



**CORPORATE PERFORMANCE REPORT 2010/11**  
**PERIOD ENDING MARCH 2011**

**Final Version - Board Meeting 12 May 2011**

## Contents

<b>1. INTRODUCTION</b>	<b>1</b>	<b>D5 - We value and develop all our staff</b>	<b>29</b>
<b>2. SUMMARY OF RAG RATING SYSTEM (PERIOD ENDING 31 MARCH 2011)</b>	<b>2</b>	<b>D6 - We plan effectively and actively manage organisational performance</b>	<b>31</b>
<b>3. HEADLINE ACHIEVEMENTS (PERIOD ENDING 31 MARCH 2011)</b>	<b>2</b>	<b>D7 - We manage information and our information assets effectively</b>	<b>33</b>
<b>4. PERFORMANCE &amp; EXCEPTION REPORT</b>	<b>8</b>	<b>D8 - We optimise the use of ICT to support our work</b>	<b>36</b>
<b>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</b>	<b>9</b>	<b>D9 - Position RQIA as a respected, independent regulator</b>	<b>38</b>
<b>CA2 - Informing the Population We publicly report on the safety, quality and availability of health and social care</b>	<b>14</b>		
<b>CA3 - Safeguarding Rights: We act to protect the rights of all people using health and social services</b>	<b>15</b>		
<b>CA4 - Influencing Policy: We influence policy and standards in health and social care</b>	<b>19</b>		
<b>D1 - We engage effectively with our stakeholders</b>	<b>20</b>		
<b>D2 - We maintain a robust governance framework</b>	<b>23</b>		
<b>D3 - We use evidence and research to underpin all our activities</b>	<b>25</b>		
<b>D4 - We manage our finances and assets effectively</b>	<b>27</b>		

## 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.

### **RAG (Red-Amber-Green) Rating System**

The RAG (Red-Amber-Green) rating system is an indication of the level of confidence that Actions identified in the Business Plan will be delivered by year end.



The RAG rating operates as follows:

-  = action will not/has not been achieved by year end.  
A brief Exception Report should be produced.
-  = action unlikely to be achieved by "Completion Date".  
Remedial action and monitoring required to ensure achievement of action by year end. A brief Exception Report should be produced.
-  = action will be/has been achieved by year end.

### **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. The Value Creation Map which outlines all of RQIA's vision and strategic objectives is available at Figure 1 page 41.

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




The report also includes a high level summary of progress made to date and an analysis of the RAG 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 RAG Rating System (Period Ending 31 March 2011)

The table below shows a summary of the RAG rating assigned to 63 Actions within the Business Plan for the period ending 31 March 2011.

Traffic light		Period Ending June 2010	Period Ending Sept 2010	Period Ending Dec 2010	Period Ending March 2011
Red		0	0	2 (3%)	7 (11%)
Amber		15 (24%)	14 (22%)	10 (16%)	0
Green		48 (76%)	49 (78%)	51 (81%)	56 (89%)

At the end of the fourth quarter of 2010/11, 89% of the actions within the Business Plan are reported as green.

## 3. Headline Achievements (Period Ending 31 March 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

- Over the course of the year RQIA progressed an extensive range of service and thematic reviews across health and social care organisations in Northern Ireland. These reviews have led to the publication of reports on: Intrapartum Care, Blood Safety, Hyponatraemia, GP Out of Hours, Child Protection, Dental Sedation and Revalidation. A range of reviews were completed in Q4 including the NI Ambulance Service and CAMHS reviews.
- Two additional commissioned reviews were initiated and completed during the year. The review of the McDermott Brother's Case was completed in Q3 and stage 1 of a review into the reporting of plain x-rays across all five health and social care trusts was completed and forwarded to DHSSPS in Q4. RQIA has received written confirmation from DHSSPS that all of the recommendations in respect of the McDermott Brothers Case have been implemented.
- The registration improvement plan continues to be progressed with 75% of the actions completed to date. The reliability and validity of the register continues to be progressed through validation checklist procedure with 88% of service details at the end of the quarter having been checked within the last 12 months.
- RQIA has met its statutory requirements in terms of minimum inspections to all regulated sector establishments. RQIA completed 2610 inspections for the year.
- Throughout the year RQIA issued notices of failure to comply with regulations to 3 nursing homes and 1 domiciliary care agency. To-date one of the nursing homes was assessed as being compliant with regulations; the other notices are still in place and are being monitored.
- In conjunction with the inspection programme of regulated services RQIA also conducted and published an Evaluation of the Management of Medicines in Domiciliary Care Agencies in November. RQIA has undertaken two further reviews within the context of regulated services. One of these is an examination of care pathways for children in care moving into secure accommodation. This will be published during Q1 2011/12. A further review of domiciliary care, care management has also been completed and will be published within a similar timescale.

- Three summary reports from re-audits were published in Q3 and demonstrate significant improvement in the hygiene and infection control practices in the identified clinical areas. Q3 was spent developing new processes, with pilot inspections using the new standards and audit tool. Further hygiene inspections were undertaken to independent hospitals /hospices as part of regulatory activity. In Q4 RQIA undertook four announced hygiene and infection control inspections, the results of which will be published in Q1 2011/12.
- RQIA completed its first ever programme of IR(ME)R inspections. Seven inspections of health care facilities providing radiological services were completed during Q3 and Q4.

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

- The web-based version of the register of regulated establishments and agencies was launched during Q3 and is now fully operational.
- The NIAO Report on Ensuring the Quality of Care for Older People in Residential Care and Nursing Homes was published during Q3 and RQIA participated in the evidence session of the Public Accounts Committee (PAC) in December 2010. RQIA have now responded to the PAC's report of the evidence session.
- RQIA conducted a regional survey of complaints management in the regulated sector during Q2 and Q3 2010/11. The summary report is available on RQIA's website.
- During Q4 RQIA organised 8 events in venues across Northern Ireland for providers of regulated sector services. These

events, attended by 800 people, provided information on best practice identified out of the inspection programme, outlined developments in new methodology and inspection themes for the forthcoming inspection year.

- In Q4 RQIA also organised 5 stakeholder sessions for service users, providers and other stakeholders of mental health and learning disability services. These events provided information on RQIA's progress in relation to Mental Health Order Functions and engaged with attendees on their views on how RQIA could improve its oversight of relevant services.
- In October 2010, RQIA commenced its publication of regulated sector inspection reports on its web site. By 31 March 2011 2100 inspection reports were available on RQIA's website.

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

- The inspection programme pilot of MHLD wards and departments commenced in October 2010. By the end of Q4, 44 had been inspected. This included one unannounced inspection to Ward 12, Lagan Valley Hospital. These inspections were conducted using a human rights framework developed by RQIA, against the theme of Fairness.
- RQIA continue to monitor all prescribed forms under MHO 1986. The total number of forms examined for the year was 9,465. Error rates on the forms have continued to reduce. The error rate for the period ending Q4 shows further improvement from 2009/10 reducing from 4.4% to 2.9%.
- Work on the development of guidelines and an associated training programme for all professionals using the Mental Health

Order funded by GAIN continues to develop in line with the project plan.

- The programme of patient experience reviews for the year ensured contact with 133 patients detained under the Mental Health Order (MHO). This process assessed patients' experience of detention under the MHO.
- Throughout the year, specific reviews were identified as having a specific human rights perspective. This has influenced the approach taken in respect of the review of sensory support services. It is anticipated that this review will be published during 2011/12.
- During Q4, RQIA conducted an inspection of Health and Social Care as delivered in Hydebank Wood Young Offenders Centre and Ash House Women's prison. This inspection was conducted as part of a wider inspection in conjunction with CJI and HMIP.
- A workshop was hosted in March 2011 by RQIA and Her Majesty's Inspectorate of Prisons to provide each of the four Northern Ireland NPMs and interested agencies with an overview of the first UK NPM report and related matters.
- During Q4 RQIA completed rolling out a new system for the reporting of notifiable events from regulated services which includes risk assessments by the inspectors to determine appropriate actions.

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

- Key areas in influencing policy during the year have been identified through the publication of the Maternity Services

Review. The core recommendation is the requirement for a Maternity Services Strategy, which is now being actioned by DHSSPS(NI). It is anticipated that the review will have a specific impact on other matters identified in the report i.e. labour ward forums, workforce planning, consultant midwives, and consultant presence at ward rounds, NIAS protocols and protected training time.

- In the field of regulation, specific issues have been raised in respect of medicines management in domiciliary care services. A regional working group being coordinated by the HSC Board and DHSSPS has now been set up to look at regional policies and protocols.
- On 10 May 2010 the Chief Medical Officer wrote to health and social care organisations setting out arrangements for taking forward the recommendations of the RQIA Review of Blood Safety. On 17 May 2010 RQIA presented the findings of the review to a meeting of the NI Advisory Committee on Blood Safety.
- Subsequent to a RQIA follow up review - Reducing the Risk of Hyponatraemia when Administering Intravenous Infusions to Children, the Chief Medical Officer wrote to all trusts and independent healthcare facilities in Northern Ireland, asking that they review the recommendations made in the report and take whatever action necessary to ensure that they are implemented.
- In December 2010 RQIA published the reports of a review of the Readiness of Secondary Care Trusts for the introduction of revalidation of doctors. The findings and recommendations of this review are being considered by the Revalidation Delivery Board for NI.

- Actions based on the recommendations of the McDermott Brothers' Review are now being progressed. These include the development of a regional guideline for Supervision and Treatment Orders and a review of processes for communication between Education Boards and Social Services during school holidays.
- RQIA continues to work with the DHSSPS and other stakeholders in the development of the new mental health and capacity legislation.
- Within the period RQIA has responded to the following consultations, reviews and calls for engagement.
  - Northern Ireland Strategy for Nursing and Midwifery 2010-2015
  - Consultation on a Private Members Bill to introduce Legislation on Missing Children and Young People in Northern Ireland
  - GMC - Revalidation: The Way Ahead
  - NIA Safeguarding Board Bill for Northern Ireland
  - Commissioner for Older People Bill
  - Dementia Services Strategy for Northern Ireland
  - Ministry of Justice Data Protection Act Post Implementation Review
  - Regional Good Records Good Management Review
  - DHSSPS(NI) Regional Data Sharing Agreement
  - Amendment to regulations under the Quality Improvement and Regulation (NI) Order 2009
  - Framework for Mental Health nursing In NI
  - Strategy for the Children's Commissioner for Northern Ireland
  - Response to Questions raised in Consultation Paper issued by the NI Assembly Committee for the OFMDFM.
- Reforming Northern Ireland's Adult Protection Infrastructure Response document.
- A Consultation on a Proposed Private Members' Bill to Introduce Legislation on Missing Children and Young People in Northern Ireland
- A 10-Year Strategy for Social Work in NI 2010 - 2020.
- NI Dementia Strategy Consultation Response Questionnaire.
- A Commissioner for Older People in Northern Ireland "a strong independent voice for older people".
- Strategy for nursing in mental health and learning disability services
- The Mental Health Service framework

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

In this reporting period significant progress has been made in the following areas:

- A board/staff working group developed a Communications Strategy for RQIA. The final strategy was approved by the RQIA Board during Q4.
- The Public Participation Implementation and Monitoring Group continues to meet. The implementation of the Public Participation Action Plan is on-going and particular initiatives this year included establishing a Children's Services Advisory group, holding a series of Mental Health and Learning Disability information events across Northern Ireland (Q4) and continuing to engage with a range of service users as part of planned review and inspection activity.
- The Public Participation Manager co-ordinated the 2011 Service User and Carer Event Organising Committee. This year's event entitled 'Listening and Learning Together' took place on 10

March 2011 at Mossley Mill, Newtownabbey. The event hosted by four organisations including RQIA, PCC, NISCC and SCIE, highlighted examples of best practice in service user and carer involvement from across Northern Ireland.

- The RQIA Risk Management Strategy was approved during Q2, and Risk Management Procedures were developed based on the strategy. A new Directorate Risk Register template and associated guidance have been developed and training was rolled-out to staff during Q3.
- An assessment of the potential relevance of other controls assurance standards was completed and approved by the Audit Committee in October 2010. It was agreed to have a total of 11 CAS embedded within RQIA by 2012. By the end of Q4 a total of 7 CAS self-assessments were completed.
- The annual progress report on equality and disability was approved by the Board in September, an audit of inequalities was completed and consultation on RQIA's new Equality Scheme ended in March 2011. RQIA's new equality scheme will be submitted to the Equality Commission during Q1 2011/12.
- A Business Continuity Strategy has been approved by the Executive Management Team and a new draft Business Continuity Plan will be presented to the Board for approval in May 2011.
- The Annual Report & Accounts for the year ended 31 March 2010 were approved by the Board in July 2010.
- RQIA's financial allocation for 2010/11 was confirmed on 30 June 2010. A series of financial controls on expenditure were

put in place in Q1 to ensure that efficiency targets were met and break even achieved.

- The Joint Negotiating and Consultative Forum (JNCF) and the Staff Forum continue to meet on a regular basis.
- Following the presentation of the "*RQIA Staff Survey 2009 - Report and Action Plan*" to the Board in July 2010, internal staff and management development programmes were delivered by the Human Resources and Organisational Development Manager.
- Work commenced on the implementation of the Knowledge and Skills Framework (KSF) through the provision of awareness sessions for staff.
- The Corporate Performance Report, which incorporates a suite of revised Key Performance Indicators (KPIs) was developed and presented to the Board in Q1. This report continues to be progressed and presented to the Board quarterly.
- At a meeting of the CIMS Project Board in December 2010 it was agreed to keep the CIMS and EDRMS projects separate and as a consequence to (i) prioritise CIMS in the period from 2011 to 2013; and (ii) shift the focus away from EDRMS to the improvement of RQIA's existing manual and electronic records management processes and systems in preparation for implementation of EDRMS at a later stage i.e. circa 2013/14. A business case for CIMS is under development and will be presented to the Board Q1 2011/12.
- RQIA has submitted its third self-assessment as part of the ongoing regional data protection review. An Action Plan to implement the DHSSPS(NI) Data Protection Review Recommendations was approved by Board and 10 of the 13

identified actions have been progressed in the period since its approval in September 2010. Quarterly updates are provided to the Board.

- An ICT Security Health Check has been completed with largely positive outcomes. A Post Project Evaluation on the Provision of ICT and Related Services Project was presented to the Board in July 2010. Within the period additional revenue funding was received from Information Technology Services (ITS), BSO for RQIAs ICT replacement programme which was completed during Q4.
- A formal project has been initiated to determine the most appropriate model for the future provision of ICT services for RQIA and a business case was endorsed by the Board in November 2010 and forwarded to DHSSPS for approval.
- An ICT User survey was completed during Q4 and will be reported to the EMT during Q1 2011/12.
- A business case for RQIAs ICT Disaster Recovery Plan was approved and will be implemented in a phased approach throughout 2011/12.
- The number of requests for information continues to rise and RQIA has met the legislative targets for response times. Information about RQIAs procedures for making a freedom of information or subject access request is now provided to the public on RQIA's website.
- In June 2010 RQIA became a member of Centre for Competitiveness (CforC). CforC is the Northern Ireland partner organisation for the European Foundation for Quality Management (EFQM). Following a diagnostic screening assessment carried out by CforC (August 2010), RQIA adopted




the EFQM as its Quality Improvement Framework and has developed an EFQM Quality Improvement Map and Action Plan to address 'Areas for Improvement' identified from the screening assessment. The EFQM framework will be used to identify and address all future identified 'Areas for Improvement' across the organisation.



- A new Quality Assurance Tool has been developed for Inspection Reports - 'Quality Assurance Tool for Inspectors and Heads of Programme'. A baseline audit using this Quality Assurance Tool was completed by the end of March 2011 and the findings will be utilised in a rolling programme of audit for inspection reports during 2011/12.
- RQIA has benchmarked registration fees and produced a paper for consideration by DHSSPS. A project to review the fees and frequency regulations (NI) has been established with the intention of providing recommendations to DHSSPS by the end of Q1 2011/12.
- RQIA has completed a paper on the reporting of inspection outcomes. This paper benchmarks RQIA's inspection reporting with the other UK regulators of health and social care, looking particularly at grading systems.

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

**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**




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>																																																												
CA1.1.1	Manage and improve the registration process through the continued implementation of the registration improvement plan <b>(March 2011)</b>			<b>% of services whose registration details have been validated (Q)</b>  88%																																																												
CA1.1.2	Complete the programme of thematic reviews set out in the programme agreed by the RQIA Board on 14 January 2010 <b>(March 2011)</b>			<b>% of reviews completed within agreed timescales as set out in the 3 year plan of programmed reviews (Q)</b>  100%																																																												
CA1.1.3	Complete the full programme of regulated sector inspections set out in the fees and frequency of inspection regulations 2005 across all establishments and agencies against agreed inspection themes for 2010/11. (Anticipated inspection Volumes 3,000) <b>(March 2011)</b>			<b>% of QIPS returned and assessed as satisfactory against recommendations and requirements (Q)</b>  <table border="1"> <thead> <tr> <th>Service Category</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Children's</td> <td>90%</td> <td>97%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Finance</td> <td>83%</td> <td>97%</td> <td>100%</td> <td>98%</td> </tr> <tr> <td>Residential Care</td> <td>100%</td> <td>99%</td> <td>100%</td> <td>99%</td> </tr> <tr> <td>Day Care</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Estates</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Nursing Homes</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>95%</td> </tr> <tr> <td>Pharmacy</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>95%</td> </tr> <tr> <td>Independent Health</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Domiciliary Care</td> <td>100%</td> <td>100%</td> <td>91%</td> <td>100%</td> </tr> <tr> <td>Adult Placement</td> <td>N/A</td> <td>N/A</td> <td>100%</td> <td>100%</td> </tr> <tr> <td><b>Total</b></td> <td><b>99.30%</b></td> <td><b>99%</b></td> <td><b>99%</b></td> <td><b>99%</b></td> </tr> </tbody> </table>	Service Category	Q1	Q2	Q3	Q4	Children's	90%	97%	100%	100%	Finance	83%	97%	100%	98%	Residential Care	100%	99%	100%	99%	Day Care	100%	100%	100%	100%	Estates	100%	100%	100%	100%	Nursing Homes	100%	100%	100%	95%	Pharmacy	100%	100%	100%	95%	Independent Health	100%	100%	100%	100%	Domiciliary Care	100%	100%	91%	100%	Adult Placement	N/A	N/A	100%	100%	<b>Total</b>	<b>99.30%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>
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CA1.1.4	Develop a register and programme of inspections based on IR(ME)R (June 2010 register / March 2011 inspection programme)																																																				
CA1.1.5	Develop and implement a project for the registration of private dental treatment and care. (Subject to confirmation by DHSSPS)																																																				

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs Q = KPI to be reported on quarterly basis S = KPI to be reported on six monthly basis A = KPI to be reported annually
CA1.1.6	Complete a programme of hygiene inspections in statutory HSC facilities. <b>(March 2011)</b>	●		<b>% of fully compliant scores recorded by hygiene inspection team (by trust) (Baseline to be taken from first round of inspections) (Q)</b>  27.6% during the baseline audit 82..2% within the quarter

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
CA1.2.1	Complete a review of the existing methodology and introduce a range of methodologies in carrying out the thematic review and hygiene inspection programmes <b>(March 2011)</b>	●		<b>The % of assessment of lessons learned evaluations completed within 3 months of each service review (Q)</b>  100% (process started in Q2 2010/11)  <b>% of evaluations completed from the programme of each thematic inspection (A)</b>  100%
CA1.2.2	Implement new arrangements for the statutory reporting of incidents to RQIA from the regulated sector <b>(June 2010)</b>	●		
CA1.2.3	Further refine and modify the methodology for the inspection of regulated sector services <b>(March 2011)</b>	●		<b>% of compliance with inspection report standard (S)</b>  A total of 35 open inspection reports were


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				sampled for the audit by year end. Results of the audit process will be made available Q1 2011/12.
CA1.2.4	Develop and implement a robust inspection methodology for all services subject to IR(ME)R ( <b>June 2010</b> )			
CA1.2.5	Develop and implement a robust inspection methodology to meet the specific needs of the regulations of private dental treatment and care using the DHSSPS dental standards and independent healthcare regulations ( <b>March 2011</b> )			
CA1.2.6	Pilot an initiative to improve RQIA's ability to seek and assimilate the views of service users in regulated services ( <b>March 2011</b> )		Pilot implementation reliant on the recruitment of new staff. A pilot proposal and associated job descriptions have been prepared with a view to taking this forward by September 2011.	

**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
CA1.3.1	Carry out an analysis of the impact of the 2009/2010 programme of inspections and reviews and report to the RQIA Board <b>(June 2010)</b>			<p><b><i>Review report of the impact of review activity on the improvements in the quality, safety and availability of health and social care services. (A)</i></b></p> <p>Mid term assessment of the review programme in relation to the DHSSPS Quality Standards has been carried out. This process identified areas for further consideration in the 2nd half of the three year programme.</p> <p><b><i>Review of the impact of regulation / inspection on the improvements in the quality, safety and availability of health and social care services (A)</i></b></p> <p>Annual overview reports on inspection findings from the 2009-10 inspection year for adult and children's' services have been compiled on a sectoral basis.</p>

**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
CA2.1.1	Initiate a project to implement a web-based version of the register of regulated establishments and agencies to facilitate on-line access to regulated sector inspection reports <b>(As per project plan)</b>			<p><b><i>The % of establishments and agencies whose most recent reports are published through the web-based Register (S)</i></b></p> <p>Open reports available online since late October 2100. KPI performance: 100%</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
CA2.2.1	(ref. CA1.1) <b>(March 2012 for overall assessment)</b>			<p><b><i>Assessment of the outcomes of each review in the RQIA programme against agreed timescales (S)</i></b></p> <p>All reviews now have a lessons learned workshop within three months of the review and part of that is to consider how the review contributed to the four core activities of RQIA. This process started in Q2 but we have included reviews such as maternity published in Q1. We are meeting the requirement to have the evaluation completed within 3 months of the publication of the review.</p>

**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
CA3.1.1	Phased development and implementation of a rights based framework across the operational functions of RQIA to include mental health and learning disability programmes in the first instance. <b>(March 2011)</b>			<p><b><i>% of all new and revised RQIA policies which will include the HR approach (Q)</i></b></p> <p>100%</p> <p><b><i>Evaluation of the implementation of the HR approach initially in the following areas (A)</i></b></p> <p><b><i>(a) 1) MHLD</i></b>  <b><i>2) Children's services</i></b>  <b><i>3) Prison HSC</i></b>  <b><i>4) Agencies</i></b></p> <p><b><i>(b) Review activities</i></b></p> <p>Progress in the adoption of a HR approach has been made in relation to all areas listed.</p> <ul style="list-style-type: none"> <li>• MHLD: HR indicators now piloted and incorporated into the full inspection programme and the programme of patient experience reviews.</li> <li>• Children's: HR approach initially used within the review of pathways to secure accommodation</li> <li>• Prison HSC: HR approaches used in the recent inspection of Hydebank Wood and Ash House prisons; also in the inspection of Roe House under OPCAT</li> <li>• Agencies: Work has progresses in ensuring an increasing service user perspective in the regulation of agencies.</li> </ul>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				Further work to be completed in 2011/12
CA3.1.2	Implement a comprehensive awareness and education programme for RQIA and external stakeholders <b>(March 2011)</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
CA3.2.1	Complete a programme of reviews, inspections and monitoring activities aimed at meeting the requirements set out in the Mental Health (NI) Order 1986 <b>(March 2011)</b>			<p><b>% of all patient experience reports finalised with QIPs within 28 calendar days of the issue of draft reports</b></p> <p>100%</p> <p><b>% of MHL D service inspection QIPS assessed as satisfactory against recommendations and requirements after all regulated sector inspections</b></p> <p>100%</p> <p><b>% of assessed standard criteria partially achieved and above</b></p> <p>100%</p> <p><b>Monitoring patient detention</b></p>


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				<p><b>Reduction of error rate on prescribed forms to &lt; 3.5%</b></p> <p>2.9%</p> <p><b>% technical checks of all prescribed forms</b></p> <p>100%</p> <p><b>% of all detected errors notified to HSC trusts within 71 hours</b></p> <p>100%</p> <p><b>Monitoring Guardianship - % check on all guardianship applications and reviews</b></p> <p>100%</p> <p><b>% return of trust information relating to the protection of patient finance (article 116)</b></p> <p>100%</p> <p><b>% MHL D review action plans received and assessed as satisfactory</b></p> <p>100%</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
CA3.3.1	Complete a critique of regulation and review activities and develop a range of specific review and inspection initiatives relevant to the agreed reporting arrangements to the UK Central Coordinating Body <b>(March 2011)</b>			<p><b>Number of inspections in places of detention (A)</b></p> <p>44 mental health institutions inspected</p> <p><b>Number of detainees RQIA engaged with in places of detention (A)</b></p> <p>396</p> <p><b>Endorsement of inspection methodologies by leading experts in the field (A)</b></p> <p>RQIA coordinated and organised the first meeting of Northern Ireland NPMs and relevant stakeholders in March 2011.</p>




**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
CA4.1.1	Complete an annual summary of the impact of the 2009/10 programme of work on policy standards and guidelines (ref. CA1.3) <b>(June 2010)</b>			<p><b><i>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally. (S)</i></b></p> <p>This is considered in headline section of the Corporate Performance Report and has been partly included in the RQIA annual report.</p>

## 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
D1.1.1	Continue to implement RQIA's Public Participation Strategy and associated action plan. <b>(Ongoing)</b>			<p><b>% of actions successfully implemented within timescale from the Public Participation Strategy (S)</b></p> <p>100%</p> <p><b>The number of instances of positive and negative feedback received from service users / stakeholders at RQIA events (S)</b></p> <p>14 events held including: User/Carer Conference, 5 MHLD events and 8 stakeholder events for new registration methodology. Received 637 instances of positive feedback and 0 negative in relation to the content of the events.</p>
D1.1.2	Finalise and implement the new Communications Strategy <b>(Ongoing)</b>			<p><b>The % of actions successfully implemented within timescale from the Communications Strategy (S)</b></p> <p>RQIA's Communications Strategy and associated action plan was approved by the Board on 23 March 2011. Reporting on the implementation of actions will be reported during 2011-12.</p>
D1.1.3	Develop the corporate intranet on a phased basis using SharePoint software			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D1.1.4	Implement the revised RQIA complaints policy and procedure ( <b>June 2010</b> )			<p><b>Number of complaints received about RQIA</b>  Q1 1  Q2 1  Q3 2  Q4 1</p> <p><b>Number of complaints acknowledged within 2 days</b>  Q1 100%  Q2 100%  Q3 50%  Q4 100%</p> <p><b>Number of complaints responded to within 20 days</b>  Q1 100%  Q2 100%  Q3 100%  Q4 100%</p> <p><b>Number of referrals to the ombudsman</b>  1 (since 2008)</p> <p><b>Number of complaints where learning has been disseminated</b>  Q1 1  Q2 2  Q3 1  Q4 0</p> <p><b>% of operational staff where lessons learned has been disseminated within agreed timeframe</b>  100%</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
D1.2.1	Develop effective working relationships with the new HSC organisations ( <b>March 2011</b> )	●		
D1.2.2	Develop effective partnerships with other regulators/ inspectorates to ensure that RQIA works effectively in areas such as early years youth justice and criminal justice ( <b>March 2011</b> ) See D6.2.1	●		<p><b><i>An annual assessment of added value gained from the strategic partner arrangements with other bodies (A)</i></b></p> <p>RQIA has participated in a survey of EPSO partners across Europe as to the involvement of regulators in patient safety initiatives in their countries. A report on the survey will be presented to the next meeting of EPSO.</p>

## 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
D2.1.1	Finalise, agree and implement RQIA Risk Management Strategy ( <b>June 2010</b> )	●		
D2.1.2	Provision of risk management training to all staff ( <b>September 2010</b> )	●		<b>The % of staff trained in Risk Management and Governance (S)</b>  94%  (Based on 145 permanent staff)
D2.1.3	Ensure the continued attainment of "substantive" compliance with the 3 core controls assurance standards ( <b>March 2011</b> )	●		<b>% level of compliance in Governance, Finance and Risk Management Controls Assurance Standards (A)</b>  Governance - Substantive Compliance (83%), Finance - Substantive Compliance (83%) Risk Management - Substantive Compliance (78%)
D2.1.4	Complete an initial assessment of the potential relevance and application of other controls assurance standards ( <b>June 2010</b> )	●		
D2.1.5	Develop new equality scheme based on revised guidance provided by the Equality Commission ( <b>April 2011</b> )	●		

<u>Actions</u>		<u>Progress</u>	<u>Exception Report: Reason/Action/Emerging Risk</u>	<u>Supporting KPIs</u>
D2.1.6	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>(March 2011)</b>			
D2.1.7	Conduct EFQM self-assessment and develop quality improvements plans based on findings <b>(March 2011)</b>			


**Other KPIs:**


- **Head of Internal Audit's assessment of RQIA's system of internal control for meeting RQIA's objectives. (A)**

Satisfactory

**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
D3.1.1	Establish a training initiative for RQIA staff in relation to evidence based practice <b>(December 2010)</b>			<p><b><i>% of recommendations in inspection reports which were based on appropriate evidence - information to be gathered via sample audit with agreed validating criteria (S)</i></b></p> <p>A total of 35 open inspection reports were sampled for the audit by year end. Results of the audit process will be made available Q1 2011/12.</p> <p><b><i>Lunchtime Learning Club - Evidence of Monthly Communication to RQIA staff of schedule of presentations/ research papers and evidence of attendance record (S)</i></b></p> <p>174 Staff attended 10 sessions June – March 2011 = &gt;5% increase in attendance. Of the 174 who attended, 42% completed learning evaluations, 100% of which evidenced positive and beneficial learning, with 8% stating that some aspects of the session were not useful. Presentations, timetable and completed evaluations can be accessed by all staff in the Lunchtime learning Club Folder in the ‘Shared Area’.</p> <p><b><i>Evaluation of every review to assess how best practice was applied (As per review)</i></b></p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				<i>A programme of process evaluations of each review has commenced to identify lessons to improve review processes.</i>
D3.1.2	Develop and implement a research strategy and policy <b>(June 2010)</b>		Research Policy approved Q4. A research group has been established (Q4) to lead the development of a RQIA research strategy which will be implemented during 2011/12.	

#### 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
D4.1.1	Secure funding for 2010/11 Business Plan, maintain the budgetary reporting system and provide regular financial management information <b>(June 2010/Ongoing)</b>			<p><b>Breakeven on income and expenditure (+/- 0.25% (Q))</b></p> <p>For the period January to March 2011 we are projecting breakeven.</p> <p><b>% of invoices paid each month within 30 days - target 95% - (Q)</b></p> <p>From August onwards we have consistently exceeded the monthly prompt payment target of 95%. Cumulatively until March we have paid 96.39% of invoices within Terms and conditions.</p> <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> <p>We have recovered all but £368 of outstanding Debts</p>
D4.1.2	Implement the agreed efficiency programme and identify further areas for VfM Assessments <b>(March 2011)</b>			<p><b>% of the total efficiency savings achieved (Q)</b></p> <p>100% projected achievement of CSR efficiency savings (£43K) assuming breakeven at end of year</p>
D4.1.3	Produce an Annual Report (incorporating an approved set of Accounts and			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
	Statement of Internal Control approved by NIAO) <b>(September 2010)</b>	●		
D4.1.4	Capital Investment Plan (see D8.1)	●		

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D4.2.1	Finalise and implement a corporate business continuity plan (BCP) <b>(September 2010/Ongoing)</b>	●		<b><i>Results of RQIA Business Continuity Plan annual test (A)</i></b>  A desktop scenario based BCP exercise was conducted on 2 February 2011. A total of 14 minor amendments to the BCP were agreed.
D4.2.2	Liaise with the Western Health and Social Care Trust concerning the replacement of leased office accommodation on the Tyrone and Fermanagh Hospital site <b>(March 2011 - suspended in lieu of WHSCT plans)</b>	●		





#### **Other KPIs**

##### ***Space use efficiency; area (square metres) per staff full-time equivalent***

9.11 m<sup>2</sup> of space per person in Riverside Tower for 138.66 FTE staff. OGC minimum is 5.0 m<sup>2</sup>

## 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
D5.1.1	Develop and initiate implementation of a Learning and Development Strategy and review organisational learning initiatives ( <b>March 2011</b> )			<p><b>% of staff with agreed PDP (A)</b></p> <p>76% of staff had an agreed PDP</p> <p><b>% of staff who have fully completed their agreed PDP (A)</b></p> <p>Unable to provide statistics until Q1 2011/12</p> <p><b>Assessment of learning outcomes of RQIA action learning sets for reviewers and inspectors (Initiates September 2010) (S)</b></p> <p>Interim evaluation (carried out by the 6 trained facilitators) presented to EMT 16.02.11 Staff action learning set commenced 02.02.11 -assessment of staff learning outcomes to be reported on September 2011</p>
D5.1.2	Develop an action plan based on the staff survey ( <b>June 2010</b> )			
D5.1.3	Initiate KSF implementation project linked to performance development review process ( <b>As per project plan</b> )			<p><b>% of AFC staff covered by a KSF outline (Q)</b></p> <p>0%</p>
D5.1.4	Progress the tele-working project ( <b>As per PID</b> )		The initial phase of the teleworking project will be progressed through the development and consultation on a draft teleworking policy. The revised target date for producing this new policy is Q1 2011/12.	


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D5.1.5	Initiate IIP implementation project ( <b>March 2011</b> )			<p><b>% lost time rate to sickness (target 4.8%) (Q)</b></p> <p>4.89% in quarter 1 - 0.09% above target</p> <p>5.85% in quarter 2 still outstanding from BSO</p> <p>5.13% in quarter 3</p> <p>5.66% in quarter 4</p> <p><b>% turnover rate (A)</b></p> <p>2%.</p>
D5.1.6	Identify and prioritise appropriate organisational development initiatives linked to planned diagnostic exercise using the EFQM model ( <b>Dependent on EFQM Diagnostic Exercise</b> )			

**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
D6.1.1	Undertake quarterly reviews of progress against the key objectives set out in the Business Plan 2010/11 <b>(June 2010/Ongoing)</b>			<p><b><i>% of actions identified within the Annual Business Plan successfully implemented within timescales (Q)</i></b></p> <p>89%</p> <p><b><i>% of staff with personal objectives clearly linked to RQIA's strategic objectives (A)</i></b></p> <p>78%</p>
D6.1.2	Complete a programmed review of key performance questions (KPQs) and indicators (KPIs) linked to the Corporate Strategy/Business Plan and develop a revised quarterly performance measurement report <b>(September 2010)</b>			<p><b><i>% of KPIs reported as being progressed within timescales</i></b></p> <p>91%</p> <p>(Based on 5 KPIs not reported on target)</p>

**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
D6.2.1	Identify the potential for partnership for benchmarking through engagement with established UK and European networks of regulatory and supervisory organisations <b>(March 2011)</b> See D1.2.2			<p><b><i>Comparative benchmarks results with European Regulators in key areas of performance (EPSO engagement) (A)</i></b></p> <p>RQIA has participated in a survey of EPSO partners across Europe as to the involvement of regulators in patient safety initiatives in their countries. A report on the survey will be presented to the next meeting of EPSO.</p>




**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
D7.1.1	Develop and initiate implementation of an integrated informatics framework ( <b>September 2010/Ongoing</b> )		The framework will be progressed in the next business plan by September 2011/12	<p><b>% of actions successfully implemented within timescale from RQIA's Informatics Framework (S)</b></p> <p>This KPI will be reported following approval of the Informatics Framework by the Board</p>
D7.1.2	Continue to progress Phases 1 and 2 of the Corporate Information Management System (CIMS) project (As per Project Initiation Document/ Business Case is subject to external approval)		<p>A Project Plan, with revised timescales, was agreed in December 2010</p> <p>Subsequently, EMT met and agreed that the EU Services Directive Project should also be subsumed into the CIMS Project. Updated costings from potential suppliers were obtained to ensure this element was included.</p> <p>It was further agreed that potential efficiency savings from this Project be examined and thus included in the Business Case. This may result in the CIMS Project being classified as a "gold" project in the Improvement and Efficiency Programme. A benefits realisation exercise was conducted in March 2011.</p> <p>The final Business Case is due for submission to the DHSSPS in June 2011.</p>	
D7.1.3	Explore options for how the functionality of an Electronic Documents Records			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
	Management System (EDRMS) might be delivered to RQIA and links to CIMS project e.g. using SharePoint <b>(September 2010)</b>			




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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D7.2.1	Establish our baseline position against the Data Protection Review Recommendations, identify gaps and develop/implement an action plan. Report level of compliance and progress against the action plan to the Board on a quarterly basis <b>(March 2011)</b>			<p><b><i>Level of compliance and progress in implementing DHSSPS Data Protection Review Recommendations (Q)</i></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> <p><b><i>% level of compliance with the Controls Assurance Standard in Records Management (A)</i></b></p> <p>Substantive Compliance - 72%</p>
D7.2.2	Review and update ICT Security Policy <b>(March 2011)</b>		A draft policy and associated security policies have been compiled and are ready for consultation during Q1 2011/12.	
D7.2.3	Review and update FOI/DPA Procedures <b>(June 2010)</b>			<p><b><i>Completed Data Protection Subject Access Requests within 40 days. (Q)</i></b></p> <p>7 (100%)</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				<p><b><i>Completed Freedom of Information Requests within 20 working days. (Q)</i></b></p> <p>23 (100%)</p>

**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								
D8.1.1	Complete a review to determine the most appropriate future ICT service delivery model for RQIA and initiate implementation of the outcomes of the review ( <b>July 2010/As per agreed Project Plan</b> )		A business case was prepared and sent to the Department for comment in November 2010. Comments were received from the Department during March 2011; this will result in additional work to rewrite the business case before it can be returned to the Department for further comment. This is likely to impact the project timescales which may require RQIA to extend the Steria contract for a final year.	<p><b>% level of compliance with the ICT Controls Assurance Standard (A)</b></p> <p>Baseline ICT Controls Assurance exercise was completed during February 2011. RQIA are awaiting the auditor's report.</p>								
D8.1.2	Test and maintain ICT contingency and disaster recovery arrangements and integrate into the corporate BCP ( <b>March 2011</b> )		A business case for the implementation of an ICT Disaster Recovery solution was approved by Department. Implementation of the plan been partially achieved as some providers were unable to schedule staff resources before the end of March 2011. Remaining work to be scheduled Q1 2011/12.									
D8.1.3	Continue to performance manage the outsourced ICT service ( <b>March 2011</b> )			<p><b>Total number and type of calls logged with the outsourced provider (Q)</b></p> <p><b>Calls Logged Apr 2010-March 2011</b></p> <table border="1"> <thead> <tr> <th>Incidents</th> <th>Problems</th> <th>Change Requests</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">744</td> <td style="text-align: center;">9</td> <td style="text-align: center;">86</td> <td style="text-align: center;">839</td> </tr> </tbody> </table>	Incidents	Problems	Change Requests	Total	744	9	86	839
Incidents	Problems	Change Requests	Total									
744	9	86	839									

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs																				
				<p><b>Average Support Hours and Calls</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>Average Support Hours</td> <td>71.6</td> <td>40.1</td> <td>42.2</td> <td>53.7</td> </tr> <tr> <td>Average Calls</td> <td>65</td> <td>64.3</td> <td>65</td> <td>84.3</td> </tr> <tr> <td>Average time to resolve a call (hours)</td> <td>1.1</td> <td>0.6</td> <td>0.7</td> <td>0.6</td> </tr> </tbody> </table> <p><b>Average time taken to resolve incidents and problems (Q)</b></p> <p>During the period Jan-Mar (quarter 4) the average time taken to resolve calls was 53.7 minutes. Although this is a slight increase from the previous two quarters and it is largely due to the rollout of new Office software which increased the number of support calls.</p>		Q1	Q2	Q3	Q4	Average Support Hours	71.6	40.1	42.2	53.7	Average Calls	65	64.3	65	84.3	Average time to resolve a call (hours)	1.1	0.6	0.7	0.6
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D8.1.4	Develop, implement and monitor a Capital Investment Plan (July 2010 / Ongoing)	●																						
D8.1.5	Complete an ICT user satisfaction survey (March 2011)	●		<p><b>Effectiveness level of RQIA's ICT service (as per staff survey) (A)</b></p> <p>Due to be baselined in Q1 2011/12</p>																				

**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
D9.1.1	Engage effectively with the media to raise the profile of the work of the RQIA <b>(March 2011)</b>			<p><b><i>Number of presentations made by RQIA staff made to audiences, for example at courses, conferences, training sessions etc. (Q)</i></b></p> <p>Over the course of the year RQIA's Executive Management Team has taken part in 27 presentations to audiences, for example at courses, conferences, and training sessions.</p> <p><b><i>Number of media appearances by RQIA staff and analysis of press clippings referencing RQIA. (Q)</i></b></p> <p>The Chief Executive made 19 media appearances on regional and local broadcast (television and radio) news/current affairs programmes, following the publication of RQIA's reviews of maternity services, the McDermott case, NI Ambulance Service, CAMHS, and on the infection prevention/control inspection programme.</p> <p>From April 2010 to March 2011 RQIA appeared in the print media on 88 occasions. RQIA received media coverage in relation to a range of issues including the publication of review reports: Intrapartum care (May 2010); Hyponatraemia (July 2010); GP Out of Hours</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				Services (Sept 2010); McDermott Review (Nov 2010); Northern Ireland Ambulance Service Trust (February 2011); Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland (February 2011);
D9.1.2	Seek the views of service users, carers, service providers, elected representatives and other key stakeholders about the performance of RQIA as a regulator ( <b>March 2011</b> ) (ref. D1.1)			<p><b><i>Frequency of contact with MLAs and with the Assembly Health Committee (A)</i></b></p> <p>A delegation from RQIA presented at the Health Committee in May 2010 in relation to the findings of the Maternity Services Review. RQIA was also represented at the Health Committee in June 2010 with DHSSPS officials to provide evidence to the committee in relation to an amendment to statutory rule Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspection) (Amendment) Regulations ( Northern Ireland) 2010 in relation to the proposed regulation of private dental services. In December 2010 RQIA provided evidence to the Public Accounts Committee in respect of the publication of the Northern Ireland Audit Office Report entitled Ensuring the Quality of Care of Older People in Residential Care and Nursing Homes in conjunction with DHSSPS officials.</p> <p>During the year RQIA also engaged with political party health spokespersons, the Clerk to the NIA Health Committee and NIA Research and Library Services staff</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				In late October RQIA launched its web based register of residential care and nursing homes providing on-line access to inspection reports. At year-end 2,250 inspection reports were available online. RQIA monitors visits to <a href="http://www.rqia.org.uk">www.rqia.org.uk</a> and during the year recorded a significant increase in 'hits' with 140k visitors and 364k unique page views

**Figure 1 - RQIA 'Value Creation Map'**

