

Business plan

April 2016 to March 2017

The first year of CQC's strategy for
2016 to 2021

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Introduction

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 increasing care 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 is undergoing 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 straitened public finances.

The business plan sets out two main objectives. Firstly, during 2016/17 we will complete the delivery of our comprehensive rating inspections for health and care services that we began in 2014. Secondly, we will prepare for the further development of our approach to regulating health and care over the life time of our strategy for the period 2016 to 2021.

The business plan has 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 in order 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 take rapid action to protect people when necessary.

We will increasingly use 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 improve the processes that underpin our inspections so we can report what we find more quickly. We will 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, 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 not just in England, but in any country.



A handwritten signature in black ink that reads "Peter Wyman".

Peter Wyman
Chair

We will deliver our business plan against a budget of £236 million, made up 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 in order 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.



A handwritten signature in black ink that reads "David Behan".

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 indicators (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.

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

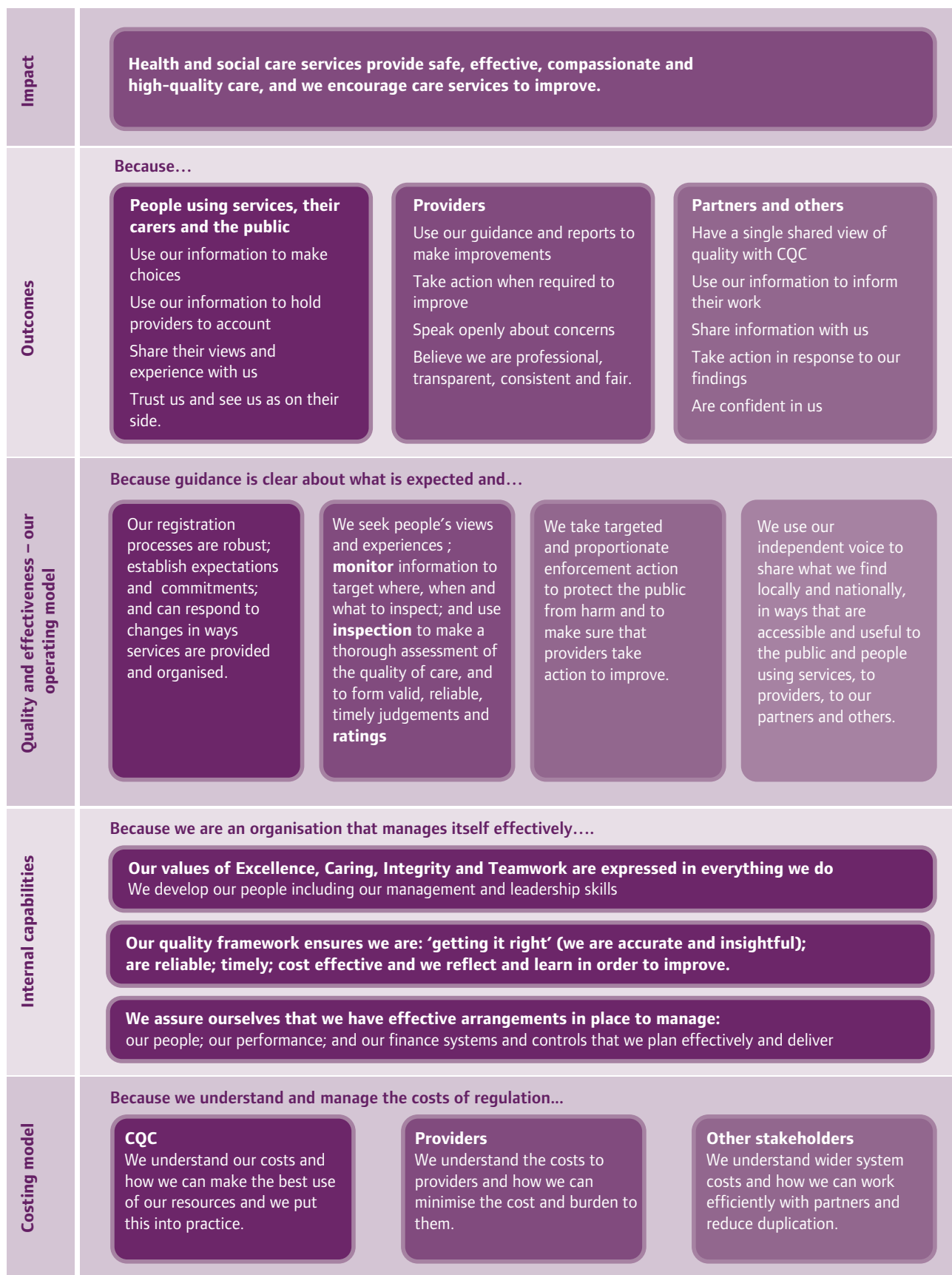
- **17,046** Residential social care homes with and without nursing
- **8,504** Domiciliary care services
- **324** Hospices/hospice services at home
- **68** Specialist college services
- **199** Community-based services for people with a learning disability
- **514** Extra care housing services
- **141** 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.



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:

<p align="center">Quality of the services we have rated</p> <p align="center">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)</p>	<p align="center">Impact</p>			
<p>People using services, their carers and the public</p> <p>Members of the public increasingly say they trust CQC is on the side of people using services.</p> <p>People say our reports help them make choices.</p>	<p>Providers</p> <p>Providers tell us our guidance, inspection, and reports help them to improve.</p> <p>Providers rated inadequate or requires improvement improve when we re-inspect.</p>	<p>Partners and others</p> <p>Partners say we effectively share information and act together to address failure.</p> <p>Find our inspection reports useful.</p> <p>Single view of quality set out and agreed.</p>	<p align="center">Outcomes</p>	
<p align="center">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)</p>				
<p>Registration</p> <p>There is a decrease in newly registered providers where we need to take regulatory action on first inspection.</p> <p>Providers tell us registration is a robust assessment, and one that encourages innovation*.</p> <p>(*In 2016/17 we will develop how we measure how well we are encouraging innovation.)</p>	<p>Monitor</p> <p>As we develop our new approach to how we monitor in 2016-17, we will develop how to measure it is effective.</p> <p>Inspect</p> <p>People who use services, experts by experience, specialist advisers, public and care staff say they were actively involved in our inspections and/or judgements.</p> <p>Rate</p> <p>Providers say judgements were fair even when rated requires improvement or inadequate.</p>	<p>Enforcement</p> <p>More providers improve when action is taken.</p>	<p>Independent voice</p> <p>Majority of partners and others say we effectively share information.</p> <p>A significant proportion of stakeholders find our national reports useful in informing their decision making.</p>	<p align="center">Quality and effectiveness – our operating model</p>
<p>Registrations</p> <p>(new, variation or cancellation) completed in 50 days.</p>	<p>Inspect – first ratings inspections due are undertaken.</p> <p>Monitor – safeguarding alerts referred to council in 0-1 days safeguarding alerts have one of 4 possible mandatory actions taken in 0-5 days.</p>	<p>Inspection reports – published within 50 days (65 days for NHS and >3 core services).</p>		
<p>Mental Health Act visits planned each quarter are completed. Second Opinion Appointed Doctor (SOAD) requests undertaken within target time.</p>	<p>Complaints about CQC</p> <p>The number upheld at Stages 1 and 2.</p>	<p>Customer service</p> <p>Calls answered in 30 seconds.</p>	<p align="center">Internal capability</p>	
<p>Management and leadership programme delivered and evaluated.</p>				
<p>Frontline vacancies within tolerance – Turnover/Sickness are within targets. Engagement index score is improved.</p>	<p>Minimal variance from budgets Few business plan milestones rated red/amber red.</p>			
<p>CQC costs</p> <p>Costs of inspection baseline established in 2016 and target set.</p>	<p>Value for money</p> <p>Self-assessment based on evidence from evaluation, case studies, analysis, measures, costs and benefits.</p>		<p align="center">Costing model</p>	

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:

1 Deliver the new 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 are not.

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.

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 when we are aware that they 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

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| 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. |
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Priority 3 Build an effective; efficient; learning; and values-based CQC

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|-----|---|
| 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

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| 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. |
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* 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 when we are aware that they 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.	
Respond promptly when we are alerted to unregistered providers and take enforcement action commensurate with identified risk.	Ongoing
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	<ul style="list-style-type: none"> ● 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 MHA Act reviewer monitoring visits planned each quarter are completed. ● 95% of SOAD requests allocated and undertaken within target times. <p>(*Depending on sector 90% target applies either from April, or later date shown as in Annex 5)</p>	
	Activities	Complete by end
	All sectors	
	Carry out focused (responsive) inspections on a risk basis	Ongoing
	Adult social care	
	<p>Complete first rating comprehensive inspections of services*:</p> <ul style="list-style-type: none"> ● Residential adult social care ● Community based adult social care services ● Hospice services <p>*Registered on or before 01/10/2014</p>	March 2017
	<p>Carry out ongoing first rating comprehensive inspections for the services (above) that were registered after 01/10/2014</p> <p><i>Within these time periods:</i></p> <ul style="list-style-type: none"> ● 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 <p>Carry out return comprehensive inspections</p> <p><i>Within these time periods:</i></p> <ul style="list-style-type: none"> ● 6 months if Inadequate ● 12 months if Requires Improvement ● 24 months if Good and Outstanding 	Ongoing

	<p>Market oversight scheme</p> <p>Undertake regular assessments of the financial and quality performance of “difficult to replace” adult social care providers within the scheme.</p>	Ongoing
	<p>Primary medical services</p>	
	<p>Complete first rating comprehensive inspections:</p> <ul style="list-style-type: none"> ● GP practices ● GP out-of-hours ● Urgent care services and mobile doctors ● Remote clinical advice, including NHS 111. <p>That were registered on or before 01/10/2014</p> <p>That were registered after 01/10/2014</p>	<p>March 2017</p> <p>Ongoing</p>
	<p>Carry out comprehensive inspections of 10% of dentist locations.</p>	March 2017
	<p>Complete the pilot, further develop our methodology and agree our approach for inspecting:</p> <ul style="list-style-type: none"> ● Independent consulting doctors ● Digital services. 	September 2016
	<p>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).</p>	Ongoing
	<p>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 including 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.</p>	Ongoing
	<p>Hospitals</p>	
	<p>Complete first rating comprehensive inspections:</p> <ul style="list-style-type: none"> ● 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

	<p>Carry out comprehensive inspections of these services:</p> <ul style="list-style-type: none"> • Community substance misuse • Residential substance misuse • Independent health – termination of pregnancy. 	<p>December 2016 December 2016 March 2017</p>
	<p>Reinspect all NHS core services rated as inadequate including all trusts in special measures within 12 months (of report publication).</p>	<p>Ongoing</p>
	<p>Take a risk-based approach to the re inspection of NHS core services rated as requires improvement.</p>	<p>Ongoing</p>
	<p>Ensure the rights of people subject to the powers of the Mental Health Act (MHA) are upheld.</p> <p>Undertake MHA reviewer monitoring visits and SOAD requests.</p>	<p>Ongoing</p>
	<p>National Guardian (Freedom to Speak Up)</p> <p>Establish the office and functions of the National Guardian, who will support culture change in the NHS so staff feel able to speak up safely. Although the Office of the National Guardian is part of CQC, it sets its own priorities, has its own identity and can make independent recommendations.</p> <ul style="list-style-type: none"> • Interim team in place • Establish local freedom to speak up guardians • Recruit National Guardian • Options for a case review function • Hold first National Guardian Conference. 	<p>April 2016 From May 2016 July 2016 July 2016 March 2017</p>

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 services continue to have their needs met.	Ongoing

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
	<p>Publish reports:</p> <ul style="list-style-type: none"> • The state of health and adult social care in England (including our annual equality report relating to health and adult social care services). • The operation of the Mental Health Act. 	<p>October 2016</p> <p>November 2016</p>
	<p>Develop agreed programme of work on population, pathways and place:</p> <p>Complete thematic reviews (commenced 2015/16):</p> <ul style="list-style-type: none"> • End of Life Care • People’s involvement in decisions about their care • Integrated Care for Older People • Neonatal Care • Diabetes support in the community 	<p>May 2016</p> <p>May 2016</p> <p>June 2016</p> <p>July 2016</p> <p>September 2016</p>
	<ul style="list-style-type: none"> • CQC review of how NHS trusts investigate and learn from deaths and develop an approach for the future with NHS England and other partners. 	<p>March 2017</p>
	<ul style="list-style-type: none"> • Undertake up to two ‘quality in a place’ reviews and up to two additional thematic reviews. 	<p>March 2017</p>
	<ul style="list-style-type: none"> • Publish discussion papers on themes identified through our inspection, thematic or other intelligence. 	<p>March 2017</p>
	<p>Undertake joint inspections:</p> <ul style="list-style-type: none"> • 50 of the prison estate (provision of healthcare) with Her Majesty’s Inspectorate of Prisons (HMIP). • 2 of immigration removal centres with HMI Prisons. • A minimum of 3 of secure training centres, with Ofsted (lead agency), HMI Prisons and Her Majesty’s Inspectorate of Constabulary (HMIC). • 7 of youth offending teams (YOTs), with HMI Probation, Ofsted, HMIC and HMI Prisons. • 34 with Ofsted to evaluate how effectively local authority areas meet their responsibilities towards disabled children and young people who have special educational needs. • 3 thematic inspections involving YOTs. 	<p>March 2017</p>

- A minimum of 9 joint targeted area inspections with Ofsted, HMIC, HMI Probation, and HMI Prisons, 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 <ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Co-produce the next phase of our approach to inspection in each sector <ul style="list-style-type: none"> – Signposting document (June) – Consultation (November) – 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	
<ul style="list-style-type: none"> • 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. 	September 2016
<ul style="list-style-type: none"> • Implement improvements to our operating model so we consistently encourage a shared view of quality, including improving how we collect information from providers. 	March 2017
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> ● 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	
<ul style="list-style-type: none"> ● Red tape challenge, business impact target ● Working with devolved areas to understand our potential role, without compromising national standards 	June and ongoing June 2016
International support and learning	
<ul style="list-style-type: none"> ● Engage in ongoing support and learning with international healthcare regulators, providers and governments 	March 2017
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	<ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ● 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)
	Scope and plan activities to address people themes as follows: <ul style="list-style-type: none"> ● Making CQC a more inclusive place to work. ● Ensuring our workforce is engaged. ● Addressing bullying and harassment. 	December 2016

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	<ul style="list-style-type: none"> • Variance from revenue and capital budget of between £0 and < £2m underspend. • Business plan milestones rated red or amber red <25% each quarter. 	
	Activities	Complete by end
	Manage our resources	
	<p>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:</p> <ul style="list-style-type: none"> • 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. • Plan and model our future resource requirements based on our evolving operating model, in line with our Strategy. • Plan our future resource requirements for supporting areas of our organisation, in line with our evolving operating model, and the need for cost improvement. • Implement a cost improvement programme, assessing how we deliver recurring savings and assessing the associated risk of suggested options. • Develop enhanced recruitment controls alongside a workforce planning strategy (including the use of specialist advisors) by directorate. 	<p>June 2016</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>June 2016</p>
	Register	
	<ul style="list-style-type: none"> • Implement improvements and efficiencies to policy and guidance that are achievable in the shorter term. • Fully implement an online provider portal to improve experiences of providers registering, and make registration more efficient through eliminating paper transactions. • Improve accessibility to our existing public information about the providers we register or where we cancel registration. 	<p>September 2016</p> <p>Ongoing</p> <p>Ongoing</p>
	Monitor, inspect and rate	
	<p>Continue to improve the way we engage with the public, people who use services and the staff of health and care services.</p> <ul style="list-style-type: none"> • Improved concerns handling processes and triage tool. • Better use of concerns and experiences data for CQC Insight, and wider reporting. • Continue the development of better digital tools for engagement. • Work with Healthwatch England to strengthen our understanding of the experiences and views of people using services. • Review our public engagement strategy in line with CQC Strategy 2016 to 2021. 	<p>December 2016</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>September 2016</p>

	Develop policy for improving current regulatory approach, such as Fit and Proper Persons, and Duty of Candour.	Ongoing
	Develop our approach to tackling equality variation in services <ul style="list-style-type: none"> • 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 Hospital 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	
	<ul style="list-style-type: none"> • 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 (CRM), records and document management, our website and others). Some of the key deliverables in 2016/17 are: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Establish appropriate accountability working arrangements with CQC. 	April 2016

Priority 4 Demonstrate the difference we make

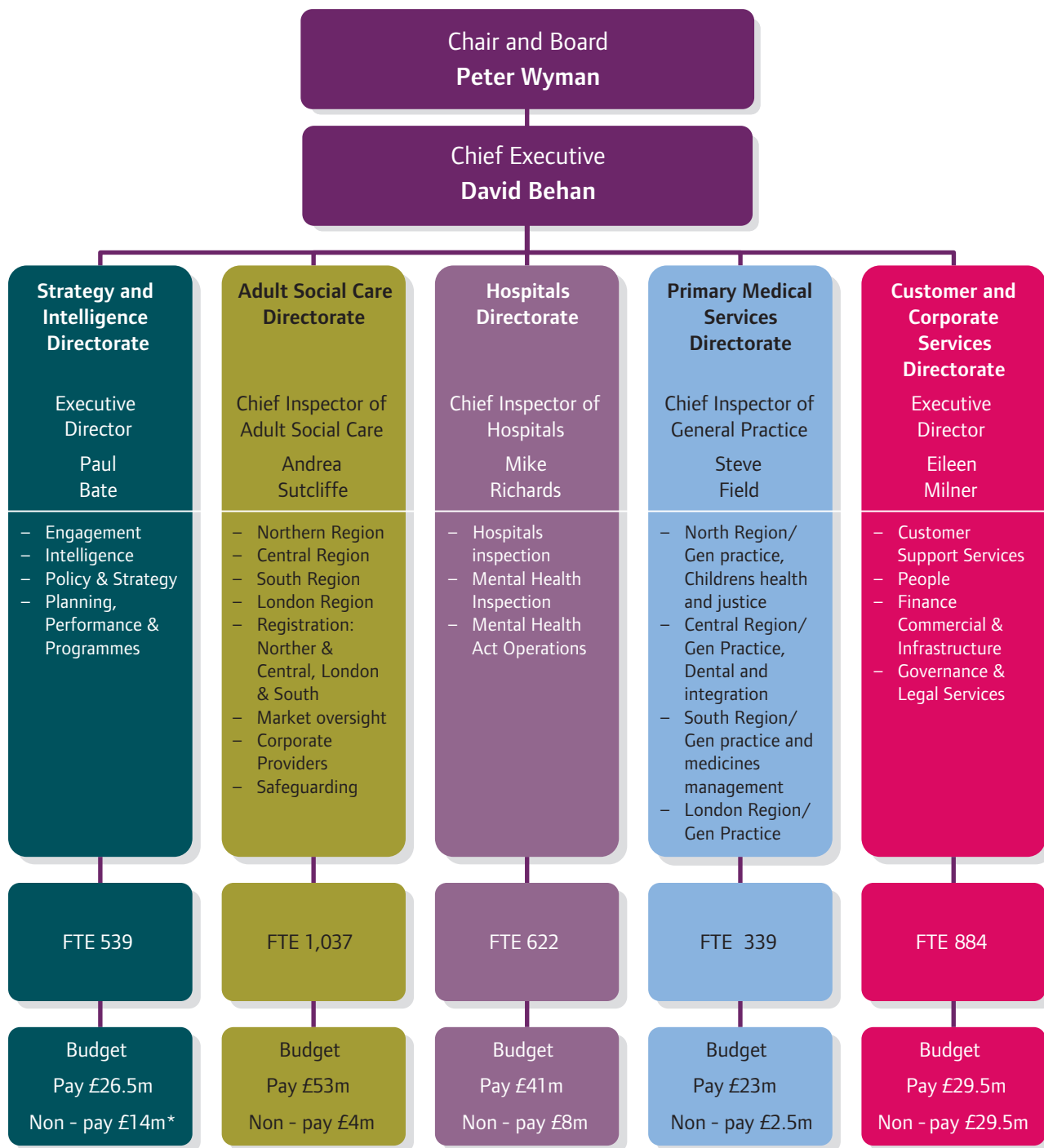
4.0 Evaluate, measure and report on our performance, quality, management assurance, impact and our value for money, using the evidence to learn and make improvements across all our directorates and to be publicly accountable.

	Activities	Complete by end
	Evaluate our benefits, costs and value for money: <ul style="list-style-type: none"> • 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 and Risk; Quality; Financial; People; Information and Evidence; Governance and Decision Making; Improvement.	April 2016 November 2016
	Prepare and plan for National Audit Office 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 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

Priorities and objectives

KPI	1.		2.		3.		4.			
	2016 target	2015 baseline	Register	Monitor, inspect, rate	Enforcement	Independent voice	Shape the future	Improve skills and embed values	Improve operating model	Demonstrate difference we make
Registration processes completed within 50 days (new, variation; cancellation)	90%	71.3%	●							●
Inspections (First comprehensive rating) undertaken ¹ vs plan	100%	See note 1		●						●
Inspection reports publishing times:				●						●
● Adult social care within 50 days	90%	75%		●						●
● Primary medical services within 50 days	70% from Q1 90% by Q4	61%		●						●
● Hospitals within 50 days (Independent Health and focused NHS inspections of 1 or 2 core services)	70% from Q2 90% by Q3	-		●						●
● Hospitals within 65 days (NHS inspections of 3 or more core services ²)	-	-		●						●
Safeguarding alerts referred to council within 0-1 days	95%	95%		●						●
Safeguarding alerts and concerns had one of 4 possible mandatory actions taken in 0-5 days	95%	83%		●						●
Mental Health Act visits planned each quarter are completed	90%	93%		●						●
SOAD requests undertaken within target time – Medicine; ECT; CTO	95% all	89/65/74%		●						●
Complaints about CQC and % upheld at stages 1 and 2	<20%	17/26%		●						●
Calls answered in 30 seconds – general	80%	78%	●	●	●	●	●	●	●	●
Safeguarding/mental health calls answered in 30 secs	90%	91/92%		●						●
Correspondence answered in 10 days	90%	91%		●						●
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% ↑	See note 3								●
Variance from revenue and capital budget (which includes achieving efficiency savings by Directorate)	Between £0 and < £2m underspend	-6% rev -38% cap		●						●
Business plan milestones rated red or amber red NEW	<25% each Qtr	-		●						●

1 The plan concludes at the end of March 2017 so no 2015 baseline is shown. 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.

How to contact us

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