



**CORPORATE PERFORMANCE REPORT 2011/12**  
**PERIOD ENDING SEPT 2011**

**Final Version – Board 10 November 2011**

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## 1. Introduction

### **Purpose**

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic objectives and priorities as described in the Corporate Strategy 2009-2012.

The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues across the financial year.

### **Traffic Light (Red-Amber-Green-Blue) Rating System**

The Traffic Light rating system is an indication of the level of confidence that Actions identified in the Business Plan will be delivered by the completion date.



The Traffic Light rating operates as follows:

- = action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.
- = action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date.
- = action forecast to be completed by the completion date.

● = action completed.

### **Exception Reporting**

Exception reporting will occur as noted above. It should be succinct and structured in terms of providing a reason for the exception, identifying actions to address the situation and highlighting any emerging organisational risk as a consequence of the exception. In addition it should make clear if the Action has been cancelled or if the timeline has been extended.

### **Key Performance Indicators (KPIs)**

Information on Supporting Key Performance Indicators (KPIs) is provided in the report. A KPI "answers" a Key Performance Question (KPQ) and helps us understand how well we are performing in relation to our strategic objectives. In the broadest sense, a KPI provides the most important performance information that enables us and our stakeholders to understand whether RQIA is on track or not. KPIs are a tool to enable us to learn, assist decision-making and improve future performance. RQIA's Strategic Map which outlines all of RQIA's vision and strategic objectives is available on page 45.

### **Summary of Progress to Date**





The report also includes a high level summary of progress made to date and an analysis of the BRAG ratings for actions at the end of the reporting period.

### **Frequency of Reporting**

The report will be produced on a quarterly basis for consideration by the Board.

## 2. Summary of Traffic Light Rating System (Period Ending 30 Sept 2011)

The table below shows a summary of the Traffic Light rating assigned to 69 Actions within the Business Plan for the period ending 30 Sept 2011.

Traffic light		Period Ending June 2011	Period Ending Sept 2011	Period Ending Dec 2011	Period Ending March 2012
Red		0	4 (6%)		
Amber		4 (6%)	1 (1%)		
Green		60 (87%)	56 (81%)		
Blue		5 (7%)	8 (12%)		

At the end of the second quarter of 2011/12, 93% of the actions within the Business Plan were reported as Green/Blue.

## 3. Headline Achievements (Period Ending 30 Sept 2011)

### 2.1 CA1: Improving Care: We encourage and promote improvements in the safety, quality and availability of services through the regulation and review of health and social care

- During Q1 and Q2 RQIA completed 1331 inspections of regulated establishments and agencies. This constitutes 82% of the total required minimum inspections for the year and is reflective of the impact of RQIA's inspection planning approach, ensuring that inspection activity is directed at those services most in need of regulatory intervention. The figure also reflects the significant pre-registration inspection

activity in private dental practices. Reports of each of these inspections were published on RQIA's web-site with associated quality improvement plans and also in line with reporting timescales.

- By the end of Q2 RQIA issued 5 enforcement notices, 4 notices of failure to comply with regulations and 1 improvement notice. In July, RQIA placed conditions of registration on Origins Fertility Clinic, Belfast. In this instance conditions applied relate to the way in which the clinic report on and manage serious adverse incidents. In the four other enforcement actions all notices were lifted in line with services being reviewed as being compliant with identified regulations and standards.
- During Q1 11 hygiene inspections of 5 trusts were completed with associated quality improvement plans and during Q2 a further 9 hygiene inspections of hospitals were completed. In addition during Q2 5 hygiene inspections of Nursing Homes and 5 hygiene inspections of Children Homes were also completed.
- During Q2 RQIA participated in joint inspections of prisons with the Criminal Justice Inspection (CJI), including a follow-up of a previous report relating to vulnerable prisoners.
- 23 Mental health inspections were completed using the human rights theme of fairness by the end of Q2. As a result of these inspections quality improvement plans have been returned to RQIA detailing the Trusts' responses to RQIA's recommendations.
- In Q1 2 IR(ME)R inspections were completed in line with the planned IR(ME)R inspection programme. In Q2 a further 3 IR(ME)R inspections were carried out.

- From the 1 April 2011, RQIA commenced the process of registration of private dental practice in Northern Ireland. Application and guidance packs were sent to 396 practices with a view to them achieving registration by March 2012.
- By the end of Q2 301 applications had been received with 10 notifications of exemption from registration. Following a series of pre-registration inspections 38 practices were registered and RQIA continue to remind those practices who have not made application of their legal requirement to do so.

**2.2 CA2: Informing the Population: We publicly report on the safety, quality and availability of health and social care**

- During Q1 the findings of the Regional Complaints Monitoring Survey was placed on RQIA's website. The report was also shared with relevant HSC Organisations and stakeholders.
- During Q1 and Q2 RQIA continued to meet with Mental Health and Learning Advocates and as a result of recent Public Participation Events and also met with the Mental Health Users Forum.
- Regulated sector inspection reports were disseminated in line with RQIA's reporting targets. This included placing all open inspection reports onto the RQIA website within 35 working days.
- During Q1 and Q2 the following review reports were published:

- Report of the Inspection of the Care Pathways of a Select Group of Young People who met the Criteria for Secure Accommodation in NI.
- First phase of the Independent Review of Reporting Arrangements for Radiological Investigations.
- Overview report of the RQIA Review of Child Protection Arrangements in NI.

**2.3 CA3: Safeguarding Rights: We act to protect the rights of all people using health and social services**

- RQIA continued to monitor all prescribed forms under Mental Health Order (MHO). The total number of forms examined by the end of Q2 was 4566. The error rate for period ending Q2 was 2.43%.
- By the end of Q2 RQIA monitored the reporting of 86 serious adverse incidents (SAIs) in relation to MHLD and sought clarification from Trusts regarding any areas of concern.
- During Q1 the process of scrutiny of Guardianship Orders of People living in Regulated Sector Services, Day Care, Residential, Nursing Care and Supported Living Settings commenced and during Q2 an analysis of the content and information was initiated.
- In Q1 RQIA was extensively involved in the monitoring and oversight of 2 Declaratory Orders issued by the High Court and the work on one of the Declaratory Orders was completed during Q2.
- As part of its oversight role in Prison Health and Social Care RQIA completed a joint inspection of Hydebank Wood Young Offenders Centre and Ash House Women's Prison

with CJI and Her Majesty's Inspectorate of Prisons (HMIP). The report of the inspections is due for publication during Q3.

#### **2.4 CA4: Influencing Policy: We influence policy and standards in health and social care**

- During Q2 the MHLD Director and HOP met with the author of the proposed new Mental Health Welfare and Capacity Bill to provide an update of the work completed to-date and also to influence the content of the policy. In particular RQIA's role in the monitoring and safeguarding was discussed.
- In Q2 RQIA finalised an approach for the oversight of jointly commissioned schemes for children and young people in leaving and after schemes with the HSC Board and DHSSPS. This approach was developed in response to prior inspection and policy work carried out by RQIA in 2010.
- During Q2 the suggestions for review topics were considered and a proposed list of reviews for completion during 2012-15 was issued for formal consultation.
- By the end of Q2 the following review of HSC organisations was completed with associated recommendations aimed at improving services:
  - Report of the Inspection of the Care Pathways of a Select Group of Young People who met the Criteria for Secure Accommodation in NI.
    - The report included four recommendations. One in respect of the DHSSPS and HSC Board and three in respect of the HSC Trusts.

- By the end of Q2 RQIA has responded to the following consultations, reviews and calls for engagement:
  - DHSSPS (NI) 10 Year Quality Strategy.
  - DHSSPS (NI) Physical and Sensory Disability Strategy.
  - DHSSPS (NI) HSC Framework document.
  - Consultation on Proposed Tools for Risk Assessment and Management in Dementia Services.
  - Review of the Code of Practice on Protecting the Confidentiality of Service User Information.

#### **2.5 Value Drivers (D1 - D9)**

- On 1<sup>st</sup> September 2011 RQIA's new organisational structure was implemented based on the following Department / Directorates:
  - Office of the Chief Executive
  - Directorate of Corporate Services
  - Directorate of Reviews
  - Directorate of Regulation
  - Directorate of Mental Health and Learning Disability.
- The Annual Report & Accounts for the year ended 31 March 2011 were approved by the Board in July 2011.
- During Q2 a baseline staffing budget was established for each of the Directorates aligned to the new Directorate structure.
- RQIA's indicative financial allocation for 2011/12 was confirmed on 1<sup>st</sup> April 2011, and included an indicative allocation for 2012-15. A range of actions have been implemented to narrow the recurring funding gap and a series of financial controls on expenditure remained in place

to facilitate the achievement of our efficiency targets and on-going ability to breakeven.






- An initial awareness session was held with 115 members of RQIA staff to provide guidance about the EFQM Excellence Model, Strategic Quality Improvement Map and the proposed EFQM Action Plan which was approved by the EFQM Steering Group on 22 June 2011.
- Following a series of pre-consultation events in May and June 2011, RQIA produced a draft Corporate Strategy 2012-15. A 12 week period of public consultation on the draft strategy is due to end on 9 December 2011.
- RQIA agreed its 3 Year Internal Audit Plan 2011/14 with BSO and this was approved by RQIA's Audit Committee on 26 May.
- RQIA self-assessed its compliance with the following Controls Assurance Standards for 2010/11: Governance, Risk Management, Financial Management, Health & Safety, ICT, Human Resources, and Records Management. During Q1 Internal Audit confirmed compliance with the 7 CAS as substantive.
- A draft Efficiency and Improvement Plan 2011-15 was submitted to DHSSPS on 30 Sept 2011 and will be considered by the Board at a workshop in October and the Board meeting in November.
- An Information and ICT Strategy was developed and approved by the Board in September 2011.
- ICT Security Policies and associated procedures were approved and launched at the monthly staff meeting in July

2011. Staff awareness of the policies was raised through a series of sessions at team meetings throughout Q2.

- An annual progress report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 was prepared and submitted to the Equality Commission for NI.
- RQIA's new Equality Scheme was approved by the Equality Commission for NI.



## **4. PERFORMANCE & EXCEPTION REPORT**


### Summary of Red and Amber Actions from RQIA's Corporate Performance Report 2011/12 that require Exception Reports




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
CA1.1.1	Agree and implement a suite of registration policies and procedures and confirm a range of meaningful registration targets. <b>(September 2011)</b>		At the end of September 2011, work had continued to progress in the development of a range of registration policies and procedures. It is anticipated that this work will be completed by the end of January 2012.	8
CA1.1.6	Commence a pilot initiative to improve RQIA's ability to seek and assimilate the views of service users in regulated services <b>(November 2011)</b>		The post of service engagement facilitator was appointed in September 2011 with a view to commencing in the post during Q3. During Q3 and Q4 RQIA will initiate a further programme to assimilate the views of service users in the nursing home sector in conjunction with Age NI.	10
CA1.2.3	Provide overview report(s) of the overall performance of regulated agencies and establishments for 2010/11 inspection year. <b>(July 2011)</b>		The report is currently in production and will be presented to the Board during Q3.	15
CA2.1.2	Provide access on-line to relevant information for those intending to make application for registration as a registered responsible person and or registered manager. <b>(September 2011)</b>		Application forms and supporting documentation will be available on-line by the end of October 2011.	18
D8.1.2	Complete implementation of the ICT disaster recovery arrangements and integrate into the corporate BCP. <b>(September 2011)</b>		Phase 2 is dependent on BSO Information Technology Services (ITS). The link to HSC WAN will be fully enabled before the end of November 2011. Following this the 3 <sup>rd</sup> party will implement the DR solution. It is likely that this action will not be fully completed until January 2012.	40

**CA1 - Improving Care:** We encourage and promote improvements in the safety, quality and availability of services through the regulation and review of health and social care



**CA1.1 - Completed a prioritised and focused programme of service reviews and inspections to inform our overall assessment of health and social care in Northern Ireland**

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CA1.1.1	Agree and implement a suite of registration policies and procedures and confirm a range of meaningful registration targets. <b>(September 2011)</b>		At the end of September 2011, work had continued to progress in the development of a range of registration policies and procedures. It is anticipated that this work will be completed by the end of January 2012.																															
CA1.1.2	Implement the project for the registration of private dental treatment and care. <b>(March 2012)</b>			<p><b>Target of 100% (390 estimated) of registrations achieved in dental practices providing private dental treatment (Q)</b></p> <table border="1"> <thead> <tr> <th>Registration Status</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Awaiting Application</td> <td>124</td> <td>89</td> <td></td> <td></td> </tr> <tr> <td>Applications Received</td> <td>266</td> <td>301</td> <td></td> <td></td> </tr> <tr> <td>Notification of exemption received</td> <td>9</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>Registration Approved</td> <td>3</td> <td>38</td> <td></td> <td></td> </tr> <tr> <td><b>Registration Approved %</b></td> <td><b>1%</b></td> <td><b>10%</b></td> <td></td> <td></td> </tr> </tbody> </table>	Registration Status	Q1	Q2	Q3	Q4	Awaiting Application	124	89			Applications Received	266	301			Notification of exemption received	9	10			Registration Approved	3	38			<b>Registration Approved %</b>	<b>1%</b>	<b>10%</b>		
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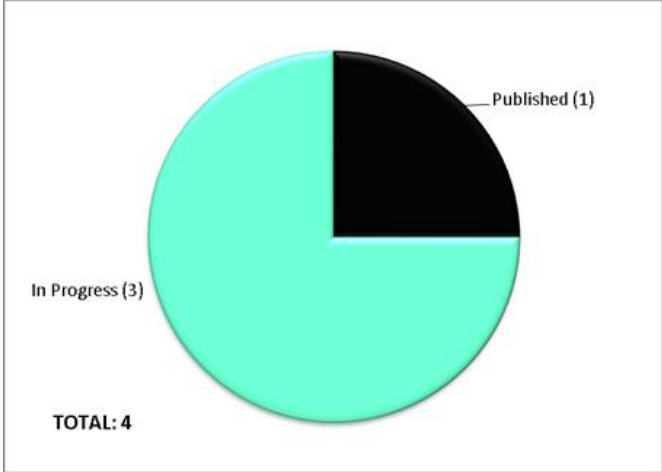
Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs																																																																																					
CA1.1.3	Complete a programme of regulated sector inspections set out in the fees and frequency of inspection regulations 2005/2007 across all establishments and agencies against agreed inspection themes for 2011/12. (Anticipated minimum inspection Volumes 1630). <b>(March 2012)</b>			<p>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</p> <p><b>100% (1630) of inspections completed by year end (Q)</b></p> <table border="1"> <thead> <tr> <th>Category</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr><td>Boarding School</td><td>7</td><td>7</td><td></td><td></td></tr> <tr><td>Children's</td><td>26</td><td>51</td><td></td><td></td></tr> <tr><td>Day Care Setting</td><td>65</td><td>99</td><td></td><td></td></tr> <tr><td>Domiciliary Care Agency</td><td>91</td><td>173</td><td></td><td></td></tr> <tr><td>Independent Clinic</td><td>8</td><td>16</td><td></td><td></td></tr> <tr><td>Independent Hospital</td><td>1</td><td>6</td><td></td><td></td></tr> <tr><td>Independent Hospital Dental Treatment</td><td>13</td><td>102</td><td></td><td></td></tr> <tr><td>Nursing</td><td>124</td><td>257</td><td></td><td></td></tr> <tr><td>Nursing Agency</td><td>6</td><td>12</td><td></td><td></td></tr> <tr><td>Residential</td><td>83</td><td>192</td><td></td><td></td></tr> <tr><td>Residential Family Centre</td><td>1</td><td>1</td><td></td><td></td></tr> <tr><td>Estates</td><td>116</td><td>210</td><td></td><td></td></tr> <tr><td>Finance</td><td>10</td><td>17</td><td></td><td></td></tr> <tr><td>Pharmacy</td><td>109</td><td>188</td><td></td><td></td></tr> <tr><td><b>Total</b></td><td><b>660</b></td><td><b>1331</b></td><td></td><td></td></tr> <tr><td><b>Year End Percentage</b></td><td><b>40%</b></td><td><b>82%</b></td><td></td><td></td></tr> </tbody> </table>	Category	Q1	Q2	Q3	Q4	Boarding School	7	7			Children's	26	51			Day Care Setting	65	99			Domiciliary Care Agency	91	173			Independent Clinic	8	16			Independent Hospital	1	6			Independent Hospital Dental Treatment	13	102			Nursing	124	257			Nursing Agency	6	12			Residential	83	192			Residential Family Centre	1	1			Estates	116	210			Finance	10	17			Pharmacy	109	188			<b>Total</b>	<b>660</b>	<b>1331</b>			<b>Year End Percentage</b>	<b>40%</b>	<b>82%</b>		
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CA1.1.7	Complete the programme of thematic reviews agreed by the RQIA Board on 14 January 2010. <b>(March 2012)</b>	●		<p><b>Number of reviews completed as set out in the 3 year plan of programmed reviews (Q)</b> The Review Programme is on schedule with the status of reviews as follows:</p> <table border="1"> <thead> <tr> <th>REVIEW STATUS</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Published</td> <td>10</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>In Progress</td> <td>9</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>To commence</td> <td>3</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Other RQIA Programme</td> <td>2</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Next Review Programme</td> <td>3</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>Newly Commissioned</td> <td>3</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>30</b></td> <td><b>30</b></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;"><b>Status Q2</b></p> <p><b>Total: 30</b></p>	REVIEW STATUS	Q1	Q2	Q3	Q4	Published	10	12			In Progress	9	12			To commence	3	1			Other RQIA Programme	2	2			Next Review Programme	3	3			Newly Commissioned	3	0			<b>TOTAL</b>	<b>30</b>	<b>30</b>		
REVIEW STATUS	Q1	Q2	Q3	Q4																																								
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To commence	3	1																																										
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Newly Commissioned	3	0																																										
<b>TOTAL</b>	<b>30</b>	<b>30</b>																																										


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to be reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																												
				<p>Three additional reviews have been commissioned by Q1 , namely:</p> <ul style="list-style-type: none"> <li>• McDermott Brothers Review</li> <li>• Radiology Review (Phase I and II)</li> <li>• Safeguarding Review</li> </ul> <p>No additional reviews have been commissioned in Q2.</p>																												
CA1.1.8	Undertake a public consultation and develop a programme of thematic reviews for the period 2012-15. <b>(March 2012)</b>																															
CA1.1.9	Complete a programme of announced and unannounced hygiene inspections in statutory Health and Social Care (HSC) facilities. <b>(March 2012)</b>			<p><b><i>Complete 100% of announced and unannounced hygiene inspections as set out in the planned programme (Q)</i></b></p> <table border="1"> <tr><td>Q1</td><td>100%</td></tr> <tr><td>Q2</td><td>100%</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table> <p><b><i>% of fully compliant scores recorded by hygiene inspection team (by trust) (Baseline to be taken from first round of inspections)(Q)</i></b></p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td><b>Compliant</b></td> <td>61.6%</td> <td>73.6%</td> <td></td> <td></td> </tr> <tr> <td><b>Partially Compliant</b></td> <td>24.8%</td> <td>18.6%</td> <td></td> <td></td> </tr> <tr> <td><b>Non-compliant</b></td> <td>14.2%</td> <td>7.8%</td> <td></td> <td></td> </tr> </tbody> </table>	Q1	100%	Q2	100%	Q3		Q4			Q1	Q2	Q3	Q4	<b>Compliant</b>	61.6%	73.6%			<b>Partially Compliant</b>	24.8%	18.6%			<b>Non-compliant</b>	14.2%	7.8%		
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Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs																																								
CA1.1.10	Complete an agreed programme of Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspections in partnership with the Health Protection Agency in both statutory and non-statutory facilities. <b>(March 2012)</b>	●		<p>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</p> <p><b>Complete 100% (8) IR(ME)R inspections in line with the planned programme (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Inspections Completed</td> <td>2</td> <td>5</td> <td></td> <td></td> </tr> <tr> <td>Percentage Completed</td> <td>25%</td> <td>62%</td> <td></td> <td></td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Inspections Completed	2	5			Percentage Completed	25%	62%																											
	Q1	Q2	Q3	Q4																																								
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Percentage Completed	25%	62%																																										
CA1.1.11	Complete the agreed programme of reviews, aimed at meeting the combined requirements of the Mental Health Order and the HPSS Quality Improvement and Regulation 2003 Order. <b>(March 2012)</b>	●		<p><b>Number of completed MHLd reviews carried out in line with the 3 year plan of programmed reviews (Q)</b></p> <p>The Review Programme is on schedule with the status of Mental Health and Learning Disability reviews as follows:</p> <table border="1"> <thead> <tr> <th>MHLd REVIEW STATUS</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Published</td> <td>1</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>In Progress</td> <td>2</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>To commence</td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Other RQIA Programme</td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Next Review Programme</td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Newly Commissioned</td> <td>1</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>4</b></td> <td><b>4</b></td> <td></td> <td></td> </tr> </tbody> </table>	MHLd REVIEW STATUS	Q1	Q2	Q3	Q4	Published	1	1			In Progress	2	3			To commence	0	0			Other RQIA Programme	0	0			Next Review Programme	0	0			Newly Commissioned	1	0			<b>TOTAL</b>	<b>4</b>	<b>4</b>		
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<b>TOTAL</b>	<b>4</b>	<b>4</b>																																										





Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
			<p data-bbox="1630 308 1756 331"><b>Status Q2</b></p>  <p data-bbox="1344 874 2016 906">One additional review was commissioned by Q1, namely:</p> <ul data-bbox="1384 909 1691 938" style="list-style-type: none"> <li data-bbox="1384 909 1691 938">• Safeguarding Review</li> </ul> <p data-bbox="1332 970 2016 1029">No additional MHLD reviews have been commissioned in Q2.</p>

**CA1.2 - Improved local and national methods for the inspection and review of services**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>																				
CA1.2.1	Maintain and Improve the arrangements for the statutory reporting of incidents to RQIA from regulated sector services. <b>(March 2012)</b>			<p><b>70% of all incidents to be acknowledged and risk rated within 7 days (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Incidents received</td> <td>2488</td> <td>5428</td> <td></td> <td></td> </tr> <tr> <td>Risks rated in time</td> <td>1498</td> <td>3416</td> <td></td> <td></td> </tr> <tr> <td>% Risks rated in time</td> <td>60%</td> <td>63%</td> <td></td> <td></td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Incidents received	2488	5428			Risks rated in time	1498	3416			% Risks rated in time	60%	63%		
	Q1	Q2	Q3	Q4																				
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CA1.2.2	Expand and embed the Inspection Planning Approach (IPA) as outlined in RQIA's Inspection Improvement Programme. <b>(March 2012)</b>			<b>Introduce full IPA in independent healthcare and children's services (A)</b>																				
CA1.2.3	Provide overview report(s) of the overall performance of regulated agencies and establishments for 2010/11 inspection year. <b>(July 2011)</b>		The report is currently in production and will be presented to the Board during Q3.	<p><b>Complete 100% of overview report(s) of the overall performance of regulated agencies and establishments for 2010/11 inspection year (A)</b></p> <p><b>Completion of a range of information sessions on inspection outcomes for the year 2010/11 (A)</b></p>																				
CA1.2.4	Develop key skills for all inspectors involved in the inspection of regulated sector services. <b>(March 2012)</b>			<b>Target of 80% of inspection staff to complete key skills training in inspection of regulated sector services (A)</b>																				
CA1.2.5	Develop and embed a range of systems and methodological improvements to enhance the delivery of the RQIA Thematic Review Programme.			<p><b>% of post project evaluations completed within 3 months of the publication of each service review (Q)</b></p> <p>The introduction of Post Project Evaluations commenced in Q2 2010/2011 and of the 8 End of Project Reports which</p>																				




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
	<b>(March 2012)</b>			have been produced, 6 were completed within 3 months' of the publication of each review, ie: 75%.
CA1.2.6	Develop and review the inspection methodology for all services subject to IR(ME)R. <b>(March 2012)</b>			<b><i>Report on the application of RQIA inspection principles introduced into inspection methodology (A)</i></b>

**CA1.3 - Evidenced that the results of our programme of inspections and reviews is having a demonstrable impact on service improvement**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>
CA1.3.1	Report on the outcomes of regulated sector inspections on a six monthly and annual basis. <b>(March 2012)</b>			<b>A target of 10% of services assessed as requiring high or medium intensity inspection will require a less intense inspection regime by year end (S)</b>  Of those services that were assessed as at 30 March 2011 as requiring high or medium intensity inspection by Q2 19% have improved.
CA1.3.2	Report on the outcomes of statutory sector reviews on a quarterly and annual basis. <b>(March 2012)</b>			<b>Report on the impact of review activity on the improvements in the quality, safety and availability of health and social care services (A)</b>  <b>100% of quarterly reports completed within agreed timescales (A)</b>
CA1.3.3	Report on the outcomes of hygiene and infection control inspections in statutory health and social care facilities on a quarterly and annual basis. <b>(March 2012)</b>			<b>Completion of an annual overview report of the outcomes of the hygiene and infection inspections (A)</b>
CA1.3.4	Report on the outcomes of IR(ME)R inspections on a quarterly and annual basis. <b>(March 2012)</b>			<b>100% (8) outcomes of IR(ME)R inspection reports competed annually (Q)</b>  <b>Q2 0%</b> Outcomes reported orally at 2 Feedback Sessions on the day of inspection. Written reports due Q3.

**CA2 - Informing the Population** We publicly report on the safety, quality and availability of health and social care

**CA2.1 - Made available our Register of Regulated Establishments & Agencies, our programme of work, and all inspection and review reports on in easy, accessible and available formats**


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>								
CA2.1.1	Maintain a web-based version of the register of regulated establishments and agencies. <b>(On-going)</b>			<p><b>100% target to have the most recent final inspection reports made available through RQIA's web based register 35 days following issue of draft report (Q)</b></p> <table border="1"> <tr> <td>Q1</td> <td>100% All completed reports online</td> </tr> <tr> <td>Q2</td> <td>100% All completed reports online</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </table>	Q1	100% All completed reports online	Q2	100% All completed reports online	Q3		Q4	
Q1	100% All completed reports online											
Q2	100% All completed reports online											
Q3												
Q4												
CA2.1.2	Provide access on-line to relevant information for those intending to make application for registration as a registered responsible person and or registered manager. <b>(September 2011)</b>		Application forms and supporting documentation will be available on-line by the end of October 2011.	<b>Evidence that the relevant policies and application forms are accessible on line (A)</b>								
CA2.1.3	Produce summary reports to accompany each inspection report and make available online. <b>(December 2011 / On-going)</b>			<p><b>Target of 100% of new inspection reports to be completed with an accompanying summary report (S)</b></p> <p>Have commenced producing summary reports and will report progress from Q3.</p>								

**CA2.2 - Use our information to provide an overall assessment of the state of health and social care in NI**




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>
CA2.2.1	Prepare and publish an overall assessment of health and social care in NI, based on the findings of the regulatory and review activity carried out by RQIA during the period 2009-12. <b>(June 2012)</b>			


**CA3 - Safeguarding Rights: We act to protect the rights of all people using health and social services**

**CA3.1 - Developed and implemented a human rights based approach to the work of RQIA**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>								
CA3.1.1	Continue to apply the rights based framework, using human rights indicators, across the review and inspection functions of RQIA. <b>(March 2012)</b>			<p><b>Complete 100% inspections of MHLD facilities in line with the MHO and against the human rights inspection theme of protection completed (Q)</b></p> <p>Protection Theme Commences Q3</p> <table border="1"> <tr> <td><b>Q1</b></td> <td>Completed 15 Planned Inspections 100% (Fairness)</td> </tr> <tr> <td><b>Q2</b></td> <td>Completed 23 Planned Inspections 100% (Fairness)</td> </tr> <tr> <td><b>Q3</b></td> <td></td> </tr> <tr> <td><b>Q4</b></td> <td></td> </tr> </table> <p><b>Evaluation of the implementation of the human rights approach initially in the following areas (A)</b></p> <p><b>(a) 1) MHLD</b>  <b>2) Children's services</b>  <b>3) Prison HSC</b>  <b>4) Agencies</b></p> <p><b>(b) Review activities</b></p>	<b>Q1</b>	Completed 15 Planned Inspections 100% (Fairness)	<b>Q2</b>	Completed 23 Planned Inspections 100% (Fairness)	<b>Q3</b>		<b>Q4</b>	
<b>Q1</b>	Completed 15 Planned Inspections 100% (Fairness)											
<b>Q2</b>	Completed 23 Planned Inspections 100% (Fairness)											
<b>Q3</b>												
<b>Q4</b>												

**CA3.2 - Incorporated and discharged our functions under the Mental Health (Northern Ireland) Order 1986**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>															
CA3.2.1	Complete a programme of planned inspections of establishments providing care and treatment to individuals with mental ill health and or learning disability. <b>(March 2012)</b>																		
CA3.2.2	Complete a programme of patient experience reviews of those people subject to detention under the Mental Health (NI) Order 1986. (Minimum volume of patients to be seen 200). <b>(March 2012)</b>			<p><b>100% (200) of planned patient experience reviews in facilities providing care and treatment to individuals with mental ill health and or learning disability completed by year end (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Completed</td> <td>69</td> <td>169</td> <td></td> <td></td> </tr> <tr> <td>Percentage</td> <td>35%</td> <td>84%</td> <td></td> <td></td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Completed	69	169			Percentage	35%	84%		
	Q1	Q2	Q3	Q4															
Completed	69	169																	
Percentage	35%	84%																	
CA3.2.3	Complete an assessment of Guardianship under the Mental Health (NI) Order 1986 as part of regulated inspections (Assessment Volume 80 service users) and complete an analysis of the findings of those assessments. <b>(March 2012)</b>			<p><b>Complete 80 guardianship pro-formas as part of the inspection process for analysis by the MHL D team (Q)</b> Currently 74 guardianship applications (figure may fluctuate during the year)</p> <p>Q1 - 74 Q2 - 74</p> <p><b>Analyse and follow-up as required of 100% (80) self-assessment and inspection returns in respect of guardianship (Q)</b></p> <p>Currently 74 guardianship applications (figure may fluctuate during the year)</p>															



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>										
				Q1 – 100% Q2 – 100%										
CA3.2.4	Continue to monitor all applications for detention and guardianship of patients and service users, in line with the provisions of the Mental Health (NI) Order 1986. <b>(March 2012)</b>			<p><b>Monitor 100% of patient detention forms for evidence of reduction of error rate on prescribed forms to &lt; 3.5% (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Error rate</th> </tr> </thead> <tbody> <tr> <td><b>Q1</b></td> <td>2.13%</td> </tr> <tr> <td><b>Q2</b></td> <td>2.43%</td> </tr> <tr> <td><b>Q3</b></td> <td></td> </tr> <tr> <td><b>Q4</b></td> <td></td> </tr> </tbody> </table> <p><b>100% of all detected errors notified to HSC trusts within 72 hours (Q)</b></p> <p>Q1 – 100% Q2 – 100%</p>		Error rate	<b>Q1</b>	2.13%	<b>Q2</b>	2.43%	<b>Q3</b>		<b>Q4</b>	
	Error rate													
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<b>Q4</b>														
				<p style="text-align: center;"><b>KPI(s) linked to the Strategic Objective</b></p> <p><b>100% (5) returns of trust information relating to the protection of patient finance (article 116)(A)</b></p>										

**CA3. 3 - Fulfilled RQIA's obligations as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention Against Torture (OPCAT)**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>
CA3.3.1	Report on the full range of activities completed by RQIA as a National Preventive Mechanism in monitoring loss of liberty in places of detention, in keeping with the expectations of the UK Central Coordinating Body. <b>(June 2012)</b>			<b>Number of inspections completed in places of detention (A)</b>  <b>Number of patients RQIA engaged with in places of detention (A)</b>


**CA4 - Influencing Policy: We influence policy and standards in health and social care**

**CA4.1 - Contributed to the development and improvement of regional policies and standards**




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually										
CA4.1.1	Complete an annual summary of the impact of the 2010/11 RQIA programme of work on influencing regional policies, standards and guidelines. <b>(June 2011)</b>			<p><b>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally (A)</b></p> <p>Annual documented evidence is provided in the introductory section of RQIA's Annual Report and Accounts which has been produced for 2010/11.</p>										
CA4.1.2	Make representation as necessary to DHSSPS in respect of any matters of policy or standards requiring consideration and or revision. <b>(March 2012)</b>			<p><b>Creation of a quarterly list of issues and anomalies on regulations and standards – forwarded to DHSSPS for consideration (Q)</b></p> <table border="1" data-bbox="1355 817 1868 963"> <thead> <tr> <th></th> <th>Number of issues and anomalies</th> </tr> </thead> <tbody> <tr> <td><b>Q1</b></td> <td>1</td> </tr> <tr> <td><b>Q2</b></td> <td>1</td> </tr> <tr> <td><b>Q3</b></td> <td></td> </tr> <tr> <td><b>Q4</b></td> <td></td> </tr> </tbody> </table>		Number of issues and anomalies	<b>Q1</b>	1	<b>Q2</b>	1	<b>Q3</b>		<b>Q4</b>	
	Number of issues and anomalies													
<b>Q1</b>	1													
<b>Q2</b>	1													
<b>Q3</b>														
<b>Q4</b>														

## D1 - We engage effectively with our stakeholders

### D1.1 - Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D1.1.1	Continue to implement and review/update RQIA's Public Participation Strategy and associated action plan. <b>(March 2012)</b>			<p><b>95% of actions successfully implemented within timescale from the Public Participation Strategy (S)</b></p> <p>By the end of Q2 100% of actions have been successfully implemented within the agreed timescale.</p> <p><b>The number of instances of positive and negative feedback received from service users / stakeholders at RQIA events (S)</b></p> <p>95% of attendees who completed feedback forms at the series of four pre-consultation events scored the engagement as '5' (very good) or '4' (good).</p>
D1.1.2	Implement RQIA's Communications Strategy (2011). <b>(March 2012)</b>			<p><b>Target of 95% of actions successfully implemented within timescale from the Communications Strategy (S)</b></p> <p>Q2 - 95% of actions are on target.</p>





**D1.2 - Developed strategic partnerships with stakeholder bodies to support improvement in the quality of health and social care in Northern Ireland**


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>
D1.2.1	Maintain and further develop effective working relationships with DHSSPS, other HSC Bodies and independent providers of Health and Social Care Services. <b>(On-going)</b>			<b>Complete a range of liaison meetings with HSC trusts and other stakeholders (A)</b>  <b>Complete an annual programme of regulation review and preparation road shows (A)</b>
D1.2.2	Maintain effective working relationships with professional regulatory bodies. <b>(On-going)</b>			<b>Number of memorandums of understandings (MOUs) reviewed and revised with agreed joint action plans (A)</b>
D1.2.3	Maintain effective partnerships with other systems regulators and inspectorates. <b>(On-going)</b>			

**D2 - We maintain a robust governance framework**

**D2.1 - Met legislative requirements and best practice in relation to governance, risk management and independent assurance**


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																																								
D2.1.1	Ensure the continued attainment of "substantive" compliance with Controls Assurance Standards (CAS). <b>(April 2011)</b>	●		<p><b>Achieve minimum of 70% compliance with controls assurance standards (A)</b></p> <table border="1"> <thead> <tr> <th colspan="2">Self-assessment Scores 2010/11 (Externally Verified)</th> </tr> </thead> <tbody> <tr> <td><b>Governance</b></td> <td>87%</td> </tr> <tr> <td><b>Financial Management</b></td> <td>84%</td> </tr> <tr> <td><b>Risk Management</b></td> <td>90%</td> </tr> <tr> <td><b>Records Management</b></td> <td>81%</td> </tr> <tr> <td><b>ICT</b></td> <td>74%</td> </tr> <tr> <td><b>Health and Safety</b></td> <td>81%</td> </tr> <tr> <td><b>Human Resources</b></td> <td>84%</td> </tr> </tbody> </table> <p>The bar chart below shows the variances of the CAS scores from 2010 to 2011:</p> <table border="1"> <caption>CAS Scores</caption> <thead> <tr> <th>Category</th> <th>2011 Scores</th> <th>2010 Scores</th> </tr> </thead> <tbody> <tr> <td>Human Resources</td> <td>84%</td> <td>-</td> </tr> <tr> <td>Health and Safety</td> <td>81%</td> <td>-</td> </tr> <tr> <td>ICT</td> <td>74%</td> <td>-</td> </tr> <tr> <td>Records Management</td> <td>81%</td> <td>72%</td> </tr> <tr> <td>Risk Management</td> <td>90%</td> <td>78%</td> </tr> <tr> <td>Financial Management</td> <td>84%</td> <td>83%</td> </tr> <tr> <td>Governance</td> <td>87%</td> <td>83%</td> </tr> </tbody> </table>	Self-assessment Scores 2010/11 (Externally Verified)		<b>Governance</b>	87%	<b>Financial Management</b>	84%	<b>Risk Management</b>	90%	<b>Records Management</b>	81%	<b>ICT</b>	74%	<b>Health and Safety</b>	81%	<b>Human Resources</b>	84%	Category	2011 Scores	2010 Scores	Human Resources	84%	-	Health and Safety	81%	-	ICT	74%	-	Records Management	81%	72%	Risk Management	90%	78%	Financial Management	84%	83%	Governance	87%	83%
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D2.1.2	Maintain Corporate and Directorate Risk Registers and annually review the Risk Management Strategy. <b>(March 2012)</b>			<b>100% of new staff trained in risk management and governance (S)</b>  Q2 - 100%																				
D2.1.3	Prepare an annual progress report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 to the Equality Commission for NI. <b>(September 2011)</b>			<b>Implement 100% of actions within agreed timescales from Audit of Inequalities Action Plan (A)</b>																				
D2.1.4	Submit new Equality Scheme to the Equality Commission. <b>(June 2011)</b>																							
D2.1.5	Establish and maintain a central register of all complaints and actions taken to implement recommendations. <b>(May 2011 / On-going)</b>			<p><b>Number of complaints received about RQIA and addressed within the provision of the RQIA Complaints Policy and Procedure (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Number of Complaints Received</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>1</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> <p><b>Report on lessons learned in relation to complaints against RQIA and action taken to disseminate this to staff (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Number of Lessons Learned</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>1</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		Number of Complaints Received	Q1	0	Q2	1	Q3		Q4			Number of Lessons Learned	Q1	0	Q2	1	Q3		Q4	
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				<p><b>% of relevant operational staff where lessons learned has been disseminated within agreed timeframe (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>No of Lessons Learned Disseminated</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>100%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		No of Lessons Learned Disseminated	Q1	0	Q2	100%	Q3		Q4	
	No of Lessons Learned Disseminated													
Q1	0													
Q2	100%													
Q3														
Q4														
D2.1.6	Develop and agree a new three year programme of audits and progress the implementation of 2010/11 audit action plan. <b>(March 2012)</b>			<p><b>Implement 100% of audit recommendations within agreed timescale (S)</b></p> <p>By Q2 85% of Audit Recommendations were implemented on-time (based on 3 actions not implemented out of 21).</p>										





**D3 - We use evidence and research to underpin all our activities**

**D3.1 - Developed an evidence based culture to our practice across all the functions of RQIA**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>														
D3.1.1	Develop and implement RQIA's Corporate Research Strategy. <b>(March 2012)</b>																	
				<p style="text-align: center;"><b>KPI(s) linked to the Strategic Objective</b></p> <p><b><i>Lunchtime Learning Club - Evidence of monthly communication to RQIA staff of schedule of presentations / research papers and evidence of attendance records (Q)</i></b></p> <p>The following Lunchtime Learning Clubs were held at RQIA and staff attendance records are recorded and materials produced are located in the RQIA Shared Area.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: center;">Q1</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>11 April 11</b></td> <td>Medicines Management in Domiciliary Care</td> </tr> <tr> <td style="text-align: center;"><b>9 May 11</b></td> <td>Issues and concerns raised by elderly people in the community.</td> </tr> <tr> <td style="text-align: center;"><b>13 June 11</b></td> <td>Positive Futures aims and outcomes; engagement with service users</td> </tr> <tr> <th colspan="2" style="text-align: center;">Q2</th> </tr> <tr> <td style="text-align: center;"><b>25 July 11</b></td> <td>Home Comforts Learning Resources. Living Matters Dying Matters EOLC Strategy.</td> </tr> <tr> <td style="text-align: center;"><b>8 August 11</b></td> <td>Parkinson's Training for Professionals</td> </tr> </tbody> </table>	Q1		<b>11 April 11</b>	Medicines Management in Domiciliary Care	<b>9 May 11</b>	Issues and concerns raised by elderly people in the community.	<b>13 June 11</b>	Positive Futures aims and outcomes; engagement with service users	Q2		<b>25 July 11</b>	Home Comforts Learning Resources. Living Matters Dying Matters EOLC Strategy.	<b>8 August 11</b>	Parkinson's Training for Professionals
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**D4 - We manage our finances and assets effectively**

**D4.1 - Aligned the financial and business planning processes of RQIA to ensure our resources are focused on strategic priorities and we achieve Value for Money**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>								
D4.1.1	Secure funding for 2011/12 Business Plan, maintain the budgetary reporting system and provide regular financial management information to the Board, EMT and budget holders. <b>(May 2011 / On-going)</b>			<b>Breakeven on income and expenditure (+/- 0.25%)(Q)</b> <table border="1"> <tr> <td>Q1</td> <td>0% on target to break even</td> </tr> <tr> <td>Q2</td> <td>0% on target to break even</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </table>	Q1	0% on target to break even	Q2	0% on target to break even	Q3		Q4	
Q1	0% on target to break even											
Q2	0% on target to break even											
Q3												
Q4												
D4.1.2	Finalise and implement the Improvement and Efficiency Plan 2011 – 2015. <b>(September 2011 / On-going)</b>			<b>Attainment of CSR efficiency savings (A)</b>								
D4.1.3	Produce an Annual Report (incorporating an approved set of Accounts and Statement of Internal Control approved by the NI Audit Office (NIAO)). <b>(May 2011 / July 2011)</b>											
D4.1.4	Develop, implement and monitor a Capital Investment Plan. <b>(March 2012)</b>											
				<b>KPI(s) linked to the Strategic Objective</b> <b>% of invoices paid each month within 30 days - target 95% (Q)</b>								

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																
				<table border="1"> <tr><td>Q1</td><td>92.38%</td></tr> <tr><td>Q2</td><td>95.81%</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table> <p><b>% of outstanding debt (30 days after the date which the fee is due) - target reduce to nil within financial year (Q)</b></p> <table border="1"> <tr><td>Q1</td><td>26.2%</td></tr> <tr><td>Q2</td><td>7.2%</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	92.38%	Q2	95.81%	Q3		Q4		Q1	26.2%	Q2	7.2%	Q3		Q4	
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Q3																				
Q4																				

**D4.2 - Maintained and made best use of RQIA's non-financial assets**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D4.2.1	Maintain and review RQIA's Business Continuity Plan (BCP) (Annual Test). <b>(February 2012)</b>			<b>Results of RQIA Business Continuity Plan annual test (A)</b>

**D5 - We value and develop all our staff**



**D5.1 - Continued to ensure that we have a professionally competent workforce delivering on the objectives set out in the Corporate Strategy**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>										
D5.1.1	Develop and initiate implementation of a Learning and Development Plan and review organisational learning initiatives. <b>(March 2012)</b>	●		<b>100% of staff with agreed PDP by end of Q1 (A)</b>  <b>% of staff who have fully achieved their agreed PDP by end of Q4 (A)</b>										
D5.1.2	Continue the implementation of the Knowledge Skills Framework (KSF) project linked to performance development review process. <b>(March 2012)</b>	●		<b>40% of AFC staff covered by a KSF outline (Q)</b> <table border="1"> <thead> <tr> <th></th> <th>Number of Staff covered by a KSF Outline</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0%</td> </tr> <tr> <td>Q2</td> <td>0%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		Number of Staff covered by a KSF Outline	Q1	0%	Q2	0%	Q3		Q4	
	Number of Staff covered by a KSF Outline													
Q1	0%													
Q2	0%													
Q3														
Q4														
D5.1.3	Initiate a programme of work to achieve Investor in People (IIP) accreditation. <b>(March 2012)</b>	●												
D5.1.4	Conduct a Staff Survey using the regional HSC Questionnaire. <b>(March 2012)</b>	●												
D5.1.5	Develop and implement a Teleworking Policy. <b>(December 2011)</b>	●												
				<b>KPI(s) linked to the Strategic Objective</b> <b>% lost time rate to sickness (target 4.8%) (Q)</b> <table border="1"> <thead> <tr> <th></th> <th>% sickness Absence</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>2.8%</td> </tr> <tr> <td>Q2</td> <td>4.4%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		% sickness Absence	Q1	2.8%	Q2	4.4%	Q3		Q4	
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Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to be reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
				<p><b>Assessment of learning outcomes of RQIA action learning sets for reviewers and inspectors (S)</b></p> <p>Will be reported in Q3.</p> <p><b>% turnover rate (A)</b></p>

**D6 - We plan effectively and actively manage organisational performance**

**D6.1 - Developed a fully integrated planning and performance management cycle enabling improved organisational decision-making and learning**



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>																														
D6.1.1	Develop and agree RQIA's Corporate Strategy 2012-15. <b>(January 2012)</b>																																	
D6.1.2	Maintain and review RQIA's Performance Management Framework including the production of the Corporate Performance Report and Annual Business Plan. <b>(March 2012)</b>			<p><b>% of actions identified within the Annual Business Plan successfully implemented (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>% Actions Implemented</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>7%</td> </tr> <tr> <td>Q2</td> <td>12%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> <p><b>Target of 100% of staff with personal objectives clearly linked to RQIA's strategic objectives (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>% staff with objectives</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>76%</td> </tr> <tr> <td>Q2</td> <td>To be reported in Q3</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> <p><b>100% of KPIs reported as being progressed within timescales (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>% based on 78 KPIs</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>100%</td> </tr> <tr> <td>Q2</td> <td>94% (5 KPIs not reported within timescale)</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		% Actions Implemented	Q1	7%	Q2	12%	Q3		Q4			% staff with objectives	Q1	76%	Q2	To be reported in Q3	Q3		Q4			% based on 78 KPIs	Q1	100%	Q2	94% (5 KPIs not reported within timescale)	Q3		Q4	
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**D6.2 - Improved our performance through benchmarking with other organisations involved in regulation and standard setting**



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D6.2.1	Strengthen our approaches to benchmarking through engagement with established UK and European Partnership for Supervisory Organisations in Health Services and Social Care (EPSO). <b>(March 2012)</b>			<b>Comparative benchmarks results with European Regulators in key areas of performance (EPSO engagement (A))</b>
D6.2.2	Introduction of RQIA Quality framework (EFQM) through the delivery of EFQM Actions as per agreed timescales. <b>(March 2012 / On-going)</b>			<b>% of actions successfully implemented within timescale from the EFQM Action Plan (S)</b>  Will be reported in Q3.

**D7 - We manage information and our information assets effectively**

***D7.1 - Implemented a strategic approach to information management that supports RQIA's strategic and operational objectives***



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <small>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</small>
D7.1.1	Develop an integrated informatics strategy aligned to the new Corporate Strategy. <b>(September 2011)</b>			<b>% of actions successfully implemented within timescale from the integrated informatics strategy (subject to strategy approval in September 2011) (S)</b>  Informatics Strategy approved Sept and the actions are now due to commence from Q3. The first update of the actions will be provided by Q4.
D7.1.2	Further progress the Corporate Information Management System (CIMS) project through (i) the development and approval of a business case and (ii) initiation of the procurement process (subject to business case approval). <b>(June 2011)</b> <b>(Approval of business case by Board and submission to DHSSPS)</b>		<b>Note:</b> Progress rating refers to the achievement of Departmental Approval of the CIMS Business Case by March 2012.	<b>Department approval of CIMS Business Case to be achieved by March 2012 (A)</b>

**D7.2 - Complied with best practice and the highest standards of information governance**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>																
D7.2.1	Develop and implement an Information Governance Action Plan. <b>(March 2012)</b>			<p><b>% of actions achieved within timescale from the Information Governance Action Plan (S)</b></p> <p>9 out of the 13 actions (69%) have been implemented since approval of the plan at the beginning of September 2010.</p>																
D7.2.2	Review and update ICT Security Policies. <b>(June 2011)</b>																			
				<p><b>KPI(s) linked to the Strategic Objective</b></p> <p><b>The number of subject access requests completed within 40 days (Q)</b></p> <table border="1"> <tr><td>Q1</td><td>3 (100%)</td></tr> <tr><td>Q2</td><td>3 (100%)</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table> <p><b>The number of freedom of information (FOI) requests responded within 20 working days (Q)</b></p> <table border="1"> <tr><td>Q1</td><td>6 (100%)</td></tr> <tr><td>Q2</td><td>13 (100%)</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	3 (100%)	Q2	3 (100%)	Q3		Q4		Q1	6 (100%)	Q2	13 (100%)	Q3		Q4	
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**D8 - We optimise the use of ICT to support our work**




**D8.1 - A reliable, appropriate and effective ICT infrastructure that makes best use of emerging technology & is aligned to RQIA's changing business needs**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																				
D8.1.1	Obtain external approval of the Future Provision of an ICT Service for RQIA Business Case. <b>(Timescale for the implementation of the preferred option will be determined following formal approval of the Business Case)</b>																							
D8.1.2	Complete implementation of the ICT disaster recovery arrangements and integrate into the corporate BCP. <b>(September 2011)</b>		Phase 2 is dependent on BSO Information Technology Services (ITS). The link to HSC WAN will be fully enabled before the end of November 2011. Following this the 3 <sup>rd</sup> party will implement the DR solution. It is likely that this action will not be fully completed until January 2012.																					
				<p style="text-align: center;"><b>KPI(s) linked to the Strategic Objective</b></p> <p><b>Average time taken to resolve incidents and problems (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Q 1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Average Support Hours per month</td> <td>75.3</td> <td>38.4</td> <td></td> <td></td> </tr> <tr> <td>Average Calls per month</td> <td>98.6</td> <td>59.3</td> <td></td> <td></td> </tr> <tr> <td>Average time taken to resolve incidents &amp; Problems</td> <td>46 mins</td> <td>38 mins</td> <td></td> <td></td> </tr> </tbody> </table>		Q 1	Q2	Q3	Q4	Average Support Hours per month	75.3	38.4			Average Calls per month	98.6	59.3			Average time taken to resolve incidents & Problems	46 mins	38 mins		
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Average time taken to resolve incidents & Problems	46 mins	38 mins																						

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				<p><b>Total number and type of calls logged with the outsourced provider (Q)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Incidents</th> <th>Problems</th> <th>Change Requests</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>266</td> <td>2</td> <td>28</td> <td>296</td> </tr> <tr> <td>Q2</td> <td>170</td> <td>2</td> <td>6</td> <td>178</td> </tr> <tr> <td>Q3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Effectiveness level of RQIA's ICT service (as per staff survey)(A)</b></p> <p>Of RQIA's 150 staff, 89 staff members took part in the user satisfaction survey. Staff members were asked to rate the effectiveness of the ICT service. Of the 89 people who took part in the survey, 88 people responded to this question. The majority of respondents thought that the service was either good or excellent, The responses are demonstrated in the chart below:</p> <div data-bbox="1393 916 2007 1382" data-label="Figure"> <p><b>How effective do you find the IT support service?</b></p> <table border="1"> <thead> <tr> <th>Effectiveness Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Excellent</td> <td>11%</td> </tr> <tr> <td>Very poor</td> <td>3%</td> </tr> <tr> <td>Poor</td> <td>7%</td> </tr> <tr> <td>Neither poor nor good</td> <td>32%</td> </tr> <tr> <td>Good</td> <td>47%</td> </tr> </tbody> </table> </div>		Incidents	Problems	Change Requests	Total	Q1	266	2	28	296	Q2	170	2	6	178	Q3					Q4					Effectiveness Level	Percentage	Excellent	11%	Very poor	3%	Poor	7%	Neither poor nor good	32%	Good	47%
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**D9 - Position RQIA as a respected, independent regulator**

**D9.1 Increased awareness of the work of RQIA and achieved public and peer recognition as an organisation leading regulatory practice**

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																																								
D9.1.1	Engage effectively with HSC organisations, the regulated sector, the media, elected representatives, and other key stakeholders to raise and maintain the public profile of the work of RQIA. <b>(March 2012 / On-going)</b>			<p><b>Frequency of contact with MLAs and with the Assembly Health Committee (A)</b></p> <p>On 8 June the Chairman and Chief Executive met with Minister Poots to provide an overview of the key strategic issues impacting on Health and Social Regulation in NI. During Q1 the Director of operations and Head of Primary Care met with S Dickson (MLA) regarding Dental regulation.</p> <p>During Q2 RQIA met with the Health Spokespersons Mark H Dirkan (MLA) for the SDLP and Michelle Gildernew (MLA) for SF. RQIA also met with the NI Assembly Health Committee Chair.</p>																																								
D9.1.2	Make effective use of RQIA's website as a medium of communication with our key stakeholders and the wider public. <b>(March 2012 / On-going)</b>			<p><b>Volume of hits and queries raised through <a href="http://www.rqia.org.uk">www.rqia.org.uk</a> (Q)</b></p> <p><b>Unique Visitor Numbers</b></p> <table border="1"> <thead> <tr> <th>Q1</th> <th>No of Hits</th> <th>Q2</th> <th>No of Hits</th> <th>Q3</th> <th>No of Hits</th> <th>Q4</th> <th>No of Hits</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>9,978</td> <td>July</td> <td>10,063</td> <td>Oct</td> <td></td> <td>Jan</td> <td></td> </tr> <tr> <td>May</td> <td>11,701</td> <td>Aug</td> <td>11,649</td> <td>Nov</td> <td></td> <td>Feb</td> <td></td> </tr> <tr> <td>June</td> <td>12,401</td> <td>Sept</td> <td>12,480</td> <td>Dec</td> <td></td> <td>Mar</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td><b>34,080</b></td> <td></td> <td><b>34,192</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Q1	No of Hits	Q2	No of Hits	Q3	No of Hits	Q4	No of Hits	April	9,978	July	10,063	Oct		Jan		May	11,701	Aug	11,649	Nov		Feb		June	12,401	Sept	12,480	Dec		Mar		<b>Total</b>	<b>34,080</b>		<b>34,192</b>				
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D9.1.3	Use RQIA's public participation strategy to engage effectively with key stakeholders to raise the public profile of the work of the			<p><b>Number of presentations by RQIA staff made to audiences, for example at courses, conferences, training sessions etc. (Q)</b></p>																																								

Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
	RQIA. <b>(March 2012 / On-going)</b>		<p>Between May and June the Chairman, Chief Executive, Director of Service Improvement and Director of Corporate Services presented at 4 Corporate Strategy and 3 Year Review Programme road shows held at Ballymena, Lisburn, Omagh and Armagh. They also presented at two workshops held with the Regulatory, HSC Bodies and Trust and one workshop with the Department.</p> <p>During Q2, the Chief Executive delivered a presentation, on behalf of the Chairman at the “Path of Independent Health Regulation” conference in Portugal.</p> <p><b><i>Number of media appearances by RQIA staff and analysis of press clippings referencing RQIA (Q)</i></b></p> <p>RQIA made 18 appearances in the print media in Q1. During this period, RQIA did not publish any review reports. RQIA responded to media queries on a range of issues including regulatory activity and issues relating to the potential impact of the difficulties being experienced by Southern Cross Health Care on services in NI.</p> <p>In Q2 RQIA made 13 appearances in the print media. RQIA staff also made two appearances in the broadcast media, highlighting RQIA’s role in the regulation of HSC services. During this period RQIA published a number of review reports. These included: the first phase of Independent Review of Reporting Arrangements for Radiological Investigations; an Overview Inspection Report on Young People Placed in Leaving Care Projects; and HSC Trusts’ 16 Plus Transition Teams. RQIA responded to media queries on a range of issues including regulatory and review activity, dental regulation and further issues relating to the transfer of Southern Cross Health Care establishments to new providers in Northern Ireland.</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D9.1.4	Develop a Sustainable Development Action Plan. <b>(December 2011)</b>			

Figure 1

RQIA Strategic Map 2009 - 2012

