



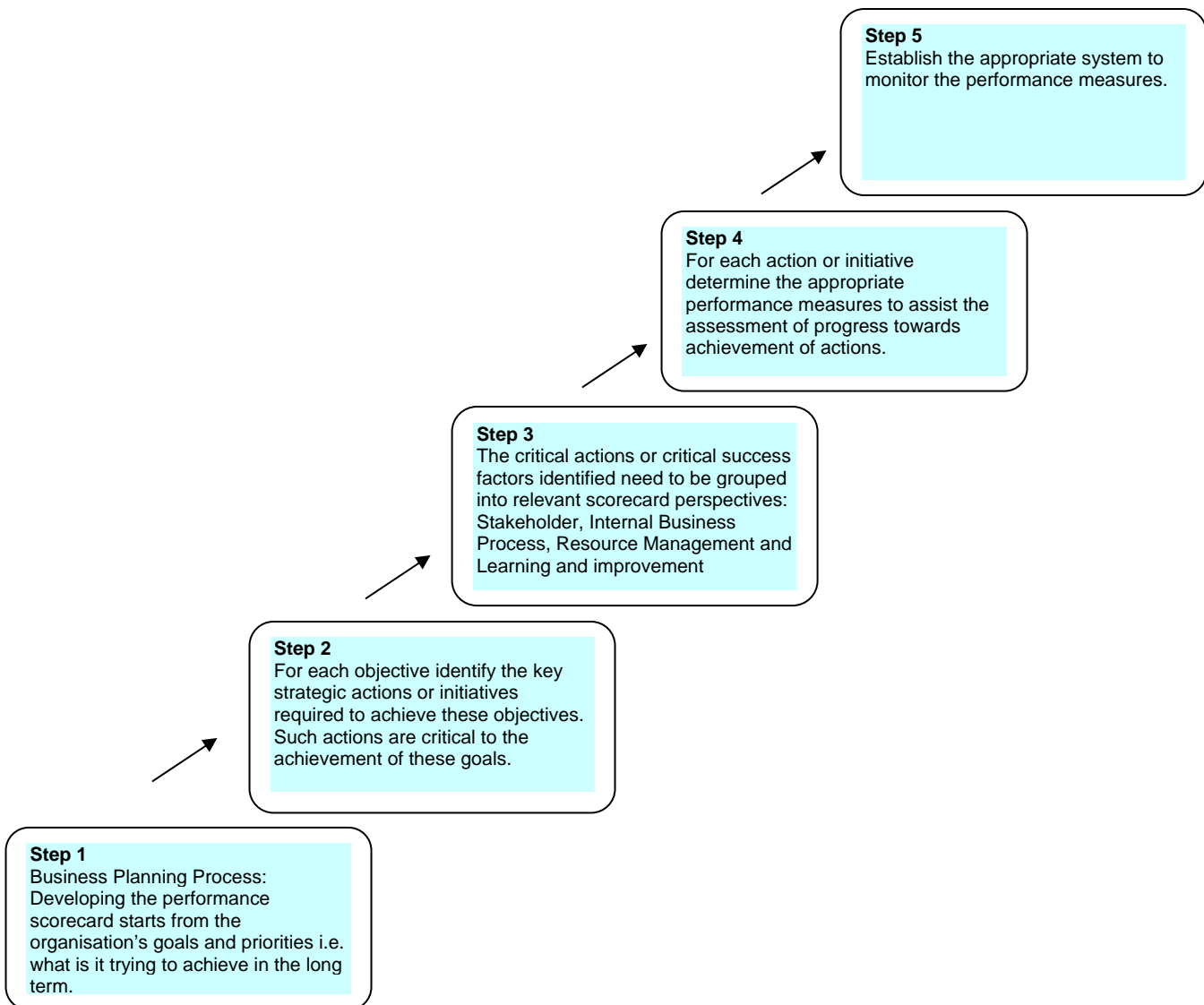
# **Quarterly Report**

**Reporting period 1 October to 31 December 2006**

## Building a Performance Scorecard

### Objective

Establishing a performance scorecard aims to improve overall service delivery, develop a balanced measure of strategic performance and increase accountability to stakeholders. Steps 1 to 5 detailed below highlight the Authority's current approach. Following completion of the business planning process for 2007/08 work will be initiated to build a performance scorecard with the establishment of effective performance indicators. Board feedback will assist the development of this approach in the future.



**JOHN STEWART**  
DIRECTOR OF CORPORATE SERVICES  
26 January 2007

### Quarterly Report Highlights- October-December 2006

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

Stakeholder	Internal Business Process
<p><b>Complaints</b></p> <ul style="list-style-type: none"> <li>38 complaints received: 84% relating to nursing homes and 13% against residential care homes</li> <li>Complaints from relatives and friends accounted for 63%, 13% were from professionals and 13% were received from an anonymous source</li> </ul> <p><b>Freedom of Information</b></p> <ul style="list-style-type: none"> <li>2 requests were received during the period and were processed within the 20 working day timeframe</li> </ul> <p><b>Progress report on business plan objectives</b></p> <ul style="list-style-type: none"> <li>Full details of progress are detailed in Section 3 of this paper</li> </ul> <p><b>New inspection methodology</b></p> <ul style="list-style-type: none"> <li>75 responses were received in relation to the consultation document. A report detailing the findings will be presented to the Board on the 8 March 2007.</li> </ul>	<p><b>Regulated sector activity</b></p> <ul style="list-style-type: none"> <li>680 registered establishments and agencies at 31 December 2006</li> <li>Registration of independent healthcare facilities- proforma has been developed and circulated to boards and trusts to identify the independent healthcare providers that are providing services within HPSS trusts</li> <li>503 inspections carried out, including announced, unannounced, pharmacy, estates and financial and additional inspections</li> </ul> <p><b>Clinical and Social Care Governance</b></p> <ul style="list-style-type: none"> <li>Planned programme is on schedule. The review visit programme was confirmed with HPSS organisations for the months February- March 2007</li> </ul>
Learning and improvement	Resource Management
<p><b>Regulated sector</b></p> <ul style="list-style-type: none"> <li>Key issues identified from inspections of nursing, residential care and children's homes</li> </ul> <p><b>Notifications-children's homes</b></p> <ul style="list-style-type: none"> <li>247 notifications reported from children's homes</li> </ul> <p><b>Failure to comply notices</b></p> <ul style="list-style-type: none"> <li>No failure to comply notices issued to homes</li> </ul> <p><b>Reviews</b></p> <ul style="list-style-type: none"> <li>Governance review of the lessons arising from the death of Mrs Janine Murtagh- improvement review - recommendations incorporated into self-assessment proforma for clinical and social care governance review 2006/07</li> <li>Governance review of NI Breast Screening Programme- specific issues are incorporated into self-assessment proforma for clinical and social care governance review 2006/07</li> </ul> <p><b>Incident Review Group</b></p> <ul style="list-style-type: none"> <li>Received 5 new incident referrals</li> </ul> <p><b>Organisational Development Strategy</b></p> <ul style="list-style-type: none"> <li>Executive team approved methodology for production of this strategy.</li> </ul>	<p><b>Annual Fees for 2006/07</b></p> <ul style="list-style-type: none"> <li>Invoices for annual fees for 2006/07 have been raised and sent out</li> </ul> <p><b>Staffing at 31 December 2006</b></p> <ul style="list-style-type: none"> <li>80 staff are based in Belfast and 9 staff are based at Omagh.</li> <li>7.74 % sickness absence rate</li> </ul> <p><b>Financial Position at 30 November 2006 and Forecast to Year End</b></p> <ul style="list-style-type: none"> <li>There is a surplus of £364,868 at 30 November and a forecast surplus of £174,598 at the year end. This is the result of new posts being appointed in the year after the funding had been confirmed by the Department, offset by one-off expenditure associated mainly with the move to the new office. The forecast surplus may be reduced by one further item of expenditure relating to improvements to the new office but the amount will be confirmed once the position at the end of December is known. Surplus funds in 2006/07 will be surrendered to the Department for this year only to be utilised elsewhere in NIHPSS.</li> </ul>

## **Contents**

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**Section 1. Activity information for 1 October to 31 December 2006**

**Section 2. Finance information for 8 months to 30 November 2006**

The report for December 2006 was not received in time for preparation of this Board paper.

**Section 3. Progress report on business plan objectives**

## Section 1: Activity information for 1 October to 31 December 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 31 December 2006 is presented in table 1A and 1B. This information has been derived from the central register.

**Table 1A: Number of registered establishments at 31 December 2006**

Establishments registered by Board					
Type of establishment	NHSSB	EHSSB	SHSSB	WHSSB	NI Total
Nursing homes	63	100	47	39	249
Residential care homes	105	137	49	46	338
Children's homes	10	25	10	13	58
Independent clinics	0	6	0	0	6
Independent hospitals	0	7	0	2	9
<b>Total</b>	<b>178</b>	<b>276</b>	<b>106</b>	<b>100</b>	<b>660</b>

**Table 1B: Number of registered agencies at 31 December 2006**

Agencies registered	
Nursing Agencies	NI Total
	20

The total number of registered establishments/agencies decreased from 682 to 680 in this quarter in comparison to the previous quarter. Further details regarding the changes to the number of registered establishments and agencies are detailed in the registration and closures section of this report.

#### 1.2 Nursing, residential and children's homes

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

The Authority has agreed to send the details of the establishment register to the DHSSPS on a quarterly basis. The first quarterly return of information was completed in October 2006.

### **1.3 Independent healthcare providers and nursing agencies**

#### Independent Healthcare

Work commenced on the registration of independent healthcare facilities and services in January 2006. At the 31 December 2006, there were 6 Independent Clinics and 9 Independent Hospitals registered.

The identification and categorisation of health care providers continues to be dependent on trawls of phone book entries and advertisements. As a result there are a number of establishments at various stages of the registration process i.e. 1 clinic awaiting registration, 6 clinics have completed an application, 19 clinics have confirmed they will be registering.

It is anticipated that further progress will be achieved in relation to the registration of independent healthcare providers as a proforma has been developed and circulated to boards and trusts. This proforma aims to identify the independent healthcare providers that are providing services within HPSS trusts and to establish their registration and governance issues. The scheduled return date for the proforma is 19 January 2007.

As problems continue with the levels of understanding in relation to regulatory requirements for providers a press campaign in relation to public protection is being planned.

#### 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 31 December 2006.

Communication initiated with trusts, boards and independent providers about the legislative responsibilities in relation to the use of nursing agencies.

## **2. Registrations and closures of establishments**

The number of registrations and voluntary closures are detailed below. The Authority did not instigate any cancellation of registrations in respect of a person or an establishment during October to December 2006.

## **2.1 NHSSB**

During this quarter there was one voluntary cancellation of a private residential care home which offered three places. The registered categories of care were category I (Old age not falling within any other category) and MP(E) (Mental disorder excluding learning disability or dementia – over 65 years). The residents were transferred to other suitable care homes in the area. As a result the number of registered establishments in the NHSSB area decreased by one.

## **2.2 EHSSB**

Within the EHSSB area two private residential homes were registered. One home was registered to care for 5 residents with learning disabilities and another to care for 4 residents with learning disabilities.

Following the closure of a nine bedded private residential home a variation was processed to increase the number of nursing home beds in the adjoining nursing home from 58 to 67. One 16 bedded residential home closed category I (Old age not falling within any other category) and the private nursing home on the same site increased the number of nursing home beds from 24 to 40. In these cases the residents were reassessed and placed in suitable care facilities in the area.

## **2.3 SHSSB**

There were no changes to the number of registered establishments during this quarter.

## **2.4 WHSSB**

Within this area one private nursing home with 24 registered places voluntarily cancelled registration. The registered categories of care were category I (Old age not falling within any other category). The patients in this home were transferred to other nursing homes in the surrounding area. As a result the number of registered establishments in the WHSSB area decreased by one during this quarter.

## **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;
- identification of a risk matrix;
- new inspection report format;
- assessment and review of the outcomes from piloting the new methodology;
- paper shared for public consultation- outlining the new proposed methodology for inspection of services;
- Board approval of new proposed approach on 31 August 2006;
- It is anticipated that the 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.
- Consultation document regarding the new methodology was issued to over 1000 stakeholders including:
  - service providers registered on the Authority's establishment register;
  - Chief Executives of the boards and trusts;
  - organisations detailed on the equality scheme consultation list; and
  - organisations suggested by Board members.
- The consultation process commenced on 1 September 2006 and ended on 22 December 2006. Engagement with stakeholders was achieved by arranging a series of workshops from 26 September to 11 December 2006. A total of thirteen workshops were held across Northern Ireland and were well attended by service providers. 75 responses were received in relation to this consultation document. The outcomes from the consultation process are being collated and analysed at present. A report detailing the findings will be presented to the Board on the 8 March 2007.

### 3.3 Summary of inspection activity

**Table 2: Type and number of inspections conducted in registered establishments from 1 October to 31 December 2006 within Northern Ireland**

Board		Type & Number of Inspections						Total
		Announced	Unannounced	Pharmacy	Estates	Financial	Additional	
N H S S B	Inspection total Qtr 2	<b>28</b>	<b>21</b>	<b>32</b>	<b>1</b>	<b>5</b>	<b>21</b>	<b>108</b>
	Nursing homes	19	15	21	2	4	6	67
	Residential care homes	6	10	17	0	2	10	45
	Children's homes	2	1	2	0	0	0	5
	<b>Sub total</b>	<b>27</b>	<b>26</b>	<b>40</b>	<b>2</b>	<b>6</b>	<b>16</b>	<b>117</b>
E H S S B	Inspection total Qtr 2	<b>74</b>	<b>37</b>	<b>49</b>	<b>49</b>	<b>1</b>	<b>40</b>	<b>250</b>
	Nursing homes	13	11	21	15	0	8	68
	Residential care homes	28	13	20	21	0	6	88
	Children's homes	6	0	6	5	0	0	17
	Independent health care facilities	3	0	3	4	0	1	11
	Boarding Schools	0	0	0	0	0	0	0
	<b>Sub total</b>	<b>50</b>	<b>24</b>	<b>50</b>	<b>45</b>	<b>0</b>	<b>15</b>	<b>184</b>
S H S S B	Inspection total Qtr 2	<b>17</b>	<b>14</b>	<b>17</b>	<b>17</b>	<b>0</b>	<b>4</b>	<b>69</b>
	Nursing homes	15	2	14	15	2	5	53
	Residential care homes	6	4	6	6	0	0	22
	Children's homes	0	2	1	0	0	0	3
	<b>Sub total</b>	<b>21</b>	<b>8</b>	<b>21</b>	<b>21</b>	<b>2</b>	<b>5</b>	<b>78</b>
W H S S B	Inspection total Qtr 2	<b>25</b>	<b>14</b>	<b>23</b>	<b>21</b>	<b>4</b>	<b>48</b>	<b>135</b>
	Nursing homes	14	11	14	14	2	7	62
	Residential care homes	10	10	13	9	2	7	51
	Children's homes	3	2	2	1	2	1	11
	Independent health care facilities	0	0	0	0	0	0	0
	<b>Sub total</b>	<b>27</b>	<b>23</b>	<b>29</b>	<b>24</b>	<b>6</b>	<b>15</b>	<b>124</b>
<b>Total: all inspections</b>		<b>125</b>	<b>81</b>	<b>140</b>	<b>92</b>	<b>14</b>	<b>51</b>	<b>503</b>

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

- scheduled inspections which include announced, unannounced, pharmacy, estates and financial inspections. In accordance with the regulations the Authority aims to carry out one announced and one unannounced inspection to each large home and this objective is being met.

- 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	Reporting period				
	2005/06	Quarter 1	Quarter 2	Quarter 3	Year to date
	2,461	578	562	503	1643

The number of inspections conducted in quarter 1, 2 and 3 of 2006/07 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 October to December 2006**

#### Variation of conditions of registration

When a service provider proposes to admit an individual to a care home whose assessed needs are outside the registered categories of care for the home, it is necessary for the registered person to seek a variation to condition of registration and to demonstrate that the home can adequately and safely meet the needs of that individual. This is a legislative requirement but is also best practice and ensures that the placement is an appropriate one for the person concerned.

Some services providers appear to be reluctant to seek registration as there is a financial and administrative cost associated with the process nevertheless, the principle that the service must respond appropriately to the needs of the individual must apply and the Authority will continue to apply this principle in the best interests of the public.

#### Vulnerable adult procedures

In September 2006 the Regional Adult Protection Forum published a policy and procedural guidance "Safeguarding Vulnerable Adults". The purpose of the guidance is to ensure a coordinated and standardised approach by all those who work with vulnerable adults and to establish the principles of good practice. Some uncertainty appears to exist in respect of the role of RQIA in vulnerable adult referrals and investigations. A paper will be presented to the Board on 8 February concerning this matter and guidance will be issued to trusts and relevant agencies.

### Infection Control

Seven homes in the NHSSB area reported outbreaks of infection during this quarter affecting both residents and staff. All of the managers in the homes concerned contacted the relevant authorities immediately and implemented control measures as advised. Experience would show that these outbreaks occur frequently at this time of year however, procedures for managing these situations appear to be sufficiently robust throughout the NHSSB region. The Incident Review Group are reviewing the reporting of incidents of infection to establish the level of reporting across all Board areas.

### Proposed developments of nursing homes versus residential care homes

There has been little indication of new developments in the residential care home sector. In contrast developments have been and are proposed in the nursing home sector. While the overall numbers of available beds has increased the tendency towards the development of nursing as opposed to residential homes may have future consequences on the availability for persons in the community requiring residential home care. This change is indicative of clients remaining longer in the community and transferring to nursing homes when their needs are more acute.

### Quality Improvement Plans

Requirements issued to address occurrences of non compliance with regulations and recommendations are being detailed in quality improvement plans issued to service providers. Such plans highlight the requirements issued, actions required by the service provider and timescales for such actions. This approach emphasises the responsibility of the registered person to ensure compliance with regulations and the promotion of best practice to support quality improvements. As a consequence the Authority believes this approach has yielded improvements. Inspectors will continue to work closely with service providers to ensure quality improvement plans are effectively progressed.

### Statement of Purpose and Function/ Resident and Patient Guide/ Annual Quality Statements

Progress continues on the development of templates and guidance relating to the above documentation which will be circulated to all service providers at the end of March 2007.

### Awareness of new regulations

The Authority held a further series of stakeholder engagements with providers located in the WHSSB to promote knowledge of new regulations and promote clarity on interpretation of the regulations and expectations of reporting by registered providers.

### **3.5 Key issues identified from inspections of children's homes from October to December 2006**

#### Thematic review of the management of complaints in Lakewood Secure Unit

Following an overview of the Authority's recent inspection report findings, the Authority in discussion with the Criminal Justice Inspectorate (CJI) and Northern Ireland Commissioner for Children and Young People (NICCY) agreed to conduct a short thematic review of the current use and effectiveness of the Children's Order Complaints Procedure.

Two children's inspectors completed the fieldwork part of this review between the 27 November to 1 December 2006. The CJI carried out a similar review in the Youth Justice Centre at Rathgael on the Lakewood site and was assisted by NICCY. It is intended that a joint report will be compiled by RQIA, CJI and NICCY in respect of our findings by the end of March 2007.

#### Strategy for differentiating residential care provision

As RPA arrangements progress and new enlarged trusts each take responsibility for a greater number of children's homes than current trusts have, they need to develop strategies for differentiating the residential care provision and enabling each home to work in a more clearly defined way within the parameters of the statement of purpose.

This issue has been highlighted by inspectors in a number of existing trusts with regard to the continuing identification of children and young people who are placed inappropriately. In some instances there has been limited cooperation between neighbouring trusts, when some joint commissioning of services would have enabled more appropriate placements for children being sought.

#### Annual Quality Statements

Work progresses on developing templates and guidance on the collation of annual quality statements. This documentation which will be circulated to all service providers in March 2007.

#### Schools accommodating children

The Chief Social Work Advisor has scheduled with the heads of Boarding Schools a meeting for February 2007 to discuss the next schedule of boarding school inspections.

#### 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. Inspectors continue to work closely with service providers and trusts to ensure quality improvement plans are effectively progressed to address issues of non compliance with regulations.

### Education

Inadequate educational provision for some young people was identified in a number of inspections during this quarter. Trusts have been asked to liaise closely with their relevant Education Boards in an effort to secure better provision. In one HSS Board area the Peace II funding of tutors for Looked After children had ceased and the service, which had been regarded as highly effective, ended. There did not appear to be an immediate prospect of alternative funding for the service.

### Unregulated leaving care facilities

Concerns have been brought to the attention of RQIA regarding the placement of young people in unregulated leaving care facilities. Discussions have been held with the DHSSPS, boards and trusts in respect of action required to ensure effective safeguarding of vulnerable young people.

## **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;
- DHSSPS issued a consultation document in respect of future complaint handling. The proposed role of RQIA is set out in this document. "Complaints in the HPSS document was launched for public consultation on 20th November 2006. The DHSSPS is offering the opportunity to respond to these proposals until 23rd February 2007;

- RQIA cannot finalise procedures until the outcome of consultation process is known;
- an interim policy and procedure has been agreed which the Board have approved and a workshop was held internally with managers to review the process for investigation, review and management of complaints;
- 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 a Complaints Manager is being evaluated at present;
- 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 October to December 2006

The Authority received 38 complaints during October to December 2006, a decrease compared to the previous quarter, refer to Table 4 for further details. The majority of complaints received continue to be in respect of nursing homes (84%) followed by residential care homes (13%).

**Table 4: Number of complaints received from 1 October to 31 December 2006**

Type of establishment	Complaints received by Board					Total Oct-Dec 2006
	Total Jul-Sep 2006	NHSSB	EHSSB	SHSSB	WHSSB	
Nursing homes	42	10	8	10	4	32
Residential care homes	10	4	0	1	0	5
Independent Clinic	0	0	1	0	0	1
<b>Total</b>	<b>52</b>	<b>14</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>38</b>

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 October to 31 December 2006**

Source of Complaints	Source of complaints by Board					Totals Quarter 3
	Totals Quarter 2	NHSSB	EHSSB	SHSSB	WHSSB	
Anonymous	6	4	0	1	0	5
Professionals	7	3	1	1	0	5
Proprietors	0	0	0	0	0	0
Public	0	0	0	1	0	1
Relative/Friend	34	5	8	8	3	24
Resident	1	0	0	0	1	1
Current staff	2	0	0	0	0	0
Ex-staff	0	2	0	0	0	2
Other	2	0	0	0	0	0
<b>Total</b>	<b>52</b>	<b>14</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>38</b>

The highest number of complaints continues to be received from relatives and friends on behalf of residents/patients in care homes, accounting for 63% of all complaints received. 13% of complaints were received from professionals while 13% were received from an anonymous source. This is comparable to the trend identified during quarter 2 2006/07.

#### 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.

#### 4.6 A summary of the complaints received by the Authority relating to nursing/residential care - NHSSB area

Type of establishment	Source	Issues	Action	Outcome
Residential home	Anonymous	Food Staffing Catering and recruitment practices Residents rights	Unannounced inspections. Development of quality improvement plan and weekly update reports from the manager. Monitoring inspections.	Upheld  Improvement noted in all areas.
Nursing home	Relative	Hygiene and residents rights	Referred to the home manager for action.	No further concerns raised by the complainant.
Nursing home	Anonymous	Availability of suitably qualified staff.	Referred to the proprietor for action.	Difficulties in recruiting appropriately qualified manager. Ongoing
Nursing home	Relative	Admissions procedures Attitude of the acting staff towards the relative Apparent breakdown in relationships between the staff and the relative	Referred to the proprietor for investigation.	Member of staff has left the post and recruitment of a new appointment is underway.
Nursing home	Relative	Poor care resulting in admission to hospital	Documentation requested from the home, hospital and GP for examination by Inspector.	Ongoing investigation.
Nursing home	GP	Poor communication between the home's staff and the GP Poor security arrangements	Referred to the proprietor for investigation.	Ongoing
Nursing home	Ex staff	Poor care practices Inadequate record keeping Unsatisfactory control of medications Decline in standards generally Staff unsettled	Referred to the home manager for investigation.  Home has recently undergone a change of ownership and there may be some uncertainty associated with the change.  Manager to put in place robust auditing procedures in respect of the issues raised and these will be examined during subsequent inspections of the home.	Situation will be reviewed during future inspections of the home.
Nursing home	Relative	Poor care prior to residents admission to hospital resulting in deterioration	Referred to home and trust for investigation and complainant advised of outcome and the Authority complaints procedure.	No further response from the complainant at this time.
Nursing home	Anonymous	Allegation that food provided for residents was inadequate and did not meet nutritional requirements Staff felt intimidated and unable to raise	Referred to the manager for investigation.	Documentary evidence would indicate that the home follows the regional guidelines on nutrition. Situation will be monitored during

Type of establishment	Source	Issues	Action	Outcome
		concerns		future inspections.
Residential home	Anonymous	Breach of confidentiality. Member of staff speaking about residents in an inappropriate manner.	Referred to the manager for investigation.	Manager unable to substantiate the allegation but all staff reminded of their professional responsibilities and confidentiality.
Residential home	Ex staff	Medications administration/control Care practices/cleanliness Catering Staffing levels Recruitment Induction	Inspections carried out by Inspectors Process ongoing.	Ongoing
Nursing home	Social Worker	Concern about resident's condition on admission to hospital	Investigation by Authority is ongoing.	Ongoing
Nursing home	Relative	Care practice - use of equipment Staffing levels and residents supervision Attitude of staff Resident's choice	Referred to home manager for investigation and action – ongoing.	Ongoing
Residential home	Social Worker	Poor condition of resident when admitted to hospital.	Inspector has requested information from Trust, hospital, GP etc and investigation is ongoing	Ongoing

#### **4.7 Complaints received by the Authority relating to children's care**

There were no complaints raised directly with any of the children's inspectors during October to December 2006. Under Regulation 23, The Children's Homes Regulations (NI) 2005, homes are required to retain a record of all complaints, and are required to provide an annual summary of all complaints to the Authority if requested. This summary statement of complaints and action taken is provided by the registered person within the annual quality statement.

#### **4.8 Complaints received about the Authority**

During this reporting period four complaints were received about the Authority. Issues identified included:

- Alleged inaction by RQIA to complaints;
- Alleged lack of response by RQIA to complainants communications;
- Allegation that RQIA in dealing with complaints is showing partiality to service providers and ignoring the complainant; and
- Complaint about report from RQIA in relation to care of relative.

In response an internal complaints procedure has been developed and implemented. Complaints received about the Authority will be handled in accordance with this procedure. As at 31 December 2006 progress regarding these complaints were classified as ongoing.

#### **5. Notifications received from children's homes**

The Authority were notified of events that:

- are required to be reported under Regulation 29(1) Schedule 5, The Children's Homes Regulations (NI) 2005. The events to be notified to the Authority include:
  - Death of child accommodated in the home;
  - Staff misconduct under POCVA (Protection of children and vulnerable adults): alleged abuse/ other unprofessional conduct;
  - Serious illness or serious accident sustained by child;
  - Outbreak of infectious disease: serious in nature;
  - Allegation of serious offence by child;
  - Involvement/suspected involvement of child in sexual exploitation;
  - Serious incident necessitating calling police to home;
  - Absconding by child;
  - Serious complaint about home/employees;
  - Child protection enquiry involving child accommodated; and
  - Child protection procedures followed.

- did not fall within the remit of Regulation 29(1) and Schedule 5, The Children's Regulation (NI) 2005. Some of the events reported were:
  - Incident of fire;
  - Overdose;
  - Self Harm;
  - Serious assault by child on child;
  - Serious assault by child on staff;
  - Other- referred to in section 5.2.

A total of 247 events were reported to the Authority during October to December 2006 which is comparable to the number of incidents reported in quarter 2 (239).

### **5.1 Notifications received in compliance with the regulations**

There were 204 events reported to the Authority that fully complied with the regulations. 6% were reported in the NHSSB, 46% in the EHSSB, 6% in the SHSSB and 42% in WHSSB.

Absconding of children accounted for 48% of the notifications received in accordance with the regulations. 15% of notifications received related to allegation of serious offence by child. 14% of notifications related to serious incidents that necessitating the police being called to home. 6% of notifications reported related to involvement/suspected involvement of child in sexual exploitation serious illness/serious accidents sustained by a child and 6% related to child protection enquiries.

In comparison to data collated in quarter 2 the allegation of serious offences by a child increased and involvement/suspected involvement of a child in sexual exploitation has increased. The numbers of notifications related to absconding decreased.

Follow up action taken by the service provider involved:

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

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

## 5.2 Notifications received that did not fully comply with the regulations

There were 43 events reported to the Authority that did not fully meet the definitions within the regulations. The Authority provided guidance on the interpretation of definitions in Regulation 29 (1) Schedule 5 incident reporting to the DHSSPS. 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 31 December 2006**

Type of establishment	Deaths reported by Board					Total Oct-Dec 2006
	Total Jul-Sep 2006	NHSSB	EHSSB	SHSSB	WHSSB	
<b>Nursing homes</b>	405	103	196	74	59	432
<b>Residential care homes</b>	55	16	15	3	9	43
<b>Independent Healthcare</b>	14	0	0	0	17*	17
<b>Total</b>	<b>474</b>	<b>119</b>	<b>211</b>	<b>77</b>	<b>85</b>	<b>492</b>

\*16 deaths occurred in a hospice

1 death in an independent hospital (patient transferred from hospital for step down medical care)

88% of death notifications received were in respect of nursing homes. Work continues on the development of death notification proforma which will 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 5 September 2006. A further inspection on the 5 October 2006 confirmed the home was compliant with legislation. Continued monitoring visits will be planned to this home to ensure the home continues to make progress.

During this quarter, no failure to comply notices were issued to homes.

## **9. Placing and removal of conditions on establishments**

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

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. Appropriate measures were implemented to improve the environment and care practices at the home therefore the condition has been removed.

## **10. Incident reviews**

### **10.1 Incident review process**

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 from October to December 2006

**Table 7: Number of incidents received from 1 October to 31 December 2006**

Source of Incident Referral		Quarter 2 2006/07 Number of reported incidents	Quarter 3 2006/07 Number of reported incidents
Client/ Family		1	1
Inspectors		4	4
Coroner	Pre inquest	0	0
	Post inquest	0	0
DHSSPS		2	0
Board/Trusts		1	0
Total		8	5

**Table 8: Incident breakdown by service provider from 1 October to 31 December 2006**

Service Providers		Quarter 2 2006/07 Number of reported incidents	Quarter 3 2006/07 Number of reported incidents
Regulated facilities (Nursing and Residential - Independent sector)		3	3
Trusts	Single trust involvement	5	1
	More than one trust involved in single incident	0	0
Board		0	0
Other- Non regulated service		0	1
Total		8	5

**Table 9: Status of each incident in the review process at 31 December 2006**

Status of Incident	Number of reported Incidents
Incidents ongoing at 30 September 2006	23
New incident referrals Oct-Dec 2006	5
Information /Action and implementation plan requested *	6
Awaiting result of inquest to proceed	1
Awaiting outcome of review (ongoing)	5
Future Monitoring of organisation planned	-
Review of incidents completed	16
Incidents ongoing at 31 December 2006	12

### 10.3 Outcomes arising from the Incident Review Group

- As a result of completing 8 incident reviews the specific recommendations arising have been incorporated into the Clinical and Social Care Governance Reviews of individual Health and Social Services Trusts.
- In relation to the regulated nursing and residential home sector where breaches in regulation occur, requirements are made and the inspection staff will monitor their implementation e.g. use and control of medicines; quality of care; quality of care documentation.
- 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 meeting is being held with the Managing Director of one large company operating within the province. Ongoing monitoring will continue to ensure improvement is sustained.
- Communication also continues with the Senior Coroner for Northern Ireland advising of the action taken by the RQIA as a result of the reviews undertaken.

## 11. Commissioned reviews conducted by the Authority

Commissioned reviews	Progress during July-September 2006	Progress during October to December 2006
<p>1. Governance review of the lessons arising from the death of Mrs Janine Murtagh</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>The Royal Hospitals clinical and social care governance review is scheduled to take place during February 2007.</p>
<p>2. Governance review of NI Breast Screening Programme</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>	<p>The United Hospital Trust and the Belfast City Hospital Trust clinical and social care governance reviews are scheduled to take place January and March 2007.</p>

## 12. Workforce information

### 12.1 Headcount

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

**Table 10: Headcount and WTE**

Workforce	Indicator	Quarter 1	Quarter 2	Quarter 3
Headcount	<b>Total headcount</b>	<b>96</b>	<b>100</b>	<b>102</b>
	Total staff	83	87	89
	Total Board	13	13	13
	<b>Total WTE</b>	<b>80.46</b>	<b>80.01</b>	<b>82.01</b>
	Total staff	67.46	67.01	69
	Total Board	13	13	13

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

### 12.2 Staffing profile- changes to date

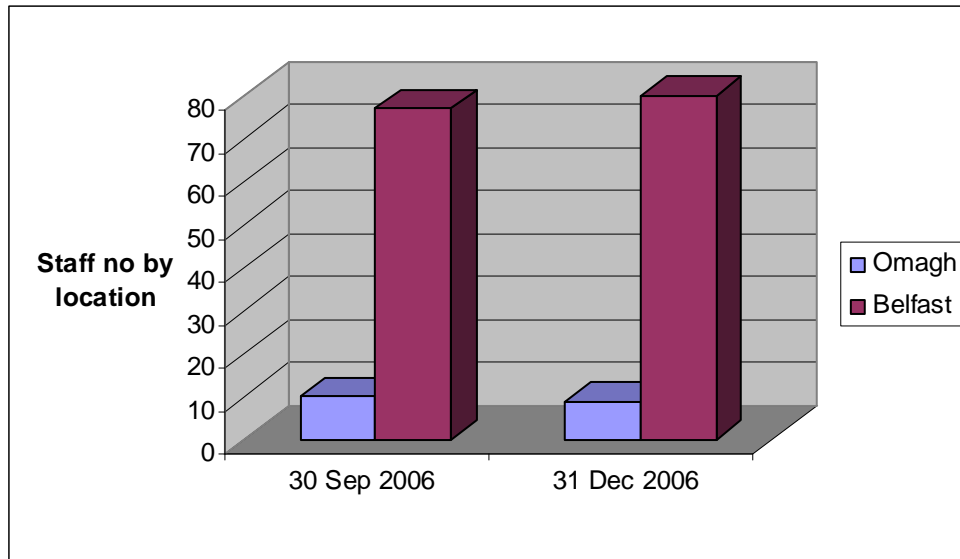
This section excludes information about the Chairman and Board members. At 31 December 2006, there were 89 members of staff employed by the Authority.

Changes between the 30 September and 31 December 2006 are as follows:

- the staff headcount increased from 87 to 89;
- differences in headcount can be accounted for as one member of staff resigned and one retired from the Authority (WTE 2.0) and four staff were newly appointed (WTE 4.0).

### 12.3 Staffing profile by location

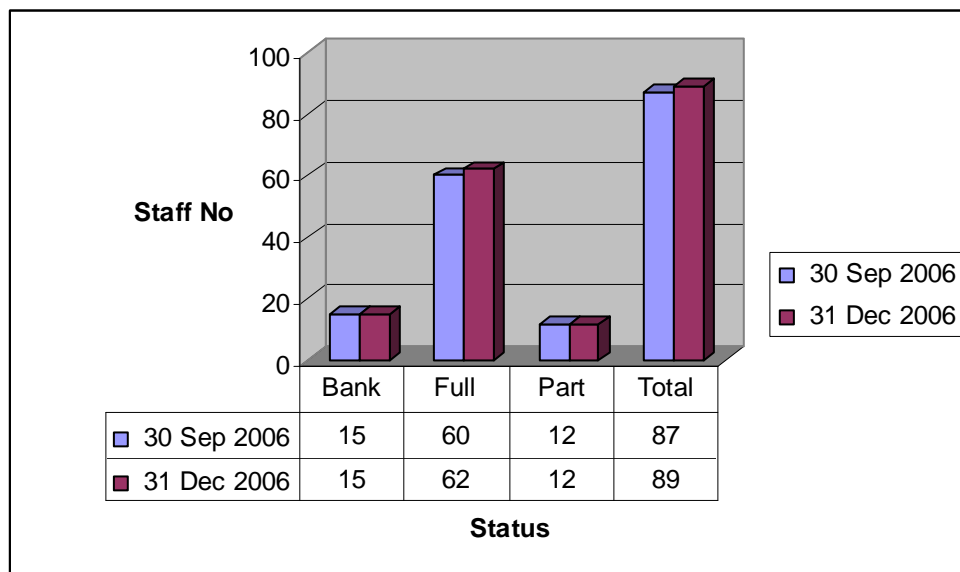
**Figure 1: Number of staff by location at 30 Sep and 31 Dec 2006**



The staff numbers in Omagh decreased by one during this quarter. Changes to staff numbers in the Belfast office included one retirement and four new staff.

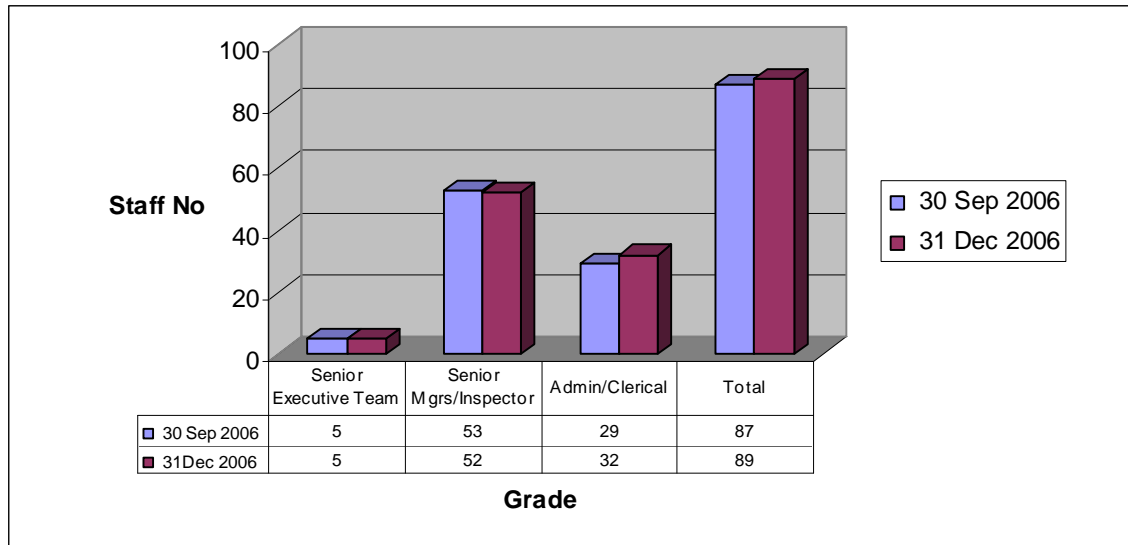
### 12.4 Staff numbers classified by status

**Figure 2: Staff numbers classified by status at 30 Sep and 31 Dec 2006**



## 12.5 Staff numbers classified by grade

**Figure 3: Staff numbers classified by grade at 30 Sep and 31 Dec 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:

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

The pattern may be:

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

### Long-term Absence:

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

**Table 11: Information on working days lost due to sickness****Quarter 1: April to June 2006**

Type of sickness	Number of sickness days lost	Occurrence	% sickness rate
Short term	36.2	6	0.70
Long term	134	4	2.59
Total	170.2	10	3.29

**Quarter 2: July to 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

**Quarter 3: October to December 2006**

Type of sickness	Number of sickness days lost	Occurrence	% sickness rate
Short term	83	15	1.56
Long term	327.3	7	6.17
Total	410.3	22	7.74

The % sickness absence rate has increased during each quarter. The number of sickness days lost as a result of short time and long term sickness has also increased over time. Consultants from the Beeches Management Centre have been engaged to:

- Assess the RQIA Sickness Absence Management Policy and Procedures February 2006;
- Train staff in the implementation of the relevant policy and procedures.

Arrangements are being initiated to share aggregated sickness absence data from the NI Beeches Management Centre, NI Medical Physics Agency and the Scottish Care Commission for benchmarking purposes. During the period 1 October 2005- 31 March 2006 for the HSS trusts within Northern Ireland the average sickness absence rates were between 4.53- 8.39% (Information from the DHSSPS, Monitoring of Human Resource Activity- Monitoring Period 01 October 2005- 31 March 2006).

An annual survey report compiled on absence management in 2006 by CIPD (analysis based on replies from 1,083 UK-based HR professionals in organisations employing a total of more than 1.5 million people. In addition this

report also includes responses from 72 people management specialists in Ireland) indicated organisations in Wales and Northern Ireland had the highest sickness absence levels at 4.3%, compared to the whole of the UK which had levels of absence at 3.3%

### 13. Freedom of Information

At 31 December 2006, we received 2 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 October – 31 December 2006	
Total number of requests	2
Requests processed within the 20 working day timeframe	2
Requests completed where records were fully disclosed (no exemptions applied and no fee limit invoked, and all information held)	1
Requests completed where records were withheld either partially or fully because of one or more exemptions applied	1

**Table 13: Source of Freedom of Information (FOI) requests from 1 October to 31 December 2006**

Source of requests	Number FOI requests
Service User (relatives of residents)	2

## Section 2. Finance information – 8 months to 30 November 2006

### 1. Introduction

This report provides explanatory narrative for the attached financial statements. The report for December will not be available until after the submission deadline for Board papers but an oral up-date will be given at the meeting.

### 2. Funding

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

Table 1B shows that £3,850,000 has been provided by the Department for 2006/07 with an additional £145,482 ring-fenced to meet the payroll costs of the Agenda for Change initiative if they arise in the current year. These latter costs are unlikely to arise owing to the lack of progress on Agenda for Change and the funding will be surrendered.

Table 2 (Col. D, line 1.2) shows the income that has been calculated as due from annual and registration fees totalling £750,000.

Table 1 (Col. E, line 1.3) gives total income for 2006/07 as £4,745,482.

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

### 3. Budgets for 2006/07

Expenditure budgets have been revised to match the funding now notified by the Department. A new format of reports for individual budget holders will be provided starting with the December report and training for the Directors and Assistant Directors who are the budget holders is scheduled for 29 January 2007.

### 4. Table 1: Financial Position at 30 November 2006 and Forecast to Year End

#### 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 £364,868 at 30 November (Table 1, Col A, line 2.4) but the forecast surplus has reduced to £174,598 at the year end (Table 1, Col D, line 2.4). The surplus at the end of November is because new posts could not be filled in the first part of the year and some significant non-pay commitments will fall into the latter part of the year.

The forecast to the year-end is based on the best present estimate of recruitment and other expenditure that will take place in the remainder of the year.

Any surplus of funds is surrendered to the Department so that they can be utilised elsewhere in the NIHPSS. The amount will be notified once the financial position at the end of December is known and the forecast to the year-end has been up-dated.

**5. 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 in January now that the registration process has been completed. Income has therefore been calculated pro-rata for the eight months to the end of November in column A.

**6. Table 3: Capital Expenditure**

The Department has provided an allocation of £100,000 for the current year. The capital plan for this to be spent by 31 March 2007 has been approved by the Board. The expenditure to date is £44,494 and the balance is committed and will be spent by the year-end.

**7. Table 4: Pay and Non-Pay Expenditure**

Pay

Senior management posts are all filled but many of the new posts to be filled are in the Management heading which is resulting in the forecast surplus at the year-end (Col. F, line 1.2) of £337,718. There is a significant number of vacancies and new posts to be filled in the registration and inspection heading which is causing a further large surplus (Col. F, line 1.3) of £199,076 but this is set-off by the cost of temporary staff recruited to make good the shortfall (Col F, line 1.4) £142,041.

The overall forecast surplus on pay expenditure caused by non-recurrent slippage in the appointment of staff is £357,553 ( Col. F, line 1.5)

Non-pay

The budgets have been revised to reflect the expected pattern of recurrent expenditure on a per annum basis.

The expenditure in the current year has some exceptional, non-recurrent items included in it. Attention is drawn to the following forecast variances to the year-end:

Line	Heading	Variance £	Explanation
2.1	Other fees	-10,000	Additional expenditure on consultancy in respect of business cases and other once-only items.
2.4	Rent, rates etc	15,000	10 months only in Riverside Tower less than full year.
2.7	Building and Engineering	-35,000	Exceptional additional expenditure on moving into new offices.
2.8	Printing, stationery and advertising	-10,000	The cost of advertising new posts has been greater than expected in a normal year.
3.	Travel & subsistence	30,000	It is expected that there will be greater costs when all the new staff are in post.
3.1	Furniture & Office equipment	-80,000	This overspend reflects the one-off costs of equipping the new office
3.2	Commissioned Work	24,000	This surplus is because the full-year cost of service level agreements will not be charged until 07/08.
3.6	Central computer costs	-35,000	This overspend results from one-off costs of moving into the new office.
3.7	Support Service Charges	-10,000	This overspend also results largely from moving into the new office
3.8	Internal management fees	-20,000	These are fees charged by CSA for its services for which it is seeking an additional £20k in this year.
3.9	Miscellaneous	-53,625	The net overspend is attributable to an exceptional early retirement cost.

## 8. Summary

The budgets have been revised to match the allocation of funding that has now been notified by the Department. Largely because this was not notified at the beginning of the year, there is a significant surplus on the pay budgets as posts will not be filled for the full year. When these posts have all been filled, additional funding will be required on a recurrent basis and a bid has been made to the Department to cover this.

The non-pay budget for routine expenditure is overspent as a result of exceptional items that have been funded by the pay surplus. This had been anticipated and planned during the year. There is one further item of exceptional expenditure in fitting out the new office which may fall into the current year. The residual surplus is to be finalised when the December financial position is known and the forecast to the year-end up-dated accordingly. The Department will be advised and funds surrendered as necessary.

**Table 1: 8 months ended 30 Nov 2006**

INCOME AND EXPENDITURE ACCOUNT	Year to Date			End of Year		
	Actual	Plan	Variance	Forecast	Plan	Variance
	A	B	C	D	E	F
	£	£	£	£	£	£
<b>Income</b>						
1.1 Revenue grant from DHSSPS (see Table 1B)	2,663,655	2,663,655	0	3,995,482	3,995,482	0
1.2 Other Income (Table 2)	500,000	500,000	0	750,000	750,000	0
1.3 Total Income	3,163,655	3,163,655	0	4,745,482	4,745,482	0
<b>Expenditure</b>						
2.1 Pay expenditure (Table 4)	1,949,094	2,325,655	376,561	3,130,759	3,488,482	357,723
2.2 Non-pay expenditure (Table 4)	849,694	838,000	-11,694	1,440,125	1,257,000	-183,125
2.3 Total Expenditure	2,798,787	3,163,655	364,867	4,570,884	4,745,482	174,598
2.4 Surplus/(deficit)	364,868	0	364,867	174,598	0	174,598
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)	2,798,787	3,163,655	364,867	4,570,884	4,745,482	174,598
5 Surplus/ (deficit) before provisions	364,868	0	364,867	174,598	0	174,598
6 Provisions for future obligations	0	0	0	0	0	0
7 Surplus/Deficit after provisions	364,868	0	364,867	174,598	0	174,598
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
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	364,868	0	364,867	174,598	0	174,598

**Table: 1B**

Revenue Grant /Advance from Department	£
Opening allocation per letter dated: 30 th June 2005	3,850,000
Further Allocation letters dated: AFC 06/07	145,482
Closing allocation per letter dated:	3,995,482

**Table 2: 8 months ended 30 Nov 2006**

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	500,000	500,000	0	750,000	750,000	0
<b>1.6 Total Fee Income</b>	<b>500,000</b>	<b>500,000</b>	<b>0</b>	<b>750,000</b>	<b>750,000</b>	<b>0</b>
2.1 Other NI Government Departments			0			0
2.2 Other - please specify			0			0
<b>2.4 Total Income from non fee sources</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3.0 Total Other Income (To Table 1)</b>	<b>500,000</b>	<b>500,000</b>	<b>0</b>	<b>750,000</b>	<b>750,000</b>	<b>0</b>

**Table 3: 8 Months ended 30 Nov 2006**

<b>Capital Expenditure (excluding donated assets)</b>	<b>2006/07 £</b>
1 Gross Capital Expenditure - charge against grant*	44,493
2 Capital Grant from DHSS&PS (see below)	100,000
3 (Over)/Underspend against Capital grant	55,507

<b>Disposals</b>	<b>Year to Date £</b>	<b>Year-End £</b>
4. NBV of disposals (Net Book Value)	0	

Reconciliation of amount noted above to allocation letter issued by Department.

<b>Capital Grant from Department</b>	<b>£</b>
Opening allocation per letter dated	
Allocation e.mail dated 3 November 2006	100,000
Closing allocation per letter dated	100,000

**Table 4: Period ended 30 Nov 2006**

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)	349,274	337,565	-11,709	543,548	506,347	-37,201
1.2 Management (Senior Managers)	1,088,014	1,415,771	327,757	1,785,939	2,123,657	337,718
1.3 Registration and Inspection - Admin & Clerical	422,062	572,319	150,257	659,402	858,478	199,076
1.4 Agency Staff	89,744		-89,744	142,041		-142,041
1.6 Total pay expenditure (to Table 1)	1,949,094	2,325,655	376,561	3,130,929	3,488,482	357,553

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	14,284	33,333	19,050	60,000	50,000	-10,000
2.2 Internal Audit	7,452	7,333	-119	11,000	11,000	0
2.3 Training & professional development	17,235	20,000	2,765	30,000	30,000	0
2.4 Rent, Rates, Insurance and Water	186,547	192,000	5,453	273,000	288,000	15,000
2.5 Heat, Light and Power	2,339	1,333	-1,005	3,500	2,000	-1,500
2.6 Cleaning, Catering and Hospitality	8,248	7,333	-915	11,000	11,000	0
2.7 Building and Engineering	37,713	3,333	-34,380	40,000	5,000	-35,000
2.8 Printing, Stationary & Advertising	73,086	53,333	-19,753	90,000	80,000	-10,000
2.9 Postage & Telephone	26,753	26,667	-86	40,000	40,000	0
3 Travel & Subsistence	87,054	100,000	12,946	120,000	150,000	30,000
3.1 Furniture and Office Equipment	95,032	13,333	-81,699	100,000	20,000	-80,000
3.2 Comissioned Work (inc accomodation re investigations)	82,000	172,667	90,667	235,000	259,000	24,000
3.3 Publications	4,004	4,000	-4	6,000	6,000	0
3.4 Legal outlay	4,683	6,667	1,984	7,000	10,000	3,000
3.5 Security	29	0	-29	29	0	-29
3.6 Central Computer Costs	51,573	50,000	-1,573	110,000	75,000	-35,000
3.7 Support Services/Service Charge	33,052	34,000	948	61,000	51,000	-10,000
3.8 Internal Management Fees	86,860	66,667	-20,194	120,000	100,000	-20,000
3.9 Miscellaneous	31,750	46,000	14,250	122,625	69,000	-53,625
4 Total non-pay expenditure (to Table 1)	849,694	838,000	-11,694	1,440,154	1,257,000	-183,154

### 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 October to December 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 entitled "Outlining the rationale for prioritisation of thematic and investigative reviews" presented and noted by Board on 09 Nov 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>The clinical and social care governance review commenced on 6th October 2006 with the dissemination of a self assessment pro-forma to all HPSS organisations. The self assessment was based on the agreed standard themes of "Safe and Effective Care" and "Corporate Leadership and Accountability".</p> <p>100% of the self assessment forms were returned to RQIA within the agreed timescales. During November 2006 the self assessment returns and supporting evidence were catalogued.</p> <p>External consultants were appointed to assist with the external analysis of the information returns. Analysis of information commenced on 20 December 2006.</p> <p>Further training of peer and lay reviewers continued.</p> <p>The review visit programme was confirmed with HPSS organisations for the months February – March 2007. Review team leaders and trust affiliates were identified and trained.</p> <p>Administrative staff (project administrators and project officers) were recruited.</p> <p>Project assurance group convened in December 2006.</p>

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 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 was issued to over 1000 stakeholders. Thirteen workshops were held across Northern Ireland and were well attended by service providers. 75 responses were received in relation to this consultation document. The outcomes from the consultation process is being collated and analysed at present. A report detailing the findings will be presented to the Board on the 8 <sup>th</sup> March 2007.

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to 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	<p><u>Independent Health Care Regulation</u> Further progress in relation to the registration of independent healthcare providers. However the identification and categorisation of providers continues to be dependent on trawls of phone book entries and advertisements. Current registrations include 6 Independent Clinics and 9 Independent Hospitals.</p> <p>In addition: 1 clinic awaiting registration; 6 clinics have completed an application; 19 clinics have confirmed they will be registering; 6 clinics to be confirmed (attained from new Yellow Pages); 10 clinics from Yell.com to be confirmed; 3 private doctors - RQIA still trying to achieve contact.</p> <p>A pro-forma has also been circulated to Boards and Trusts in relation to independent healthcare providers providing services within HPSS Trusts with a view to registration and governance issues. This proforma should be returned by 19 January 2007.</p> <p>Problems continue with the levels of understanding in relation to regulatory requirements for providers - press campaign in relation to public protection is being planned.</p> <p><u>Nursing Agencies Registered</u> Communication with trusts, boards and independent providers about the legislative responsibilities in relation to the use of nursing agencies .</p> <p>Comments have been made to the DHSSPS regarding the regulations on adult placements agencies.</p> <p>RQIA continue to await release of standards from the DHSSPS.</p>

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 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
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	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	Follow-up in relation to the Breast Screening review and the Murtagh review will form part of the planned programme of clinical and social care review described above.  Further specific review on the follow-up of referrals to the RQIA Incident Review Group will also form part of the Clinical and Social Care Governance review programme.

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
these services.	Prepare and implement a new complaints procedure and assess the efficiency of the new procedure.	Director of Social Services	October 2006	The DHSSPS issued a consultation document in respect of future complaint handling. The proposed role of RQIA is set out in this document. RQIA cannot finalise procedures until the outcome of consultation is known (end of February 2007).  A job description for a Complaints Manager is being evaluated at present. The Authority is in the process of preparing a leaflet on 'how to make a complaint for the regulated sector'. During this interim period, arrangements regarding the handling of complaints have been implemented in house.
	Carry out major reviews commissioned by the DHSSPS.	Appropriate Director	Not known at this stage	Advance preparation has commenced in relation to two commissioned reviews: "Risk Assessment and Management in Mental Health Services" "Review of the Protection of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals "
To identify specific themes for quality improvement across all sectors and publish recommendations on quality improvements.	Identify and agree themes with the board and the DHSSPS.  Undertake or commission research and publish recommendations.	Appropriate Director	March 2007	Board workshop 23/24 November 2006 - Executive Team presented suggested themes for 2007-2008.  14 December 2006 - Board approved draft business plan for submission to DHSSPS as bidding document including themes.  21 December 2006 - draft business plan submitted to DHSSPS  See progress above re the clinical and social care governance reviews.
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	Senior Management Team	March 2007	The 2006/07 reviews will form part of the overall assessment.  A Governance review of NHSSB Home First Trust and an Independent Provider in respect of safe and effective care for children with a disability has commenced. An external Chair and an independent panel commenced the review on the 27 October 2006 and expect to finalise their report in February 2007.

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
	assessment as part of the Authority's annual report for 2006-07.			<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 the nature, type and level of complaints within Lakewood Secure Care facility and similarly in Rathgael Juvenile Justice Centre. The field work took place from 27 Nov to 1 Dec 2006. Interim findings regarding concerns about care practices have been shared with the trust and requirements have been issued regarding improvements which need to be made.</p> <p>A review of the extent of advocacy available to residents in adult residential homes with the four health and social services councils (HSSC) has commenced. Meetings continue to be held with the Authority and the four HSSCs to complete a report on this matter. A report will be finalised by March 2007. The outcomes will be shared regionally by RQIA and the Councils at a jointly hosted conference later in Spring 07.</p>
To monitor and evaluate the impact of the work of the Authority.	Agree terms of reference and appropriate external source of quality assurance.	Chief Executive, Director of Corporate Services	November 2006	Research undertaken into appropriate sources of external quality assurance. The Authority will ask Dr Kieran Walshe Professor of Health Policy and Management, University of Manchester to recommend way forward.

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

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 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	<p>The Authority have developed templates that providers could use to improve statements of purpose and function of units and residents/patients guides. These will be published on the website in February. Further work is required on the development of a template for annual quality statements.</p> <p>If new proposed methodology for inspection of services is approved by the Board this will be included on the website.</p>

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
				<p>Director of Operations and Chief Social Work Advisor will be involved in presenting outcomes of a child protection inspection report launched on 15 Jan 2007 to all providers regionally. RQIA will undertake governance reviews of child protection in April 2008 to monitor the implementation of improvement action plans.</p>
<p>To develop and implement effective information and communication strategies.</p>	<p>Prepare and implement an information and communications strategy based on an analysis of stakeholders needs.</p>	<p>Director of Corporate Services</p>	<p>August 2006</p>	<p><u>Information Strategy</u>  An Information Strategy Project Team has been established to progress work. A specification to engage management consultants is being prepared at present to assist the development of this strategy.</p> <p>Work has commenced to assist the capture of data from incidents reported to the Authority from Children's Homes. Guidance will be issued to providers in respect of this matter.</p> <p><u>Communications Strategy</u>  -RQIA's Annual Report and Accounts for 2005-06 was published and launched in December. Distribution of report to be completed in January.  -General information leaflet introducing the work of the Authority designed and printed.  -Contract for corporate website development awarded to Epic in December following a tender process. Work to commence on the development of the new site during January, and will involve feedback from wide range of internal and external stakeholders.  -Internal communications tool "RQIA Briefing" - which provides monthly news and updates on the activity - was emailed to all staff on three occasions.  -Official Opening of Riverside Tower Offices took place in October, which provided Authority staff and Board Members an opportunity to meet key stakeholders.  -Style guide, providing advice and guidance on answering telephone calls and on presentation of letters, emails and faxes, circulated to all staff in October.</p>

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
				-Communications Plan prepared for Clinical and Social Care Governance Review programme.
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	Development of the information strategy will involve defining the information management processes which will inform the development of robust and effective information systems.  In December a visit was organised to a peer organisation to identify approaches that had been adopted regarding the management of information.
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 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	Director of Social Services and Director of Nursing	January 2007	Full programme of registration and inspection against the regulations continues in specified regulated services - No further progress or communication on the publication of standards from the DHSSPS.  Temporarily difficulties in meeting legislative requirements in Children's Services requiring inspection. This has been resolved by the appointment of new staff and the recruitment of temporary staff to the end of March 2007.

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
	<p>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 October to December 2006 the inspectors of the Authority have carried out 503 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	Refer to previous section.
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	RQIA's Annual Report and Accounts for 2005-06 was published and launched in December. Distribution of report to be completed in January.

### Key strategic theme 3 – developing people and partnerships

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 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	<p>No further meetings have taken place with the departmental group in relation to the merger - letter of concern re the lack of progress have been sent to the Mental Health Branch within the Department.</p> <p>Liaison with the MHC continues on the merger with a planned workshop between key staff in the organisations being planned for February 2007 - recruitment also commenced with regard to a specific project manager post.</p>
	Meet other regulators, public representatives and service users to agree memoranda of understanding.	Chief Executive	November 2006	<p>Further meeting with Criminal Justice Inspection and HMIP in relation to the review of governance arrangements for prison health.</p> <p>12 October 2006 - Board approved template for memorandums of understanding, implementation plan and approach towards a concordat.</p> <p>Memoranda of understanding were prepared in August 2006 with the Northern Ireland Social Care Council (NISCC) and Social Care Institute for Excellence (SCIE) which have now been signed and endorsed by both organisations. On the 12 October 2006 - memorandums of understanding with NISCC and SCIE were approved by the Board. Joint work has commenced between RQIA, NISCC and SCIE to award a tender for service user involvement. This work will help to ensure effective participation of service users and carers in the partner organisations listed above. A report is to be finalised for presentation to all organisations in June 2007.</p>

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
	Develop and implement a stakeholder involvement strategy for the Authority.	Director of Nursing	February 2007	Appointment of the Public Participation manager commenced and subsequently delayed as a result of HR advice - to be re-advertised in January 2007.
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	Information continues to be shared between regulatory Authority's in relation to methodological approaches to inspection and areas benefiting from combined focus or research. A Five Nations Health Care Regulatory Group hosted by the Authority was held in November 2006. An action plan was agreed at this event. A further meeting is planned.  One of the Senior Quality Reviewers in the Authority with responsibility for Children's Services has been asked to provide input as a short term expert into a Russian project for the "Development of social protection methodology and legal regulation".
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	Executive Team approved methodology for production of an organisational development strategy. This will be presented to the Board and the Partnership Forum.  In relation to the new team structure, interviews for the Assistant Director of Operations (2 Posts) is planned for early February 2007.  The new team structure for administrative support is being piloted at present.
To develop the profile and outreach role of the Authority ensuring its responsibilities are	Development and implementation of a stakeholder involvement strategy	Director of Nursing	February 2007	See above regarding stakeholder involvement manager.

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
understood and encourage feedback from, and engagement with, stakeholders and other interested parties.	for the Authority.  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.			

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

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 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	Internal and external audit action plans have been prepared and are being actioned.
To employ robust systems of governance to ensure that the Authority is led and managed well and makes the most effective use of its resources.	Prepare and agree a risk management strategy with the board based on best practice and guidance. Prepare and maintain a corporate risk register.	Director of Corporate Services	August 2006	PricewaterhouseCoopers have been appointed to undertake risk management work. The Audit Committee have been briefed. Work is underway with each directorate team.

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
	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	Budgets have been finalised with directors. Training sessions planned regarding financial reports and budget holder responsibilities.
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	The DHSSPS have advised that all posts are to be matched by 31 Mar 2007. All posts are now matched. A number to undergo further job evaluation. Matched posts are waiting consistency checking. Once this process is complete outcomes will be issued.
	Secure facilities for effective working – permanent office accommodation.	Director of Corporate Services	June 2006 (Riverside Tower, Belfast)	An online survey of accommodation in Riverside Tower is 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 appointed. Work underway on 2007-08 business plan.  New administrative structures are being piloted.
To demonstrate a culture of continuous improvement in building	Prepare and implement an organisational development strategy	Director of Corporate Services	October 2006	See previous point about organisational development strategy.  Two Senior Quality Reviewers appointed are

Objective 2006-2009	Action 2006-2007	Responsibility	Timescale	Progress during October to December 2006
organisational capacity and encouraging and supporting individuals to identify and achieve personal and organisational development targets.	including a staff development plan.			scheduled to commence a MSc Regulation, Inspection and Improvement course with Anglia Ruskin University, Cambridge from Jan 2007 to Dec 2008. Subject to an evaluation of this course and the outcomes, the Authority intends to support additional quality reviewers to complete this course.