



Quarterly Report to the Board

Reporting period 1 July to 30 September 2006

The Balanced Scorecard Approach

The Board has indicated its willingness to consider a Balanced Scorecard approach to performance management information. The following information introduces the balanced scorecard concept and how this will be taken forward in 2006-07.

Introduction

The Balanced Scorecard was developed by Kaplan and Norton in the early 1990's and arose from research into performance measurement approaches in a number of leading international companies. The Balanced Scorecard was specifically designed to address some of the deficiencies in performance management in the private sector e.g. performance management was not integrated into the strategy process but seen as a separate activity. There has been increasing interest in the balanced scorecard approach from public sector organisations as a way to improve overall performance and service delivery and to increase accountability to stakeholders.

Purpose

"The overall purpose of the scorecard approach is to enable managers to develop a robust set of performance measures that provides a comprehensive view of the overall performance of the organisation but that is also visibly linked to the key strategies and priorities of the organisation."

The measures of success: Developing a balanced scorecard to measure performance
Accounts Commission for Scotland
June 1998

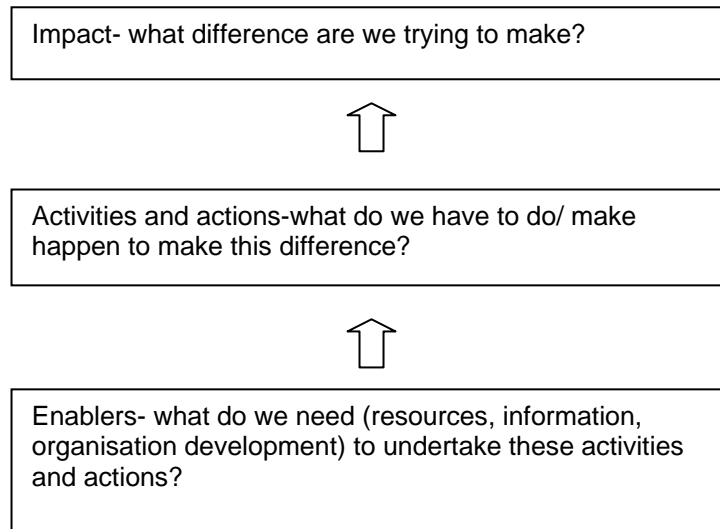
Developing the scorecard

- The approach starts from the organisation's goals and priorities- what is it trying to achieve in the long term.
- Next step involves ensuring that the key strategic actions required to achieve these goals have been identified and planned for.
- The critical actions identified above are then grouped under the four scorecard perspectives: that of the customer, that of internal business process, that of continuous improvement and that of financial performance.
- For each critical action an appropriate measure or measures are identified to assist in the assessment of progress towards achieving the action and strategic goal.
- These measures will form part of the scorecard and will be monitored over time. The potential of incorporating agreed standards or targets into these performance measures is also possible.

The next steps for the Authority may involve:

- development of a strategy map which is a diagram showing what a organisation needs to be good at in order to deliver its goals. It forms the basis for our planning and for performance measurement and provides a clear link between what we do and what we are trying to achieve.

Strategy map structure



- consolidate these various actions into the four scorecard perspectives to ensure a reasonable balance of actions. The four perspectives (customer, internal processes, continuous improvement, financial performance) to be re-labelled to have relevance to the Authority.
- Identify appropriate measures of performance for each action on the scorecard.

Refer to the executive summary in scorecard format overleaf. Comments from Board members will assist the future development of this approach.

JOHN STEWART
DIRECTOR OF CORPORATE SERVICES
30 October 2006

Quarterly Report Highlights- July to September 2006

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

| | |
|--|---|
| <p>Stakeholder</p> <p>Register of nursing, residential and children's homes</p> <ul style="list-style-type: none"> The first quarterly return of information to DHSSPS is scheduled for October 2006 <p>Complaints</p> <ul style="list-style-type: none"> 52 complaints received: 81% relating to nursing homes and 19% against residential care homes Complaints from relatives and friends accounted for 65% and 12% were anonymous <p>Freedom of Information</p> <ul style="list-style-type: none"> 5 requests were received during the period, all were 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"> Consultation process is underway- proposed methodology sent to over 1000 stakeholders | <p>Internal Business Process</p> <p>Regulated sector activity</p> <ul style="list-style-type: none"> 682 registered establishments and agencies at 30 Sep 2006 Registration of independent healthcare facilities- poor response from service providers offering laser treatments. Further notifications to be sent to service providers RQIA did not instigate any cancellation of registration during this period 562 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"> Planned programme is on schedule |
| <p>Learning and improvement</p> <p>Regulated sector</p> <ul style="list-style-type: none"> Key issues identified from inspections of nursing, residential care and children's homes <p>Notifications-children's homes</p> <ul style="list-style-type: none"> 239 notifications reported from children's homes <p>Failure to comply notices</p> <ul style="list-style-type: none"> 16 failure to comply notices issued to nursing home within the NHSSB <p>Reviews</p> <ul style="list-style-type: none"> Governance review of the lessons arising from the death of Mrs Janine Murtagh- improvement review is complete Governance review of NI Breast Screening Programme- issues incorporated into proforma for reviews in 2006/07 <p>Incident Review Group</p> <ul style="list-style-type: none"> Received 8 new incident referrals <p>Learning and development strategy</p> <ul style="list-style-type: none"> Has been shared with the Partnership Forum for feedback | <p>Resource Management</p> <p>Fees for registrations are being collected as they arise and annual fees for 2006/07 are being raised and sent out</p> <p>Staffing at 30 September 2006</p> <ul style="list-style-type: none"> 77 staff are based in Belfast and 10 staff are based at Omagh. 5.75% sickness absence rate <p>Financial Position at 30 September 2006 and Forecast to Year End</p> <ul style="list-style-type: none"> There is a surplus of £118,008 at 30 September and a forecast surplus of £133,848 at the year end. The forecast surplus depends on the ability to recruit and appoint additional staff during the remainder of the year and on approval from the Department for some non-recurrent expenditure. There is also a potential item of expenditure which may have to be provided for in the current year which would significantly reduce the forecast surplus. |

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Section 1. Activity information for 1 July to 30 September 2006

Section 2. Finance information for 6 months to 30 September 2006

Section 3. Progress report on business plan objectives

Section 1: Activity information for 1 July to 30 September 2006

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. 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 the 30 September 2006 is presented in the table 1. This information has been derived from the central register.

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

| Establishments/agencies registered by Board | | | | | |
|---|------------|------------|------------|------------|------------|
| Type of establishment/agency | NHSSB | EHSSB | SHSSB | WHSSB | NI Total |
| Nursing homes | 63 | 100 | 47 | 40 | 250 |
| Residential care homes | 106 | 138 | 49 | 46 | 339 |
| Children's homes | 10 | 25 | 10 | 13 | 58 |
| Independent clinics | 0 | 6 | 0 | 0 | 6 |
| Independent hospitals | 0 | 7 | 0 | 2 | 9 |
| Nursing agencies | 2 | 12 | 3 | 3 | 20 |
| Total | 181 | 288 | 109 | 104 | 682 |

Changes to the number of registered establishments and agencies in comparison to the previous reporting period are detailed in the registration and closures section of this report.

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 are being raised and sent out.

1.2 Nursing, residential and children's homes

The new regulations required re-registration of all nursing, residential and children's homes. Information relating to each establishment is now held on a central register. The Authority has agreed to send the details of this register to

the DHSSPS on a quarterly basis. The first quarterly return of information will be completed during October 2006.

1.3 Independent health care providers

Nursing agencies

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. 20 nursing agencies were registered with the Authority at the 30 September 2006.

Independent healthcare facilities

Work commenced on the registration of independent healthcare facilities and services in January 2006. It was anticipated that the majority of these services would be registered by September 2006. However registrations of independent healthcare providers offering laser treatments is currently incomplete. The Authority contacted approximately 35 such providers detailing the requirement for registration with the Authority. A poor response was received by the Authority in response to initial correspondence sent to identified providers. Further notice will be circulated to service providers outlining the legislative requirements and the consequences for agencies failing to comply with the regulations will be made known.

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 July to September 2006.

2.1 NHSSB

There were no new registrations or closures in the NHSSB area during this quarter. Therefore the number of registered establishments remains the same.

2.2 SHSSB

There were no new establishments registered in this area during this quarter. Within the SHSSB area four residential care homes under one trust adult placement scheme closed, reducing the total number of residential homes from 53 to 49. All closures reported were voluntary cancellations of registrations. These homes were registered to provide respite care for persons under the learning disability category of care. One home had two registered places and the other three homes had one registered place each. These homes closed due to a change of circumstances by the owners. Residents who received this service have been directed to alternative respite care services in the area.

2.3 WHSSB

One private nursing home was registered to accommodate 64 patients within the Enniskillen area. This home registered 32 nursing beds and 32 nursing/dementia beds. During this period the number of nursing homes in this area increased from 39 to 40. The additional beds registered to accommodate people with dementia provides increased choice for residents requiring this type of care in the WHSSB area. There were no closures within the WHSSB area during this period.

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 and highlight good practice; and
- identify poor practice and request action(s) to be taken.

3.2 How we are developing and improving the inspection process

One of the Authority's objectives for 2006/07 is the development and implementation of an evidenced based methodology for the inspection of regulated services and facilities.

Development of the new methodology has involved:

- design of a self evaluation template to be completed by service providers to evaluate the quality of their service against the standards and regulations;
- identification of a risk matrix, with a focus on the risk indicators relevant to those who receive the service;
- development of a new format for completion of inspection reports;
- a number of inspectors piloting the new methodology;
- assessment of the piloting process;
- reviewing the outcomes of the piloting process in 10 care homes;
- compilation of final paper for public consultation outlining the new proposed methodology for inspection of services;
- approval of new proposed approach by the Board 31 August 2006;
- the consultation document was issued on the 1 September 2006 to over 1000 stakeholders. This consultation process will end on the 30 November

2006 for all registered providers, although further consultation will be held with other relevant stakeholders until 16 December 2006;

- continued engagement with stakeholders through the organisation of a number of workshops across Northern Ireland. These workshops have been well attended by providers. A further series of workshops is planned during October, November and December 2006; and
- training for staff of the Authority on the proposed new methodology for inspection of regulated services conducted on 8th September 2006.

This new methodology for inspections will enable the Authority to operate in a manner which is:

- more proportionate: intervals between inspections for different types of care services could be based on the assessment of risk;
- targeted: focus activity where it can be most effective in improving services and protecting service users; and
- focused on improving care and outcomes for service users in an transparent manner.

3.3 Summary of inspection activity

Table 2: Type and number of inspections conducted in registered establishments from 1 July to 30 September 2006 within Northern Ireland

| Board | | Type & Number of Inspections | | | | | | Total |
|-------------------------------|------------------------------------|------------------------------|-------------|------------|-----------|-----------|------------|------------|
| | | Announced | Unannounced | Pharmacy | Estates | Financial | Additional | |
| NHSSB | Inspection total Qtr 1 | 36 | 35 | 22 | 1 | 3 | 12 | 109 |
| | Nursing homes | 15 | 10 | 16 | 1 | 4 | 17 | 63 |
| | Residential care homes | 10 | 10 | 14 | 0 | 1 | 4 | 39 |
| | Children's homes | 3 | 1 | 2 | 0 | 0 | 0 | 6 |
| | Sub total | 28 | 21 | 32 | 1 | 5 | 21 | 108 |
| EHSSB | Inspection total Qtr 1 | 81 | 46 | 61 | 31 | 3 | 25 | 247 |
| | Nursing homes | 25 | 19 | 16 | 24 | 0 | 22 | 106 |
| | Residential care homes | 32 | 18 | 22 | 19 | 1 | 15 | 107 |
| | Children's homes | 10 | 0 | 9 | 2 | 0 | 3 | 24 |
| | Independent health care facilities | 7 | 0 | 2 | 4 | 0 | 0 | 13 |
| | Boarding Schools* | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Sub total | 74 | 37 | 49 | 49 | 1 | 40 | 250 |
| SHSSB | Inspection total Qtr 1 | 33 | 9 | 22 | 22 | 0 | 3 | 89 |
| | Nursing homes | 13 | 9 | 11 | 13 | 0 | 3 | 49 |
| | Residential care homes | 4 | 5 | 4 | 4 | 0 | 0 | 17 |
| | Children's homes | 0 | 0 | 2 | 0 | 0 | 1 | 3 |
| | Sub total | 17 | 14 | 17 | 17 | 0 | 4 | 69 |
| WHSSB | Inspection total Qtr 1 | 24 | 25 | 27 | 19 | 3 | 35 | 133 |
| | Nursing homes | 8 | 6 | 7 | 8 | 2 | 36 | 67 |
| | Residential care homes | 13 | 7 | 12 | 9 | 2 | 4 | 47 |
| | Children's homes | 3 | 0 | 3 | 3 | 0 | 8 | 17 |
| | Independent health care facilities | 1 | 1 | 1 | 1 | 0 | 0 | 4 |
| | Sub total | 25 | 14 | 23 | 21 | 4 | 48 | 135 |
| Total: all inspections | | 144 | 86 | 121 | 88 | 10 | 113 | 562 |

*The next boarding school inspections are scheduled to commence in January 2007 following the annual meeting with the school principals.

The one estates inspection in the NHSSB was linked to the re-registration of a nursing home. At present the NHSSB team does not have a designated estates officer, however estates colleagues from other teams are available to assist when required.

The following table compares the number of inspections conducted during 2005/06 with the first two quarters of 2006/07. The total number of inspections include:

- 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.
- 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.

Table 3: Summary of inspection activity

| Total number of inspections conducted | Reporting period | | | |
|---------------------------------------|------------------|-----------|-----------|---------------|
| | 2005/06 | Quarter 1 | Quarter 2 | Total 2006/07 |
| | 2,461 | 578 | 562 | 1140 |

Based on 2005/06 inspection activity, the number of inspections conducted in 2006/07 to date is comparable. Slight variations in the number of inspections undertaken may be explained by a difference in the number of additional inspections performed in relation to complaints investigations, monitoring visits conducted as detailed above.

3.4 Key issues identified from inspections of nursing and residential homes from July to September 2006

Outbreaks of infection

One residential care home in the NHSSB area reported an outbreak of infection during this quarter. The management of the home notified the relevant agencies and took appropriate action in line with guidance issued by the NHSSB Public Health Department.

Management and maintenance of records

Inspectors continue to review the arrangements for the management and maintenance of records in nursing and residential care homes. If the documentation is deemed inadequate at the time of inspection, requirements and recommendations are issued for action by the service provider. Data is now being recorded by the inspectors to provide better information regarding the level of compliance in this regard.

Statement of purpose and function and Resident/Patient Guide

Inspections continue to reveal that many homes have still not developed clearly their statement of purpose or made available a resident/patient guide as required by legislation. Care homes in the NHSSB area were requested to submit copies of the above documentation for examination by the Authority. To ensure homes fully comply with the regulations further work needs to be carried out on this documentation to encourage a more consistent approach. The Authority has

initiated the development of a template to assist service providers compile their statements of purpose and function; and residents/patients guides. This document will be communicated to all service providers and published on the RQIA website in due course.

Awareness of new regulations

Inspections have highlighted limited awareness of the requirement of new regulations among many service providers. The Authority intends to run a further series of stakeholder engagement events to help address this matter. A series of road show events have been scheduled for November and December within the WHSSB area. It is hoped this initiative can be expanded to the other board areas.

Employment practices

Inspectors have identified concerns around staff recruitment practices in relation to vetting and taking up references from previous employers. Inspectors will review this issue during future inspections. The full extent of this practice will be better understood at the end of the year. In the course of inspections, guidance regarding the legislative obligations regarding recruitment practices is provided.

The retention of staff is also a concern within the regulated sector. Frequent changes to the registered manager within care homes can have an adverse effect on the overall stability and provision of care. This issue is constantly evaluated and monitored during the inspection process.

The Authority is receiving greater numbers of notifications of staff in care homes being dismissed following investigations by the registered person into allegations of abuse or poor practice. While the impact of this course of action on the individual concerned and others at the home, especially residents is noted, the trend seems to suggest that:

- providers are more aware of the requirement to implement vulnerable adult procedures and are applying them more rigorously and appropriately;
- staff are more aware of the possibility of abuse and are responding accordingly i.e. following whistle blowing procedures;
- consideration needs to be given to any correlation between the number of dismissals and any evidence of poor selection, recruitment, induction or training procedures or as a result of employers acting too quickly and not adhering to good employment procedures.

Training and Development

Inspectors report that mandatory training with care staff is being conducted. However there is evidence to suggest that other training needs are not being met

in skill areas such as caring for people with dementia, care planning, social activity planning and wound care/tissue viability.

The publication of standards on staff qualifications and training would be a significant contribution to improving quality in the care home sector.

Pre-admission planning/ care planning

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.

Inspectors are increasingly reminding trust personnel of their responsibilities under article 34 of the order in relation to the duty of quality with particular emphasis on care planning and reviews.

Annual quality statements

Under the new legislation the registered person is required to provide to the Authority and an annual quality statement. A varied approach to the documentation of this report is evident in children's homes. The ongoing developments in relation to inspection methodology and self assessment will pave the way for the smoother introduction of these legislative requirements. The Authority intend to publish guidance in respect of the completion of such statements for the 2006/07 year.

Financial matters

A letter issued from the DHSSPS in December 2005 regarding 'top ups' rates for residential and nursing homes is currently informing the financial inspection process. During September 2006 a workshop was held to inform inspectors about the financial inspection arrangements proposed. Inspectors were advised about the basic checks that could be monitored during routine inspections.

3.5 Key issues identified from inspections of children's homes from July to September 2006

Quality improvement themes adopted for 2006/07

The Authority 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 and evidence of health promotion activity undertaken with young people

Deficits have been identified across the themes from the inspections conducted to date. Requirements to address the non compliance with regulations in this regard were made and included in quality improvement plans issued to providers. These plans have been presented to the responsible trusts and progress will be monitored through unannounced inspections, progress meetings with senior personnel or monthly monitoring reports where appropriate. Timelines were agreed for actions to be taken. Inspectors will continue to work closely with service providers and trusts to ensure quality improvement plans are effectively progressed.

Annual quality statements

The majority of service providers of children's homes have now submitted their annual quality statements for 2005/06. Outstanding statements have been requested and will be followed up in due course. The Authority has forwarded feedback to each provider, in terms of the issues emerging from the reports and follow up actions required. To date the Authority has had a positive response from trusts and they have demonstrated a willingness to improve the quality of practice in this area.

Statements of purpose

One issue requiring review by providers is the extent the role of a particular home plays within the overall residential care strategy for a trust, particularly as trusts merge under the Review of Public Administration. A review of joint resources may necessitate a review of the purpose of some children's homes. Inspectors will monitor to assess if statements of purpose are adhered to within this rapidly changing environment.

Schools accommodating children

Outstanding inspection reports are being progressed. Any recommendations made will be followed up during the next cycle of inspections. A meeting will be scheduled in January 2007 to discuss the next schedule of boarding school inspections.

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.

4.2 Development of a new complaints procedure- progress to date

One of the Authority's objectives for 2006/07 is the preparation and implementation of a new complaints procedure. The progress to date includes:

- discussions have taken place with the DHSSPS to finalise the Authority's position in relation to the HPSS complaints procedure;
- an interim policy and procedure has been agreed which the Board have approved;
- work has been undertaken regarding the development of information leaflets and booklets in respect of making complaints and the Authority's role in this;
- a job description for an investigation and complaints manager within the Authority is being finalised;
- the DHSSPS had intended to send out a consultation document in September 2006 with proposals regarding the handling of complaints by the Authority in the future. The DHSSPS have not yet issued the consultation document; and
- 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.

4.3 Complaints analysis for July to September 2006

The Authority received 52 complaints during July to September 2006, a decrease of 16% on the quarter before, refer to Table 4 for further details. The majority of complaints received continue to be in respect of nursing homes (81%) followed by residential care homes (19%). This may be as a result of the larger number of registered nursing home places compared to the number of residential places. This pattern is reflected in the statistics presented for complaints in April-June 2006/07.

Table 4: Number of complaints received from 1 July to 30 September 2006

| Type of establishment | Complaints received by Board | | | | | Total Jul-Sep 2006 |
|------------------------|------------------------------|-----------|-----------|----------|----------|--------------------|
| | Total Apr-Jun 2006 | NHSSB | EHSSB | SHSSB | WHSSB | |
| Nursing homes | 40 | 14 | 17 | 4 | 7 | 42 |
| Residential care homes | 22 | 6 | 4 | 0 | 0 | 10 |
| Total | 62 | 20 | 21 | 4 | 7 | 52 |

The Authority believes that as far as possible, complaints should be resolved through local resolution. 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.

Table 5: Source of complaints received from 1 July to 30 September 2006

| Source of Complaints | Source of complaints by Board | | | | | Totals Quarter 2 |
|----------------------|-------------------------------|-----------|-----------|----------|----------|------------------|
| | Totals Quarter 1 | NHSSB | EHSSB | SHSSB | WHSSB | |
| Anonymous | 10 | 4 | 2 | 0 | 0 | 6 |
| Professionals | 6 | 1 | 4 | 1 | 1 | 7 |
| Proprietors | 0 | 0 | 0 | 0 | 0 | 0 |
| Public | 1 | 0 | 0 | 0 | 0 | 0 |
| Relative/Friend | 39 | 13 | 13 | 3 | 5 | 34 |
| Resident | 1 | 1 | 0 | 0 | 0 | 1 |
| Current staff | 4 | 0 | 2 | 0 | 0 | 2 |
| Ex-staff | 1 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 1 | 0 | 0 | 1 | 2 |
| Total | 62 | 20 | 21 | 4 | 7 | 52 |

Complaints classified under the 'other' category included one complaint from a solicitor (NHSSB) and one complaint from the environmental health department (WHSSB).

The highest number of complaints continues to be received from relatives and friends on behalf of residents/patients in care homes, accounting for 65% of all complaints received. 13% of complaints were received from professionals while 12% were received from an anonymous source. This is comparable to the trend identified during 2005/06.

4.4 Complaints cover a variety of issues including:

- 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;
- personal care;
- infection control;
- medication issues;
- health and safety concerns;
- allegations of abuse;
- the quality of catering for residents and patients; and
- the standard of laundry facilities within the establishment.

4.5 A number of measures are adopted to address or resolve the complaints reported which may include:

- local resolution;
- recommendations being made to the care homes;
- requirements being identified and issued;
- monitoring visits arranged by inspectors;
- referrals made to external agencies;
- failure to comply notices being issued; and
- conditions on registration such as a halt to admissions.

The Authority intend to hold a workshop with managers in November 2006 to review the process for investigation and review of complaints. Further training will be provided to staff following the outcome of the DHSSPS consultation in respect of the HPSS complaints procedures.

4.6 Complaints received by the Authority relating to children's care

There were no complaints raised directly with any of the children's inspectors during July to September 2006. Homes are required to keep a record of all complaints reported in accordance with Regulation 23, The Children's Homes Regulations (NI) 2005. Any complaints reported are also detailed in the monthly monitoring reports provided to the Authority.

4.7 Complaints received about the Authority

During this reporting period one complaint was received about the Authority's inspection rigor. The action taken and outcome of this complaint will be detailed in the next quarterly report.

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 239 events were received by the Authority during July-September 2006.

5.1 Notifications received in compliance with the regulations

There were 180 events reported to the Authority that fully complied with the regulations. 2% were reported in the NHSSB, 32% in the EHSSB, 16% in the SHSSB and 49% in WHSSB.

Absconding of children accounted for 75% of the notifications received in accordance with the regulations. 12% of notifications received related to serious incidents that necessitating the police being called to home. 4% of notifications reported related to serious illness/serious accidents sustained by a child and 4% related to child protection enquiries.

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 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.

The Authority was informed of actions taken following the occurrence of the above events. With the reporting of some events, a period of time has elapsed between the actual date of the notifiable event and the date of receipt by the Authority. In response the Authority intends to issue guidance to providers regarding the reporting of events, emphasising the importance of detailing the follow up actions taken.

5.2 Notifications received that did not fully comply with the regulations

There were 59 events reported to the Authority that did not fully meet the definitions within the regulations. Events reported included incidents of fire, overdose, self harm, serious assault by child on child, serious assault by child on staff, misadministration of medication, assault in the community, criminal damage or abuse of alcohol/drugs. The Authority provided guidance on the interpretation of definitions in Regulation 29 (1) Schedule 5 incident reporting to the DHSSPS. The DHSSPS intend to issue this guidance to the trusts in respect of this matter.

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.

Table 6: Number of deaths reported at 30 September 2006

| Type of establishment | Deaths reported by Board | | | | |
|-------------------------------|--------------------------|------------|-----------|-----------|--------------------|
| | NHSSB | EHSSB | SHSSB | WHSSB | Total Jul-Sep 2006 |
| Nursing homes | 93 | 164 | 76* | 86** | 419 |
| Residential care homes | 13 | 29 | 2 | 11 | 55 |
| Total | 106 | 193 | 78 | 97 | 474 |

* 26 of these deaths occurred in a hospice

**14 of the deaths occurred in a hospice

These hospices are currently registered as nursing homes. 88% of death notifications received were in respect of nursing homes. In light of 'The Shipman Inquiry' the Authority are currently reviewing and developing a death notification proforma to be completed by service providers.

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.

Following a complaint received in August 2006, a number of inspections were conducted in a nursing home in the NHSSB area. Following these inspections, requirements were issued to the service provider. Further follow up indicated that these requirements had not been implemented as expected. Therefore, the Authority issued 16 failure to comply notices on the 5th September 2006. These notices related to quality of care planning and review, staff training, supervision of patients, risk management and record keeping.

The registered person is required to take appropriate action to ensure full compliance with the legislation by 6th October 2006. A further inspection is required on or before that date to determine the degree of compliance with the legislation.

No failure to comply notices were issued to homes within the EHSSB, SHSSB or WHSSB area.

9. Placing and removal of conditions on establishments

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

Following the receipt of a complaint and subsequent inspections to a private nursing home within the NHSSB area, one condition was placed on a registration to temporarily cease admissions to the care home. The registered person is required to take appropriate measures to improve the environment and care practices at the home.

Within the WHSSB one condition was placed on a private nursing home regarding the use of an additional bed to be used by an ambulant patient only. As a result of staffing issues, two conditions were placed on a private nursing home which were as follows:

- one condition reduced the number of patients that could be cared for at the home. The bed numbers available for occupancy was reduced from 64 to 32. This condition has been removed as staffing levels has permitted an increase in the bed numbers available;
- one condition was placed on the registered manager to undertake relevant training in dementia care.

10. Incident reviews

10.1 Incident review process

Board members received a paper from the Chief Executive briefing them on the role of the Authority's Incident Review Group. The information presented relates to reviews conducted by the Incident Review Group during this quarter.

An incident can be defined as “any event or circumstance that has could have or did lead to unintended or unexpected 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. Triggers that might alert the Authority to the potential need for an investigation or review include:

- direct contact from patients, the public, HPSS staff or the media;
- issues brought to light during Authority’s monitoring processes, inspections, reviews or visits;
- trends or issues highlighted in the monitoring of complaints or adverse incidents;
- requests from the DHSSPS or from other inspectorates or regulatory bodies and the HPSS itself.

10.2 Incident reviews between July to September 2006

Table 7: Number of incidents received between 1 July to 30 September 2006

| Source of Incident Referral | | Number of reported incidents |
|-----------------------------|--------------|------------------------------|
| Client/ Family | | 1 |
| Inspectors | | 4 |
| Coroner | Pre inquest | 0 |
| | Post inquest | 0 |
| DHSSPS | | 2 |
| Board/Trusts | | 1 |
| Total | | 8 |

Table 8: Incident breakdown by service provider between 1 July to 30 September 2006

| Service Providers | | Number of reported incidents |
|---|---|------------------------------|
| Regulated facilities (Nursing and Residential - Independent sector) | | 3 |
| Trusts | Single trust involvement | 5 |
| | More that one trust involved in single incident | 0 |
| Board | | 0 |
| Other- Non regulated service | | 0 |
| Total | | 8 |

Table 9: Status of each incident in the review process at 30 September 2006

| Status of Incident | Number of reported Incidents |
|---|------------------------------|
| Incidents ongoing at 30 June 2006 | 16 |
| New incident referrals Jul-Sep 2006 | 8 |
| Information /Action and implementation plan requested * | 14 |
| Awaiting result of inquest to proceed | 1 |
| Awaiting outcome of review (ongoing) | 6 |
| Future Monitoring of organisation planned | 1 |
| Referral for inclusion in clinical and social care governance reviews | 1 |
| Review of incidents completed | 1 |
| Incidents ongoing at 30 September 2006 | 23 |

* 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.

10.3 Outcomes arising from the Incident Review Group

- Following the completion of incident reviews, specific recommendations have been incorporated into the clinical and social care governance reviews of four individual trusts.
- Recommendations arising from the Murtagh Review and the Breast Screening Review have been included in all acute hospital trusts' governance reviews. These sections are entitled Peri-operative Care and Consultant Appraisal and are incorporated into the review documents entitled "Safe and Effective Care" and "Corporate Leadership and Accountability of Organisations". These two sections reiterate the recommendations and will provide the Authority with the opportunity to assess the implementation of the wider learning. The recommendations arising from The Murtagh Review also take account of identified trends within the recently reported incidents pertaining to pre and post operative care.
- One completed review identified that lessons learned had previously been circulated by The Medical Devices Agency. The Authority will monitor the application and audit of protocols in relation to safe transfer of patients within the theatre area during the forthcoming governance review within that individual trust.
- Resulting from inspection of children's residential services and the issues raised, criterion in respect of assessment, recording, safety and the trust's statutory duty, have been included in the forthcoming governance reviews of all community trusts.
- As a further consequence of inspection within the regulated adult nursing/residential home sector and through the incident review group determination on the issues raised, a failure to comply with regulations in respect of 16 issues was served on the registered persons in control of one private nursing/residential home. Ongoing monitoring will continue to ensure improvement is sustained.
- Communication has also been made with the Senior Coroner for Northern Ireland advising of the action taken by the RQIA as a result of the reviews undertaken.

11. Commissioned reviews conducted by the Authority

| Commissioned reviews | Progress during April- June 2006 | Progress during July-September 2006 |
|---|--|--|
| <p>1. Governance review of the lessons arising from the death of Mrs Janine Murtagh</p> | <p>The Authority will complete improvement reviews in The Royal Hospitals in October 2006.</p> <p>The clinical and social care governance reviews in Autumn 2006 will require health and social service organisations to demonstrate the actions taken in relation to the eleven recommendations which were circulated to such organisations.</p> | <p>The Royal Hospitals improvement review has been completed. The Authority is satisfied that the recommendations made in the report have been implemented. The trust has actions in place to address a number of key issues. Progress against these issues will be reported in The Royal Hospitals clinical and social care governance review 2006/07.</p> <p>The recommendations of the 'Murtagh Review' have been incorporated into the self-assessment proforma for the clinical and social care governance review 2006/07. All trusts providing surgical services will be asked to chart progress against the recommendations under 'Safe and effective care'</p> |
| <p>2. Governance review of NI Breast Screening Programme</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> | <p>A number of the key issues for wider learning have now been incorporated into the self-assessment proforma for the clinical and social care governance review 2006/07. These include issues on medical consultant appraisal, medical management and leadership and supervision of locum doctors. Specific issues are also reviewed within the proforma with Belfast City Hospital Trust and the United Hospital Trust. These will form part of the trust site visits in January to March 2007 and will be reported to the DHSSPS and the Public in April 2007.</p> |

12. Workforce information

12.1 Headcount and salary bill to date

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

Table 10: Headcount and salary bill between Quarter 1 and Quarter 2

| Workforce | Indicator | Quarter 1 | Quarter 2 |
|---------------------------|------------------------|--------------|--------------|
| Headcount and salary bill | Total headcount | 96 | 100 |
| | Total staff | 83 | 87 |
| | Total Board | 13 | 13 |
| | Total WTE | 80.46 | 80.01 |
| | Total staff | 67.46 | 67.01 |
| | 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

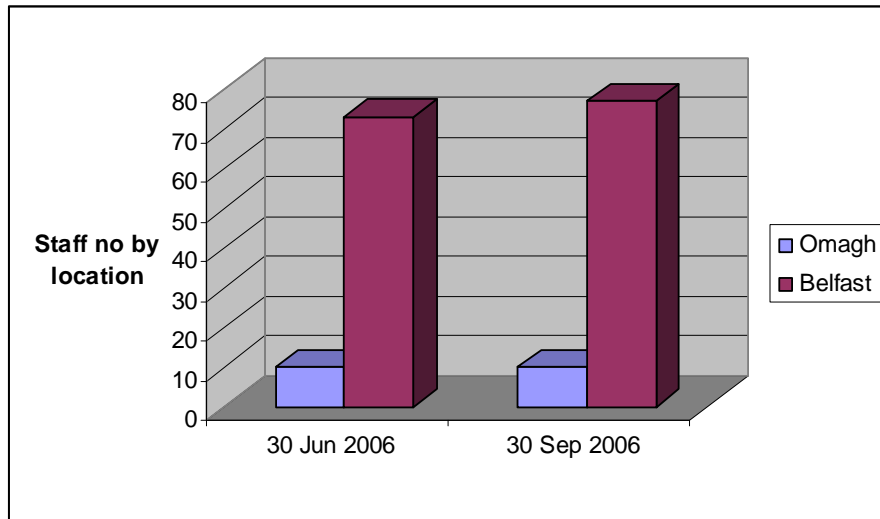
This section excludes information about the Chairman and Board members. At 30 September 2006, there were 87 members of staff employed by the Authority.

Changes between the 30 June and 30 September 2006 are as follows:

- the staff headcount increased from 83 to 87;
- differences in headcount accounted for by two members of staff (WTE 1.5) resigning from the Authority and six staff being newly appointed (one full time member of staff and 5 bank staff who worked on an 'as required basis' WTE 1.05).

12.3 Staffing profile by location

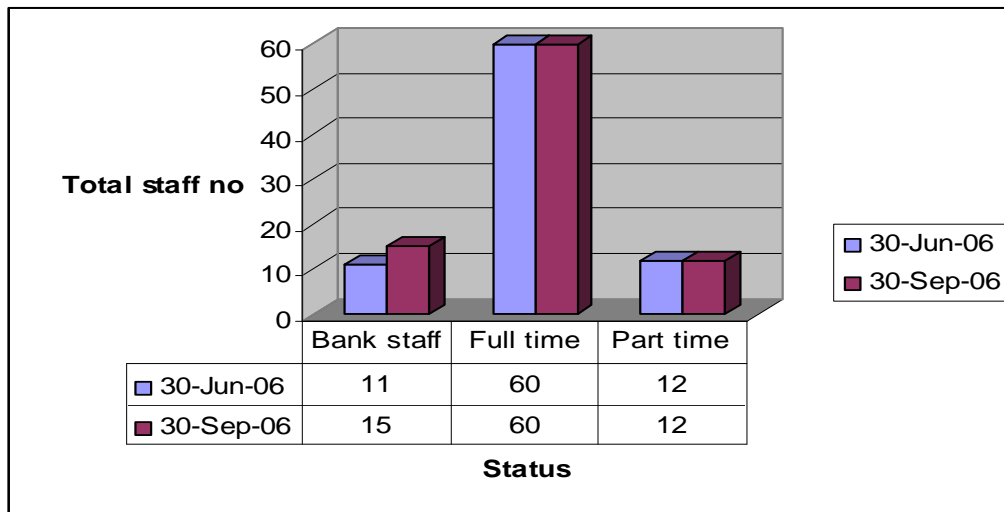
Figure 1: Number of staff by location at 30 June and 30 September 2006



There were no changes to staff numbers in Omagh in this quarter. Changes to staff numbers in the Belfast office explained in section 12.2.

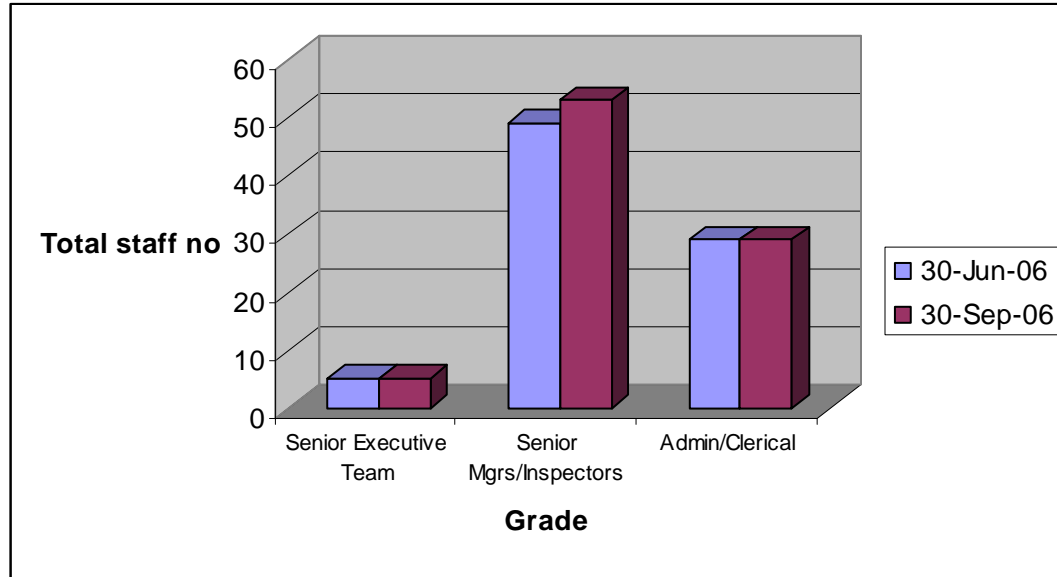
12.4 Staff numbers classified by status

Figure 2: Staff numbers classified by status at 30 June and 30 September 2006



12.5 Staff numbers classified by grade

Figure 3: Staff numbers classified by grade at 30 June and 30 September 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.

12.6 Sickness absence

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.

Table 11: Information on working days lost due to sickness during the period 1 July to 30 September 2006

| Type of sickness | Number of sickness days lost | Occurrence | % sickness rate |
|------------------|------------------------------|------------|-----------------|
| Short term | 76.2 | 14 | 1.46 |
| Long term | 223.9 | 5 | 4.29 |
| Total | 300.1 | 19 | 5.75 |

The monitoring of human resource activity during the period 1 October 2005- 31 March 2006 for the HSS trusts within Northern Ireland indicates the average sickness absence rates are between 4.53- 8.39% (Information from the DHSSPS, Monitoring of Human Resource Activity- Monitoring Period 01 October 2005- 31 March 2006)

13. Freedom of Information

At 30 September 2006, we had received 5 requests for information under the Act. These information requests were received and processed centrally at the Authority's Headquarters.

Table 12: Summary of Freedom of Information Requests

| Breakdown of requests under the Freedom of Information Act 2000 received by the Authority from 1 July – 30 September 2006 | |
|--|---|
| Total number of requests | 5 |
| Requests processed within the 20 working day timeframe | 5 |
| Requests completed where records were fully disclosed (no exemptions applied and no fee limit invoked, and all information held) | 3 |
| Requests completed where records were withheld either partially or fully because of one or more exemptions applied | 1 |
| Number of requests completed for which not all of the information requested is held | 1 |

Table 13: Source of Freedom of Information (FOI) requests from 1 July to 30 September 2006

| Source of requests | Number FOI requests |
|---------------------------------------|---------------------|
| Service User (relatives of residents) | 1 |
| HPSS organisations | 1 |
| Government | 1 |
| Community Group | 2 |
| Total | 5 |

Section 2. Finance information – 6 months to 30 September 2006

1. Introduction

This report provides explanatory narrative for the attached financial statements.

2. Funding

An allocation of grant-in-aid of £3.850m was received in a letter dated 22 September 2006 from DHSSPS. This is less than the £4.0m that had previously been advised to meet the Authority's recurrent costs. It has been agreed that the additional posts in the RQIA's action plan approved by the Board should be filled with all due speed and other approved expenditure committed. It is considered that the available funds should be sufficient in the current year but attention has been drawn to the need for assurances that adequate funds to meet these commitments will be provided on a recurrent basis for future years. Further representations will be made to DHSSPS should a shortfall in funds arise in the current year. This will depend on the Authority's ability to recruit and appoint specialist staff and to commission work as necessary.

3. Financial Position at 30 September 2006 and Forecast to Year End

There is a surplus of £118,008 at 30 September (Table 1, Col A, line2.4) and a forecast surplus of £133,848 at the year end (Table 1, Col D, line2.4). This surplus arises from the recruitment and appointment process not being able to commence fully until additional funds had been confirmed and the forecast is based on a conservative view of the Authority's ability to recruit and appoint additional staff during the remainder of the year. Essential non-recurrent expenditure may be committed to off-set any surplus that may arise.

4. Budgets for 2006/07

Revised budgets to match the available funding are now in the process of being agreed with managers and will be brought to the Board for approval as soon as possible. In the meantime the income budget has been changed but the expenditure budgets for 2005/06 have continued to be used and provide the basis for this report and financial statements. This results in an apparent planned surplus of income over expenditure of £375,039 (Table 1, Col. E, line2.4) which is overstated.

5. Table 1: Income and Expenditure Account

Income

The income (Line 1.1, Col. C) is the grant-in-aid now allocated for 2006/07 The 'Other Income' (Line 1.2, Col. C) is the annual and other fees which have been calculated from the register of establishments as being due in

the current year. The figures for actual income in (Col A, lines 1.1 and 1.2) are the pro rata amounts due for the period.

Expenditure

There is a surplus of £118,008 (Col A, line 2.4) at 30 September being the actual expenditure compared to the income due for the period. The forecast position at 31 March 2007 is a surplus of £133,848 (Col D, line 2.4). This forecast is based upon a programme of recruitment of additional posts and the commitment of other expenditure. It is a best estimate of the likely outcome but is dependant on the ability to recruit and appoint suitable staff. Any surplus that does arise may be reduced by essential non-recurrent other expenditure.

6. 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 subsequently; it 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.

7. 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, a web-based central register and an intra-net. These latter will be dependent on the acceptance of business cases by the Department. Some of this expenditure may be capitalised.

There has been no capitalised expenditure to date in the current year. The Department has advised that £100,000 is to be provided for capital expenditure this year but an allocation letter has not yet been received. Proposals for capital expenditure will be submitted to the Board for approval when the funding is confirmed.

8. Table 4: Pay and Non-Pay Expenditure

Pay

As previously reported, almost all the senior management posts established for 2005/06 have been filled. There are vacancies in administrative and clerical posts which have been made good by the use

of temporary staff at a cost of £67,691 (Line 1.4, Col. A). There have been difficulties in recruiting suitable staff to fill vacancies and phase out temporary staff. Recruitment efforts are continuing. The forecast expenditure on temporary staff to the year end (Line 1.4, Col D) is based on the current position.

A programme of recruitment for additional posts approved in the action plan for 2006/07 is now under way. This is reflected in the forecast additional expenditure resulting in the apparent deficit at the year end of £153,491 (Line 1.6, Col F). This is misleading as it has not yet been possible to revise the budgets to include the additional funding confirmed on 22 September 2006. The actual out-turn is likely to be a small surplus the extent of which will be dependent on the success or otherwise in recruitment.

As noted above the pay budgets are now being revised to reflect the additional posts in the approved action plan as the additional funding has been confirmed.

Non-pay

The same considerations apply to the non-pay as to the payroll budgets. The actual likely out-turn is a surplus once the additional funding has been factored into revised budgets.

The forecast expenditure to the year end (Line 4, Col D) is based on the current recurrent expenditure trends and estimates of planned non-recurrent expenditure (Line 3.9, Col D). Further essential non-recurrent expenditure may be committed to off-set any surplus that may arise. The revised budgets 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 in 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. E) is too high as it allowed for the initial set-up costs.

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

Legal outlay (Line 3.4, Col A) is a small amount which includes work on the lease of the new building.

Central Computer Costs (Line 3.6, Col E) were budgeted to include the initial costs of the RQIA infrastructure last year. This was completed last year and the budget will now be reduced accordingly but allowing for the initial implementation phase in the new accommodation in the current year.

Service charges for the new accommodation are £58,614 to the year end (Line 3.7, Col. D) and off-set previous costs of accommodation provided by Boards.

Internal management fees include additional costs associated with estates, medical physics and financial inspections carried out on behalf of RQIA by HPSS bodies under service level agreements (Line 3.8, Col. D). The Miscellaneous heading includes planned non-recurrent expenditure in the latter part of the year (Line 3.9, Col D).

9. Conclusions

The costs of new posts and further non-pay expenditure are incorporated in the budgets that are now being revised to include the additional allocation of grant-in-aid. The forecast surplus at the year end may be off-set by additional, essential non-recurrent expenditure and it is expected that a break-even position will result at the year-end although there is a possibility of a surplus arising as a result of the recruitment process not being as successful or speedy as is hoped.

TABLE 1**6 Months ended 30th Sept 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) | 1,925,000 | 1,925,000 | 0 | 3,850,000 | 3,850,000 | 0 |
| 1.2 Other Income (Table 2) | 375,000 | 375,000 | 0 | 750,000 | 750,000 | 0 |
| 1.3 Total Income | 2,300,000 | 2,300,000 | 0 | 4,600,000 | 4,600,000 | 0 |
| Expenditure | | | | | | |
| 2.1 Pay expenditure (Table 4) | 1,429,511 | 1,439,216 | 9,705 | 3,031,923 | 2,878,432 | -153,491 |
| 2.2 Non-pay expenditure (Table 4) | 752,481 | 673,265 | -79,217 | 1,434,229 | 1,346,529 | -87,700 |
| 2.3 Total Expenditure | 2,181,992 | 2,112,481 | -69,511 | 4,466,152 | 4,224,961 | -241,191 |
| 2.4 Surplus/(deficit) | 118,008 | 187,519 | -69,511 | 133,848 | 375,039 | -241,191 |
| 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) | 2,181,992 | 2,112,481 | -69,511 | 4,466,152 | 4,224,961 | -241,191 |

| | | | | | | | |
|-----|---|---------|---------|---------|---------|---------|----------|
| 5 | Surplus/ (deficit) before provisions | 118,008 | 187,519 | -69,511 | 133,848 | 375,039 | -241,191 |
| 6 | Provisions for future obligations | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Surplus/Deficit after provisions | 118,008 | 187,519 | -69,511 | 133,848 | 375,039 | -241,191 |
| 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 | 118,008 | 187,519 | -69,511 | 133,848 | 375,039 | -241,191 |

Table 1B

| | |
|--|-----------|
| Revenue Grant / Advance from Department | |
| Opening allocation per letter dated: 22 September 2006 | 3,850,000 |
| Further Allocation letters dated: | 0 |
| Closing allocation per letter dated: | 3,850,000 |

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

TABLE 2
6 Months ended 30th Sept 2006

RQIA

| OTHER INCOME | Year to Date | | | End of Year | | |
|--|---------------------|----------------|---------------|--------------------|----------------|---------------|
| | Actual A | Plan B | Variance C | Forecast D | Plan E | Variance F |
| | £ | £ | £ | £ | £ | £ |
| 1.1 Fee Income statutory | | | 0 | 0 | | 0 |
| 1.2 Fee Income non statutory | 375,000 | 375,000 | 0 | 750,000 | 750,000 | 0 |
| 1.6 Total Fee Income | 375,000 | 375,000 | 0 | 750,000 | 750,000 | 0 |
| 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) | 375,000 | 375,000 | 0 | 750,000 | 750,000 | 0 |

TABLE 3

6 Months ended 30th Sept 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

6 Months to 30 Sep 2006

RQIA

| 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) | 241,029 | 238,638 | -2,390 | 483,408 | 477,277 | -6,132 |
| 1.2 Management (Senior Managers) | 809,220 | 808,012 | -1,208 | 1,712,476 | 1,616,023 | -96,453 |
| 1.3 Registration and Inspection - Admin & Clerical | 311,571 | 392,566 | 80,995 | 654,580 | 785,132 | 130,552 |
| 1.4 Agency Staff | 67,691 | | -67,691 | 181,459 | 0 | -181,459 |
| 1.6 Total pay expenditure (to Table 1) | 1,429,511 | 1,439,216 | 9,705 | 3,031,923 | 2,878,432 | -153,491 |

| 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 | 3,725 | 29,670 | 25,945 | 33,000 | 59,340 | 26,340 |
| 2.2 Internal Audit | 6,573 | 11,282 | 4,709 | 13,145 | 22,563 | 9,418 |
| 2.3 Training & professional development | 13,549 | 27,088 | 13,539 | 50,000 | 54,176 | 4,176 |
| 2.4 Rent, Rates, Insurance and Water | 170,925 | 106,008 | -64,917 | 305,000 | 212,016 | -92,984 |
| 2.5 Heat, Light and Power | 4,839 | 7,176 | 2,337 | 4,678 | 14,353 | 9,675 |
| 2.6 Cleaning, Catering and Hospitality | 5,229 | 6,656 | 1,428 | 17,990 | 13,313 | -4,677 |
| 2.7 Building and Engineering | 15,713 | 4,359 | -11,354 | 38,000 | 8,719 | -29,281 |

| | | | | | | | |
|-----|---|---------|---------|---------|-----------|-----------|----------|
| 2.8 | Printing, Stationary & Advertising | 29,911 | 84,845 | 54,935 | 70,000 | 169,690 | 99,690 |
| 2.9 | Postage & Telephone | 22,807 | 29,346 | 6,539 | 45,000 | 58,692 | 13,692 |
| 3 | Travel & Subsistance | 54,609 | 84,898 | 30,289 | 110,000 | 169,795 | 59,795 |
| 3.1 | Furniture and Office Equipment | 96,181 | 13,321 | -82,860 | 100,000 | 26,643 | -73,357 |
| 3.2 | Comissioned Work (inc accomodation re investigations) | 0 | 30,080 | 30,080 | 40,000 | 60,160 | 20,160 |
| 3.3 | Publications | 4,192 | 9,660 | 5,468 | 12,821 | 19,319 | 6,498 |
| 3.4 | Legal outlay | 3,393 | 1,758 | -1,635 | 10,920 | 3,516 | -7,404 |
| 3.5 | Security | 29 | 0 | -29 | 59 | 0 | -59 |
| 3.6 | Central Computer Costs | 117,538 | 109,602 | -7,936 | 130,000 | 219,205 | 89,205 |
| 3.7 | Support Services/Service Charge | 29,307 | 4,084 | -25,223 | 58,614 | 8,168 | -50,446 |
| 3.8 | Internal Management Fees | 114,387 | 43,291 | -71,096 | 231,000 | 86,583 | -144,417 |
| 3.9 | Miscellaneous/non-recurrent | 59,574 | 70,139 | 10,565 | 164,003 | 140,278 | -23,725 |
| 4 | Total non-pay expenditure (to Table 1) | 752,481 | 673,265 | -79,217 | 1,434,229 | 1,346,529 | -87,700 |

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 July-September 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 | Paper detailing clinical and social care governance priorities presented and noted by Board on 31 August 2006. Work is ongoing in this area. |
| 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>Further progress has been made towards the programme for clinical and social care governance reviews. To date the planned programme is on schedule, although a number of risks have arisen i.e. recruitment of Authority project administrative staff. Such risks are being managed.</p> <p>Progress to date includes:</p> <ul style="list-style-type: none"> • Assistant Director appointed in August 2006 • 3 Project Managers appointed. One in post • Self-assessment proforma finalised after further consultation with reference group, now adapted for each organisation • Draft programme for review visits during January-March 2007 is now complete • Training of first cohort of peer and lay reviewers is now complete. Second cohort planned for the end of October 2006 • Further advertisement trawl for lay reviewers is now complete • Trust affiliates have been nominated • Training visits to Scotland organised to observe reviews conducted |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|---|---|--|----------------|---|
| | 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 | Consultation document issued to over 1000 stakeholders on the 1 Sep 2006. Seven workshops have been held across NI, all of which have been well attended by service providers. Consultation document is available on the website. A further series of workshops will be held with providers throughout October/ November / December 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 | Registration of all independent healthcare establishments is incomplete. An initial mailing list of 35 organisations, possibly offering laser treatments was collated. Poor response to initial correspondence with identified providers. Further notice to be circulated to providers outlining legislation requirements and the consequences of not registering. Comments will be made to the DHSSPS regarding the regulations on adult placements agencies. RQIA awaiting release of standards from the DHSSPS |
| 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 | 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 | Medical Director, Director of Nursing, Director of Social Services | February 2007 | See above |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
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| standards. | quality standards (2006) – (a) corporate 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 | Please see commissioned reviews section of this report - section 11. |
| | Prepare and implement a new complaints procedure and assess the efficiency of the new procedure. | Director of Social Services | October 2006 | The DHSSPS has not yet issued the consultation document in respect of future complaint handling. At present a job description for a Complaints Manager is being finalised for advertisement. No further work can be done until the complaint handling consultation review is complete. |
| | Carry out major reviews commissioned by the DHSSPS. | Appropriate director | Not known at this stage | Further review is planned in respect of Safeguarding Children and Vulnerable Adults in Learning Disability Hospitals and Mental Health Hospitals. Review to be completed by May 2007. The methodology and RQIA team are being selected and developed. Ongoing discussion at the DHSSPS on further mental health review following on from the McCleary Report. Discussions are at an early stage and will take account of the risk assessment and management in adult mental health services. The Chief Executive of the Authority is part of a regional steering group on the review. |
| To identify specific themes for quality improvement across | Identify and agree themes with the board and the DHSSPS. | Appropriate director | March 2007 | Main themes identified in the Clinical and Social Care Governance Review Programme for 2006/07 including: <ul style="list-style-type: none"> • Safe and effective discharge of older people from acute |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|---|--|------------------------|------------|---|
| all sectors and publish recommendations on quality improvements. | Undertake or commission research and publish recommendations. | | | <p>hospitals.</p> <ul style="list-style-type: none"> • Safe and effective post operative care. • Safe and effective care of children and young people in residential care setting. • Medical management and leadership; and consultant appraisal. <p>Progress in respect of the specific themes for improvement across children's and adults services detailed in this quarterly report.</p> |
| 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 | <p>The 2006/07 reviews will form part of the overall assessment. Information is being collated and referred in relation to overall assessment of care and the regulated sector.</p> <p>Governance review of Home First Trust and an Independent Provider. A delay in commencing this review has occurred due to the need to recruit an external chair and appointment of an independent panel. The panel will commence the review on the 27 October 2006 and expect to finalise their report in December 2006.</p> <p>Thematic review of complaints. Two children's inspectors have been involved in a joint review with the Criminal Justice Agency and NICCY to examine complaints within Lakewood Secure Care facility and Rathgael Juvenile Justice Centre. This work is ongoing and the field work is expected to take place from 27 Nov to 1 Dec 2006. Further details of this review including initial findings will be available in the next quarterly report.</p> <p>Review of advocacy available to residents in adult residential homes with the four health and social services councils (HSSC). Two meetings have been held with the Authority and the four HSSC to review the extent, availability of advocacy services. A report will be finalised by March 2007 and the outcomes will be shared at a conference later in Spring 07.</p> |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|--|--|---|---------------|---|
| 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 | Discussions have been held with peer organisations about external sources of quality assurance. |

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

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|--|---|--|--------------|---|
| To share and disseminate learning and good practice with partners and service providers. | Establish appropriate systems in consultation with service providers and learning from best practice elsewhere. | Medical Director, Director of Nursing, Director of Social Services | January 2007 | The Authority has commenced the development of templates for providers to use in respect of providing annual quality statements, statements of purpose and function of units and residents/patients guides. These will be published on the website. The new proposed methodology for inspection of services contains a section on the self evaluation questionnaire to capture best practice. Permission will be sought from providers to include this information on the website if helpful to other providers. |
| 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> Information Strategy Project Board established. The first meeting of this Board was held in October 2006 and was chaired by the Chief Executive. It is proposed that this Board will meet on a quarterly basis. The Project Board will act in an advisory capacity with regard to the strategy development. The information strategy will be progressed by a project team. A project initiation document/plan will be written to manage development of the information strategy.</p> <p><u>Communication Strategy</u> Communication Manager appointed late July 2006. Communication action plan priorities have been prepared which details required actions and anticipated outcomes. First series of internal newsletters circulated to all staff. Successful Official Opening of Riverside Tower offices on 9th October 2006.</p> |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|---|---|---|--------------|--|
| 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 | <p>Development of effective information management systems will be a key deliverable from the information strategy project.</p> <p>Visits being arranged to other organisations to identify best practice approaches in relation to information management.</p> <p>A project team has been established to prepare a first draft of the information strategy.</p> |
| To ensure the achievement of minimum standards through compliance with regulations. | <p>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 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> | Director of Social Services and Director of Nursing | January 2007 | Registration and inspection continues against the published regulations. The DHSSPS have not published standards although there has been recent assurance on the publication of the standards by December 2006. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|---|---|--------------------------------|-------------|--|
| | Estimated number of inspections for 2006-07 = 2,461 (based on 2005-06 activity) | | March 2007 | During July to September 2006 the inspectors of the Authority have carried out 562 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 | Communications Strategy approved. Work continuing on information leaflets, website, style guide and staff newsletter. Work has commenced on an information strategy. |
| Publish an annual report on the Authority's work. | Draft report for 2005/06, seek board approval and submit to NI Audit Office (external auditor) and DHSSPS. | Director of Corporate Services | August 2006 | The report is with TSO for printing. |

Key strategic theme 3 – developing people and partnerships

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 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 | First formal meeting of the Departmental Group has now taken place regarding the merger of the Authority and the Mental Health Commission (MHC). Plans are underway to appoint a temporary project manager to take responsibility for this project. A project group will be established by the department with representatives from the Authority, MHC, DHSSPS and Bamford Team. The project group has not met although timetable for consultation on RPA legislation is restrictive, i.e. January 2007. Further action is dependent on the Department bringing the group together. The interim memoranda of understanding with the MHC is nearing completion. |
| | Meet other regulators, public representatives and service users to agree memoranda of understanding. | Chief Executive | November 2006 | An initial meeting has been held with Human Fertilisation and Embryology Authority looking at the development of joint working and an memoranda of understanding. Initial discussions have been held with the Criminal Justice Inspection Northern Ireland with further work planned on prison health and mentally disordered offenders, also an memoranda of understanding. Memoranda of understanding were prepared in August 2006 with the Northern Ireland Social Care Council and Social Care Institute for Excellence. |
| | Develop and implement a stakeholder involvement strategy for the Authority. | Director of Nursing | February 2007 | Progress on appointment of Stakeholder Involvement Manager delayed by unsatisfactory Agenda For Change banding. To be advertised during November 2006. |
| To benchmark and learn from the | Undertake desk research into existing | Senior Management Team | March 2007 | The senior management team attended a meeting with the Scottish Care Commission and the Welsh |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|---|--|---|---------------|---|
| experience of other countries, organisations and agencies. | 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. | | | Commission on the 13-14 September 2006. Information was shared in respect of methodological, approaches to inspection and areas benefiting from combined focus or research. This will be considered at future meetings. A Five Nations Health Care Regulatory Group in November 2006 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 | Work continuing on implementation of a new team structure within the Authority. The new structure for the administration support team is at final drafting stages. Interviews for Senior Quality Reviewers to take place on 11 th October 2006. |
| 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. | 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 special interest groups on the role | Director of Nursing | February 2007 | See above regarding stakeholder involvement manager. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|---------------------|--------------------------------|----------------|-----------|-------------------------------------|
| | 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 July-September 2006 |
|--|--|--------------------------------|----------------|--|
| 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 | Instructions are being issued and training given on basic financial procedures, starting with procurement and authorisation of expenditure which was a priority in the internal audit. Internal and external audit action plans being prepared. |
| 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 | Tender sent out regarding assistance with risk management work with consultants. Closing date for tenders is 27 October 2006. Meeting arranged with senior managers to discuss draft corporate risk register. |
| | 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 | Interim allocation letter has been received from the DHSSPS. Discussions about funding are continuing and budgets are being finalised for approval by the Board. |
| To develop flexible and modern support services for its staff to enable them to undertake their duties | Implement a new pay system for Authority staff – ‘Agenda for Change’. | Director of Corporate Services | September 2006 | Most posts are now matched. 11 of the 18 batched posts have been matched. 7 of the batched posts are undergoing the matching process. Job assessment questionnaires have been issued to local office managers. |

| Objective 2006-2009 | Action 2006-2007 | Responsibility | Timescale | Progress during July-September 2006 |
|--|--|--------------------------------|--------------------------------------|--|
| confidently and competently. | Secure facilities for effective working – permanent office accommodation. | Director of Corporate Services | June 2006 (Riverside Tower, Belfast) | Equality impact assessment work continues (Belfast and Londonderry) in partnership with trade union representatives. Reviews of Riverside Tower accommodation underway. |
| | 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 | Policy and Planning Manager post offered to successful candidate. Start date to be confirmed. Good progress on improvements in office management arrangements. |
| To demonstrate a culture of continuous improvement in building organisational capacity and encouraging and supporting individuals to identify and achieve personal and organisational development targets. | Prepare and implement an organisational development strategy including a staff development plan. | Director of Corporate Services | October 2006 | As a first step, a learning and development strategy has been prepared. This is currently with the Partnership Forum for comments. It will be brought to the Board for approval. |