

CORPORATE PERFORMANCE REPORT 2010/11

PERIOD ENDING JUNE 2010

Version number	Purpose / Changes	Author	Date
Draft V0-1	Draft Template for new Corporate Performance Report	Maurice Atkinson	18/06/10
Draft V0-2	Minor revisions following comments received from members of the Steering Group	Maurice Atkinson	30/06/10
Draft V0-3	First Draft to Executive following staff submissions	Sandra McElhinney	28/07/10
Draft V0_4	Second Draft to Executive following staff submissions	Sandra McElhinney	04/08/2010
Draft V0_5	CA3.1.1 Update (V McVea)	PM	04/08/2010
Draft V0_6	CA1.1.1 and D4.1 Update (Maurice Atkinson) and T Nixon D1.1.4, D3.1.1 and D6.2.1	PM	05/08/2010
Draft V0_7	Sandra update to CA1.1.1	SMcE	09/08/2010
Draft V0_8	Exec team updates - CA1.1.3 updates	PM	16/08/2010

Contents

1. Introduction	1
2. Summary of RAG Rating System (Period Ending 30 June 2010).....	2
3. Headline Achievements (Period Ending 30 June 2010).....	2
4. PERFORMANCE & EXCEPTION REPORT	6

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 care7

CA2 - Informing the Population We publicly report on the safety, quality and availability of health and social care.....12

CA3 - Safeguarding Rights: We act to protect the rights of all people using health and social services.....13

CA4 - Influencing Policy: We influence policy and standards in health and social care.....16

D1 - We engage effectively with our stakeholders.....17

D2 - We maintain a robust governance framework.....19

D3 - We use evidence and research to underpin all our activities.....21

D4 - We manage our finances and assets effectively.....22

D5 - We value and develop all our staff.....25

D6 - We plan effectively and actively manage organisational performance.....27

D7 - We manage information and our information assets effectively.....29

D8 - We optimise the use of ICT to support our work.....32

D9 - Position RQIA as a respected, independent regulator.....34

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 31.

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 30 June 2010)

The table below shows a summary of the RAG rating assigned to 63 Actions within the Business Plan for the period ending June 2010.

Traffic light		Period Ending June 2010
Red		0
Amber		15 (24%)
Green		48 (76%)

At the end of the first quarter of 2010/11, 76% of the actions within the Business Plan are on track.

3. Headline Achievements (Period Ending 30 June 2010)

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

- The registration improvement plan continues to be progressed with 62% of the actions completed to date. The reliability and validity of the register continues to be progressed through validation checklist procedure with 78% of service details having been checked at the end of the quarter. An overarching registration policy, accompanied by a suite of application specific procedures, has been drafted for executive policy approval in quarter 2 2010/11.

The team also continues to manage and monitor the registration validation process in order to ensure the reliability and validity of the register of regulated services, which is due to be available on the RQIA website in quarter 2 2010/11.

- The Review Programme Steering Group was established in June 2010 and is establishing systems to ensure overview of progress on all scheduled reviews.

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

- A project has been initiated to progress the on-line availability of the register, accompanied by regulated sector inspection reports. Reports are expected to be published on our website in quarter 3 2010/11.

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

- A number of key events were held in establishing the Human Rights Based Approach to regulation by RQIA. These included the endorsement of the new human rights indicators, developed by the MHLD team, by a team of international experts.

The indicators form the basis of a robust assessment framework to be used in all mental health inspections. A pilot of the inspection framework and processes commenced in June 2010 and will be fully operational in October 2010.

- RQIA has presented its initial approaches on the use of a rights based framework to EPSO, which was well received across the European membership.
- RQIA facilitated the first international advocacy training in NI for lay advocates, in partnership with the National Institute of Trial Advocacy USA. This was a two day course which Mrs Naomi Long, Mayor of Belfast, along with Hon Nancy Vaidik, USA Appeal Court Judge, Professor Lawrence Rose and Mr Robert Stein, USA attorney, awarded 23 successful participants with advocacy certificates.
- RQIA reported on its work as a National Preventive mechanism under OPCAT.
- Recognising a range of concerns emerging as a result of investigation of deaths in custody, RQIA worked with the Senior Coroner for Northern Ireland to design and facilitate a roundtable conference of key investigative bodies charged with investigating deaths in places of detention.
- RQIA continued to provide significant advice to the DHSSPSNI on the drafting of new legislation on capacity.

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

- Key areas in influencing policy for this quarter 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 DHSSPSNI. It is anticipated that the review will have a specific impact on other areas of deficit identified in the report i.e. labour ward forums, workforce planning, consultant

midwives, consultant presence at ward rounds, NIAS protocols, protected training time.

- In the field of regulation, specific issues have been raised in respect of medicines management in domiciliary care services. It is anticipated that this work will lead to the development of a more robust medicines management approach in all trusts and with independent sector providers.
- 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.
- RQIA responded to the DHSSPSNI, in relation to the following consultation documents:
 - NIA Bill 25/09 Safeguarding Board Bill
 - Commissioner for Older People Bill

2.5 Value Drivers (D1 - D9)

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

- The development of a new Communications Strategy is being progressed and the recent appointment of a Communications Officer will enable the implementation of a web-based version of the register of regulated establishments and agencies to be taken forward. The Public Participation Implementation and Monitoring Group continue to meet, outcome-based evaluation tools have been developed and these will be piloted over the summer.

- A draft RQIA Risk Management Strategy has been developed for approval by the Board in July 2010. In addition a new Directorate Risk Register template and associated guidance have been developed for roll-out across the organisation.
- A Business Continuity Strategy was approved by the Executive Management Team and work has commenced to develop a Business Continuity Plan.
- 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 quarter 1 and work will commence on developing a plan to achieve break-even this year and to develop a draft savings plan over the next four year period. Work was ongoing during quarter 1 to finalise the draft Annual Report & Accounts for approval by the Board in July 2010. A Value for Money (VfM) methodology has been agreed with the Audit Committee and work is ongoing to identify potential VfM initiatives in 2010/11.
- The Joint Negotiating and Consultative Forum (JNCF) held its second meeting in quarter 1 and the re-established Staff Forum continues to meet on a regular basis.

An "*RQIA Staff Survey 2009 - Report and Action Plan*" has been developed for approval by the Board in July 2010. It provides an overview of the findings from the staff survey and focus groups together with key recommended actions to address the feedback received from staff.

- A comprehensive review of KPQs/KPIs was completed and signed-off by Steering Group. Furthermore, a template for a new Corporate Performance Report (previously the "Quarterly Report") was developed based on RAG Rating System, Exception Reporting and new KPIs. The Business Plan 2010/11 was updated based on these revised KPIs and notification of




RQIA's financial allocation, for approval by the Board in July 2010.




- Work has been initiated to examine potential financial and technical synergies between the Corporate Information Management System (CIMS) and Electronic Documents Records Management System (EDRMS) projects. A way forward for this work will be agreed at the meeting of the CIMS Project Board in September 2010.
- A draft Action Plan to implement the DHSSPSNI Data Protection Review Recommendations has been developed and will be presented at the meeting of the Board in September 2010.
- An ICT Security Health Check has been completed with largely positive outcomes and a customised desktop has been rolled-out to all users. A Post Project Evaluation on the Provision of ICT and Related Services Project has been finalised and will be discussed at the meeting of the Board in July. In addition the Capital Programme 2010/11 was finalised and separate funding from Information Technology Services (ITS), BSO for the ICT replacement programme was agreed.
- RQIA has benchmarked registration fees and produced a paper for consideration by DHSSPSNI, dated March 2010, and is currently in the process of benchmarking its inspection methodology with the various regulators of health and social care, looking particularly at grading systems, with the intention of bringing forward a paper with recommendations during the second quarter of 2010.

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 S = KPI to reported on six monthly basis 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 (March 2011)		A revised schedule for the completion of policies and procedures has been agreed.	<i>% of services whose registration details have been validated (Q)</i> 78%.
CA1.1.2	Complete the programme of thematic reviews set out in the programme agreed by the RQIA Board on 14 January 2010 (March 2011)			<i>% of reviews completed within agreed timescales as set out in the 3 year plan of programmed reviews (Q)</i> This will be reported in subsequent quarters.
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) (March 2011)			<i>% of QIPS returned and assessed as satisfactory against recommendations and requirements (Q)</i> Children's Team 90% Finance Team 83% Residential Care Team 100% Day Care Team 100% Estates Services 100% Nursing Homes Team 100% Pharmacy Services 100% Independent Health Care 100% Domiciliary Care Team 100% Total 99.3%

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>
				<i>% of standard criteria assessed as partially achieved or above. (all sectors falling under new inspection methodology) (Q)</i> Domiciliary Care 94% Nursing (Announced) 97% Nursing (Unannounced) 84% Residential (Announced) 64% Residential (Unannounced) 87% Day Care 49% Total 82%
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)			
CA1.1.6	Complete a programme of hygiene inspections in statutory HSC facilities. (March 2011)			<i>% of fully compliant scores recorded by hygiene inspection team (by trust) (Baseline to be taken from first round of inspections) (Q)</i> 29% during the baseline audit 82% within the quarter.

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

CA1.2 - 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 (March 2011)		New process agreed in June 2010 by RPSG. Programme of assessments starting in next quarter on all reviews in programme completed to date.	<i>The % of assessment of lessons learned evaluations completed within 3 months of each service review (Q)</i> 0% for first quarter - process starts in quarter 2 2010/11. <i>% of evaluations completed from the programme of each thematic inspection (A)</i> This will be reported in the last quarter of 2010/11.
CA1.2.2	Implement new arrangements for the statutory reporting of incidents to RQIA from the regulated sector (June 2010)			
CA1.2.3	Further refine and modify the methodology for the inspection of regulated sector services (March 2011)			<i>% of compliance with inspection standards and policy and procedures (S)</i> This will be reported in subsequent quarters.
CA1.2.4	Develop and implement a robust inspection methodology for all services subject to IR(ME)R (June 2010)			
CA1.2.5	Develop and implement a robust inspection methodology to meet the specific needs of the regulations of private dental			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
	treatment and care using the DHSSPS dental standards and independent healthcare regulations (March 2011)			
CA1.2.6	Pilot an initiative to improve RQIA's ability to seek and assimilate the views of service users in regulated services (March 2011)		Pilot implementation reliant on the recruitment of new staff.	


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

CA1.3 - 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 (June 2010)			<p><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></p> <p>To be carried out by end September 2010 and reported at the end of 2010/11</p> <p><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></p> <p>To be carried out by end September 2010 and reported at the end of 2010/11</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 (As per project plan)			<i>The % of establishments and agencies whose most recent reports are published through the web-based Register (S)</i> This will be reported in subsequent quarters.

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) (March 2012 for overall assessment)			<i>Assessment of the outcomes of each review in the RQIA programme against agreed timescales (S)</i> Review Evaluation process to commence in Q2 with reporting thereafter.


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. (March 2011)			<p><i>% of all new and revised RQIA policies which will include the HR approach (Q)</i></p> <p>100% of the single figure of policies considered to date.</p> <p><i>Evaluation of the implementation of the HR approach initially in the following areas: (A)</i></p> <p>1) MHLD 2) Children's services 3) Prison HSC</p>
CA3.1.2	Implement a comprehensive awareness and education programme for RQIA and external stakeholders (March 2011)			

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

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 (March 2011)			<p><i>% of all patient experience reports finalised with QIPs within 28 calendar days of the issue of draft reports (Q) - 100%</i></p> <p><i>% of MHL D service inspection QIPS assessed as satisfactory against recommendations and requirements after all regulated sector inspections (Q) - 100%</i></p> <p><i>% of assessed standard criteria partially achieved and above (Q) 100%</i></p> <p><i>Monitoring patient detention Reduction of error rate on prescribed forms to < 3.5% (Q) 2.56%</i></p> <p><i>% technical checks of all prescribed forms (Q) - 100%</i></p> <p><i>% of all detected errors notified to HSC trusts within 71hours (Q) 100%</i></p> <p><i>Monitoring Guardianship - % check on all guardianship applications and reviews (Q) 100%</i></p>


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				<p><i>% return of trust information relating to the protection of patient finance (article 116) (A)</i> 100%</p> <p><i>% MHL D review action plans received and assessed as satisfactory (Q)</i> 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	<p>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 (March 2011)</p>	●		<p><i>Number of inspections in places of detention (A)</i> This will be reported in the last quarter of 2010/11.</p> <p><i>Number of detainees RQIA engaged with in places of detention (A)</i> This will be reported in the last quarter of 2010/11.</p> <p><i>Endorsement of inspection methodologies by leading experts in the field (A)</i> This will be reported in the last quarter of 2010/11.</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) (June 2010)			<i>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally. (S)</i> This will be reported on in the second quarter, ending 30 September 2010.



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. (Ongoing)			<p><i>% of actions successfully implemented within timescale from the Public Participation Strategy (S)</i></p> <p>This will be reported in subsequent quarters.</p> <p><i>The number of instances of positive and negative feedback received from service users / stakeholders at RQIA events (S)</i></p> <p>This will be reported in subsequent quarters.</p>
D1.1.2	Finalise and implement the new Communications Strategy (Ongoing)			<p><i>The % of actions successfully implemented within timescale from the Communications Strategy (S)</i></p> <p>This will be reported in subsequent quarters.</p>
D1.1.3	Develop the corporate intranet on a phased basis using SharePoint software			
D1.1.4	Implement the revised RQIA complaints policy and procedure (June 2010)		A draft complaints procedure was brought to the RQIA Board in June 2010 but requires revision and re-submission in September 2010.	<p><i>Number of complaints received about RQIA - 1, acknowledged within 2 days, - 100 % responded to within 20 days, - 0% (extension agreed with complainant) referrals to the ombudsman. - 1 (from 2008) Number of complaints where learning has been disseminated - 1</i></p>






D1 - We engage effectively with our stakeholders

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 (March 2011)			
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 (March 2011) See D6.2.1			<i>An annual assessment of added value gained from the strategic partner arrangements with other bodies (A)</i> This will be reported in the last quarter of 2010/11.

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 (June 2010)		Development of a draft Strategy was completed by end of June 2010. This will be submitted for approval to the Audit Committee and Board in July 2010. The Strategy will be implemented from August 2010 onwards and a programme of training made available to staff.	
D2.1.2	Provision of risk management training to all staff (September 2010)			<i>The % of staff trained in Risk Management and Governance (S)</i> This will be reported in subsequent quarters.
D2.1.3	Ensure the continued attainment of "substantive" compliance with the 3 core controls assurance standards (March 2011)			<i>% level of compliance in Governance, Finance and Risk Management Controls Assurance Standards (A)</i> 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 (June 2010)		An assessment paper detailing the additional controls assurance standards, which are relevant and appropriate to the RQIA, will be produced for the Audit Committee on 21 October 2010.	
D2.1.5	Develop new equality scheme based on revised guidance provided by the Equality Commission (April 2011)			



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

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 (December 2010)			<p><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></p> <p>This will be reported in subsequent quarters.</p> <p><i>Journal Club - Evidence of Monthly Communication to RQIA staff of schedule of presentations/ research papers and evidence of attendance record (S)</i></p> <p>This will be reported in subsequent quarters.</p> <p><i>Bi- monthly report on lessons learned in relation to complaints against RQIA and action taken to disseminate this to staff (Q)</i></p> <p>This will be reported in subsequent quarters.</p> <p><i>Evaluation of every review to assess how best practice was applied (As per review)</i></p> <p>Evaluation outcomes to be reported following completion of pilot.</p>
D3.1.2	Develop and implement a research strategy and policy (June 2010)		Developed and awaiting approval by Executive Policy Group.	

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 (June 2010/Ongoing)		The allocation notified to RQIA on 30 June 2010 includes additional recurrent savings of £611K (9.08%). A moratorium on specified areas of expenditure was put in place during Quarter 1 and the forecast deficit to year end (£108K) will require to be reduced by further cost reduction measures to be identified and implemented during the remainder of the financial year.	<p><i>Breakeven on income and expenditure(+/- 0.25% (Q)</i></p> <p>To date there is a surplus of £12K (0.78%) comparing expenditure against apportioned RRL. At year end there is a forecast deficit of £108K (1.72%).</p> <p><i>% of invoices paid each month within 30 days - target 95% - (Q)</i></p> <p>94%</p> <p><i>% of outstanding debt (30 days after the date which the fee is due) - target reduce to nil within financial year - (Q)</i></p> <p>6.4% outstanding</p>
D4.1.2	Implement the agreed efficiency programme and identify further areas for VfM Assessments (March 2011)		See note above (D4.1.1) regarding the development of cost reduction measures to achieve breakeven at year end.	<p><i>% of the total efficiency savings (Q)</i></p> <p>Subsumed within increased savings requirements for 2010/11 following reduction in RRL</p>
D4.1.3	Produce an Annual Report (incorporating an approved set of Accounts and Statement of Internal Control approved by NIAO) (September 2010)			This will be reported in the second quarter 2010/11 Corporate Performance Report..

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D4.1.4	Capital Investment Plan (see D8.1)			






D4 - We manage our finances and assets effectively


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) (September 2010/Ongoing)			<i>Results of RQIA Business Continuity Plan annual test (A)</i> This will be reported in the last quarter of 2010/11.
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 (March 2011)			This will be reported in the last quarter of 2010/11.

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 (March 2011)			<p><i>% of staff with agreed PDP (A)</i></p> <p>76% of staff had an agreed PDP</p> <p><i>% of staff who have fully completed their agreed PDP (A)</i></p> <p>This will be reported in the last quarter of 2010/11.</p>
D5.1.2	Develop an action plan based on the staff survey (June 2010)			This will be reported in the second quarter 2010/11.
D5.1.3	Initiate KSF implementation project linked to performance development review process (As per project plan)		The implementation of KSF has not commenced due to no identified trade union side partner. This will be discussed again with trade union side at the next meeting of JNCF in September 2010.	<p><i>% of AFC staff covered by a KSF outline (Q)</i></p> <p>This will be reported in subsequent quarters.</p>
D5.1.4	Progress the tele-working project (As per PID)		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 attaining approval of this new policy is quarter 4 2010/11.	
D5.1.5	Initiate IIP implementation project (March 2011)			<p><i>% lost time rate to sickness (target 4.8%)(Q)</i></p> <p>4.89% in quarter 1 - 0.09% above target</p> <p><i>% turnover rate (A)</i></p> <p>This will be reported in the last quarter of 2010/11.</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D5.1.6	Identify and prioritise appropriate organisational development initiatives linked to planned diagnostic exercise using the EFQM model (Dependent on EFQM Diagnostic Exercise)			


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 (June 2010/Ongoing)			<p><i>% of actions identified within the Annual Business Plan successfully implemented within timescales (A)</i></p> <p>73%</p> <p><i>% of staff with personal objectives clearly linked to RQIA's strategic objectives (S)</i></p> <p>This will be reported in subsequent quarters.</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 (September 2010)			<p><i>% of KPIs reported as being progressed within timescales (Q) of those due to be reported in quarter how many actually were?</i></p> <p>88%</p>



D6 - We plan effectively and actively manage organisational performance


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 (March 2011) See D1.2.2		.	<p>This will be reported in the last quarter of 2010/11.</p> <p><i>Comparative benchmarks results with European Regulators in key areas of performance (EPSO engagement) (S)</i></p> <p>This will be reported in subsequent quarters.</p> <p><i>Assessment of learning outcomes of RQIA action learning sets for reviewers and inspectors (Initiates September 2010) (S)</i></p> <p>This will be reported in subsequent quarters.</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 strategy (September 2010/Ongoing)			<i>% of actions successfully implemented within timescale from RQIA's Informatics Framework (S)</i> This will be reported in subsequent quarters.
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>Submission of the draft business case to the Business Case Unit at the DHSSPS has been temporarily suspended by the Senior Responsible Owner for two reasons:</p> <ol style="list-style-type: none"> 1. Whilst the advice from the Business Case Unit to ensure that funding for the CIMS System was identified and secured before submission of the Business Case, this has been made more difficult in light of the current economic situation. The CIMS System will require both capital monies and a revenue stream over subsequent years and this is being considered in line with RQIA's overall financial position. 2. Following new intelligence regarding the possibility of being able to use one platform for both structured and unstructured data, this has had implications for taking an integrated approach to the two ICT projects, ie: CIMS and EDRMS (see D7.1.3 below). New technologies are now being investigated, as is the inter-relationship between the two projects. <p>An informed decision as to the way forward in</p>	

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
			respect of submission of the Business Case and overall scope of the Project will be taken by Project Board in a meeting to be convened in September 2010.	
D7.1.3	Explore options for how the functionality of an Electronic Documents Records Management System (EDRMS) might be delivered to RQIA and links to CIMS project e.g. using Sharepoint (September 2010)		A draft business case has been developed for the procurement of a corporate EDRMS. Market intelligence continues in order to determine the potential of developing both CIMS and EDRMS on an integrated technical platform. See D7.1.2 above.	





D7 - We manage information and our information assets effectively


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 (March 2011)			<p><i>Level of compliance and progress in implementing DHSSPS Data Protection Review Recommendations (Q)</i></p> <p>This is due to be reported in subsequent quarters following approval of the action plan by the executive in August 2010.</p> <p><i>% level of compliance with the Controls Assurance Standard in Records Management (A)</i></p> <p>Substantive Compliance - 72%</p>
D7.2.2	Review and update ICT Security Policy (March 2011)			
D7.2.3	Review and update FOI/DPA Procedures (June 2010)		The new Information Governance and Records Manager will be in post from July 2010 to progress procedures which have been drafted and are expected to be finalised and presented to Executive Team by September 2010.	<p><i>Completed Data Protection Subject Access Requests within 40 days. (Q)</i></p> <p>4 (100%)</p> <p><i>Completed Freedom Of Information Requests within 20 working days. (Q)</i></p> <p>5 (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 (July 2010/As per agreed Project Plan)		Project Plan for review and implementation of outcomes to be presented to the Board in September 2010. Review of ICT services underway and outline business case is currently being drafted.	<i>% level of compliance with the ICT Controls Assurance Standard (A)</i> Baseline ICT Controls Assurance exercise to be carried out during August 2010.
D8.1.2	Test and maintain ICT contingency and disaster recovery arrangements and integrate into the corporate BCP (March 2011)			
D8.1.3	Continue to performance manage the outsourced ICT service (March 2011)			<i>Total number and type of calls logged with the outsourced provider (Q)</i> 195 calls were logged with the outsourced provider (169 were incidents, 3 were due to problems affecting all users and 23 were change requests). <i>Average time taken to resolve incidents and problems (Q)</i> 5.7 hours (within 1 working day).
D8.1.4	Develop, implement and monitor a Capital Investment Plan (July 2010 / Ongoing)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D8.1.5	Complete an ICT user satisfaction survey (March 2011)			<i>Effectiveness level of RQIA's ICT service (as per staff survey) (A)</i> Due to be baselined in Q1 2011/12

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 (March 2011)			<p><i>Number of presentations made by RQIA staff made to audiences, for example at courses, conferences, training sessions etc. (Q)</i></p> <p>RQIA staff have taken part in 11 presentations to audiences, for example at courses, conferences, training sessions in Q1.</p> <p><i>Number of media appearances by RQIA staff and analysis of press clippings referencing RQIA. (Q)</i></p> <p>The Chief Executive made 6 media appearances on regional and local broadcast news, following the publication of the maternity Services Review in May.</p> <p>In Q1 RQIA had appeared in the press on 12 occasions.</p>
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 (March 2011) (ref. D1.1)			<p><i>Frequency of contact with MLAs and with the Assembly Health Committee (A)</i></p> <p>A delegation from RQIA presented at the Health Committee in May in relation to the findings of the Maternity Services Review.</p>

Figure 1 - RQIA 'Value Creation Map'

