nursing homes. Death notification proforma is being redesigned and will be circulated to service providers for completion.

8. Improvement through enforcement

If a service provider is not providing the quality of care in line with regulations, the Authority can require the service provider to improve the standard of care/service delivered. The Authority can issue requirements for improvement which will be agreed with the service provider/agency. If the service provider fails to implement the requirements:

- a failure to comply notice may be issued which details the actions that need to be taken within a specified time period.
- Change the registration conditions e.g. halt to admissions in the care home.

During this quarter, no failure to comply notices was issued to homes in the NHSSB, EHSSB or SHSSB area.

In the WHSSB area, one home was issued with two failure to comply notices relating to pharmacy and environmental issues and another home received a failure to comply notice relating to pharmacy issues. Monitoring visits will be conducted at these homes to ascertain progress in addressing these matters.

9. Placing and removal of conditions on establishments

No conditions were placed or removed from establishments registered in the EHSSB, SHSSB or WHSSB.

Within the NHSSB area, one condition was placed on a private nursing home to halt admissions. This was due to inadequate staffing levels and unsafe environmental standards. This condition is still in place.

10. Incident, Investigation and Review

A sensitive tool to help monitor quality and encourage improvement, on an ongoing basis, is the review of serious incidents. Such incidents are defined as; "Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation". Where incidents have been reported or serious concerns about the provision of health and/or social care have been raised, the Authority will consider whether it needs to conduct an investigation or review.

The information presented relates to reviews conducted by the Incident Review Group during this quarter.

10.1 Incident reviews conducted

Table 8: Number of incidents reported during January - March 2007

Source of Incident Referral		Quarter 3 2006/07	Quarter 4 2006/07
Client/ Family		1	1
Inspectors		4	4
Coroner	Pre inquest	0	1
	Post inquest	0	1
DHSSPS		0	0
Board/Trusts		0	0
Total		5	7

Table 9: Incident breakdown by service provider January - March 2007

Service Providers		Quarter 3 2006/07	Quarter 4 2006/07
Regulated facilities (Nursing and Residential - Independent sector)		3	4
Trusts	Single trust involvement	1	3
	More than one trust involved in single incident	0	0
Board		0	0
Other- Non regulated service		1	0
Total		5	7

Table 10: Status of each incident in the review process at 31 March 2007

Status of Incident	Number of reported Incidents
Incidents ongoing at 31 December 2006	12
New incident referrals January –March 2007	7
Information /Action and implementation plan requested	8
Awaiting result of inquest to proceed	1
Awaiting outcome of review (ongoing)	6
Future Monitoring of organisation planned	2
Review of incidents completed	4
Incidents ongoing at 31 March 2007	15

10.2 Outcomes arising from the incident review and investigation

- As a result of completing 2 incident reviews the specific recommendations arising will be incorporated into the next clinical and social care governance reviews of individual health and social care trusts.
- In relation to the regulated nursing and residential home sector where breaches in regulation occur, requirements are made and the inspection staff will continue to monitor their implementation.

- Communication also continues with the Senior Coroner for Northern Ireland advising of the action taken by the RQIA as a result of the reviews undertaken.
- One serious adverse incident reported by a regulated nursing home resulted in an independent review being commenced in the regulated nursing home and health and social care hospital settings.

11. Commissioned reviews conducted by the Authority

Commissioned reviews	Progress during January - March 2007
1. Governance review of the lessons arising from the death of Mrs Janine Murtagh	This review identified issues relating to consent, patient care, leadership and communication and policies and procedures. Progress against the recommendations under the quality standards- "Safe and effective care" was further examined during The Royal Hospitals clinical and social care review conducted during this quarter.
2. Governance review of NI Breast Screening Programme	<p>These review identified issues related to workforce planning and how it impacted on the service, management of the competence and performance of a consultant radiologist, selection and recruitment procedures and the use of clinical and quality assurance guidelines.</p> <p>The United Hospital Trust and the Belfast City Hospital Trust clinical and social care governance reviews were undertaken during this quarter.</p> <p>As part of the clinical and social care governance reviews, RQIA also carried out a detailed review of medical management, leadership and consultant appraisal in all trusts and boards across Northern Ireland. This will be reported on during May 2007.</p>

12. Workforce information

12.1 Headcount

This includes information about the staff of Authority, the Chairman and Board members.

Table 11: Headcount and WTE

Workforce	Indicator	Quarter 3	Quarter 4
Headcount	Total headcount	102	105
	Total staff	89	92
	Total Board	13	13
	Total WTE	82.01	85.01
	Total staff	69	72.01
	Total Board	13	13

The information above does not include the number of temporary staff that were employed during this period.

12.2 Staffing profile- changes to date

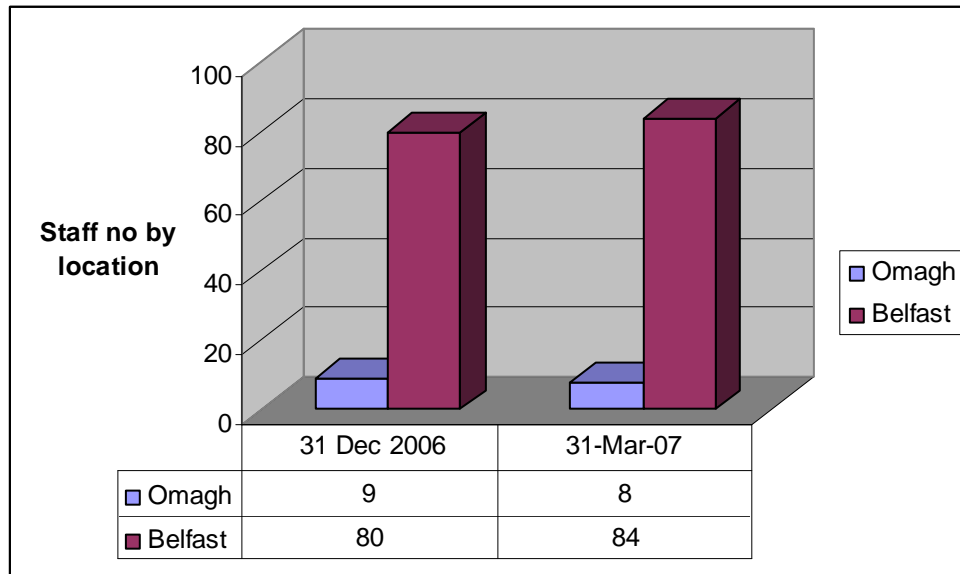
This section excludes information about the Chairman and Board members. At 31 March 2007, there were 92 members of staff employed by the Authority.

Changes between the 31 December 2006 and 31 March 2007 are as follows:

- the staff headcount increased from 89 to 92;

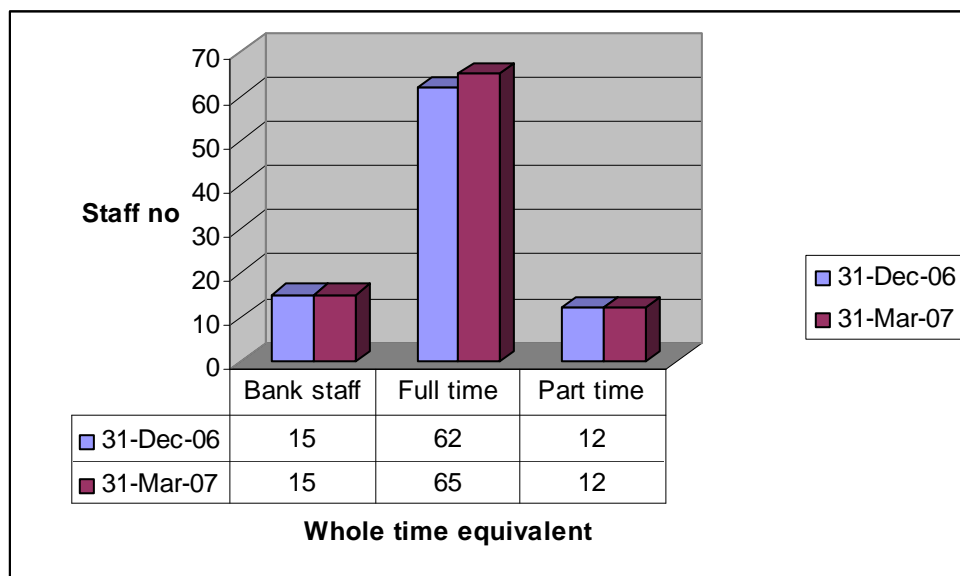
12.3 Staffing profile by location

Figure 2: Number of staff by location at 31 Dec 2006 and 31 March 2007



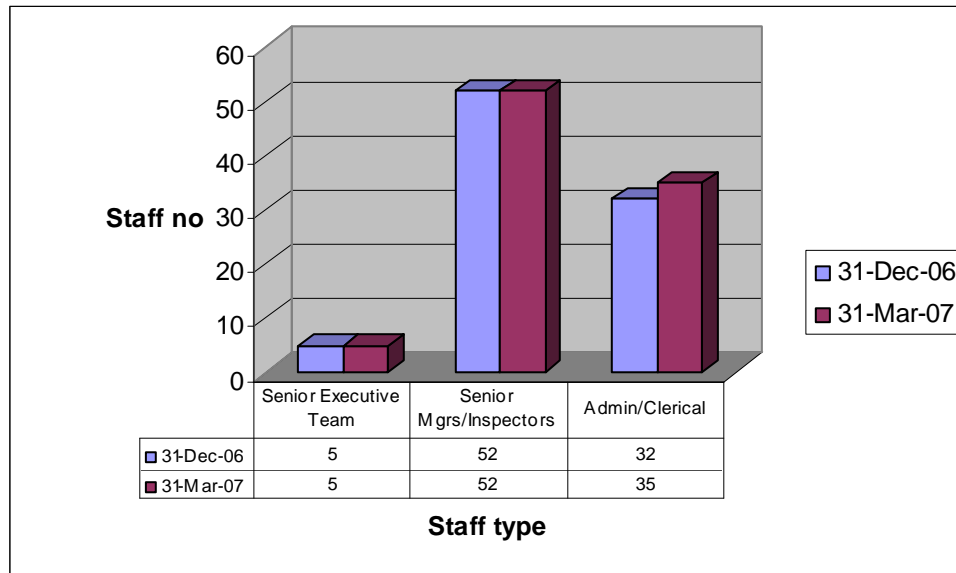
12.4 Staff numbers classified by whole time equivalent status

Figure 3: Staff numbers classified by status at 31 Dec 2006 and 31 March 2007



12.5 Staff numbers classified by staff type

Figure 4: Staff numbers classified by staff type at 31 Dec 2006 and 31 March 2007



12.6 Sickness absence

Short-term Absence:

Short-term absenteeism is generally defined as frequent absences of short duration (less than four weeks) that may occur over extended periods of time.

The pattern may be:

- One ,two or three days absence at regular intervals or
- Excessive use of self-certification or
- Medical certification which would not generally fall within definitions of long term absenteeism, i.e. a period of less than four weeks.

Long-term Absence:

Long-term absence is defined as any certified sickness related absence of four weeks or more duration. These absences, always certified, will benefit greatly from efficient medical management of the underlying problems.

Table 12: Information on working days lost due to sickness

Type of sickness	Number of sickness days lost	Occurrence	% sickness rate
Quarter 1: Apr to Jun 2006			
Short term	36.2	6	0.70
Long term	134	4	2.59

Total	170.2	10	3.29
Quarter 2: July to Sep 2006			
Short term	76.2	14	1.46
Long term	223.9	5	4.29
Total	300.1	19	5.75
Quarter 3: Oct to Dec 2006			
Short term	83	15	1.56
Long term	327.3	7	6.17
Total	410.3	22	7.74
Quarter 4: Jan to Mar 2007			
Short term	60.5	13.0	1.10
Long term	297.0	6.0	5.39
Total	357.5	19.0	6.48

% sickness rate = $\frac{\text{total absence (days) in the period}}{\text{possible total (days) available in the period}} \times 100$

The number of sickness days lost as a result of short time and long term sickness has decreased during this quarter which resulted in a decrease in the % sickness absence rate.

This sickness absence rate is still above the sickness absence levels reported in the annual survey report by CIPD which was 4.3% in 2006 for organisations in Northern Ireland.

Consultants from the Beeches Management Centre have been trained managers on the implementation of the relevant RQIA Sickness Absence Management Policy and Procedures. It is anticipated that all staff will receive awareness training regarding this policy and procedure.

13. Freedom of Information

At 31 March 2007, we received one request for information under the Act from a trade union. This information request was processed centrally at the Authority's Headquarters.

Table 13: Summary of Freedom of Information Requests

Breakdown of requests under the Freedom of Information Act 2000 received by the Authority from 1 Jan to 31 March 2007	
Total number of requests	1
	1

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Requests processed within the 20 working day timeframe	
Requests completed where records were withheld either partially or fully because of one or more exemptions applied	1

Section 2. Finance information

Introduction

This report provides explanatory narrative for the attached financial statements. Because this is the report for the twelve month period, the 'Year to Date' and the 'End of Year' figures are the same.

Although there has been a surrender of funds as noted below, the budgets for the year remain the same so as to provide consistency of reporting of variances and trends.

2. Funding

This is made up of grant-in-aid from the Department and income from fees.

The allocation table at the bottom of Table 1 shows that £3,850,000 has been provided by the Department for 2006/07 with an additional £145,482 ring-fenced to meet the payroll costs of the Agenda for Change initiative if they arise in the current year. These latter costs are unlikely to arise owing to the lack of progress on Agenda for Change and a closing debtor with the Department has been agreed at the year-end to allow the funds to be carried forward. In the light of the forecast surplus, £375,000 has been surrendered for this year only. This leaves a net total of funding from the Department of £3,620,482.

Table 1 (Col. A, line 1.2) shows actual income to the year-end from annual and registration fees of £767,878.

Table 1 (Col. A, line 1.3) gives total funds available for 2006/07 of £4,388,360.

The funds required for the current business plan in a full year have been costed at £5.4m and a bid has been made to the Department for this amount.

3. Budget Reports for 2006/07

In addition to this report and financial statements, a further analysis of expenditure for individual budget holders is now being provided derived from the funded establishment agreed with each Director.

4. Table 1: Financial Position at 31 March

Income

The income (Col. A, Line 1.1) is the grant-in-aid now allocated for 2006/07 after the surrender of funds.

Expenditure

After the surrender of £375,000 there is a deficit at 31 March 2007 of £39,914 (Col A, line 9).

The amount surrendered was based on the forecast income and expenditure at 31 March 2007 derived from the in-year budgetary information. In the event, this forecast over-estimated the income and

under-estimated the expenditure so that too much cash was surrendered resulting in the deficit

5. Table 2: Other Income

This income of £767,878 was derived from annual fees paid by registered establishments and from ad hoc fees for registrations.

6. Table 3: Capital Expenditure

The Department has provided an allocation of £100,000 for the current year. A total of £108,160 was spent on items that fell within the definition of capital. The amount over the allocation resulted from small excesses over the initial estimates on a number of items of hardware and the associated software that had to be purchased together.

7. Table 4: Pay and Non-Pay Expenditure

Although £375,000 has been surrendered non-recurrently for 2006/07 only, the budgets for both pay and non-pay expenditure remain unchanged so as to provide consistency of reporting of both variances and expenditure trends.

Pay

As noted in previous reports, it has proved difficult to fill the new posts approved in the Business Plan for 2006/07. This has partly been through delays in the recruitment process and also through a lack of suitable candidates coming forward. Additionally a number of the posts were filled through the appointment of staff who were already employed by the Authority which did not result in significant additional costs.

The trend on pay expenditure was maintained with a surplus on salaries and wages of £508,463 at 31 March 2007 (Col. C, line 1.6).

Senior management posts are all filled but many of the new posts to be filled are in the Management heading which is resulting in the forecast surplus at the year-end of £436,185 (Col. C, line 1.2). There is a significant number of vacancies and new posts to be filled in the Registration and Inspection heading which is causing a further large surplus of £200,748 (Col. C, line 1.3) but this is set-off by the cost of temporary staff recruited to make good the shortfall amounting to £137,920 (Col C, line 1.4).

Non-pay

The budgets relate to expenditure in a normal full year. There are significant non-recurrent items in the current year mainly arising from the move to the new office. Attention is drawn to the following variances at the year-end:

Line	Heading	Variance £	Explanation
2.1	Other fees	-58,618	Additional expenditure on consultancy in respect of once-only items.
2.4	Rent, rates etc	5,837	10 months only in Riverside Tower off-set by additional costs in temporary offices.
2.6	Cleaning, catering & hospitality	-13,658	Some once-only costs associated with training of lay reviewers and the opening of the new offices
2.7	Building and Engineering	-35,696	Exceptional additional expenditure on moving into new offices.
2.8	Printing, stationery and advertising	-38,076	This includes exceptional costs of new stationery and advertisements for lay reviewers and additional staff.
3.	Travel & subsistence	-7,996	It is expected that there will be greater costs when all the new staff are in post.
3.1	Furniture & Office equipment	-110,375	This overspend reflects the one-off costs of equipping the new office
3.2	Commissioned Work	134,097	Commissioned work is less than previously estimated and the full-year cost of some service level agreements will not be charged until 07/08.
3.6	Central computer costs	23,700	This heading changed in the last two months of the year as some coding was corrected and expenditure charged to furniture and office equipment.
3.8	Internal management	-30,793	These are fees charged by

	fees		CSA which has had to recover additional costs of providing services to us.
3.9	Miscellaneous	-67,328	This heading includes the cost of one significant item.

8. Balance Sheet

This shows the balances on the General Ledger at 31 March 2007. The key test is to show that the revenue surplus for the period shown at the bottom under the heading of 'Revenue I & E Reserve' of £60,087.10 may be reconciled to the deficit of £39,914 shown at Table 1 (Col A, line 9). The net difference of £100,000 is because all the funds provided by the Department have to be shown in the Revenue heading which leaves it with a surplus while the 'Capital I & E' has a deficit of £108,160 which is actually only £8,160 as shown at Table 3. The revenue deficit is therefore £39,914.

The 'CSA balance' under bank and cash is the amount that CSA has paid on behalf of the Authority for pay and non-pay items that has not yet been re-imbursed. There is a timing difference because cash has been drawn down from the Department but was not transferred to the CSA bank account until after 31 March 2007

9. Summary

After the surrender of £375,000 there is a deficit to 31 March 2007 of almost £40,000.

This does not relate to the increased funds that the Department has been asked for in respect of 2007/08 and subsequent years to fund the recurrent costs of approved posts and non-pay spend.

Table 1: 12 months ended 31 March 2007

INCOME AND EXPENDITURE ACCOUNT		Year to Date			End of Year		
		Actual	Plan	Variance	Forecast	Plan	Variance
		A	B	C	D	E	F
		£	£	£	£	£	£
Income							
1.1	Revenue grant from DHSSPS (see Table 1B)	3,620,482	3,995,482	-375,000	3,620,482	3,995,482	-375,000
1.2	Other Income (Table 2)	767,878	750,000	17,878	767,878	750,000	17,878
1.3	Total Income	4,388,360	4,745,482	-357,122	4,388,360	4,745,482	-357,122
Expenditure							
2.1	Pay expenditure (Table 4)	2,980,019	3,488,482	508,463	2,980,019	3,488,482	508,463
2.2	Non-pay expenditure (Table 4)	1,448,255	1,257,000	-191,255	1,448,255	1,257,000	-191,255
2.3	Total Expenditure	4,428,274	4,745,482	317,208	4,428,274	4,745,482	317,208
2.4	Surplus/(deficit)	-39,914	0	-39,914	-39,914	0	-39,914
2.5	RAB* Items : Depreciation			0			0
2.6	3.5% cost of capital			0			0
2.7	Impairments			0			0
2.8	(Profit)/ Loss on sale of fixed assets			0			0
2.9	Other notional costs			0			0
3	Total Resource Accounting & Budgeting Expenditure	0	0	0	0	0	0
4	Total Expenditure (including RAB items)	4,428,274	4,745,482	317,208	4,428,274	4,745,482	317,208
5	Surplus/ (deficit) before provisions	-39,914	0	-39,914	-39,914	0	-39,914
6	Provisions for future obligations	0	0	0	0	0	0
7	Surplus/Deficit after provisions	-39,914	0	-39,914	-39,914	0	-39,914
8.1	Adjustment to add back notional cost of capital	0	0	0	0	0	0
8.2	Adjustment to add back other notional costs	0	0	0	0	0	0
8.3	Adjustment re release from government grant reserve to cover depreciation and impairments	0	0	0	0	0	0
9	Surplus/ (deficit) for the period on ordinary activities excluding notional co	-39,914	0	-39,914	-39,914	0	-39,914

Table: 1B: 12 months ended 31 March 2007

OTHER INCOME		Year to Date			End of Year		
		Actual	Plan	Variance	Forecast	Plan	Variance
		A	B	C	D	E	F
		£	£	£	£	£	£
1.1	Fee Income statutory			0	0		0
1.2	Fee Income non statutory	767,878	750,000	17,878	767,878	750,000	17,878
1.6	Total Fee Income	767,878	750,000	17,878	767,878	750,000	17,878
2.1	Other NI Government Departments			0			0
2.2	Other - please specify			0			0
2.4	Total Income from non fee sources	0	0	0	0	0	0
3.0	Total Other Income (To Table 1)	767,878	750,000	17,878	767,878	750,000	17,878

Table 2: 12 months ended 31 March 2007

RQIA		
Capital Expenditure (excluding donated assets)		2006/07 £
1	Gross Capital Expenditure - charge against grant*	108,159.73
2	Capital Grant from DHSS&PS (see below)	100,000.00
3	(Over)/Underspend against Capital grant	- 8,159.73
* Excludes expenditure on donated assets		
Disposals	Year to Date £	Year-End £
4.	NBV of disposals (Net Book Value)	0
Reconciliation of amount noted in Table 5 above to allocation letter issued by Department		
Capital Grant from Department		
Opening allocation per letter dated		
Allocation letter dated		100,000
Closing allocation per letter dated		100,000

Table 3: 12 months ended 31 March 2007

PAY EXPENDITURE		Year to Date			End of Year		
		Actual	Plan	Variance	Forecast	Plan	Variance
		A	B	C	D	E	F
		£	£	£	£	£	£
1.1	Senior Management (SMT)	496,897	506,347	9,450	496,897	506,347	9,450
1.2	Management (Senior Managers)	1,687,472	2,123,657	436,185	1,687,472	2,123,657	436,185
1.3	Registration and Inspection - Admin & Clerical	657,730	858,478	200,748	657,730	858,478	200,748
1.4	Agency Staff	137,920	0	-137,920	137,920	0	-137,920
1.6	Total pay expenditure (to Table 1)	2,980,019	3,488,482	508,463	2,980,019	3,488,482	508,463
NON-PAY EXPENDITURE		Year to Date			End of Year		
		Actual	Plan	Variance	Forecast	Plan	Variance
		A	B	C	D	E	F
		£	£	£	£	£	£
2.1	Other Fees	108,618	50,000	-58,618	108,618	50,000	-58,618
2.2	Internal Audit	14,517	11,000	-3,517	14,517	11,000	-3,517
2.3	Training & professional development	27,981	30,000	2,019	27,981	30,000	2,019
2.4	Rent, Rates, Insurance and Water	282,163	288,000	5,837	282,163	288,000	5,837
2.5	Heat, Light and Power	3,355	2,000	-1,355	3,355	2,000	-1,355
2.6	Cleaning, Catering and Hospitality	24,658	11,000	-13,658	24,658	11,000	-13,658
2.7	Building and Engineering	40,696	5,000	-35,696	40,696	5,000	-35,696
2.8	Printing, Stationary & Advertising	118,076	80,000	-38,076	118,076	80,000	-38,076
2.9	Postage & Telephone	38,649	40,000	1,351	38,649	40,000	1,351
3	Travel & Subsistence	157,996	150,000	-7,996	157,996	150,000	-7,996
3.1	Furniture and Office Equipment	130,375	20,000	-110,375	130,375	20,000	-110,375
3.2	Comissioned Work (inc accomodation re investigations)	124,903	259,000	134,097	124,903	259,000	134,097
3.3	Publications	4,538	6,000	1,462	4,538	6,000	1,462
3.4	Legal outlay	5,193	10,000	4,807	5,193	10,000	4,807
3.5	Security			0			0
3.6	Central Computer Costs	51,300	75,000	23,700	51,300	75,000	23,700
3.7	Support Services/Service Charge	48,117	51,000	2,883	48,117	51,000	2,883
3.8	Internal Management Fees	130,793	100,000	-30,793	130,793	100,000	-30,793
3.9	Miscellaneous	136,328	69,000	-67,328	136,328	69,000	-67,328
4	Total non-pay expenditure (to Table 1)	1,448,255	1,257,000	-191,255	1,448,255	1,257,000	-191,255

Table 4: Period ended 31 March 2007

Balance Sheet		31 Mar 07	28 Feb 07
Fixed assets			
	Cost	305,370.00	305,370.00
	Depreciation	(15,720.00)	(15,720.00)
		<u>289,650.00</u>	<u>289,650.00</u>
Stock			
	Stock	<u>0.00</u>	<u>0.00</u>
Debtors			
	HPSS Debtors	188,386.31	262,270.08
	Other Debtors	0.00	0.00
	Other Prepayments and accrued income	0.00	0.00
		<u>188,386.31</u>	<u>262,270.08</u>
Bank & cash			
	Bank & cash	1,425,359.58	2,122,698.19
	CSA Balance	(887,422.31)	(2,128,302.77)
		<u>537,937.27</u>	<u>(5,604.58)</u>
Current assets			
		<u>726,323.58</u>	<u>256,665.50</u>
Creditors due within one year			
	HPSS/NHS Creditors	776,132.08	755,905.76
	Income tax and National Insurance	0.00	0.00
	Other Creditors	(25,856.34)	(48,504.20)
	Accruals	0.00	0.00
	Miscellaneous Creditors	0.00	0.00
		<u>750,275.74</u>	<u>707,401.56</u>
Net Current Assets			
		<u>(23,952.16)</u>	<u>(450,736.06)</u>
Provisions for liabilities & charges			
	Pensions Former Directors	0.00	0.00
	Pensions Other Staff	0.00	0.00
	Legal Claims	0.00	0.00
		<u>0.00</u>	<u>0.00</u>
Net Assets			
		<u>265,697.84</u>	<u>(161,086.06)</u>
Represented by			
	Government Grant Reserve	289,650.00	289,650.00
	Revaluation Reserve	0.00	0.00

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Capital I&E Reserve

Capital - Balance brought forward	0.00	0.00
Capital Surplus/Deficit) in period	<u>(108,159.73)</u>	<u>(44,494.85)</u>
	<u>(108,159.73)</u>	<u>(44,494.85)</u>

Revenue I&E Reserve

Revenue - Balance brought forward	24,120.78	24,120.78
Revenue Surplus/Deficit) in period	<u>60,087.10</u>	<u>(430,361.68)</u>
	<u>84,207.88</u>	<u>(406,240.90)</u>
	<u>265,698.15</u>	<u>(161,085.75)</u>

Section 3: Progress report on business plan objectives

Key strategic theme 1 – raising quality and improving performance

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
To develop a set of criteria which will be used to prioritise work within the Authority.	Prepare a paper for consideration by the board and agree a set of criteria.	Chief Executive	September 2006	Paper entitled "Outlining the rationale for prioritisation of thematic and investigative reviews" presented and noted by Board on 09 Nov 2006. The approach detailed in this report is being followed at present.
To introduce a framework for the assessment of quality and availability of health and personal social services across all sectors that is fair, objective and sensitive to the needs of service users and fit for purpose.	Undertake research, prepare and consult upon a framework for assessing clinical and social care governance in HPSS organisations.	Medical Director, Director of Nursing, Director of Social Services	September 2006	<p>The analyses of self assessment forms were completed. Review visits to 25 HPSS organisations were completed on schedule in March 2006. The review visit process included a summation meeting to senior teams in each of the organisations on the findings of the review team. The review process was managed by a team of 1 Assistant Director, 3 project managers and 4 project officers. The reviews also engaged with 250 peer review episodes (3days) and 50 lay review episodes (3 days)</p> <p>The clinical and social care governance team have commenced report writing and hope to have initial draft reports and composite reports ready for May 2007.</p>

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
	Develop and implement an evidenced based methodology for the inspection of regulated services and facilities to meet statutory requirements and assess the efficiency of the new methodology.	Development - Director of Social Services Implementation - Director of Social Services and Director of Nursing	September 2006	<p>Report detailing the findings of the consultation was presented to and noted by the Board who endorsed the implementation of the new methodology from 1 April 2007.</p> <p>A letter summarising the key findings and recommendations from the report has been drafted to send to all stakeholders who responded.</p> <p>A copy of the report will be placed on the website and is also available by request.</p>
	Prepare for the extension of regulation to a wider range of care services in 2007/08.	Director of Social Services, Director of Nursing	March 2007	<p>Work on the further registration of independent healthcare has continued over the last quarter. 19 Independent healthcare providers are due for registration in the week commencing 16th April 2006.</p> <p>Problems still exist with some of the definitions under the 2003 order this includes the potential regulation of some private occupational health providers. RQIA staff has been involved with the investigation of 2 incidents in one clinic following referral from the Health and Safety Executive Northern Ireland.</p>
To carry out and report on the outcomes of an agreed programme of clinical and social care governance reviews of health and personal social services organisations against	Review the clinical and social care governance arrangements in all HSS boards, trusts and agencies using a self-assessment questionnaire and visits by peer and lay reviewers against two of the DHSSPS quality standards (2006) – (a) corporate	Medical Director, Director of Nursing, Director of Social Services	February 2007	See above

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
specific, required quality standards.	leadership and accountability and (b) safe and effective care.			
To report on the results of investigations into, and reviews of, specific service failures in health and personal social services and recommend action to improve the quality of these services.	Undertake agreed follow-up work in relation to (a) the Murtagh Review and (b) Review of the Breast Screening Service and report progress to the board and the DHSSPS.	Medical Director, Director of Nursing	March 2007	<p>Follow-up of the NI Breast Screening Programme review has been undertaken as part of the clinical and social care governance review. Specific follow-up in relation to the Belfast City Hospital and United Hospitals Trust will be reported on in May 2007.</p> <p>All of the recommendations of the Murtagh review were followed up within relevant organisations under the quality standards theme safe and effective care - this will be reported on in May 2007.</p> <p>Further review on the follow-up of referrals to the RQIA Incident Review Group were also part of the Clinical and Social Care Governance review programme.</p> <p>The RQIA conducted a specific review into the Cuan Mhuire Complex, a charitable service providing care for people with substance misuse problems. The review was conducted with a view to examine its registration. Draft report to be taken to the RQIA Board April 2006.</p> <p>An independent review of an incident reported to RQIA by a nursing home is ongoing. This is a review of circumstances surrounding the administration of an enteral tube feed. The review spans the period of care in both a hospital and nursing home setting.</p>

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
	Prepare and implement a new complaints procedure and assess the efficiency of the new procedure.	Director of Social Services	October 2006	<p>The DHSSPS issued a consultation document in respect of future complaint handling. The proposed role of RQIA is set out in this document. Discussions held with DHSSPS in March 2007 regarding some queries about the role of RQIA in complaints handling procedures.</p> <p>The Authority will be able to clarify the complaints process when the DHSSPS have advised on the outcomes from the consultation process. During this interim period, arrangements regarding the handling of complaints have been implemented in house. When the procedures are finalised, the Authority will prepare a leaflet on 'how to make a complaint' relating to the regulated sector.</p> <p>A job description for a Complaints Manager is being developed at present.</p>
	Carry out major reviews commissioned by the DHSSPS.	Appropriate Director	Not known at this stage	Initial preparations are underway in relation to two commissioned reviews: "Risk Assessment and Management in Mental Health Services" "Review of the Protection of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals "
To identify specific themes for quality improvement across all sectors and publish recommendations on quality improvements.	Identify and agree themes with the board and the DHSSPS. Undertake or commission research and publish recommendations.	Appropriate Director	March 2007	See progress above re the clinical and social care governance reviews.
To publish annual overall assessments on the quality and availability of health and	Undertake agreed programme of clinical and social care governance reviews, inspections,	Senior Management Team	March 2007	<p>The 2006/07 reviews will form part of the overall assessment.</p> <p>A Governance review of NHSSB Home First Trust and an Independent Provider in respect of safe and effective care for children with a disability was completed by the end of March 2007. The report was circulated to agencies involved for factual accuracy in early April 2007.</p>

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
personal social services in Northern Ireland.	investigations and produce an overall assessment as part of the Authority's annual report for 2006-07.			<p>Two children's inspectors have been involved in a joint review with the Criminal Justice Agency and NICCY to examine the nature, type and level of complaints within Lakewood Secure Care facility and similarly in Rathgael Juvenile Justice Centre. Meetings have been held between the various agencies involved in this thematic review of complaints and a joint report is being prepared which will be launched at a workshop on 19 June 2007.</p> <p>A review of the extent of advocacy available to residents in adult residential homes with the four health and social services councils (HSSC) has commenced. Meetings continue to be held with the Authority and the four HSSCs to complete a report on this matter. A report will be is currently being prepared. The outcomes will be shared regionally by RQIA and the Councils at a jointly hosted conference in September 2007.</p> <p>The activity described in relation to the 2006/07 clinical and social services review, commissioned, thematic and improvement reviews and regulatory activity will form the basis of the overall assessment document.</p>
To monitor and evaluate the impact of the work of the Authority.	Agree terms of reference and appropriate external source of quality assurance.	Chief Executive, Director of Corporate Services	November 2006	Options for external source of quality assurance will be considered as part of the development of an organisational development strategy.

Key strategic theme 2 – informing, influencing, monitoring and enforcing

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
To share and disseminate learning and good practice with partners	Establish appropriate systems in consultation with service providers	Medical Director, Director of Nursing, Director of Social Services	January 2007	The Authority have developed templates that providers could use to improve statements of purpose and function of units and residents/patients guides. Documents were finalised on 30 March 2007. Approval from Executive Team is required prior to implementation and inclusion on the website.

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
and service providers.	and learning from best practice elsewhere.			<p>Outcome of consultation will also be published on the website.</p> <p>RQIA inspectors gave a presentation at 8 roadshows hosted by the 8 Boards in respect of how RQIA intended to implement the outcomes of the SSI overview report on Child Protection Inspection findings</p>
To develop and implement effective information and communication strategies.	Prepare and implement an information and communications strategy based on an analysis of stakeholders needs.	Director of Corporate Services	August 2006	<p><u>Information Strategy</u> A specification to engage management consultants was prepared to assist the development of this strategy. One proposal is being considered at present. Work underway to draft and finalise a draft report for submission to the Northern Ireland Audit Office.</p> <p><u>Communications Strategy</u> - Annual Report and Accounts 2005-06 was distributed to around 1,200 external stakeholders in January. - Information leaflet distributed to external stakeholders along with Annual Report. In addition each GP Practice in Northern Ireland received a quantity of leaflets for display in their surgery. The initial stock of 10,000 leaflets has been exhausted, and an additional 30,000 have been ordered for wider distribution in the coming months. - Website development project commenced in late January. In conjunction with RQIA, Epic developed initial design concepts and layouts, which were refined following user testing sessions. The project remains on target, with the new website due to "go live" on 19 April 2007. - Clinical and Social Care Governance Review process were publicised through a series of press releases issued to the main Northern Ireland news outlets and regional newspapers. Coverage of the review process included a full-page feature on the front page of the Belfast Telegraph Public Sector Job Finder supplement. - Ongoing responses to ad hoc media queries, providing comprehensive information on RQIA and its work. - This quarter three editions of internal communication tool RQIA Briefing were issued to staff, highlighting information on latest activity and news. A Reader survey was also carried out resulting in helpful feedback to inform the content and style of future editions.</p>
To establish a robust and effective	Appoint an Information Manager and	Director of Corporate Services	August 2006	The information outputs of RQIA's business processes are being evaluated and reviewed at present, to ensure that the information system designed is fit for purpose and robust.

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
	<p>annual report.</p> <p>Estimated number of inspections for 2006-07 = 2,461 (based on 2005-06 activity)</p>			
<p>To provide appropriate and timely information to the DHSSPS, the public and other stakeholders.</p>	<p>Prepare and implement a communications strategy and an information strategy based on an analysis of stakeholders needs.</p>	<p>Director of Corporate Services</p>	<p>August 2006</p>	<p>Refer to previous section.</p>
<p>Publish an annual report on the Authority's work.</p>	<p>Draft report for 2005/06, seek board approval and submit to NI Audit Office (external auditor) and DHSSPS.</p>	<p>Director of Corporate Services</p>	<p>August 2006</p>	<p>Annual Report and Accounts 2006/07 A project initiation document was created to direct and manage the preparation of the annual report and accounts for 2006/07. An initial deliverable from the project plan was the development of a framework document which identified the overall approach, as well as the proposed format, content and style of the annual report. A paper was drafted to seek the views of Board members regarding these proposals. This paper was approved by the Board on 12 April 2007.</p>

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Key strategic theme 3 – developing people and partnerships

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
To agree strategic partnerships with other regulators, public representatives and service users to ensure a sensitive, service-user focus.	Prepare for the transfer of functions of the Mental Health Commission to the Regulation and Quality Improvement Authority in 2008 under the 'Review of Public Administration'.	Director of Nursing	March 2007	Project manager for the transfer of functions from the Mental Health Commission to the RQIA has been appointed - initial project plan, project structure have been developed. Departmental Project Board have also met in March 2007 with further meeting planned for April 2007
	Meet other regulators, public representatives and service users to agree memoranda of understanding.	Chief Executive	November 2006	Memoranda of understanding with the Northern Ireland Social Care Council (NISCC) and Social Care Institute for Excellence. Progress continues on key areas of joint work. Work on service user and carer participation continues and feedback will be provided to RQIA and other partner organisations in June 2007 Draft memorandum of understanding between the RQIA and GMC has been prepared and forwarded to Executive Team for comment and approval.
	Develop and implement a stakeholder involvement strategy for the Authority.	Director of Nursing	February 2007	Interviews for the public participation manager took place on 8 March 2007. 15 applicants interviewed - no appointment made. Post to be re-advertised in week commencing 9 April 2007.
To benchmark and learn from the experience of other countries, organisations	Undertake desk research into existing publications and research on quality	Senior Management Team	March 2007	Information will continue to be shared in relation to methodological approaches to inspection and areas benefiting from combined focus or research. Further meetings will be planned during 2007/08. Regulation Network Northern Ireland- meetings have been held with organisations with a common interest or responsibility for monitoring

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
and agencies.	improvement and regulation nationally and internationally. Identify and make links with other regulatory and quality improvement bodies in health and personal social services in the UK and the Republic of Ireland and promote shared learning.			standards, regulations of services and management of complaints e.g. NIAO, NI Consumer Council, Equality Commission and Human Rights Commission. One of the Senior Quality Reviewers in the Authority with responsibility for Children's Services has been asked to provide input as a short term expert into a Russian project for the "Development of social protection methodology and legal regulation". Project appears to be delayed by NICO and Authority await feedback on NICO's plans at present
To put in place clear and effective human resources and organisational development strategies.	Prepare and implement an organisational development strategy including a new team structure.	Director of Corporate Services	October 2006	Consultants appointed to assist with the preparation of an organisational strategy. Project will be completed by June 2007. New Assistant Directors of the Cities and Counties Directorates took up post on 20 March 2007. Induction programme planned and delivered. New administrative team structure working effectively.
To develop the profile and outreach role of the Authority ensuring its responsibilities are understood and encourage feedback from, and engagement with, stakeholders and other interested	Development and implementation of a stakeholder involvement strategy for the Authority. Proactive engagement through a series of stakeholder events with public representatives, community, voluntary and	Director of Nursing	February 2007	See above regarding stakeholder involvement manager.

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
parties.	special interest groups on the role and function of the Authority.			

Key strategic theme 4 – managing resources effectively, efficiently and economically

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
To achieve year on year improvements in the way that the Authority uses its resources.	Introduce robust financial management systems including internal and external audit.	Director of Corporate Services	June 2006	During Feb 2007 the Internal Audit report for 2006/07 gave an adequate level of assurance on the financial controls in place. This was an improvement on the partial assurance for the previous financial year.
To employ robust systems of governance to ensure that the Authority is led and managed well and makes the most effective use of its resources.	Prepare and agree a risk management strategy with the board based on best practice and guidance. Prepare and maintain a corporate risk register.	Director of Corporate Services	August 2006	PricewaterhouseCoopers were appointed to undertake risk management work. Draft Corporate risk register received from PricewaterhouseCoopers to be considered by the Executive Team and Governance and Risk Management Sub Committee.
	Agree a budget for 2006/07 with the DHSSPS, manage the reduction in income from fees and ensure sound financial monitoring.	Director of Corporate Services	June 2006	Training sessions were planned regarding financial reports and budget holder responsibilities. During January 2007 budgetary arrangements have been extended and developed to include Directors and Assistant Directors as budget holders.

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
To develop flexible and modern support services for its staff to enable them to undertake their duties confidently and competently.	Implement a new pay system for Authority staff – 'Agenda for Change'.	Director of Corporate Services	September 2006	CSA HR have reported that all admin and clerical posts have been matched and that staff should receive notification by the end of April. All staff whose posts have not been matched have been asked to complete a job assessment questionnaire. Inspector posts now going through a job assessment process. Due to availability of staff at CSA, outcomes of assessments unlikely to be known before July/August 2007.
	Secure facilities for effective working – permanent office accommodation.	Director of Corporate Services	June 2006 (Riverside Tower, Belfast)	DEGW (consultants) have reported initial findings of the survey to the Executive Team. The final report (including feedback from staff focus groups) expected in April 2007. This along with EQIA work will inform and review the Board's decision on a second Authority office in Londonderry.
	Prepare an ICT strategy in conjunction with private sector partner – this should include a review of options for mobile working in the future.	Director of Corporate Services	December 2006	Work has commenced on an information strategy. This will inform an ICT strategy. A working group has been established to investigate flexible working options.
	Establish effective office management, planning and policy development functions	Director of Corporate Services	September 2006	New management arrangements for administrative staff are working well. Business processes are being written up and approved by Executive Team. 2007-08 business plan was approved by the Board on 8 March 2007 and has been forwarded to the DHSSPS.
To demonstrate a culture of continuous improvement in building organisational	Prepare and implement an organisational development strategy including a staff development plan.	Director of Corporate Services	October 2006	See previous point about organisational development strategy. Two Senior Quality Reviewers appointed are scheduled to commence a MSc Regulation, Inspection and Improvement course with Anglia Ruskin University, Cambridge from Jan 2007 to Dec 2008. Delay in commencement of training occurred due to staff sickness and due to exigencies on services which required immediate priority i.e. need to meet

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Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during Jan to Mar 2007
capacity and encouraging and supporting individuals to identify and achieve personal and organisational development targets.				inspection, legislative requirements. Discussions being held with University regarding later commencement.