



Integrated Governance Report

Reporting period 1 April to 30 June 2006

Integrated Governance Report Highlights

This paper reports on the first quarter of 2006-07. Particular attention is drawn to the following issues, which are explained fully within the main body of this paper.

April - June 2006

Regulated care services

- 698 registered establishments and agencies (at 30 June 2006).
- 21 Nursing agencies registered with RQIA.
- Work commenced on registration of independent healthcare facilities.
- RQIA did not instigate any cancellation of registration during the period.
- 503 scheduled inspections carried out, including announced, unannounced, pharmacy, estates and financial inspections.
- Key issues identified from all inspections:
 - Outbreaks of infection
 - Management and maintenance of records
 - Insufficient awareness of new regulations
 - Employment recruitment practices
 - Recruitment and retention of staff
 - Pre-admission planning / Care planning / Recording
 - Financial matters
 - Quality improvement themes adopted for 2006/07 in relation to children's care
- Registration and inspection:
 - Staff- 48.46 whole time equivalent
 - Direct costs to 30 June 2006 £451,018
- 62 complaints received: 65% relating to nursing homes and 35% against residential care homes.
- Complaints from relatives and friends accounted for 63%, and 16% were anonymous.
- 158 untoward events were reported in children's homes.

Reviews

- Governance review of the lessons arising from the death of Mrs Janine Murtagh.
 - Clinical and social care governance reviews in Autumn 2006 will require HSS organisations to demonstrate actions taken in relation to 11 recommendations circulated to HSS organisations following the Review.
 - Improvement reviews in The Royal Hospitals to be completed by October 2006.
- Governance review of NI Breast Screening Programme.

- RQIA has followed up a number of trust specific issues with Belfast City Hospital Trust and United Hospitals Trust, which will be reported on in October 2006.
- Under the clinical and social care governance programme, RQIA will carry out a detailed review of medical management, leadership and consultant appraisal in all Trusts and Boards.

Staffing

- Staff based in Ballyclare, Knockbracken, and Adelaide Street moved to new office accommodation in Riverside Tower, Belfast during June 2006.
- 72 staff are based in Belfast and 10 staff are based at Omagh.
- 229 working days lost due to sickness, 84% long-term and 16% short-term absences.

Freedom of Information

- 9 requests were received during the period, all were processed within the 20 working day timeframe, and no exemptions were applied.

Finance information

- Explanatory narrative and attached statements are presented in section 3.

Progress report on business plan objectives

- Full details of progress are detailed in Section 4 of this paper.

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Section 1. Integrated Governance

Definition

Integrated governance is defined as:

'Systems, processes and behaviours by which trusts lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations'

NHS Integrated Governance Handbook, February 2006

Principle

Integrated governance is a coordinating principle which is intended to move an organisation towards good governance. It does not seek to replace or supersede financial or any other governance domain. On the contrary it highlights the importance of different aspects of governance and their inter-dependence.

Aims

Integrated governance aims to:

- move governance (corporate governance, information governance and financial governance etc.) out of individual silos to emphasise that all elements of governance are important;
- avoid duplication of activity or wasted effort;
- consider all aspects of accountability to achieve focused decision making;
- deliver objectives in a coherent way;
- ensure risks are effectively controlled and managed and attention is focused on the core business of the organisation; and
- develop an effective assurance framework to provide essential assurance on the effectiveness of the governance systems.

Context

It is important that the context and presentation of the information provided to the Board embraces the principles of integrated governance. To achieve this the Authority aims to provide intelligent information about operational performance in an integrated fashion, presenting a balanced picture of performance including financial, activity information and progress against the business plan objectives. This can be best achieved by developing a robust performance management system with appropriate performance measures to determine how well the organisation is performing against its objectives in terms of economy, efficiency and effectiveness.

This work is underway and the Authority is considering the balanced scorecard approach to performance management. The balanced scorecard is a tool for communicating strategic intent and tracking performance against goals. The balanced scorecard groups performance measures under four headings which are the:

- business perspective- are the processes within the organisation working well;
- financial perspective- is the organisation operating efficiently and within budget?
- learning perspective- does the organisation develop its staff, embrace developments in technology and have an ability to change and improve; and
- customer perspective- how do the organisation's stakeholders perceive it?

This integrated governance report updates the Board on financial performance against the rolled forward budgets from 2005/06, activity information for the quarter from April to June 2006, and a progress report on the business plan objectives.

The development of the performance management system is in its infancy and it has only been possible in this first report to link financial information to activity data in a limited way for the inspection and registration functions. It is intended to develop the link between key performance indicators and expenditure in future reports.

It is also the intention to identify further measurable targets and report on them. These will include monitoring the Nine Standards of Customer Service as defined in the Management Statement to be agreed with DHSSPS. There are specific targets for seeing callers, answering correspondence and dealing with complaints.

Internal administrative targets will also be set and reported upon. Examples might include: periodic returns to DHSSPS; the deadlines for annual accounts and audit; compliance with the prompt payment code; and, timely provision of papers to the Board and its committees. Consideration is being given to a 'dashboard' type graphic representation for this reporting where applicable.

The way in which integrated governance is being practiced by other organisations is being researched. Its implementation in the Authority will be a process of continuing, organic development and proposals for it will be subject to consultation and review by appropriate staff. It is considered that this is especially necessary to ensure that the information reported is the product of necessary, robust and documented business processes.

Comments from Board members will help to further develop this report. At the moment it is work in progress.

JOHN STEWART
DIRECTOR OF CORPORATE SERVICES
18 August 2006

Section 2: Activity information for 1 April to 30 June 2006

1. Registration activity

The Authority has the function of registering, inspecting and encouraging improvement in services delivered by statutory and independent (private and voluntary) providers. The regulated services include:

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

The number and type of registered establishments and agencies at the 30 June 2006 is presented in the table below. This information has been derived from the central register following the re-registration process which has been completed. It is not possible to directly compare this information with 2005/06 figures as the definition by which homes were counted have been changed under the regulations which came into effect on 1 April 2005.

In future reports, Board members will be provided with the changes to the number of registered establishments and agencies in comparison to the previous reporting period.

Table 1: Number of registered establishments/agencies at 30 June 2006

| Establishments/agencies registered at 30 June by Board | | | | | |
|--|------------|------------|------------|------------|------------|
| Type of establishment/agency | NHSSB | EHSSB | SHSSB | WHSSB | NI Total |
| Nursing homes | 63 | 100 | 48 | 40 | 251 |
| Residential care homes | 106 | 139 | 52 | 46 | 343 |
| Children's homes | 10 | 27 | 10 | 11 | 58 |
| Independent clinics | 0 | 9 | 0 | 0 | 9 |
| Independent hospitals | 0 | 4 | 0 | 2 | 6 |
| Nursing agencies | 2 | 12 | 4 | 3 | 21 |
| Boarding schools | 1 | 6 | 3 | 0 | 10 |
| Total | 182 | 297 | 117 | 102 | 698 |

Certificates of registration will be issued during August to September 2006 for all registered establishments, along with the invoices for annual fees.

Nursing, residential and children's homes

The new regulations required re-registration of all nursing, residential and children's homes. This has been completed.

Independent health care providers

Nursing agencies

At 30 June 2006, 21 nursing agencies had registered with the Authority. The registration of nursing agencies across Northern Ireland is conducted in accordance with the schedule of regulations. Previously nursing agencies had not been the subject of regulation.

Independent healthcare facilities

Work commenced on the registration of independent healthcare facilities and services in January 2006. It is anticipated that the majority of these services will be registered by September 2006.

Independent healthcare facilities include:

- Independent hospitals that provide medical treatment;
- Dental treatment under general anaesthesia;
- Cosmetic surgery;
- Treatment using prescribed techniques and technologies e.g. laser and intense pulse light therapy, in vitro fertilisation (IVF) and endoscopy;
- Surgery or consulting room where any medical practitioner is a wholly private practitioner.

2. Registrations and closures of establishments

The number of registrations and voluntary closures are detailed in the table below. The Authority did not instigate any cancellation of registrations in respect of a person or an establishment during April to June 2006. All closures detailed were voluntary cancellations of registrations.

Table 2: Number of registrations and closures during April to June 2006

| Registration activity | Establishments registered/ closed by Board (April-June 2006) | | | | |
|---|--|--|---|--|---|
| | NHSSB | EHSSB | SHSSB | WHSSB | NI Total |
| Number of new registrations registered during 1 April to 30 June 2006 | 3 Residential care homes (8 places) | 1 Statutory children's home (16 places) | 1 Private residential care home (15 places) | 2 Statutory children's homes (2 places) | 8 new registrations (41 places) |
| | - | 1 Independent clinic | - | - | |
| Number of closures registered during 1 April to 30 June 2006 | 1 Residential care home (3 places) | 2 Statutory children's homes (15 places) | 1 Private nursing home (23 places) | 2 Private residential care homes (11 places) | 7 cancellations of registration (59 places) |
| | - | - | - | 1 Private children's home (7 places) | |

NHSSB

One residential care home (3 places) voluntarily closed within the NHSSB area. However this home was re-registered as a large residential home accommodating six residents resulting in an overall increase of three beds. Two additional one bed residential homes were also registered.

EHSSB

Two statutory children's homes (15 places) which were located within one site closed. These homes were replaced by a new statutory children's home which offered one additional secure bed and a much improved environment for the provision of education, recreation and therapeutic intervention. One voluntary children's home transferred to a new building on the same site.

One new independent clinic was registered. This facility offers a wide range of elective surgery and endoscopic procedures under general and local anaesthesia which are suitable to be undertaken during the course of a single day.

SHSSB

One private residential home offering 15 places was registered. This home accommodates residents under the learning disability category of care. One private nursing home with 23 registered places (17 nursing care, 3 mental health/nursing and 3 residential care beds) closed. Residents within this home were relocated to homes within the SHSSB area.

WHSSB

One private children's home (7 places) closed within the WHSSB area. Prior to its closure, children within this home were transferred to other homes that were appropriate to their needs within the Sperrin Lakeland/Foyle Trust. Two single bedded children's homes were commissioned to offer individual care to young

persons who had complex and challenging behaviour. This home provided accommodation and care for two identified children who were resident in the private children's home that closed within the WHSSB.

One private residential home closed (8 places) closed due to retirement of the proprietor. The four residents within this home were transferred to appropriate accommodation within the area. The other private residential care home (3 places) closed because of change in circumstances by the owner. At the time of closure the two residents were transferred to alternative care facilities.

3. Inspection activity

3.1 Regulated care services

Regulated care services are health and social care services such as those provided in nursing homes, residential homes and children's homes.

All regulated care services are inspected by staff from the Authority to:

- ensure that services provided meet the obligations as defined in the legislation;
- monitor the quality of care provided to the service users;
- confirm good practice; and
- identify poor practice and request actions to be taken.

The new methodology for inspections that will be implemented during 2006/2007 will enable the Authority to act more proportionately and to target activity where it can be most effective in improving services and protecting service users.

The estimated total number of inspections for 2006/07 is 2,461 (based on 2005-06 activity which includes scheduled and additional inspections). During April to June 2006, the inspectors of the Authority have carried out 503 scheduled inspections. These include announced, unannounced, pharmacy, estates and financial inspections. A significant number of additional inspections were also undertaken by the inspectors of the Authority in relation to registration and re-registration activity, complaint investigations and follow-up visits. The number of additional inspections/ visits undertaken will be included in subsequent reports.

Table 3: Type and number of inspections from 1 April to 30 June 2006 within the NHSSB.

| NHSSB | Type & Number of Inspections April-June 2006 | | | | | |
|--------------------------|--|-------------|-----------|----------|-----------|-----------|
| | Announced | Unannounced | Pharmacy | Estates | Financial | Total |
| Inspection total 2005/06 | 106 | 158 | 121 | 10 | 2 | 397 |
| Nursing homes | 17 | 20 | 8 | 0 | 2 | 47 |
| Residential care homes | 14 | 15 | 12 | 1 | 1 | 43 |
| Children's homes | 5 | 0 | 2 | 0 | 0 | 7 |
| Total | 36 | 35 | 22 | 1 | 3 | 97 |

Table 4: Type and number of inspections from 1 April to 30 June 2006 within the EHSSB.

| EHSSB | Type & Number of Inspections April-June 2006 | | | | | |
|------------------------------------|--|-------------|-----------|-----------|-----------|------------|
| | Announced | Unannounced | Pharmacy | Estates | Financial | Total |
| Inspection total 2005/06 | 242 | 261 | 188 | 171 | 0 | 862 |
| Nursing homes | 37 | 23 | 36 | 13 | 0 | 109 |
| Residential care homes | 27 | 22 | 22 | 10 | 3 | 84 |
| Children's homes | 3 | 1 | 1 | 5 | 0 | 10 |
| Independent health care facilities | 6 | 0 | 2 | 3 | 0 | 11 |
| Boarding schools | 8* | 0 | 0 | 0 | 0 | 8 |
| Total | 81 | 46 | 61 | 31 | 3 | 222 |

*The number of inspections detailed in the table above relates to boarding school inspections that were conducted across the four Board areas.

Table 5: Type and number of inspections from 1 April to 30 June 2006 within the SHSSB

| SHSSB | Type & Number of Inspections April-June 2006 | | | | | |
|--------------------------|--|-------------|-----------|-----------|-----------|-----------|
| | Announced | Unannounced | Pharmacy | Estates | Financial | Total |
| Inspection total 2005/06 | 78 | 82 | 78 | 78 | 15 | 331 |
| Nursing homes | 11 | 4 | 12 | 12 | 0 | 39 |
| Residential care homes | 18 | 5 | 8 | 7 | 0 | 38 |
| Children's homes | 4 | 0 | 2 | 3 | 0 | 9 |
| Total | 33 | 9 | 22 | 22 | 0 | 86 |

Within the SHSSB area financial inspections will be performed in the second quarter of this year on the same basis as 2005/06.

Table 6: Type and number of inspections from 1 April to 30 June 2006 within the WHSSB

| WHSSB | Type & Number of Inspections April-June 2006 | | | | | |
|------------------------------------|--|-------------|-----------|-----------|-----------|-----------|
| | Announced | Unannounced | Pharmacy | Estates | Financial | Total |
| Inspection total 2005/06 | 92 | 100 | 100 | 92 | 15 | 399 |
| Nursing homes | 9 | 14 | 14 | 7 | 1 | 45 |
| Residential care homes | 12 | 11 | 10 | 9 | 2 | 44 |
| Children's homes | 3 | 0 | 3 | 3 | 0 | 9 |
| Independent health care facilities | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 24 | 25 | 27 | 19 | 3 | 98 |

Registration and Inspection: staffing and costs

| YEAR TO 30 JUNE 06 | | | | | |
|-----------------------------|----------------|----------------|---------------|---------------|----------------|
| ITEM | E. AREA | N. AREA | S. AREA | W. AREA | TOTAL |
| | (WTE) | (WTE) | (WTE) | (WTE) | (WTE) |
| <u>Staff Numbers</u> | | | | | |
| Permanent | 19.81 | 11.46 | 6.60 | 8.59 | 46.46 |
| Temporary | 1.00 | 7.00 | 0.00 | 2.00 | 10.00 |
| Total | 20.81 | 18.46 | 6.60 | 10.59 | 56.46 |
| | | | | | |
| | £ | £ | £ | £ | £ |
| <u>Expenditure</u> | | | | | |
| <u>Pay costs</u> | | | | | |
| Permanent staff | 190,147 | 89,933 | 71,739 | 77,563 | 429,382 |
| Temporary staff | 3,172 | 18,725 | 0 | 6,599 | 28,496 |
| Total | | | | | 0 |
| <u>Direct non-pay costs</u> | | | | | 0 |
| Travel | 5,956 | 3,239 | 5,608 | 6,833 | 21,636 |
| Total | 199,275 | 111,897 | 77,347 | 90,995 | 479,514 |

3.2 Key issues identified from inspections of nursing and residential homes from April to June 2006

Outbreaks of infection

In response to outbreaks of infection in 20 care homes across the NHSSB area, one inspector focused on arrangements in care homes for control of infection. The inspector identified some minor practice issues regarding the storage of equipment etc. but practice was good overall. The homes had satisfactory policies and procedures in place. However, it was noted that some homes needed to provide updated training for staff. Inspection reports have identified quality improvements to be taken by registered persons in order to improve practice where necessary.

Management and maintenance of records

Inspections also examined nursing and residential homes arrangements for the management and maintenance of records. Many homes have not yet developed their Statement of Purpose or resident/patient guide which is required by legislation. The Authority is preparing guidance to assist homes in this regard at present.

Insufficient awareness of new regulations

Inspectors have identified an insufficient awareness of new regulations among many service providers. The Authority intend to run a further series of stakeholder engagement events in the Autumn 2006 to help address this matter.

Employment recruitment practices

Inspectors have identified a number of concerns around staff recruitment practices in relation to vetting and taking up references from previous employers. The full extent of this problem is not known at present, but this will be an issue that inspectors will want to concentrate on in future inspections.

Recruitment and retention of staff

The recruitment and retention of staff is also a concern within the regulated sector. This has led to an increasing need to recruit qualified nurses from overseas and has required specific support from the in service and educational establishments to ensure the achievement of and maintenance of standards for registration of qualifications.

Pre-admission planning/ care planning/recording

Many weaknesses still continue to be identified by inspectors in these areas. The Authority will continue to focus on the improvements required by service providers in 2006/07.

Financial matters

With regard to 'top up fees'- some homes are not stating what additional services are being provided. Boards and trusts in their commissioning of such services

need to be clear about the level of fees and services expected to be provided from the agreed contract fee.

3.3 Key issues identified from inspections of children's homes from April to June 2006

The quality improvement themes adopted for 2006/07

The Authority have agreed to focus on five specific areas in respect to quality improvements for children accommodated in children's homes as follows:

1. Pre-admission planning of placements
2. Care planning following admission to care
3. Standard of recording
4. Educational outcomes for each looked after child
5. Health outcomes-evidence of health promotion activity undertaken with young people

Four trusts in Northern Ireland have not submitted their annual quality statement and this has been followed up by the Authority with the Chief Executives concerned. The Authority have reviewed the annual quality reports submitted in 2005/06 and will be issuing guidance to trusts in respect of the future submission of these reports as many tend to lack analysis or contain a quality improvement plan which is concerning when a number of key statutory functions have been discharged. It is incumbent on senior managers to follow up promptly the requirements and recommendations issued following inspections of children's residential care homes. The Authority will continue to monitor the implementation of the recommendations made and the Authority will report on the improvements made in our subsequent annual report.

Within the region monitoring inspections of respite care homes providing a service to children with a wide range of disabilities has raised several issues which are being addressed by the Authority with the relevant trusts. The issues include:

- The role and responsibilities of team leaders who are qualified nurses (not necessarily registered sick children's nurses).
- The appropriate mix of very ill children with children with a learning disability.

Schools accommodating children

Following the inspections of boarding schools in 2005/06, inspection reports are being compiled for circulation to each of the schools. A number of these inspections were thematic inspections and some were full scale inspections.

The thematic inspections were well received by the schools and a range of recommendations have been made.

In the case of one special school a quality improvement plan has been devised which will be shared with the local HSS trust. This particular inspection has raised questions in relation to the most appropriate model of behaviour management in respect for children with a wide range of disabilities.

4. Complaints

4.1 Complaints received by the Authority relating to the care of adults

Complaints help the Authority to 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.

Table 7: Number of complaints brought forward from 2005/06

| Number of complaints brought forward at 1 April 2006 | Board Area | | | | |
|--|------------|-------|-------|-------|----------|
| | NHSSB | EHSSB | SHSSB | WHSSB | NI Total |
| Number of complaints | 11 | 3 | 1 | 0 | 15 |

Action was concluded in 197 (93%) of the reported complaints during 2005/06. There were 15 (7%) of complaints brought forward from 2005/06 relating to complaints in relation to nursing and residential care homes. These complaints were still under investigation. These involve issues such as poor quality care and staffing.

Table 8: Number of complaints received from 1 April to 30 June 2006

| Type of establishment | Complaints received from April-June 2006 by Board | | | | | |
|-------------------------------|---|-----------|-----------|----------|-----------|--------------------|
| | Total in 2005/06 | **NHSSB | EHSSB | SHSSB | WHSSB | Total Apr-Jun 2006 |
| Nursing homes | 178 | 9 | 17 | 2 | 12 | 40 |
| Residential care homes | 34 | 5 | 16 | 0 | 1 | 22 |
| Total | 212 | 14 | 33 | 2 | 13 | 62 |

The Authority received 62 complaints during April to June 2006. The majority of complaints received continue to be in respect of nursing homes (65%) followed

by residential care homes (35%). This pattern is reflected in the statistics presented for complaints in 2005/06.

The Authority believes that as far as possible, complaints should be resolved through local resolution. The DHSSPS intend to send out a consultation document in September 2006 with proposals regarding the handling of complaints by the Authority in the future. The DHSSPS will advise the Authority of the outcome of the consultation process and guidance will be issued to all registered establishments and agencies thereafter.

Table 9: Source of complaints received from 1 April 2006 to 30 June 2006

| Source of Complaints | Source of complaints April-June 2006 by Board | | | | | |
|----------------------|---|-------|-------|-------|-------|----------|
| | Source at 2005/06 | NHSSB | EHSSB | SHSSB | WHSSB | NI Total |
| Anonymous | 32 | 4 | 4 | 0 | 2 | 10 |
| Professionals | 41 | 0 | 4 | 0 | 2 | 6 |
| Proprietors | 3 | 0 | 0 | 0 | 0 | 0 |
| Public | 9 | 0 | 0 | 0 | 1 | 1 |
| Relative/Friend | 98 | 9 | 22 | 2 | 6 | 39 |
| Resident | 6 | 0 | 0 | 0 | 1 | 1 |
| Current staff | 11 | 1 | 2 | 0 | 1 | 4 |
| Ex-staff | 7 | 0 | 1 | 0 | 0 | 1 |
| Other | 5 | 0 | 0 | 0 | 0 | 0 |
| Total | 212 | 14 | 33 | 2 | 13 | 62 |

The highest number of complaints were received from relatives and friends, accounting for 63% of all complaints received. 16% of complaints were received from an anonymous source. This is comparable to the trend identified during 2005/06.

The majority of issues arising from complaints include:

- dissatisfaction with care practices and clinical nursing practices;
- concerns in relation to the rights of residents;
- the management of establishments;
- staffing levels/turnover within the establishment;
- the attitude of staff within the establishment;
- finance/personal allowances of the resident/patient;
- environmental matters;
- medication issues;
- health and safety concerns;
- the quality of catering for residents and patients; and
- the standard of laundry facilities within the establishment.

To highlight how complaints are dealt with by the Authority a summary of the complaints cases from the WHSSB during April to June 2006 have been included below.

| Complaint | Issues | Action |
|-----------|---|---|
| 1 | Care Practices | Meeting convened with the home, social services and Authority staff. Steps taken to improve quality of care. Local resolution. |
| 2 | Care Practices/Staff Attitudes | Meeting convened with home and care management. Complaint not substantiated. Steps take to improve communication between care management and manager. |
| 3 | Catering Arrangements | Unannounced inspection to home. Local resolution. |
| 4 | Care Practices/Staffing | Concerns addressed during announced inspection. |
| 5 | Care Practices | Range of care issues dating back over 5 years. Strategy meeting convened. Investigation ongoing. |
| 6 | Care Practices | Unannounced inspection. Inspector met with home personnel. Family were invited to meet with home to discuss concerns. Local resolution. |
| 7 | Care Practices | Unannounced inspection. Inspector met with home personnel. Local resolution. |
| 8 | Financial Arrangements/Financial Abuse | Investigation undertaken. Recommendations made. |
| 9 | Financial Arrangements/Financial Abuse | Investigation undertaken. Recommendations made |
| 10 | Care Practices/Catering Arrangements/Staffing Levels/Turnover | Investigation carried out. Complaint not substantiated. |
| 11 | Care Practices | Medication administration. Unannounced inspection carried out. Complaint not substantiated. |
| 12 | Care Practices/Staffing Levels/Turnover | Unannounced inspection carried out. Complaint not substantiated but recommendations made. |
| 13 | Care Practices/Staffing Levels/Turnover/Staff Attitudes/Management Issues | Meeting with complainant scheduled. Ongoing. |

4.2 Complaints received by the Authority relating to Children's Care

There were no complaints raised directly with any of the children's inspectors during April to June 2006.

5. Untoward Events in Children's homes

Table 10: Number of untoward events reported in Children's homes between 1 April to 30 June 2006

| | Number of untoward events in children's homes April-June 2006 by Board | | | | | |
|-------------------------------------|--|-------|-------|-------|-------|--------------------|
| Untoward events reported Apr-Jun 06 | NI Total 2005/06 | NHSSB | EHSSB | SHSSB | WHSSB | NI Total Apr-Jun06 |
| | 1,507 | 7 | 85 | 42 | 24 | 158 |

There were 158 untoward events reported to the Authority in relation to children's care. 4% were reported in the NHSSB, 54% in EHSSB, 27% in the SHSSB and 15% in the WHSSB. The issues reported included incidents of absconding, substance abuse, PSNI to home, child protection, robbery, theft, assault and self-harm. All homes have a procedure to deal with such incidents.

6. Deaths within Children's homes

The children's homes regulations request the death of a child to be reported to the Authority. The notification reported also includes the circumstances of the deaths. There were no deaths reported within children's homes in the EHSSB, SHSSB or WHSSB board area during April to June 2006. One death was reported in the NHSSB which related to the death of a child within a children's hospice.

7. Improvement through enforcement

No failure to comply notices was issued during the period 1 April to 30 June 2006. A condition of registration was placed on a private residential care home within the SHSSB area. The condition of registration related to a requirement about the maximum number of residents being accommodated in each unit of a three bungalow complex.

8. Incident reviews

The Authority conducts investigations or reviews relating to the quality of health and social care provision by and for the HPSS. These are conducted by the Incident Review Group which meets on a weekly basis.

Table 11: Number of incidents ongoing at 31 March 2006

| Incidents ongoing | Number of incidents |
|--|---------------------|
| Number of incident referrals in 2005/06 | 17 |
| Number of incidents ongoing at 31 March 2006 | 14 |

The information presented relates to reviews conducted by the Incident Review Group from 1 April to 30 June 2006.

Table 12: Number of incidents received by the Authority from 1 April to 30 June 2006

| Source of Incident Referral | Number of incidents |
|-----------------------------|---------------------|
| Client/ Family | 0 |
| Inspectors | 1 |
| Coroner | |
| Pre inquest | 3 |
| Post inquest | 0 |
| Media Articles | 2 |
| DHSSPS | 1 |
| Board/Trusts | 1 |
| Total | 8 |

Table 13: Incident breakdown by service provider from 1 April to 30 June 2006

| Service Providers | Number of incidents |
|---|---------------------|
| Regulated facilities (Nursing and Residential) | 1 |
| Trusts | |
| Single trust involvement | 6 |
| More that one trust involved in single incident | 1 |
| Board | 0 |
| Other- Non regulated service | 0 |
| Total | 8 |

Summary of issues identified as a result of the Authority's incident review process at 30 June 2006 included:

- inadequate observation of patients condition;
- inadequate communication between professionals;
- failure to provide professional intervention appropriately e.g. emergency medical intervention;
- fatality;
- inadequate disposal of controlled drugs.

Table 14: Status of each incident in the review process at 30 June 2006

| Status of Incident | Number of Incidents |
|---|---------------------|
| Incidents carried forward from 2005/06 | 14 |
| New incident referrals | 8 |
| Information /Action and implementation plan requested * | 9 |
| Awaiting result of inquest to proceed | 1 |
| Awaiting outcome of review (ongoing) | 3 |
| Future monitoring of organisation planned | 1 |
| Referral for inclusion in clinical and social care governance reviews | 2 |
| Review of incidents completed | 6 |
| Incidents ongoing at 30 June 2006 | 16 |

* May lead to improvement review, circulation of learning to wider HPSS and/or to clinical and social care governance team for inclusion in governance reviews.

As a result of dealing with the outcomes from the incidents reviewed to date, the Authority have agreed improvement plans with a number of trusts and will monitor progress against these plans through the programme for clinical and social care governance reviews which is scheduled for Autumn 2006.

9. Commissioned reviews conducted by the Authority

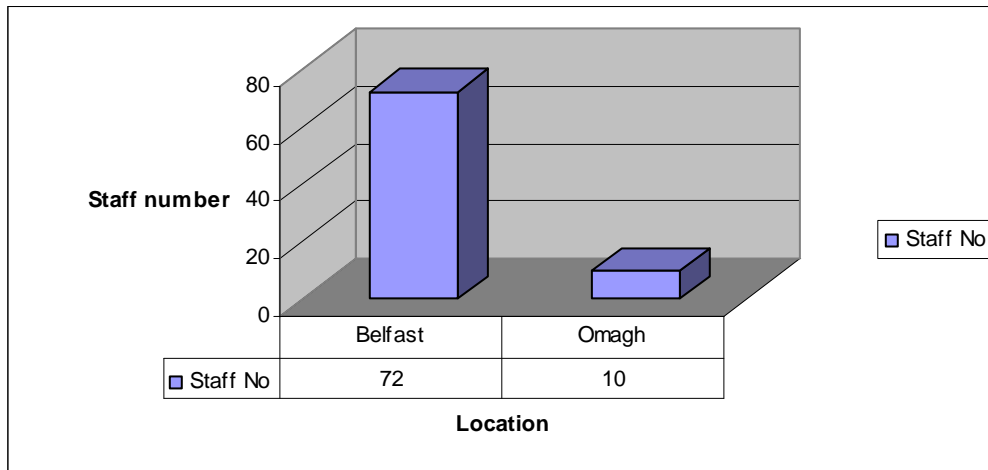
| Commissioned reviews | Status of review in 2005/06 | Progress during April-June 2006 |
|---|---|--|
| <p>1. Governance review of the lessons arising from the death of Mrs Janine Murtagh</p> | <p>Review completed. Report entitled, 'Review of the lessons arising from the death of Mrs Janine Murtagh, October 2005' was issued. A follow-up improvement review had commenced.</p> | <p>The clinical and social care governance reviews in Autumn 2006 will require HSS organisations to demonstrate the actions taken in relation to the eleven recommendations which were circulated to Health and Social Services organisations.</p> <p>The Authority will complete improvement reviews in The Royal Hospitals in October 2006.</p> |
| <p>2. Governance review of NI Breast Screening Programme</p> | <p>Review completed. Report entitled, 'RQIA Governance Review of the NI Breast Screening Programme, March 2006' had been issued. The Authority had planned to contact the relevant stakeholders between July and August 2006 to ascertain progress in relation to the implementation of review recommendations.</p> | <p>Since publication of the report the Authority has followed up a number of the trust specific issues with Belfast City Hospital Trust and United Hospitals Trust. These are to be officially reported on in October 2006.</p> <p>As part of the programme of clinical and social care governance the Authority will carry out a detailed review of the medical management, leadership and consultant appraisal in all trusts and boards across Northern Ireland.</p> |

10. Staffing

10.1 Staffing Profile

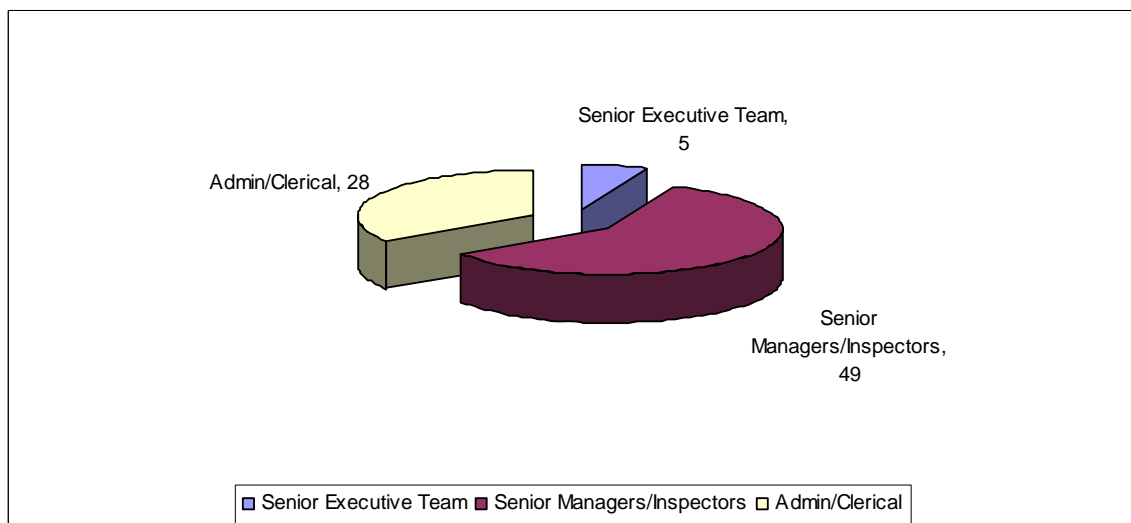
At 30 June 2006, there were 82 members of staff employed by the Authority. Staff based in offices in Ballyclare, Knockbracken, Adelaide Street, Belfast moved into the new office accommodation in Riverside Tower during June 2006. The figure below highlights the number of staff based within Riverside Tower, Belfast, and the Omagh office.

Figure 1: Number of staff based in the Belfast and Omagh Offices at 30 June 2006



The number of agency staff employed by the Authority between April to June 2006 are not included in the above statistics. During this period a total of 15 agency staff were employed.

Figure 2: Staff numbers classified by staff grade at 30 June 2006



The staff classifications will be reviewed in light of the new team structure. Future reports will be classify staff by directorate and by profession.

Of the 82 staff in post at 30 June 2006:

- One member of staff was newly appointed between April to June 2006;
- One member of staff resigned from the Authority;
- 59 members of staff worked on a full time basis;
- 12 members of staff worked on a part time basis;
- 11 members of staff were bank staff who worked on an 'as required basis'.

Therefore there is no change in total staff numbers when compared to 31 March 2006.

10.2 Information on working days lost due to sickness absence

Table 15: Incidents of sickness at 30 June 2006

| Type of sickness | Total number of staff with incidents of short/long term sickness | Working days lost due to sickness |
|--------------------------------|--|-----------------------------------|
| Total (2005/06) | 35 | 462 |
| Total (April-June 2006) | 10 | 229 |
| Short-Term | 4 | 37 |
| Long-Term | 6 | 192 |

16% of all sickness absence in this period was a result of short-term sickness incidents.

84% of all sickness absence in this period was a result of long-term sickness incidents.

Short-term absence is defined as absences of short duration lasting less than four weeks. Long-term absence is defined as any certified sickness related absence of four weeks or more duration.

11. Freedom of Information

During April to June 2006 the Authority received a total of 9 requests for information under the Act. These information requests were received and processed centrally at the Authority's Headquarters.

Table 16: Summary of Freedom of Information Requests

| Breakdown of requests under the Freedom of Information Act 2000 received by the Authority from 1 April- 30 June 2006 | |
|--|---|
| Total number of requests | 9 |
| Requests processed within the 20 working day timeframe | 9 |
| Requests completed where records were fully disclosed (no exemptions applied and no fee limit invoked) | 9 |

Table 17: Source of Freedom of Information (FOI) requests from 1 April to 30 June 2006

| Source of requests | Number FOI requests |
|--|---------------------|
| Service User* (relatives of residents) | 1 |
| HPSS organisations | 4 |
| Commercial interest | 1 |
| Other | 3 |
| Total | 9 |

*The term service user refers to patients, clients, carers, patient representatives, the local community or the wider public.

12. Stakeholder engagement activities

Clinical and Social Care Governance Reviews

A series of stakeholder workshops were arranged with HPSS organisations during May to June 2006 in Armagh, Templepatrick, Belfast and Londonderry which were attended by almost 100 people.

The arrangements for clinical and social care governance reviews, timescales, methodologies were shared with Boards, Trusts and Agencies.

Section 3. Financial information – 3 months to 30 June 2006

1. Introduction

This report provides explanatory narrative for the attached financial statements.

2. Budgets for 2006/07

DHSSPS has advised that there will be a significant increase in grant-in-aid to fund the additional functions required of RQIA. No allocation letter has been received for 2006/07. When this is received and the additional funding has been confirmed, budgets will be revised for approval by the Board and reported upon accordingly thereafter. In the meantime additional commitments are being planned but not entered into.

As noted in the previous report, the budgets for 2005/06 have been rolled forward and provide the basis for this report and financial statements.

The budgets carried forward from 2005/06 were agreed with DHSSPS for that year at £4,079,479 (Line 2.3, Col E) which left a shortfall of £69,479 in its funding of the Authority (Table 1, line 2.4, Col E). Furthermore, the projected Other Income of £800,000 was not fully realised in 2005/06 and the forecast for the current year is £750,000. Together these factors mean that the total budgets are £119,479 greater than the forecast income.

3. Forecast Financial Position

When the expected additional recurrent funding is confirmed, there will be some surplus in the current year. This will be caused by the full per annum costs not being incurred as additional posts will not be filled until part way through the year and as it takes time to develop fully the additional functions with their associated non-pay costs. This surplus will be needed to meet essential non-recurrent expenditure in setting up and further developing the capability of RQIA.

4. Position at 30 June 2006

Table 1: Income and Expenditure Account

Income

The income (Line 1.1, Col. A) is the grant-in-aid provided for 2005/06 as the additional funding has not yet been confirmed. The 'Other Income' (Line 1.2, Col. A) is the annual and other fees due for the first three months. There is a total shortfall of income against the forecast made in 2005/06 of £12,500 (Line 1.3, Col. C). See commentary on Table 2 below.

Expenditure: Payroll

There is an underspending of £9,168 against the budgets (Line 2.1, col. C) See commentary on Table 4 below.

Expenditure: Non-pay

There is an overall underspending against the existing budgets of £77,542 (Line 2.2, Col. C). It is planned that this will be absorbed by essential non-recurrent expenditure.

Summary of Position to 30 June 2006

The overall position shows an underspending against the budgets of £74,210 (Line 9, Col C). When the shortfall in the funding of the budgets of -£30,883 (Line 9, Col B) is deducted there is an actual underspending of £43,328 (Line 9, Col A).

Forecast Position at 31 March 2007

The forecast underspending is £44,358 (Line 9, col. D). This is a change from the forecast in the previous month as it has been judged prudent to exclude non-recurrent expenditure which has not yet been committed until additional funding is confirmed. It is felt that this gives a more realistic picture as such expenditure will not be committed unless the funds are made available.

Table 2: Other Income

This has been calculated by reference to the register of establishments that has been created during the re-registration process in 2005/06 and provides an accurate figure for annual fees due of £712,000. The balance is for new registrations and variations to registrations, estimated on the basis of the previous year's figures, making up the total of £750,000.

Annual fees are being billed as new certificates of registration are issued to establishments. Income has therefore been calculated pro-rata for the three months to the end of June in column A.

The shortfall of £12,500 at 30 June 2006 results from the comparison with the budgeted figure for 2005/06 which will be adjusted when the budgets are reviewed.

Table 3: Capital Expenditure

Planned non-recurrent expenditure includes some additional costs of fitting out and equipping the new office accommodation, developing the web-site and a web-based central register. Some of this expenditure may be capitalised. There has been no capitalised expenditure to date in the current year. RQIA provides for capital expenditure from within its overall financial resources. Proposals for such expenditure will be submitted to the Board for approval once the overall funding position is known.

Table 4: Pay and Non-Pay ExpenditurePay

Almost all the senior management posts agreed for 2005/06 have been filled. There are vacancies in administrative and clerical posts causing an underspending of £32,831 (Line 1.3, Col. C) which have been made good by the use of temporary staff at a cost of £27,802 (Line 1.4, Col. A). It is expected that temporary staff will be phased out as vacant posts are filled. There is an overall surplus of £9,168 (Line 1.6, Col. C); it is forecast that a small underspending will be maintained to the year end. The pay budgets will be revised to reflect the additional posts in the business plan when the additional funding is confirmed.

Non-pay

At 31 June 2006 there was an overall surplus of £77,542 (Line 4, Col. C). This position is derived from comparison of current expenditure with the rolled-forward budgets. The forecast underspending at the year end of £127,164 (Line 4, Col. F) is on the same basis. The non-pay budgets will also be revised when the additional funding is confirmed. They will reflect the move to the new accommodation and the additional functions of RQIA included in the business plan together with planned essential non-recurrent expenditure.

Recurrent expenditure on the new offices commenced in the third month of the year and there has been some non-recurrent expenditure on the new offices; this is reflected Rent and Rates (Line 2.4) in Building and Engineering (Line 2.7) and Furniture and Office Equipment (Line 3.1).

The Printing, Stationery and Advertising budget (Line 2.8, Col. C) is too high as it allowed for the initial set-up costs.

Commissioned Work (Line 3.2) is incurred on an ad hoc basis and allowance has been made for expenditure in the later part of the year in the forecast (Col. D).

Legal outlay is a small amount but exceeds the budget; it is the result of work on the lease of the new building.

Central Computer Costs (Line 3.6) were budgeted to include the initial costs of the RQIA infrastructure last year. This has been completed but there is some significant expenditure which is being planned on developing the web-site; a conservative estimate has been included in the forecast to the year-end (Col. D).

Service charges for the new accommodation are forecast and account for the overspend of £24,832 to the year end (Line 3.7, Col. F).

Internal management fees are forecast to include additional costs associated with Estates functions to be carried out on behalf of RQIA by HPSS Board staff under service level agreements (Line 3.8, Col. D).

The Miscellaneous heading includes a significant contingency figure shown in the forecast underspending of £102,647 (Line 3.9, Col. F); this heading will be adjusted when the budgets are reviewed

5. Conclusions

Pay expenditure is matching the recurrent budget while non-pay expenditure is within the existing budget.

Additional functions requiring new posts and further non-pay expenditure are to be undertaken in the current year. The costs are to be met by additional funding from the Department which will enable budgets to be revised in accordance with the provisional budgets already approved in principle by the Board. These have been designed to produce a break-even position at the year-end.

TABLE 1**3 Months ended 30 June 2006****RQIA**

| 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) | 802,500 | 0 | 802,500 | 0 | 0 | 0 |
| 1.2 Other Income (Table 2) | 187,500 | 200,000 | -12,500 | 750,000 | 800,000 | -50,000 |
| 1.3 Total Income | 990,000 | 200,000 | 790,000 | 750,000 | 800,000 | -50,000 |
| Expenditure | | | | | | |
| 2.1 Pay expenditure (Table 4) | 674,069 | 683,237 | 9,168 | 2,696,276 | 2,732,950 | 36,673 |
| 2.2 Non-pay expenditure (Table 4) | 272,603 | 350,145 | 77,542 | 1,219,366 | 1,346,529 | 127,164 |
| 2.3 Total Expenditure | 946,672 | 1,033,383 | 86,710 | 3,915,642 | 4,079,479 | 163,837 |
| 2.4 Surplus/(deficit) | 43,328 | -833,383 | 876,710 | -3,165,642 | 3,279,479 | 113,837 |
| 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) | 946,672 | 1,033,383 | 86,710 | 3,915,642 | 4,079,479 | 163,837 |
| 5 | Surplus/ (deficit) before provisions | 43,328 | -833,383 | 876,710 | -3,165,642 | 3,279,479 | 113,837 |
| 6 | Provisions for future obligations | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Surplus/Deficit after provisions | 43,328 | -833,383 | 876,710 | -3,165,642 | 3,279,479 | 113,837 |
| 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 costs | 43,328 | -833,383 | 876,710 | -3,165,642 | 3,279,479 | 113,837 |

Table 1B

| Revenue Grant / Advance from Department | |
|---|--|
| Opening allocation per letter dated: | |
| Further Allocation letters dated: | |
| Closing allocation per letter dated: | |

* RAB = Resource Accounting & Budgeting (DHSSPS terminology), mainly non-cash items.

TABLE 2
3 Months ended 30 June 2006

RQIA

| - | - | Year to Date | | | End of Year | | |
|---------------------|--|----------------|----------------|----------------|----------------|----------------|----------------|
| | | Actual A | Plan B | Variance C | Forecast D | Plan E | Variance F |
| | | £ | £ | £ | £ | £ | £ |
| OTHER INCOME | | | | | | | |
| 1.1 | Fee Income statutory | | | 0 | | | 0 |
| 1.2 | Fee Income non statutory | 187,500 | 200,000 | -12,500 | 750,000 | 800,000 | -50,000 |
| 1.6 | Total Fee Income | 187,500 | 200,000 | -12,500 | 750,000 | 800,000 | -50,000 |
| 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 |
| 3.0 | Total Other Income (To Table 1) | 187,500 | 200,000 | -12,500 | 750,000 | 800,000 | -50,000 |

TABLE 3

3 Months ended 30 June 2006

RQIA

| Capital Expenditure (excluding donated assets) | 2006/07 £ |
|---|----------------------|
| 1 Gross Capital Expenditure - charge against grant* | |
| 2 Capital Grant from DHSS&PS (see below) | - |
| 3 (Over)/Underspend against Capital grant | - |

* 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 | 0 |
| Closing allocation per letter dated | |

TABLE 4

Period Ended: 30th June 2006

RQIA

| - | - | Year to Date | | | End of Year | | |
|------------------------|--|--------------|---------|----------|-------------|-----------|----------|
| | | Actual | Plan | Variance | Forecast | Plan | Variance |
| | | A | B | C | D | E | F |
| PAY EXPENDITURE | | | | | | | |
| | | £ | £ | £ | £ | £ | £ |
| 1.1 | Senior Management (SMT) | 119,867 | 119,319 | -548 | 479,467 | 477,277 | -2,191 |
| 1.2 | Management (Senior Managers) | 399,318 | 404,006 | 4,687 | 1,597,274 | 1,616,023 | 18,749 |
| 1.3 | Registration and Inspection - Admin & Clerical | 127,082 | 159,913 | 32,831 | 508,327 | 639,650 | 131,323 |
| 1.4 | Agency Staff | 27,802 | | -27,802 | 111,208 | | -111,208 |
| 1.6 | Total pay expenditure (to Table 1) | 674,069 | 683,237 | 9,168 | 2,696,276 | 2,732,950 | 36,673 |

| - | - | Year to Date | | | End of Year | | |
|----------------------------|-------------------------------------|--------------|--------|----------|-------------|---------|----------|
| | | Actual | Plan | Variance | Forecast | Plan | Variance |
| | | A | B | C | D | E | F |
| NON-PAY EXPENDITURE | | | | | | | |
| | | £ | £ | £ | £ | £ | £ |
| 2.1 | Other Fees | 10,388 | 14,835 | 4,447 | 41,554 | 59,340 | 17,786 |
| 2.2 | Internal Audit | 6,313 | 5,641 | -672 | 25,250 | 22,563 | -2,687 |
| 2.3 | Training & professional development | 14,306 | 13,544 | -762 | 57,224 | 54,176 | -3,047 |
| 2.4 | Rent, Rates, Insurance and Water | 64,748 | 53,004 | -11,744 | 269,000 | 212,016 | -56,984 |
| 2.5 | Heat, Light and Power | 2,445 | 3,588 | 1,143 | 9,780 | 14,353 | 4,573 |

| | | | | | | | |
|-----|---|---------|---------|---------|-----------|-----------|---------|
| 2.6 | Cleaning, Catering and Hospitality | 4,498 | 3,328 | -1,169 | 17,990 | 13,313 | -4,677 |
| 2.7 | Building and Engineering | 514 | 2,180 | 1,666 | 85,000 | 8,719 | -76,281 |
| 2.8 | Printing, Stationary & Advertising | 17,384 | 42,423 | 25,039 | 69,536 | 169,690 | 100,155 |
| 2.9 | Postage & Telephone | 7,308 | 14,673 | 7,365 | 29,231 | 58,692 | 29,461 |
| 3 | Travel & Subsistance | 40,078 | 42,449 | 2,371 | 160,311 | 169,795 | 9,484 |
| 3.1 | Furniture and Office Equipment | 23,980 | 20,173 | -3,807 | 47,000 | 26,643 | -20,357 |
| 3.2 | Comissioned Work (inc accomodation re investigations) | 0 | 15,040 | 15,040 | 40,000 | 60,160 | 20,160 |
| 3.3 | Publications | 1,705 | 4,830 | 3,125 | 12,821 | 19,319 | 6,498 |
| 3.4 | Legal outlay | 2,730 | 879 | -1,851 | 10,920 | 3,516 | -7,404 |
| 3.5 | Security | 29 | 0 | -29 | 118 | 0 | -118 |
| 3.6 | Central Computer Costs | 34,073 | 54,801 | 20,728 | 100,000 | 219,205 | 119,205 |
| 3.7 | Support Services/Service Charge | 0 | 2,042 | 2,042 | 33,000 | 8,168 | -24,832 |
| 3.8 | Internal Management Fees | 32,697 | 21,646 | -11,052 | 173,000 | 86,583 | -86,417 |
| 3.9 | Miscellaneous | 9,408 | 35,069 | 25,662 | 37,631 | 140,278 | 102,647 |
| 4 | Total non-pay expenditure (to Table 1) | 272,603 | 350,145 | 77,542 | 1,219,366 | 1,346,529 | 127,164 |

Section 4: 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 April- June 2006 |
|--|---|--|----------------|---|
| 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 | Initial paper scheduled for 31 August 2006. |
| 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>*Planning and implementation of the 2006/07 review of clinical and social care governance is underway.</p> <p>To date the following has been completed:</p> <ul style="list-style-type: none"> • Stakeholder events (4) held with all relevant Boards Trusts and Agencies giving an outline of the review programme to commence in September 2006; • Development of first draft of the self assessment pro-forma; • Consultation on the first draft of the pro-forma with reference group; • Second draft of self assessment pro-forma now completed; • Advertisement of lay reviewer positions in regional press and first lay reviewer information event (26 lay reviewers engaged); • Nominations sought for peer reviewers sought through the CEO's of Boards, Trusts and Agencies closing date 11 |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---------------------|---|--|----------------|---|
| | | | | <p>August 2006</p> <ul style="list-style-type: none"> • Advertisements for Authority officers- Assistant Director of Operations, 3 Project Managers and Clerical and Administrative staff; • Training of peer and lay reviewers planned for 16-18th September 2006. <p>The Programme for the clinical and social care governance review focusing on the two themes of corporate leadership and accountability and safe and effective care have been endorsed by the Minister and included in Priorities for Action 2006/07.</p> |
| | 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. | <p>Development - Director of Social Services</p> <p>Implementation - Director of Social Services and Director of Nursing</p> | September 2006 | Draft template for self evaluation report, risk matrix and shortened report format was developed and continues to be piloted by a number of inspectors. The outcome of the piloting process will be reviewed in August 2006 and a final paper regarding the new proposed methodology will be circulated to the Board for final approval on the 31 August 2006. The consultation document regarding the new approach will be issued for public consultation from 1 September 2006 to 30 November 2006. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|--|---|--|---------------|---|
| | 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 | All nursing agencies have now been registered since April 2006. Registration of independent health care facilities is ongoing and should be completed by the 30th September 2006. |
| 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 specific, required quality standards. | 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 leadership and accountability and (b) safe and effective care. | Medical Director, Director of Nursing, Director of Social Services | February 2007 | See above* |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|--|-------------------|---|
| <p>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.</p> | <p>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.</p> | <p>Medical Director, Director of Nursing</p> | <p>March 2007</p> | <p>An improvement review has been undertaken in The Royal Hospitals relating to the recommendations of the Murtagh review. This will be reported on in October 2006.</p> <p>The Authority have engaged with the Belfast City Hospital Trust and the United Hospitals Trust to monitor implementation of the Trust specific recommendations. Both trusts are to report on progress in October 2006. As part of the planned programme of clinical and social care governance reviews to commence in October 2006, the Authority will assess medical management and leadership and the implementation of medical consultant appraisal.</p> |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|-----------------------------|-------------------------|--|
| | Prepare and implement a new complaints procedure and assess the efficiency of the new procedure. | Director of Social Services | October 2006 | Numerous discussions have taken place with the DHSSPS in an effort to finalise the Authority's position in relation to the HPSS complaints procedure. The DHSSPS will now issue a consultation document in September 2006 proposing that the Authority deal with the second stage of complaints involving regulated services i.e. which are unable to be resolved by local resolution. An interim policy and procedure has been agreed in respect of this matter and the Board has approved this. Considerable work has been undertaken regarding the production of information leaflets and booklets in respect of making complaints and Authority's role in this. These cannot be finalised until consultation is complete and thereafter will be issued to all providers and made available to the general public following Board approval. A job description is being prepared for an investigation and complaints manager within the Authority currently. |
| | Carry out major reviews commissioned by the DHSSPS. | Appropriate director | Not known at this stage | |
| To identify specific themes for quality improvement across all sectors and publish recommendations on quality | Identify and agree themes with the board and the DHSSPS. Undertake or commission | Appropriate director | March 2007 | All inspectors have been requested to focus on three specific themes for improvement across children's and adults services in 2006/07. These are pre-admission planning, care planning following admission and recording of information. In addition, the children's inspectors are reviewing the health and educational outcomes for looked |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|---|---------------|---|
| improvements. | research and publish recommendations. | | | after children. |
| To publish annual overall assessments on the quality and availability of health and personal social services in Northern Ireland. | Undertake agreed programme of clinical and social care governance reviews, inspections, investigations and produce an overall assessment as part of the Authority's annual report for 2006-07. | Senior Management Team | March 2007 | Terms of reference have been agreed in respect of a governance review of Home First Trust and an independent provider which will be completed by September 2006. The Board will be provided with further information at the 31 August 2006. Thematic review of complaints in Lakewood secure unit. |
| 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 | Work underway with peer organisations e.g. NHS Quality Improvement Scotland. Considering asking one of our peers to provide one source of external assurance. This is in addition to ongoing work with NI Audit office. |

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

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|--|--------------|---|
| To share and disseminate learning and good practice with partners and | Establish appropriate systems in consultation with service providers and learning from | Medical Director, Director of Nursing, Director of Social Services | January 2007 | A strategy and protocol for the dissemination of learning and good practice is being developed and will be shared with all staff and Board members once complete. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|---|---|--------------|--|
| service providers. | best practice elsewhere. | | | |
| 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 | Information Strategy - steering group being set up - to be chaired by Chief Executive. Communications Strategy - approved by the Board. Action plan for 2006 - 07 being prepared. |
| To establish a robust and effective information system to assist the Authority to assess and describe the quality of health and personal social services. | Appoint an Information Manager and develop robust information management systems in 2006/07. | Director of Corporate Services | August 2006 | Information Manager appointed. Information Strategy will be prepared by steering group and project team. Temporary information management systems are being maintained to provide reports to the Board and for annual report preparation. |
| To ensure the achievement of minimum standards through compliance with regulations. | Undertake a review of the evidence of health assessments and health promotion activity undertaken with an emphasis on a targeted reduction of risk. A full programme of announced / unannounced inspections will be | Director of Social Services and Director of Nursing | January 2007 | Registration and inspection of the regulated sector against the relevant regulations is ongoing. The Authority's function continues to be constrained by the absence of published minimum standards for the regulated sector. The outcomes of the Programme of inspections will be reported in March 2007. This issue has been raised with the DHSSPS. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|--------------------------------|-------------|---|
| | <p>carried out of all regulated services and outcomes. Feedback and recommendations within agreed timescales to services and early alerts to DHSSPS as appropriate. Composite overview of outcomes of all inspections will be reported on in the annual report.</p> <p>Estimated number of inspections for 2006-07 = 2,461 (based on 2005-06 activity)</p> | | March 2007 | During April to June 2006 the inspectors of the Authority have carried out 503 scheduled inspections. |
| To provide appropriate and timely information to the DHSSPS, the public and other stakeholders. | Prepare and implement a communications strategy and an information strategy based on an analysis of stakeholders needs. | Director of Corporate Services | August 2006 | See above. |
| Publish an annual report on the | Draft report for 2005/06, seek | Director of Corporate Services | August 2006 | Annual Report and Accounts 2005/06 approved by the Board and submitted to NI Audit Office on |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---------------------|---|----------------|-----------|----------------------------------|
| Authority's work. | board approval and submit to NI Audit Office (external auditor) and DHSSPS. | | | schedule. |

Key strategic theme 3 – developing people and partnerships

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|--|--|---------------------|---------------|---|
| 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 | Work on the transfer of functions of the Mental Health Commission has commenced with a series of engagements with the Mental Health Commission, DHSSPS officials and member of the Bamford review team. |
| | Meet other regulators, public representatives and service users to agree memoranda of understanding. | Chief Executive | November 2006 | Draft memoranda will be submitted to the October Board meeting. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|--|--|---|---------------|--|
| | Develop and implement a stakeholder involvement strategy for the Authority. | Director of Nursing | February 2007 | Work on the development of the stakeholder involvement strategy is awaiting the appointment of stakeholder involvement manager - to be recruited in September 2006. |
| To benchmark and learn from the experience of other countries, organisations and agencies. | Undertake desk research into existing publications and research on quality 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. | Senior Management Team | March 2007 | This work is ongoing at present and will be followed up at the Celtic Network meeting with other regulators in November and the Five Nations Health Care Regulatory Group in October 2006 which will be hosted by the Authority. |
| 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, Director of Nursing | October 2006 | Consultants at the Beeches Management Centre have started work on a draft training and development strategy and plan for 2006-07. This will inform the organisational development strategy. Work continuing on implementation of a new team structure. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|---------------------|---------------|--|
| | | | | Appointment of senior quality reviewers will take place in September this will facilitate the implementation of the organisational development strategy. |
| 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 parties. | <p>Development and implementation of a stakeholder involvement strategy for the Authority.</p> <p>Proactive engagement through a series of stakeholder events with public representatives, community, voluntary and special interest groups on the role and function of the Authority.</p> | Director of Nursing | February 2007 | A series of meetings has been held with local and district councils, a further programme of meetings with stakeholder groups will commence in the Autumn. Further work is dependent on the appointment of the stakeholder involvement manager and the development of the strategy. |

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

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---------------------|------------------|----------------|-----------|---|
| To achieve year on | Introduce robust | Director of | June 2006 | Work continues, informed by internal audit report |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|--|--|--------------------------------|--------------------------------------|--|
| year improvements in the way that the Authority uses its resources. | financial management systems including internal and external audit. | Corporate Services | | for 2005-06. |
| 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 | Risk Management Strategy agreed with the Board. Draft Corporate Risk Register being considered by 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 | Draft business plan and workforce plan 2006-07 sent to DHSSPS as a basis for budget discussions. Awaiting allocation letter for 2006-07. Draft budget agreed with the Board. |
| 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 | Matching Panel meetings underway. |
| | Secure facilities for effective working – permanent office accommodation. | Director of Corporate Services | June 2006 (Riverside Tower, Belfast) | Successful move of staff from Knockbracken, Ballyclare and Adelaide Street, Belfast to Riverside Tower in June 2006. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---|--|--------------------------------|----------------|--|
| | 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 on this to commence in August 2006. |
| | Establish effective office management, planning and policy development functions | Director of Corporate Services | September 2006 | Work ongoing, informed by internal audit report for 2005-06. |
| To demonstrate a culture of continuous improvement in building organisational capacity and encouraging and supporting individuals to identify and achieve personal and organisational development | Prepare and implement an organisational development strategy including a staff development plan. | Director of Corporate Services | October 2006 | See above. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during April- June 2006 |
|---------------------|------------------|----------------|-----------|----------------------------------|
| targets. | | | | |