Business Plan

April 2016 to March 2017

THE FIRST YEAR OF 'CQC'S NEXT PHASE - OUR STRATEGY FOR 2016-2021'

Contents

Foreword

The health and care system in England has come under increasing pressure, driven by changing care needs and financial demands on all public services. Providers and staff are being asked to deliver significant efficiency savings to ensure that the health and care system remains sustainable for the future, while meeting the more complex needs of the population, including those with complex needs and older people.

As a result, the way in which health and social care is delivered has started to undergo a fundamental transformation – providers are changing the way services are organised and how they deliver care in response to pressure and opportunities to do things differently. Traditional boundaries between organisations and sectors are blurring and we are seeing organisations redesigning their services to meet changing needs.

The way CQC regulates services is evolving to reflect these changes, although our purpose remains unchanged: to make sure that health and social care services provide people with safe, high-quality and compassionate care, and to encourage improvement. More than ever, our focus will be on regulating for quality in a time of straightened public finances.

Our business plan sets out four priorities for 2016/17. We will:

- Complete our inspection programme – and ensure that our registration processes support providers to deliver high-quality care while encouraging innovative new models of care.

- Build on strong foundations to shape the future of health and care regulation, ensuring that our approach remains relevant to a changing environment.

- Develop the skills we need internally to respond to the changing needs of the organisation and the wider system.

- Evaluate and report on our impact and value for money, using this evidence to learn and improve.

We are evolving our approach to encourage the improvements that providers can then drive, through collaboration and place-based planning and delivery. We want to support improvement and innovation – while ensuring that we act quickly to protect people when necessary.

We'll be using technology, data and real-time information more effectively to spot risk and take swift action if needed. We'll also be doing more to help providers to understand and report on their own quality, and improving the processes that underpin our inspections so

we can report what we find more quickly. We'll be working smarter and faster to address the variation in quality of care that our inspections have exposed.

We completed comprehensive inspections of all acute NHS trusts in England by the end of March 2016 and will complete the comprehensive inspection programme for adult social care, GP practices and out-of-hours services, other NHS trusts and independent hospitals before the end of financial year 2016/17. This will provide a baseline understanding of quality across health and social care that is unique in not just this, but in any, country.

We will deliver our business plan against a budget of £236 million, consisting of grant-in-aid from the Department of Health and income from fees. This is £13 million less than in 2015/16. Like other public sector bodies, we need to become more efficient and effective to stay relevant and sustainable for the future.

The pressures on the health and social care system will not decrease – it's how we respond to these pressures that is crucial. Working together, we can ensure that people who use services get the high-quality care they deserve.

Peter Wyman
Chair

David Behan
Chief Executive

Part 1: Overview

This describes our purpose, role, values and who we regulate

How we define whether we are achieving our purpose
What does success look like at the levels of impact, outcomes, quality and effectiveness, and for our internal capability – and underpinned by our costing model.

How we measure our performance.
We report on our key performance indictors (KPIs) including targets, to the CQC Board, public, partners and stakeholders, as well as to the Department of Health and the Parliamentary committees to which we are accountable and who scrutinise our work. We are also using more evidence to assess our **impact and value for money.** We will report on impact and value for money in our annual report for 2015/16 and in a further report during 2016.

Our priorities for improving what we do
What we will do over the period of this business plan to improve, in order to ensure we fulfil our purpose.

Part 1

Our purpose | How do we define achieving our purpose? | Measuring whether we achieve our purpose | Our priorities

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England

Our purpose

To make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve

Our role

- We **register** health and adult social care providers
- We **monitor** and **inspect** whether they are safe, effective, responsive, caring and well-led, and we publish what we find, including **quality ratings**
- We use our legal powers to **take action where we identify poor care**
- We **speak independently**, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values

- **Excellence** – being a high performing organisation
- **Caring** – treating everyone with dignity and respect
- **Integrity** – doing the right thing
- **Teamwork** – learning from each other to be the best we can

Who we regulate

Hospitals, mental health and community services

167 Acute hospital providers (NHS non-specialist)
40 Acute hospital providers (NHS specialist)
248 Acute hospital providers (Independent non-specialist)
453 Acute hospital providers (Independent specialist)
271 Ambulance service providers (NHS and Independent)
498 Community health providers (NHS & Independent)
52 Community substance misuse providers
125 Residential substance misuse providers
130 Mental health - community & hospital providers (independent)
4 Mental health - community & residential providers (NHS)

Adult social care

17,046 Residential social care homes with and without nursing

8,504 Domiciliary care services

324 Hospices/hospice services at home

68 Specialist college services

199 Community based services for people with a learning disability

514 Extra care housing services

141 Shared lives services

1,782 Supported living services

Primary medical services and integrated care

10,429 Dental care locations

8,290 GP practices

91 GP out-of-hours services

155 Prison healthcare services

26 Remote clinical advice services

124 Urgent care services and mobile doctors

1,045 Independent consulting doctors

48 Slimming clinics

Children's safeguarding and looked after children's services inspections with partner organisations

Medicines Optimisation (across all sectors)

How we define whether we are achieving our purpose

This diagram sets out how we define the achievement of our purpose at four levels: impact; outcomes; quality and effectiveness; and internal capability, underpinned by our costing model

Impact

Health and social care services provide safe, effective, compassionate and high quality care, and improve

Outcomes

Because….

People using services, their carers and the public
Use our information to make choices
Use our information to hold providers to account
Share their views & experience with us
Trust us & see us as on their side

Providers
Use our guidance & reports to make improvements
Take action when required to improve
Speak openly about concerns
Believe we are professional, transparent, consistent & fair

Partners and others
Have a single shared view of quality with CQC
Use our information to inform their work
Share information with us
Take action in response to our findings
Are confident in us

Quality and effectiveness - our operating model

Because guidance is clear about what is expected and…….

Our **registration** processes are robust; establish expectations and commitments; and can respond to changes in ways services are provided and organised

We seek people's views and experiences; **monitor** information to target where, when & what to inspect; and use **inspection** to make a thorough assessment of the quality of care, and to form valid, reliable & timely judgements & **ratings**

We take targeted & proportionate **enforcement** action to protect the public from harm and to make sure that providers take action to improve

We use our **independent voice** to share what we find locally and nationally, in ways that are accessible and useful to the public & people using services, to providers, to our partners & other stakeholders

Internal capabilities

Because we are an organisation that manages itself effectively….

Our values of Excellence, Caring, Integrity & Teamwork are expressed in everything we do
We develop our people including our management and leadership skills

Our quality framework ensures we are: 'getting it right' (we are accurate and insightful); are reliable; timely; cost effective & we reflect and learn in order to improve

We assure ourselves that we have effective arrangements in place to manage:
our people, our performance; our finance systems & controls ; that we plan effectively and deliver

Costing model

Because we understand and manage the costs of regulation….

CQC
We understand our costs & how we can make the best use of our resources and we put this into practice

Providers
We understand the costs to providers and how we can minimise the cost & burden to them

Other stakeholders
We understand wider system costs, how we can work efficiently with partners and reduce duplication

How we measure this

Our **KPI** targets are set out in Annex 5. In addition an annual report on our impact and value for money will assess how well we are achieving our strategic measures of success as set out below:

Impact

Quality of the services we have rated
Over time there are more services rated outstanding or good, and fewer that are rated as requires improvement or inadequate (as reported in our State of Care report)

Outcomes

People using services, their carers and the public
members of the public increasingly say they trust CQC is on the side of people using services
people say our reports help them make choices

Providers
providers tell us our guidance, inspection, and reports help them to improve

providers rated inadequate or requires improvement improve when we re-inspect

Partners and others
say we effectively share information and act together to address failure
Think our inspection reports are useful
Single view of quality set out and agreed

Our future plans for regulation help us deliver our purpose and reflect the future direction of health and social care
(respondents to engagement and consultation tell us this)

Quality and effectiveness - our operating model

Registration
There is a decrease in newly registered providers where we need to take regulatory action on first inspection

Providers tell us registration is a robust assessment, and one that encourages innovation*

(*In 2016-17 we will develop how we measure how well we are encouraging innovation)

Monitor
As we develop our new approach to how we monitor in 2016-17, we will develop how to measure it is effective

Inspect
People who use services, experts by experience, specialist advisers, public and care staff say they were actively involved in our inspections and/or judgements

Rate
Providers say judgements were fair even when rated requires improvement or inadequate.

Enforcement
More providers improve when action is taken.

Independent voice
Majority of partners and others say we effectively share information

A significant proportion of stakeholders find our national reports useful in informing their decision making

Internal capability : KPIs

Registrations (new, variation or cancellation) completed in 50 days

Inspection – first ratings inspections due are undertaken
Monitor - safeguarding alerts referred to council in 0-1 days
safeguarding alerts have one of 4 possible mandatory actions taken in 0-5 days

Inspection reports - published within 50 days (65 days for NHS and >3 core services)

Mental Health Act visits planned each quarter are completed. SOAD requests undertaken within target time

Complaints about CQC
The number upheld at Stages 1 and 2

Customer service
Calls answered in 30 seconds

Management and leadership programme delivered and evaluated

Frontline vacancies within tolerance - Turnover/Sickness are within targets. Engagement index score is improved.

Minimal variance from budgets
Few business plan milestones rated red/amber red

Costing model

CQC costs
Costs of inspection baseline established in 2016 and target set

Impact and Value for money
Our 2016 self-assessment based on evaluation, case studies, analysis, measures, costs and benefits establishes a baseline from which improvements can be made

Priorities for 2016/17

The previous sections described our purpose; how we define whether we are achieving it and how we measure this. We are working to understand and improve our effectiveness and demonstrate the value for money we provide. We are confident that as we are embedding and building on our regulatory approach we are achieving our purpose to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

We also know that we need to continue to improve our impact, effectiveness and value for money, and we need to be a regulator that supports changes in health and social care. To do this, and ensure we continue to achieve our purpose, in 2016-17 we will undertake work in the following priority areas:

To deliver our purpose our priorities are:

1	**Deliver our approach to regulation** Deliver our commitments to **register** health and social care services; **monitor, inspect and rate**; **enforce**; and **speak independently**
2	**Shape the future of health and care regulation** Evolve our operating model
3	**Build an effective; efficient; learning; and values-based CQC** Develop our skills, embed our culture and values, and improve our operating model and the systems and processes that underpin it
4	**Demonstrate the difference we make** Evaluate, measure and report on our performance, costs, quality, impact and value for money, using what we find to ensure we are delivering and to improve where we aren't

Part 2: Priorities in detail

This describes:

Our objectives under each of the four priorities in the plan **-** what we will do over the period of this business plan to improve, in order to ensure we deliver our purpose.

Our KPIs under each objective

What we are doing to improve. The activities we will be taking to improve what we do, and the dates for their completion.

The Annexes to the plan set out our structure; staffing; budget; and how we manage risks

Part 2

Priority 1 Deliver our approach to regulation	
1.1	**Register** care providers and managers to ensure their commitment to deliver high quality services. Prevent people who are not fit from being registered and take action against providers we become aware of that are operating without registration.
1.2	**Monitor, inspect and rate** to target where to inspect and make an assessment of the quality of care and make a reliable judgement and rating*. This includes completing our first ratings programme and undertaking regular risk based and responsive inspections of care providers once they have been rated. We will also deliver a market oversight role in adult social care and ensure the rights of people subject to the powers of the Mental Health Act are upheld through our functions
1.3	**Enforcement**. Take action to protect people who use services and to hold providers to account through appropriate enforcement action and implement our enforcement priorities
1.4	**Speak independently**, sharing what we find locally and nationally, including continuing to develop our approach for describing the quality of care across pathways and in local areas
Priority 2 Shape the future of health and care regulation	
2.0	Building on strong foundations, evolve the fundamentals of our operating model, under a number of strategic themes and develop our strategy to 2021
Priority 3 Build an effective; efficient; learning; and values based CQC	
3.1	Develop the skills we need and embed our culture and values, including implementing a management and leadership development programme and training and development at all levels
3.2	Continue to improve our operating model and our organisation more widely, for now and the future: including improving methodologies; our processes; our systems; and continuing to embed our quality framework
Priority 4 Demonstrate the difference we make	
4.0	Evaluate, measure and report on our performance, quality, management assurance, impact and our value for money, using the evidence to learn and make improvements across all our Directorates and to be publicly accountable

*Where we rate the type of service

Priority 1 Deliver our approach to regulation

1.1 Register care providers and managers to ensure their commitment to deliver high quality services. Prevent people who are not fit from being registered and take action against providers we become aware of that are operating without registration

KPIs	90% of registration processes completed in 50 working days

	Activities	**Complete by end**
	Determine applications from providers for new registrations, variations and cancellations	Ongoing
	Respond promptly when we are alerted to unregistered providers and take enforcement action commensurate with identified risk	
	Continue to maintain the Register of all providers, Managers and Locations, and ensure this Register is accurate	

1.2 Monitor, inspect and rate to target where to inspect; make an assessment of the quality of care; and make a reliable judgement and rating

KPIs	100% of first ratings inspections due are undertaken 90% of inspection reports published within 50 days of inspection (or within 65 days of NHS inspections of 3 or more core services)* 95% of safeguarding alerts and concerns referred to council in 0-1 days 95% have one of 4 mandatory actions completed in 0-5 days 90% of MH Act Reviewer monitoring visits planned each quarter are completed 95% of SOAD requests allocated and undertaken within target times (*Depending on sector 90% target applies either from April, or later date shown as in Annex 5)

	Activities	**Complete by end**
	All sectors	
	Carry out focused (responsive) inspections on a risk basis	Ongoing
	Adult Social Care	

	Complete first rating comprehensive inspections of services: - Residential adult social care - Community based adult social care services - Hospice services That were registered on or before 1/10/2014	March 2017
	Carry out ongoing first rating comprehensive inspections for the services above that were registered after 1/10/2014[1] [1]*Within these time periods:* *24 months of registration if registered between 01/10/2014 and 30/09/2015* *18 months of registration if registered between 30/09/2015 and 31/03/2016* *12 months of registration if registered after 01/04/2016* *If there is information of concern however, inspections will be carried out earlier*	Ongoing
	Carry out return comprehensive inspections[2] [2] *Within these time periods:* *6 months if Inadequate* *12 months if Requires Improvement* *24 months if Good and Outstanding*	
	Market oversight scheme Undertake regular assessments of the financial and quality performance of "difficult to replace" adult social care providers within the scheme	Ongoing
	Primary medical services	
	Complete first rating comprehensive inspections: - GP practices - GP out of hours - Urgent Care Services and mobile doctors - Remote clinical advice, including NHS 111 That were registered on or before 1/10/2014 That were registered after 1/10/2014	 March 2017 Ongoing
	Carry out comprehensive inspections of 10% of dentist locations	March 2017
	Complete the pilot, further develop our methodology and agree our approach for inspecting: - independent consulting doctors - digital services	September 2016
	Carry out comprehensive inspections at independent consulting doctors and digital services locations of the services we have identified as high risk following the sign off of our comprehensive inspection methodology for this service type. (Focused inspections will be undertaken at locations identified as high risk before this)	Ongoing
	Carry out return comprehensive inspections of GP and dental practices, GP out of hours services, urgent care services and mobile doctors and remote clinical advice locations inc NHS 111, in line with our agreed follow-up policy which takes account of the rating at first inspection, regulatory requirements and known risks/impact on patient care	Ongoing

	Hospitals	
	Complete first rating comprehensive inspections: - Acute hospital - NHS specialist - Acute hospital - Independent non-specialist - Acute hospital – Independent specialist - Ambulance service - NHS - Community health - NHS - Community health - independent - Mental Health - community and/or hospital – independent - Mental Health community and/or hospital – NHS	March 2017
	Carry out comprehensive inspections of these services: - Community substance misuse - Residential substance misuse - Independent health – termination of pregnancy	December 2016 December 2016 March 2017
	Re-inspect all NHS core services rated as inadequate including all trusts in special measures within 12 months (of report publication)	Ongoing
	Take a risk based approach to the re inspection of NHS core services rated as requires improvement	Ongoing
	Ensure the rights of people subject to the powers of the MH Act are upheld. Undertake Mental Health Act reviewer monitoring visits and SOAD requests.	Ongoing
	National Guardian (Freedom to Speak Up) Establish the office and functions of the National Guardian, who will support culture change in the NHS so that staff feel able to speak up safely. Although the Office of the National Guardian is part of the CQC, it sets its own priorities, has its own identity and can make independent recommendations. - interim team - establish local FSTU guardians - recruit National Guardian - options for a case review function - hold first National Guardian Conference	 April 2016 May 2016 on July 2016 July 2016 March 2017

1.3 Enforcement - take action to protect people who use services and to hold providers to account through appropriate enforcement action and implement our enforcement priorities

	Activities	Complete by end
	Take action to protect people who use services and to hold providers to account through appropriate use of all our enforcement powers, including prosecution. Work with our partners to ensure people using	Ongoing

	services continue to have their needs met	

1.4 Speak independently, sharing what we find locally and nationally, including continuing to develop our approach for describing the quality of care across pathways and in local areas

	Activities	Complete by end
	Publish reports into: - The State of health and social care in England (including our annual equality report relating to health and social care services) - The operation of the Mental Health Act	October 2016 November 2016
	Develop agreed programme of work on Population, Pathways and Place: Complete thematic reviews (commenced 2015-16): - End of Life Care - Neonatal Care - Integrated Care for Older People - People's involvement in decisions about their care - Diabetes support in the community - CQC review of how NHS Trusts investigate and learn from deaths and develop an approach for the future with NHS England and other partners - Undertake up to two 'quality in a place' reviews and up to two additional thematic reviews - Publish discussion papers on themes identified through our inspection, thematic or other intelligence	 May 2016 June 2016 June 2016 May 2016 September 2016 March 2017 March 2017 March 2017
	Undertake joint inspections: - 50 of the **prison estate** (provision of healthcare) with Her Majesty's Inspectorate of Prisons (HMIP) - 2 of **immigration removal centres** with HMIP - A minimum of 3 of **Secure Training Centres**, with Ofsted (Lead Agency), HMIP and Her Majesty's Inspectorate of Constabulary (HMIC) - 7 of **youth offending teams** (YOTs), with HMI Probation, Ofsted, HMIC and HMIP - 34 with OFSTED to evaluate how effectively local authority areas meet their responsibilities towards **disabled children and young people who have special educational needs**	March 2017

	- 3 thematic inspections involving **youth offending teams** (YOTs). - A minimum of 9 joint targeted area inspections with Ofsted, HMIC, HMI Probation, and HMIP, to examine how well local authorities, health, police and probation services work together in a particular area to **safeguard children.** - 25 risk based **children looked after and safeguarding reviews**	

Priority 2 Shape the future of health and care regulation

Building on strong foundations, evolve the fundamentals of our operating model, under a number of strategic themes and develop our strategy to 2021

Activities	**Complete by end**
Publish our Strategy to 2021	May 2016
Encouraging improvement, innovation and sustainability in care	
Register and inspect new and emerging configurations of care	Ongoing
Developing methods to assess quality for populations and across places and pathways of care	Ongoing
Assessing how well hospitals use resources - Joint framework with NHS Improvement Pilot, consult and finalise approach in acute NHS	 Ongoing to Jan 2017
Delivering an intelligence-driven approach to regulation	
Develop version 1 of CQC Insight (replacing Intelligent monitoring)	September 2016
- Co-produce the next phase of our approach to inspection in each sector o Signposting documents (June) o Consultation (November) o Final approach published (March)	March 2017
Develop an approach to registration that is tailored according to risk, flexible to new models of care and focused at the right organisational level	Ongoing
Promoting a single shared view of quality - Building relationships with key partners in order to develop a shared view of quality and agree opportunities to reduce duplication and encourage improvement, including through the National Quality Board and National Information Board - Implement improvements to our operating model so we consistently encourage a shared view of quality, including improving how we	 September 2016 March 2017

collect information from providers - Work with providers to develop appropriate methods for them to share their own information and assessments of their quality with CQC, to inform ongoing, transparent conversations about quality	March 2017
Develop our human rights approach to regulation across the strategy themes - Publish final Equality and Human Rights Impact analysis of strategy - Deliver agreed actions from the analysis to ensure we continue to advance equality and human rights through our regulatory model	May 2016 Ongoing
Supporting wider government initiatives around deregulation and devolution - Red tape challenge, Business Impact Target - Working with devolved areas to understand our potential role, without compromising national standards	June and ongoing June 2016
Prepare and deliver consultation for 2017/18 Fees Scheme	March 2017

Priority 3 Build an effective, learning and values based CQC

3.1 Develop the skills we need and embed our culture and values, including implementing a management and leadership development programme and training and development at all levels

KPIs	Sickness <5% Staff survey engagement index score increase by one point or more Staff survey scores for 2015 priority action areas increased by 1% or more	
	Activities	**Complete by end**
	Deliver a Management and Leadership Development Programme and evaluate its impact. (Leadership is one of three themes identified as needing action following the 2015 Staff Survey)	March 2017
	Develop our approach to tackling equality variation in CQC and in our regulatory work Unconscious bias training - Understanding the poorer experiences in the employment outcomes at CQC for some groups and act on these - Improve diversity of senior management through mentoring - Continue to develop opportunities for CQC staff to learn and reflect about equality and human rights in their job roles through a range of learning opportunities and equality and human rights networks	March 2017
	Implement an internal engagement strategy which supports people to lead change and improves staff opportunities to have their voices heard. (Communication is one of three themes identified as needing action following the 2015 Staff Survey)	April-December 2016

	Undertake the 2016 staff survey commencing in September 2016 (with analysed results available by November) to measure our current culture and performance and facilitate targeted action across the organisation as a result.	November 2016 (with ongoing actions to address issues)

3.2	**Continue to improve our operating model and our organisation more widely, for now and the future: including improving methodologies; our processes; our systems; and continuing to embed our quality framework**	
KPIs	Variance from revenue and capital budget 0% Business plan milestones rated red or amber red <25% each quarter	
	Activities	**Complete by end**
	Manage our resources	
	Manage our resources – including the income we receive from fees and grant-in-aid, in doing so delivering the efficiency savings we have identified in our plans for 2016-17:	
	- Develop a financial strategy that enables CQC to deliver savings over the period of our new Strategy and deliver a trajectory to full cost recovery in our provider fees	June 2016
	- Plan and model our future resource requirements based on our evolving Operating model, in line with our Strategy	Ongoing
	- Plan our future resource requirements for supporting areas of our organisation, in line with our evolving Operating model, and the need for cost improvement	Ongoing
	- Implement a cost improvement programme, assessing how we deliver recurring savings and assessing the associated risk of suggested options	Ongoing
	- Develop enhanced recruitment controls alongside a workforce planning strategy (including the use of Specialist Advisors) by directorate	June 2016
	Register	
	- Implement improvements and efficiencies to policy and guidance that are achievable in the shorter term	September 2016
	- Fully implement an online provider portal to improve experiences of providers registering, and make registration more efficient through eliminating paper transactions	Ongoing
	- Improve accessibility to our existing public information about the providers we register or where we cancel registration	Ongoing
	Monitor Inspect and Rate	
	Improve the way we deal with, and make use of, people's concerns	
	- Improved handling processes and triage tool	December 2016
	- Better use of concerns data for CQC Insight, and wider reporting	Ongoing

	Develop policy for improving current regulatory approach, such as Fit and Proper Persons, Duty of Candour	Ongoing
	Develop our approach to tackling equality variation in services - Include race equality for staff (through the NHS Workforce Race Equality Standard) as a factor in our hospitals 'well-led' judgements - Improve our insight and action about the safety and quality of mainstream health services for people with a learning disability; dementia, or experiencing mental ill-health. - Help inspectors to pursue key lines of enquiry and make consistent, robust judgements about aspects of equality	March 2017
	Develop Hospitals inspection reports which are succinct and better communicate our inspection findings to specific audiences	September 2016
	Roll out a National Resource Planning Tool for scheduling inspections	July 2016
	Integrate and align Mental Health Act responsibilities with our wider regulatory functions	September 2016
	Introduce a communication and allocation portal for SOADS, and upgrade the Mental Health Act database infrastructure	December 2016
	Enforcement	
	- Improve enforcement processes to enable more efficient working - Improve enforcement management information, and agree KPIs	June 2016 June 2016
	Information; managing change; and structure	
	Improve our information management and technology systems and applications (Customer Relationship Management, Records and Document Management, our website and others). Some of the key deliverables in 2016-17 are: - CRM system more standardised to reduce costs and overheads - Evidence management and report writing moved out of CRM into better supported systems - Develop and improve CQC's digital services for providers and public including a redesign and restructure of the Provider Portal and public website	 September 2016 December 2016 March 2017
	Develop how we manage change (Management of change is one of three themes identified as needing action following the 2015 Staff Survey)	December 2016
	Review and implement a new Customer support services operating model	March 2017
	Implement a new Academy operating model including team restructure	June 2016
	Incorporate Healthwatch England within CQC - establish appropriate accountability working arrangements with CQC	April 2016

Priority 4 Demonstrate the difference we make

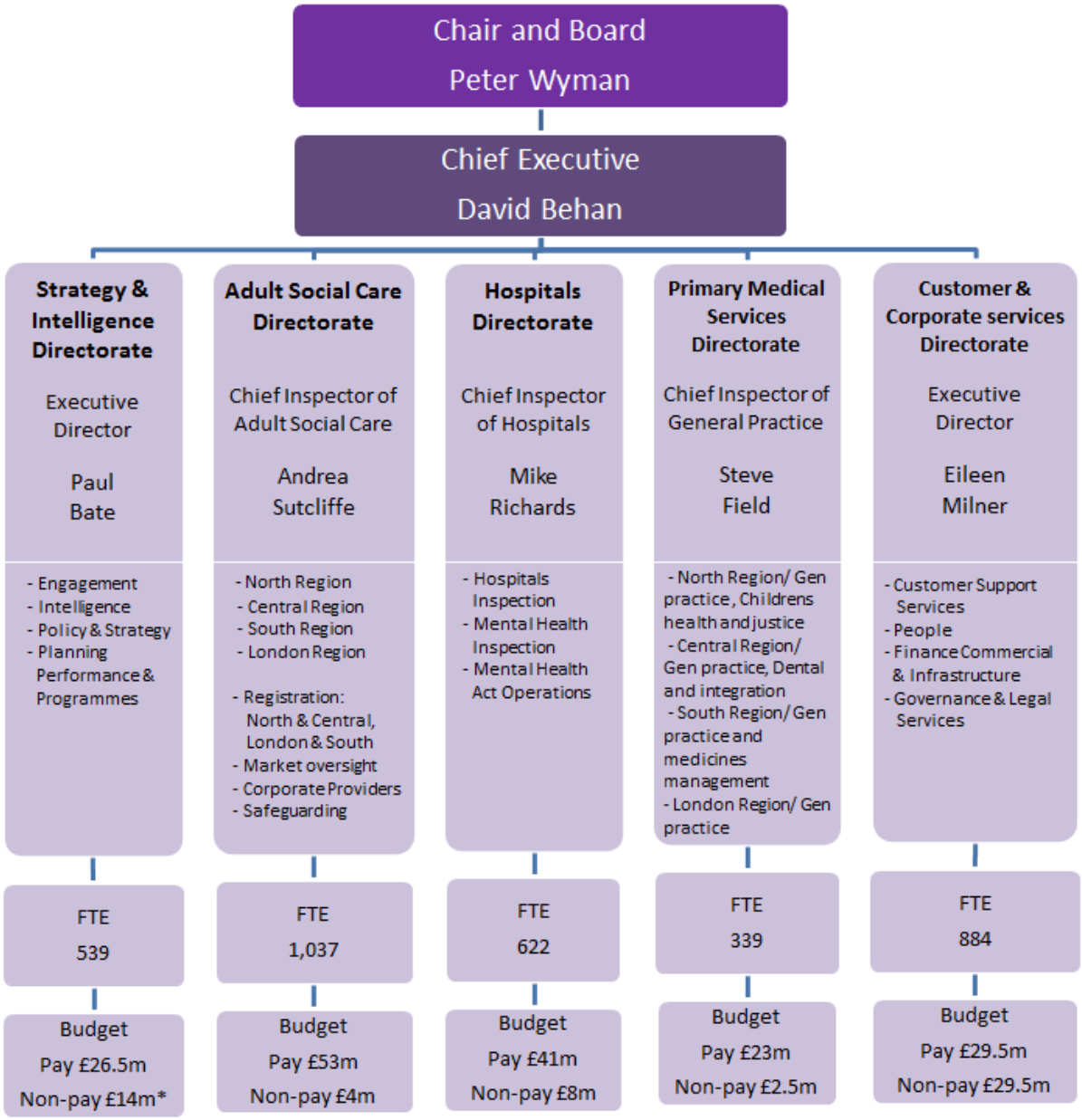
4.0 Evaluate, measure and report on our performance, quality, management assurance, impact and our value for money, using the evidence to learn and make improvements across all our Directorates and to be publicly accountable

	Activities	Complete by end
	Evaluate our benefits, costs and value for money: - Publish an assessment in our Annual Report 2015-16 - Publish an annual impact and value for money report	 July 2016 October 2016
	Monitor and report on delivery of our performance, quality and management of resources, including, from June 2016, cost of regulatory activity	Ongoing
	Undertake management assurance assessments covering 8 domains: Planning; Performance & Risk; Quality; Financial; People; Information & Evidence; Governance & Decision Making; Improvement	April 2016 November 2016
	Prepare & plan for NAO study, Public Accounts Committee and Department of Health Triennial Arm's Length Body review, agreeing NAO study scope and supporting fieldwork and reporting	March 2017

Annex 1: Inspection service types

Adult social care	Residential adult social care	S1
	Community based adult social care services	S2
	Hospice services	S3
Primary medical services	GP practices	P2
	GP out of hours	P3
	Urgent care services and mobile doctors (rated and unrated services)	P6
	Remote clinical advice (rated and unrated services)	P5
	Independent consulting doctors (not rated)	P7
	Slimming clinics (not rated)	P8
	Prison healthcare (not rated)	P4
	Dentists (not rated)	P1
Hospitals	Acute hospital - NHS non-specialist	H1
	Acute hospital - NHS specialist	H2
	Acute hospital - Independent non-specialist	H3
	Acute hospital – Independent specialist	H4
	Acute hospital – Independent specialist (not rated)	H4
	Ambulance service – NHS	H5
	Ambulance service – independent (not rated)	H5
	Community health - NHS	H6
	Community health - independent (rated and unrated services)	H6
	Community substance misuse (not rated)	H7
	Mental Health - community and/or hospital independent	H8
	Mental Health community and/or hospital NHS	H9
	Residential substance misuse (not rated)	H10
	Non hospital acute services (not rated)	H11

Annex 2: The CQC Board, Executive team and Directorates



Excludes HWE (£3m) and Central Budgets (£2m)

*Includes Experts by Experience budget (£5.5m)

Annex 3: Budget

	Budget 2015/16 £m	Budget 2016/17 £m	Difference £m
Pay	179	177	(2)
Non-pay	70	59	(11)
Expenditure	249	236	(13)
Fee income	(113)	(151)	(38)
Risk sharing agreement	(16)	-	16
Grant in aid	120	85	(35)
Depreciation*	12	12	0
Total net expenditure	132	97	(35)
Capital	17	13	(4)

*depreciation budget still to be confirmed

Annex 4: Risk management arrangements

As a regulator we deal with risk on a day to day basis. We monitor and assess whether providers are managing the different risks to people who use services which exist when delivering health and social care services. Poor risk management by providers can have significant impacts on members of the public. We will bring to the attention of providers risks which they may not have identified for themselves. Finally, we must also ensure that we are managing the risks to our organisation in a highly effective way and set the standard that we expect of others.

The CQC Board expects risk management to be the responsibility of all staff with appropriate action taken in line with this risk tolerance statement. CQC's risk management framework seeks to ensure that there is an effective process in place to manage risks across the organisation. We manage risk through clear processes which emphasise the importance of public accountability, openness, transparency, integrity, and judgement.

We look to adopt a top down as well as a bottom up approach to risk management. Our process of escalation is simple and straightforward. Individual functions identify and manage risks to the areas which they are responsible for.

Risks which cannot be managed at a functional level or which are increasing are escalated to the Executive Team for consideration before a decision is made to add a particular risk to the CQC Strategic and high level operational Risk Register for the Board to be aware of. Board members will also identify significant risks to the organisation from the wider health and social care system as well as considering those escalated from within CQC.

The Strategic and high level operational level Risk Register is presented to the Board each quarter as part of the quarterly performance report and is available on the CQC website in advance of each Board meeting where performance and risks are discussed.

CQC has published its risk tolerance statement. This will be reviewed in 2016-17.
CQC Board meetings consider the Risk Register each quarter.

Annex 5: KPIs

KPI	2016 Target	2015 baseline	Priorities and objectives: 1. Register	1. Monitor Inspect Rate	1. Enforcement	1. Independent voice	2. Shape the future	3. Improve skills and embed values	3. Improve Operating Model	4. Demonstrate difference we make
Registration processes completed within 50 days (new; variation; cancellation)	90%	75.5%	●							●
Inspections (First comprehensive rating) undertaken[1] vs plan	100%	X%		●						●
Inspection reports publishing times:				●						●
- Adult social care within 50 days	90%	72%		●						●
- Primary medical services within 50 days	70% from Q1 90% by Q4	50%		●						●
- Hospitals within 50 days (Independent Health and focused NHS inspections of 1 or 2 core services)	70% from Q2 90% by Q3	n/a		●						●
- Hospitals within 65 days (NHS inspections of 3 or more core services [2])		n/a		●						●
Safeguarding alerts referred to council within 0-1 days	95%	97%		●						●
Safeguarding alerts and concerns had one of 4 possible mandatory actions taken in 0-5 days	95%	76%		●						●
Mental Health Act visits planned each quarter are completed.	90%	93%		●						●
SOAD requests undertaken within target time – Medicine; ECT; CTO	95% all	89/66/72%		●						●
Complaints about CQC and % upheld at stages 1 and 2	<20%	22/26%	●	●	●	●	●	●	●	●
Calls answered in 30 seconds – general	80%	82%	●	●	●	●	●			●
Safeguarding/ mental health calls answered in 30 secs	90%	96%	●	●	●	●	●			●
Correspondence answered in 10 days	90%	99.7%	●	●	●	●	●			●
Sickness	<5%	3.5%	●	●	●	●	●	●	●	●
Staff survey engagement index score increase by a point in 2016	66 or ↑	65	●	●	●	●	●	●	●	●
Staff survey scores for 2015 priority action areas[3] increased in 2016	1% ↑	-								●
Variance from revenue and capital budget (which includes achieving efficiency savings by Directorate)	0%	X%	●	●	●	●	●	●	●	●
Business plan milestones rated red or amber red NEW	<25% each Qtr	40%	●	●	●	●	●	●	●	●

[1] *The KPI measures inspections undertaken, meaning the first site visit has taken place.*
[2] *Comprised of two sub-targets: 50% of reports published within 50 days; 40% within 51-65 days.*
[3] *Leadership and management - increase of 1% for each of 4 key questions this section (range 62%-76%) , Communications – increase of 1% scores for all 3 questions in the section (range 31%-65%)and Managing change - increase of 1% for all 5 questions in the section (range 33%-62%). In all cases the increase is in positive scores.*