



CORPORATE PERFORMANCE REPORT 2010/11
PERIOD ENDING SEPTEMBER 2010

Final Version - Board Meeting 11 November 2010

Contents

1. INTRODUCTION	1	D5 - We value and develop all our staff	28
2. SUMMARY OF RAG RATING SYSTEM (PERIOD ENDING 30 SEPTEMBER 2010)	2	D6 - We plan effectively and actively manage organisational performance	30
3. HEADLINE ACHIEVEMENTS (PERIOD ENDING 30 SEPTEMBER 2010)	2	D7 - We manage information and our information assets effectively	32
4. PERFORMANCE & EXCEPTION REPORT	6	D8 - We optimise the use of ICT to support our work	36
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	7	D9 - Position RQIA as a respected, independent regulator	38
CA2 - Informing the Population We publicly report on the safety, quality and availability of health and social care	13		
CA3 - Safeguarding Rights: We act to protect the rights of all people using health and social services	14		
CA4 - Influencing Policy: We influence policy and standards in health and social care	18		
D1 - We engage effectively with our stakeholders	19		
D2 - We maintain a robust governance framework	22		
D3 - We use evidence and research to underpin all our activities	24		
D4 - We manage our finances and assets effectively	25		

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 35.

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 September 2010)

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

Traffic light		Period Ending June 2010	Period Ending September 2010
Red		0	0
Amber		15 (24%)	14 (22%)
Green		48 (76%)	49 (78%)

At the end of the second quarter of 2010/11, 78% of the actions within the Business Plan are on track.

3. Headline Achievements (Period Ending 30 September 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 65% of the actions completed to date. The reliability and validity of the register continues to be progressed through validation checklist procedure with 79% of service details at the end of the quarter having been checked within the last 12 months. An overarching registration policy had been drafted for executive policy approval in Quarter 2 2010/11; however approval has been postponed until agreement on the underpinning procedures has been reached.

- In the first 2 quarters RQIA has 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 and Child Protection. A further range of reviews are now due for publication in Q3.
- RQIA continue to be on target to meet its statutory requirements in terms of minimum inspections to all regulated sector establishments. Figures within this report demonstrate increasing effectiveness of the inspection programme in achieving improvements in the quality of care.
- RQIA have completed a range of hygiene inspection re-audits to a range of health care facilities in quarters 1 and 2. These re-audits are to be published in Q3 and demonstrate significant improvement in the hygiene and infection control practices in the identified clinical areas. The hygiene team have been actively engaged in the development of new standards and the audit tools for future use. These tools will be piloted in Q3.
- Q2 saw the commencement of the first programme of IR(ME)R inspections. A total of 8 IR(ME)R inspections will be completed by year end.
- During Q2 RQIA have engaged with the Community information branch at DHSSPS on a new model to capture service user views in conventional Domiciliary Care Agencies.

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

- The launch of a web-based version of the register of regulated establishments and agencies is on target for early November.

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

- The inspection programme pilot for MHL D 2010- 2011 was completed in Q2 with the core programme now well underway.
- RQIA continue to monitor all prescribed forms under the MHO 1986 error rates on the forms have been maintained a low levels. (i.e. 2.9% error rate in the period).
- During Q2 RQIA applied and received confirmation of funding from GAIN for the development of guidelines and an associated training programme for all professionals using the MHO.
- RQIA have continued to deliver a programme of patient experience reviews (i.e. 34 patient reviews with 133 patients engaged with in the period), using a human rights based approach to persons detained under the MHO.
- A human rights based approach has been initiated in the Agencies team and indicators as well as methods are being finalised for the 2011 -2012 programme.
- A guidance document for human rights based approach in review projects is being finalised. Certain reviews under development have taken a very specific human rights approach e.g. Sensory impairment using the Disability Convention and others have human rights involvement.

- An initiation document has been prepared in respect of a corporate approach to the review of prison HSC.
- RQIA is working with Her Majesty's Inspectorate to provide a Northern Ireland NPM seminar with interested agencies in early 2011 which will take account of the first annual report and related matters.
- RQIA has been praised for its NPM annual report and submission to the overarching report to the United Nations.

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. In September RQIA published the report of a review of Out of Hours Services in Primary Care. Subsequent to an 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.
- 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
 - DHSSPSNI Regional Data Sharing Agreement
 - Amendment to regulations under the Quality Improvement and Regulation (NI) Order 2009
 - Framework for Mental Health nursing In NI

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, nominations to a Working Group have been agreed and it is planned to present the new strategy to the Board in January 2011.
- The Public Participation Implementation and Monitoring Group continue to meet. The implementation of the Public Participation Action Plan is ongoing and particular initiatives this year include establishing a Children's Services Advisory group, holding a series of Mental Health and Learning Disability information events across Northern Ireland and continuing to engage with a range of service users as part of planned review and inspection activity.
- The RQIA Risk Management Strategy has been approved, and Risk Management Procedures have been developed based on the strategy. A new Directorate Risk Register template and associated guidance have been developed and training is being rolled-out to all staff between October and November 2010.
- An assessment of the potential relevance of other controls assurance standards has been completed and will be considered by the Audit Committee in October 2010.
- The annual progress report on equality and disability was approved by the Board in September and work has commenced on an audit of inequalities as a first step in the preparation of a new Equality Scheme.

- A Business Continuity Strategy was approved by the Executive Management Team and a new Business Continuity Plan will be presented to the Board for approval in quarter 3 of 2010/11.
- The Western Trust and Social Care Trust has stated that unless there is a change in government policy, there are no plans to change the status of the Hilltop office at Omagh for a number of years. In the light of this information, RQIA is not seeking alternative accommodation at this time.
- 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, a savings delivery plan for the next four year period was submitted to the Department and work is ongoing to achieve break-even. The Annual Report & Accounts were approved by the Board in July 2010.

A range of Value for Money (VfM) initiatives will be presented to the Audit Committee in October 2010.




- The Joint Negotiating and Consultative Forum (JNCF) held its third meeting in September and the re-established Staff Forum continues 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 commenced in September and October 2010 respectively.
- A suite of new HR policies has been agreed by the Executive Management Team and are subject to consultation with the JNCF.




- The new Corporate Performance Report (previously the "Quarterly Report") was presented for the first time to the Board in September incorporating a suite of revised Key Performance Indicators (KPIs).
- The possibility of integrating the Corporate Information Management System (CIMS) and Electronic Documents Records Management System (EDRMS) projects is being examined and will be considered at a forthcoming meeting of the Project Board in November 2010.
- An Action Plan to implement the DHSSPSNI Data Protection Review Recommendations was approved by Board in September 2010.
- 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. 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.
- 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 will be presented to RQIA Board in November 2010.
- RQIA has benchmarked registration fees and produced a paper for consideration by DHSSPSNI 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.

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 be 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.	% of services whose registration details have been validated (Q) 79%.																																				
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)			% of reviews completed within agreed timescales as set out in the 3 year plan of programmed reviews (Q) 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) (March 2011)			% of QIPS returned and assessed as satisfactory against recommendations and requirements (Q) <table border="1"> <thead> <tr> <th>Service Category</th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td>Children's</td> <td>90%</td> <td>97%</td> </tr> <tr> <td>Finance</td> <td>83%</td> <td>97%</td> </tr> <tr> <td>Residential Care</td> <td>100%</td> <td>99%</td> </tr> <tr> <td>Day Care</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Estates</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Nursing Homes</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Pharmacy</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Independent Health</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Domiciliary Care</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Adult Placement</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Total</td> <td>99.30%</td> <td>99%</td> </tr> </tbody> </table>	Service Category	Q1	Q2	Children's	90%	97%	Finance	83%	97%	Residential Care	100%	99%	Day Care	100%	100%	Estates	100%	100%	Nursing Homes	100%	100%	Pharmacy	100%	100%	Independent Health	100%	100%	Domiciliary Care	100%	100%	Adult Placement	N/A	N/A	Total	99.30%	99%
Service Category	Q1	Q2																																						
Children's	90%	97%																																						
Finance	83%	97%																																						
Residential Care	100%	99%																																						
Day Care	100%	100%																																						
Estates	100%	100%																																						
Nursing Homes	100%	100%																																						
Pharmacy	100%	100%																																						
Independent Health	100%	100%																																						
Domiciliary Care	100%	100%																																						
Adult Placement	N/A	N/A																																						
Total	99.30%	99%																																						



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																								
				<p>% of standard criteria assessed as partially achieved or above (All sectors falling under new inspection methodology)</p> <table border="1"> <thead> <tr> <th>Programme of Inspection (Type of Inspection)</th> <th>2010-11 Q1</th> <th>2010-11 Q2</th> </tr> </thead> <tbody> <tr> <td>Domiciliary Care Agency</td> <td>94%</td> <td>96%</td> </tr> <tr> <td>Nursing (Announced)</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Nursing (Unannounced)</td> <td>84%</td> <td>86%</td> </tr> <tr> <td>Residential (Announced)</td> <td>64%</td> <td>74%</td> </tr> <tr> <td>Residential (Unannounced)</td> <td>87%</td> <td>84%</td> </tr> <tr> <td>Day Care Setting</td> <td>49%</td> <td>74%</td> </tr> <tr> <td>Overall</td> <td>82%</td> <td>88%</td> </tr> </tbody> </table>	Programme of Inspection (Type of Inspection)	2010-11 Q1	2010-11 Q2	Domiciliary Care Agency	94%	96%	Nursing (Announced)	97%	97%	Nursing (Unannounced)	84%	86%	Residential (Announced)	64%	74%	Residential (Unannounced)	87%	84%	Day Care Setting	49%	74%	Overall	82%	88%
Programme of Inspection (Type of Inspection)	2010-11 Q1	2010-11 Q2																										
Domiciliary Care Agency	94%	96%																										
Nursing (Announced)	97%	97%																										
Nursing (Unannounced)	84%	86%																										
Residential (Announced)	64%	74%																										
Residential (Unannounced)	87%	84%																										
Day Care Setting	49%	74%																										
Overall	82%	88%																										
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)			<p>% of fully compliant scores recorded by hygiene inspection team (by trust) (Baseline to be taken from first round of inspections) (Q)</p> <p>27.6% during the baseline audit</p>																								

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually
				84.2% 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)			<p><i>The % of assessment of lessons learned evaluations completed within 3 months of each service review (Q)</i></p> <p>100% (process started in quarter 2 2010/11).</p> <p><i>% of evaluations completed from the programme of each thematic inspection (A)</i></p> <p>This will be reported in the last quarter of 2010/11.</p>
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)			<p><i>% of compliance with inspection report standard (S)</i></p> <p>This will be reported in quarter 4 following commencement of audit programme.</p>
CA1.2.4	Develop and implement a robust inspection methodology for all services subject to IR(ME)R (June 2010)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
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 (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>A pilot process to develop a mid-term report on the review programme to inform the Overall Assessment has been agreed by RPSG to cover the period April 2009 to Sept 2010.</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>Annual overview reports on inspection findings from the 2009-10 inspection year for adult and childrens' services will be presented to the November 2011 Board meeting</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 next quarter.

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 has commenced in Q2.


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>% of all new and revised RQIA policies which will include the HR approach (Q)</p> <p>100%</p> <p>Evaluation of the implementation of the HR approach initially in the following areas (A)</p> <p>(a) 1) MHLD 2) Children's services 3) Prison HSC 4) Agencies</p> <p>(b) Review activities</p> <p>This will be reported in quarter 4 of 2010/11.</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</i></p> <p>100%</p> <p><i>% of MHL D service inspection QIPS assessed as satisfactory against recommendations and requirements after all regulated sector inspections</i></p> <p>100%</p> <p><i>% of assessed standard criteria partially achieved and above</i></p> <p>100%</p> <p><i>Monitoring patient detention</i> <i>Reduction of error rate on prescribed forms to < 3.5%</i></p> <p>2.56%</p> <p><i>% technical checks of all prescribed forms</i></p> <p>100%</p> <p><i>% of all detected errors notified to HSC trusts within 71 hours</i></p>


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				100% <i>Monitoring Guardianship - % check on all guardianship applications and reviews</i> 100% <i>% return of trust information relating to the protection of patient finance (article 116)</i> 100% <i>% MHLD review action plans received and assessed as satisfactory</i> 100%

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 (March 2011)			<p>Number of inspections in places of detention (A)</p> <p>2 prisons and all mental health institutions</p> <p>Number of detainees RQIA engaged with in places of detention (A)</p> <p>200</p> <p>Endorsement of inspection methodologies by leading experts in the field (A)</p> <p>International Symposium in relation to MHLD endorsement 2010 and NPM endorsement by the UN co-ordinator 2010</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)			<p><i>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally. (S)</i></p> <p>This has been partly included in the RQIA annual report and will also be considered during the pilot process set out in CA1.3.1</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. (Ongoing)			<p>% of actions successfully implemented within timescale from the Public Participation Strategy (S)</p> <p>100%</p> <p>The number of instances of positive and negative feedback received from service users / stakeholders at RQIA events (S)</p> <p>No events in these quarters.</p>
D1.1.2	Finalise and implement the new Communications Strategy (Ongoing)			<p>The % of actions successfully implemented within timescale from the Communications Strategy (S)</p> <p>This will be reported in next quarter.</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)			<p>Number of complaints received about RQIA</p> <p>1</p> <p>Number of complaints acknowledged within 2 days</p> <p>100 %</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				<p>Number of complaints responded to within 20 days</p> <p>0% (extension agreed with complainant)</p> <p>Number of referrals to the ombudsman</p> <p>1 (from 2008)</p> <p>Number of complaints where learning has been disseminated</p> <p>2</p> <p>% of operational staff where lessons learned has been disseminated within agreed timeframe</p> <p>100%</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)			
D2.1.2	Provision of risk management training to all staff (September 2010)		Risk Management training programme developed to be delivered in Quarter 3 2010/11.	The % of staff trained in Risk Management and Governance (S) 0%
D2.1.3	Ensure the continued attainment of "substantive" compliance with the 3 core controls assurance standards (March 2011)			% level of compliance in Governance, Finance and Risk Management Controls Assurance Standards (A) 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 was produced and approved by the EMT on 1 September. The paper will be presented to 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 the next quarter.</p> <p><i>Lunchtime Learning Club - Evidence of Monthly Communication to RQIA staff of schedule of presentations/ research papers and evidence of attendance record (S)</i></p> <p>Following the provision of the schedule to all staff, 63 Staff attended over last 4 sessions June - September 20 10 = >5% increase in attendance.</p> <p><i>Evaluation of every review to assess how best practice was applied (As per review)</i></p> <p>A programme of process evaluations of each review has commenced to identify lessons to improve review processes.</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 has been put in place and RQIA continues to proactively manage financial pressures in order to achieve breakeven at year end.	<p><i>Breakeven on income and expenditure (+/- 0.25% (Q)</i></p> <p>For the period Apr-Sept there is a £2.4k surplus (0.07%) comparing expenditure against apportioned RRL and other Income. The forecast year end position at June was a deficit of £108k (1.72%). The forecast year end position at September was reduced to a deficit of £34K (-0.54%). A change in the assumptions around several key variables may reduce this further.</p> <p><i>% of invoices paid each month within 30 days - target 95% - (Q)</i></p> <p>96.04% (99.01% paid within T&C's)</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>2%</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 achieved (Q)</i></p> <p>100% projected achievement of CSR</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				efficiency savings (£43K) assuming breakeven at end of year
D4.1.3	Produce an Annual Report (incorporating an approved set of Accounts and Statement of Internal Control approved by NIAO) (September 2010)	●		
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) (September 2010/Ongoing)		Implementation plans to be developed and reliant on future of ICT to be determined (see D8.1.1 BC Plan to be presented to the Board in quarter 3 2010/11.	Results of RQIA Business Continuity Plan annual test (A) 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 - suspended in lieu of WHSCT plans)			





Other KPIs

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

9.34 m² of space per person in Riverside Tower for 135.3 FTE staff. OGC minimum is 5.0 m²

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>% of staff with agreed PDP (A)</p> <p>76% of staff had an agreed PDP</p> <p>% of staff who have fully completed their agreed PDP (A)</p> <p>This will be reported in the last quarter of 2010/11.</p> <p>Assessment of learning outcomes of RQIA action learning sets for reviewers and inspectors (Initiates September 2010) (S)</p> <p>This will be reported in next quarter.</p>
D5.1.2	Develop an action plan based on the staff survey (June 2010)			
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>% of AFC staff covered by a KSF outline (Q)</p> <p>0%</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.	

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
D5.1.5	Initiate IIP implementation project (March 2011)			<p>% lost time rate to sickness (target 4.8%) (Q)</p> <p>4.89% in quarter 1 - 0.09% above target</p> <p>% in quarter 2 still outstanding from BSO</p> <p>% turnover rate (A)</p> <p>This will be reported in the last quarter of 2010/11.</p>
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 (Q)</i></p> <p>78%</p> <p><i>% of staff with personal objectives clearly linked to RQIA's strategic objectives (S)</i></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 (September 2010)			<p><i>% of KPIs reported as being progressed within timescales</i></p> <p>98%</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			<i>Comparative benchmarks results with European Regulators in key areas of performance (EPSO engagement) (A)</i> This will be reported in the last quarter of 2010/11.

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)		The strategy will be progressed by the end of quarter 4 2010/11.	% of actions successfully implemented within timescale from RQIA's Informatics Framework (S) This KPI will be reported following approval of the Informatics Framework by the Board
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)		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: 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	

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
			<p>technologies are now being investigated, as is the inter-relationship between the two projects.</p> <p>An informed decision as to the way forward in 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 late November/early December 2010.</p>	
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)	■	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>5 out of the 13 actions (39%) have been implemented since approval of the plan at the beginning of September 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)		Updated FOI / DPA procedures have been drafted and are expected to be placed on RQIA website in quarter 3.	<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>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				12 (100%)

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 approved by RQIA Board in September 2010. Review of ICT services underway and outline business case is currently being drafted for presentation to RQIA Board in November 2010.	% level of compliance with the ICT Controls Assurance Standard (A) Baseline ICT Controls Assurance exercise to be carried out during February 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)	●		<p>Total number and type of calls logged with the outsourced provider (Q)</p> <p>Calls Logged Apr-Sept 2010</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;">355</td> <td style="text-align: center;">5</td> <td style="text-align: center;">28</td> <td style="text-align: center;">388</td> </tr> </tbody> </table> <p>Average Support Hours and Calls</p> <table border="1"> <thead> <tr> <th></th> <th>Qtr 1</th> <th>Qtr 2</th> </tr> </thead> <tbody> <tr> <td>Average Support Hours</td> <td style="text-align: center;">71.6</td> <td style="text-align: center;">40.1</td> </tr> <tr> <td>Average Calls</td> <td style="text-align: center;">65</td> <td style="text-align: center;">64.3</td> </tr> </tbody> </table>	Incidents	Problems	Change Requests	Total	355	5	28	388		Qtr 1	Qtr 2	Average Support Hours	71.6	40.1	Average Calls	65	64.3
Incidents	Problems	Change Requests	Total																		
355	5	28	388																		
	Qtr 1	Qtr 2																			
Average Support Hours	71.6	40.1																			
Average Calls	65	64.3																			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				<p>During the period July-Sept (quarter 2) the support arrangements were changed. Instead of an engineer attending site 1 day per week the 50 days per annum allowed for this service were added to the overall support hours of 100 pa to give a total of 475 hours pa. The above Table shows that by reorganising the support arrangements RQIA are achieving better value for money as the same number of calls are being addressed in 44% less time.</p> <p>Average time taken to resolve incidents and problems (Q)</p> <p>The re-arranged support service has reduced the average time to resolve a call from 1 hr 6 minutes to 36 minutes per call logged.</p>
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>Effectiveness level of RQIA's ICT service (as per staff survey) (A)</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 (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 13 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 and Q2 RQIA had appeared in the press on 25 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>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs
				As part of its ongoing public affairs programme, In September RQIA made contact with the health spokesperson in each of the five main political parties,. To date RQIA has met with the Alliance Party, and two further meetings are schedule during Q3.

Figure 1 - RQIA 'Value Creation Map'

