Performance Reporting and Monitoring Policy

Policy Number: G-03.03.00	Next Review Date: 2028
Approved by: NSRDDA Board	Approval Date: April 28, 2026

1. Purpose

This policy sets out how the Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA or Regulator) monitors, reports, and reviews performance and risk to ensure that strategic goals are achieved, regulatory functions are delivered effectively, and continuous improvement is supported. It affirms the Board's oversight role in assessing organizational performance and protecting the public interest.

The Regulator's commitment to EDIRA principles is integrated into the measurement and interpretation of performance.

2. Scope

This policy applies to all organizational functions and activities overseen by the Board, including regulatory programs, governance, operations, and public engagement.

3. Guiding Principles

The following principles will guide the reporting and monitoring of performance by the NSRDDA:

- **Accountability**: The NSRDDA is accountable to the public for its effectiveness and efficiency.
- **Transparency**: Performance information is shared clearly with the Board and key stakeholders.
- **Evidence-Based Oversight**: Decisions are based on data and risk-informed insights.
- **Continuous Improvement**: Performance reviews identify opportunities for learning and system enhancement.
- **Right-Sized Approach**: The framework is practical and manageable for a small regulator.

4. Policy Statement

(a) Roles and Responsibilities

Role	Responsibility
Board	• Reviews performance and risk information quarterly • Sets strategic and improvement priorities
Registrar	• Gathers and presents Key Performance Indicators (KPIs) and risk data

	• Recommends actions based on findings
Committees (as applicable)	• May monitor indicators within their mandate (e.g., Registration, Finance)
Staff	• Contribute to data collection and reporting in their areas of responsibility

(b) Performance Indicators and Risk Monitoring

Performance and risk will be tracked through the following tools:

- KPIs aligned with strategic and regulatory objectives
- Quarterly Risk Register Review covering high and moderate operational and strategic risks,
- Annual Strategic Plan Progress Report

The KPIs are defined in a separate performance framework and reviewed at least annually.

(c) Reporting Schedule

Frequency	**Report**	**Contents**
Quarterly	Performance and Risk Dashboard	KPIs, risk updates, progress on mitigations
Annually	Strategic Progress Report	Summary of performance against plan, areas for improvement
Ad-hoc	Issue-specific Briefings	Emerging risk or significant variances,

(d) Review Process and Improvement Planning

1. **Quarterly Review**: The Board reviews the dashboard and, with input from the Registrar, identifies any areas where performance is below target or risks are increasing.
2. **Action Planning**: If indicators fall below acceptable thresholds, the Registrar develops a performance improvement plan (PIP) with defined corrective actions, responsibilities, and timelines.
3. **Board Direction**: The Board may direct specific follow-up actions, resource reallocations, or strategic adjustments to address performance gaps.
4. **Annual Reflection**: During the annual Board planning session, performance trends are reviewed to inform future priorities.

(e) Public Reporting

Performance information will be published annually through:

- The Annual Report (with KPI summary, including key outcomes for accountability and accessibility)
- The Regulator's website (dashboard or infographic summary in plain and accessible language)

5. Monitoring and Policy Review

The Chair of the Governance and Human Resources Committee and the Registrar will ensure that this policy is reviewed in accordance with the Board's policy review cycle or as required by significant operational or environmental changes.

6. Accountability

The Board Chair and the Registrar are accountable for ensuring compliance with this policy.