

Business plan

April 2017 to March 2018

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Introduction

Our strategy for 2016 to 2021, published in May 2016, set out an ambitious vision for a more targeted, responsive and collaborative approach to regulation, so that more people get high-quality care.

The combination of a growing and ageing population, more people with long-term conditions and a challenging economic climate, means greater demand on services; more problems for people in accessing care; and challenges for providers in maintaining or improving quality.

Some providers are breaking down the traditional boundaries between hospital care, community-based services, primary medical services and adult social care services. They are turning to new ways to deliver care and using technology so that they can deliver person-centred care efficiently. CQC is responding to this changing environment in a way that facilitates and supports improvement and sustainability, and that continues to make sure people have access to safe, effective, compassionate, high-quality care.

We achieved a great deal in 2016/17: as well as publishing our strategy, we completed our first full programme of ratings inspections. We also set out in a medium-term strategy implementation plan, how over three years (2016/17 to 2018/19) we will take forward delivering our strategy. In doing this, CQC will contribute to the shared vision of the [NHS Five Year Forward View](#).

This business plan focuses on the work we will undertake in 2017/18 and it in particular includes:

- implementing and developing our operating model
- becoming a more digitally accessible organisation
- making our people's working lives better
- managing our organisation and our quality better.

This means we will:

- **Implement and develop our operating model in line with our priorities by:**
 - implementing inspection based on risk or potential improvements in quality
 - assessing the use of resources by NHS trusts
 - implementing provider information collection and rolling out CQC Insight
 - setting up cross sector meetings at local level to identify system risks and testing our approach to new models of care
 - producing think pieces and thematic reports, developing a shared adult social care quality commitment, and building the improvement narrative for the sectors.

- **Make progress against our programme to 2020 to become a digitally accessible organisation by:**
 - implementing digital information collection from providers
 - identifying the requirements for the online registration portal
 - making it easier for people to share their experiences of care with us and improving how we share that information within CQC, so we can respond effectively
 - making improvements to our intranet and to our customer relationship management (CRM) system, and further embedding use of our scheduling system (Cygnum).

- **For people who work at CQC, make their working lives better by:**
 - listening to and acting effectively on their feedback in the staff survey, so they have a say in how we do things in CQC, achieve higher job satisfaction, and are able to make a more significant difference to people's lives
 - improving their skills and capabilities, so they can adapt to the changes in the way we regulate and influence the quality of care people receive
 - improving equality of opportunity so that we make best use of the diverse talent in CQC and are a role model for the sectors we regulate.

- **Manage our organisation better, including managing our quality:**
 - using information about our quality to inform our learning, but also to inform how we deliver changes to our organisation.

Please take some time to look at this plan, even if it is just to focus on our summary.

It aims to represent the strong link between our purpose, strategic priorities and the outcomes – what people who use services, providers, partners and stakeholders, and our people have said they expect – and the work that individual people in CQC do.



Peter Wyman
Chair



Sir David Behan
Chief Executive

Our plan in summary

Our strategy [Shaping the future](#) set out our ambition for a more targeted, responsive and collaborative approach to regulation, so more people get high-quality care. It set out four priorities:



1. Encourage improvement, innovation and sustainability in care – we will work with others to support improvement, adapt our approach as new care models develop, and publish new ratings of NHS trusts' and foundation trusts' use of resources.



2. Deliver an intelligence-driven approach to regulation – we will use our information from the public and providers more effectively to target our resources where the risk to the quality of care provided is greatest and to check where quality is improving, and we will introduce a more proportionate approach to registration.



3. Promote a single shared view of quality – we will work with others to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care.



4. Improve our efficiency and effectiveness – we will work more efficiently, achieving savings each year, and improving how we work with the public and providers.

We have developed a medium-term plan for 2016/17 to 2018/19 for how we will take forward our priorities. We will deliver our operating model and support our people to perform at their best, ensuring they have up-to-date digital technologies so they can focus on our strategic priorities.



In 2017/18 our key deliverables are:

	1	2	3	4
Register	<ul style="list-style-type: none"> Determine registration applications Consult on the strategy for the unit of registration to accommodate changing models of care 	<ul style="list-style-type: none"> Implement our approach to low -risk applications and design it for high and medium-risk Roll out a minimum data set at the point of registration for adult social care (ASC) and primary medical services (PMS) sectors 		<ul style="list-style-type: none"> Determine the requirements of the online portal in relation to registration
Monitor	<ul style="list-style-type: none"> Assess ASC providers in the CQC market oversight scheme Introduce a use of resources assessment for NHS trusts 	<ul style="list-style-type: none"> Respond appropriately to enquiries, complaints, safeguarding, whistleblowing concerns Undertake Mental Health Act reviewer visits and arrange second opinion appointed doctor (SOAD) visits Deliver NHS Survey programme Deliver insight dashboards 		<ul style="list-style-type: none"> Deliver provider information collection Set up cross-sector meetings at local level to identify system risks
Inspect and rate	<ul style="list-style-type: none"> Inspect newly registered services, based on risk Inspect previously rated services, based on risk or potential improvement Working with NHS Improvement, assess and rate NHS trusts' use of resources 	<ul style="list-style-type: none"> Inspect newly rated services, based on risk Inspect previously rated services, based on risk or potential improvement Inspect specialised services, non-rated services, thematic and joint inspection 		<ul style="list-style-type: none"> Develop our approach to regulating organisations that cross sectors, including by testing our approach to emerging place-based models of care in up to four areas
Enforce	<ul style="list-style-type: none"> Take action to protect people and hold providers to account, working with commissioners and using all our enforcement powers Take prompt action when alerted to unregistered providers 	<ul style="list-style-type: none"> Work with partners to share information to identify and respond to risk Publish our action where we are able to 		<ul style="list-style-type: none"> Implement and embed enforcement policies and ensure all staff undertake accredited training
Independent voice	<ul style="list-style-type: none"> Mental Health Act report State of Care report (including Deprivation of Liberty Safeguards and equality, diversity and human rights) Think pieces and thematic reports 	<ul style="list-style-type: none"> Work with partners, including National Quality Board; NIB; NIDB and others to encourage improvement Work with key stakeholders on developing the ASC quality commitment 		<ul style="list-style-type: none"> Develop CQC's capability in encouraging improvement including: how we communicate the key messages; make them more accessible through our website
Manage our organisation	<p>Our people</p> <ul style="list-style-type: none"> Listen to and act on feedback in the staff survey Improve employee engagement and experience of homeworkers in particular Improve skills and capabilities Improve equality of opportunity for staff 	<p>Our technology</p> <ul style="list-style-type: none"> Online portal for registration – determine requirements Implement digital collection of provider information Continue implementing the Cygnum scheduling tool Deliver an improved intranet Continue to improve CRM 		<p>Our quality</p> <ul style="list-style-type: none"> Measure the quality of our operating model and act on what we find Embed a quality management approach across all of CQC Manage our performance, finances and information security standards

Part 1 – Overview

This describes:

- **Our purpose, role and values**
- **Who we regulate**
- **How we define whether we are achieving our purpose and how we measure our performance**

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

- 136 acute hospital providers (NHS non-specialist) with 669 locations
- 17 acute hospital providers (NHS specialist) with 164 locations
- 109 acute hospital provider (independent non-specialist) with 296 locations
- 493 acute hospital providers (independent specialist) with 934 locations
- 10 ambulance service providers (NHS) with 13 locations
- 266 ambulance service providers (independent) with 317 locations
- 18 community health providers (NHS) with 364 locations
- 108 community health providers (independent) with 231 locations
- 21 community substance misuse providers with 142 locations
- 89 mental health – community and hospital providers (independent) with 280 locations
- 54 mental health – community and residential providers (NHS) with 537 locations
- 89 residential substance misuse providers with 166 locations
- 73 non-hospital acute providers with 176 locations
- 159 hospice/hospice service at home providers with 215 locations

Adult social care

- 4,468 care home services with nursing
- 12,125 care home services without nursing
- 8,542 domiciliary care services
- 61 specialist college services
- 63 community based services for people with a learning disability
- 511 extra care housing services
- 134 shared lives services
- 1,786 supported living services

Primary medical services and integrated care

- 10,509 dental care locations
- 7,622 GP practices
- 85 GP out-of-hours services
- 147 prison healthcare services
- 27 remote clinical advice services
- 140 urgent care services and mobile doctors
- 969 independent consulting doctors
- 47 slimming clinics
- Children's safeguarding and looked after children's services inspections with partner organisations
- Medicines optimisation (across all sectors)

New and complex models of care

- Increasingly, organisations are providing services that cut across these sectors. A major focus for this year will be to ensure we can regulate them in an effective and efficient way.

How we define whether we are achieving our purpose

Impact	Health and social care services provide safe, effective, compassionate and high-quality care, and improve			
	Because we...			
Outcomes	Encourage improvement, innovation and sustainability in care	Deliver an intelligence-driven approach to regulation	Promote a single shared view of quality	Improve our efficiency and effectiveness
	And people who use services, their carers and the public...			
	Trust and use our expert, independent judgements about the quality of care	Have confidence that we will identify good and poor quality care and take action where necessary so their rights are protected	Understand the quality of care they should expect and how to choose between local services	Tell us our mechanisms for them that tell us about the care they receive are effective
	Providers...			
	Improve as a result of CQC activities; Take action when required to improve; If they are a trust, in addition improve use of resources	We anticipate high risk providers when they apply to register. We have a powerful insight into the quality of care which helps us focus where we inspect	A single shared view of quality: is evident in the way providers work; enables them to make improvements; enables efficient information gathering and sharing	Providers think that inspection teams have the correct skills and expertise to effectively inspect their service
	Partners and others...			
Understand and can improve quality of care for different population groups and geographies because of CQC information	Use our information to improve services and say we work with them to support continuity of care when we close services	A shared view of quality is evident in the way commissioners and other bodies work; helps them to encourage improvement and coherent information gathering and sharing	Tell us our mechanisms for them to tell us about the care they receive are effective	
Quality and performance	Our staff...			
	Are engaged	Feel supported and listened to	Have the technologies they need	Can perform at their best
	Because we are clear about what is expected and...			
	Our registration processes are robust; but also streamlined for lower risk providers; establish expectations and commitments; and support innovation in the ways services are provided and organised	We seek people's views and experiences; analyse and respond to them; monitor information to make decisions about the action to take; use inspection to make thorough assessments of the quality of care, and form valid, reliable and timely judgements and ratings	We take targeted and proportionate enforcement action to: protect the public from harm; make sure people's rights are protected; and hold those responsible to account, publishing this where we can	We use our independent voice to share what we find locally and nationally, in ways that are accessible to the public and people using services, to providers, to our partners and other stakeholders; to inform and encourage improvement and innovation
Internal capability	Because we are an organisation that manages itself effectively and...			
	Our values of excellence, caring, integrity and teamwork are expressed in everything we do			
	Our quality framework ensures we are accurate and insightful, reliable, timely, cost effective and we reflect and learn in order to improve			
Costing model	We have effective arrangements in place to manage people, performance, finance systems, and controls, information so that we plan effectively and deliver			
	Because we understand and manage the costs of regulation...			
	We understand our costs and how we can make the best use of our resources and use this to reduce our cost base	We understand our cost impact on providers and our revised systems and tools save time for them	We understand wider system costs; there is efficient sharing of information between CQC, providers, local and national system partners that reduces burden	

How we measure this

Our key performance indicators (KPIs) are set out in annex 4. We will also assess how well we are achieving these strategic measures of success:

Impact

Organisations that deliver care improve quality as a result of our regulation.

	Encourage improvement, innovation and sustainability in care	Deliver an intelligence-driven approach to regulation	Promote a single shared view of quality	Improve our efficiency and effectiveness
Outcomes	And people who use services, their carers and the public...			
	Say they trust CQC is on the side of people who use services	Say we use information from them to inform our judgements and ratings		Say our inspection reports are useful and help them make choices
	Providers...			
	Say regulation helps them to improve Services do improve on re-inspection or are removed from the market Trusts say assessment of use of resources is robust and helps them improve	Proportion of newly registered providers where we take a regulatory response on inspection The range of ratings across all ratings categories	Say that we focus on what matters to them, and use our approach in their governance and communications Say that reporting requirements to oversight bodies are reducing	Say that inspection teams have the correct skills and expertise to effectively inspect their service. Say our revised systems and tools save time for them
	Partners and others...			
	Say we work with them effectively and our information helps services improve		Our strategic partners say we share a single shared view of quality	Say we work with them effectively and our information helps services improve
Quality and performance	Our staff...			
	<ul style="list-style-type: none"> Believe CQC employees display the values and behaviours of the organisation Tell us that their learning and development needs are being met Our engagement index score increases 			
	Because we are clear about what is expected and...			
	Register We meet our KPIs for timeliness of registration	Monitor inspect and rate We meet our KPIs for responding to safeguarding We produce reports quickly We meet our inspection KPIs	Enforce Services do improve on re-inspection or they are removed from the register	Independent voice Partners say our information helps services improve
Internal capability	Because we are an organisation that manages itself effectively and...			
	<ul style="list-style-type: none"> Complaints upheld by the Parliamentary Health Services Ombudsman are under 3% of those received We respond to the public and providers in a timely way, meeting our KPIs for calls and correspondence and responding to complaints 			
	<ul style="list-style-type: none"> We meet our KPIs for managing our budgets and levels of sickness Our management assurance assessments show we are increasingly meeting our standards 			
Costing model	Because we understand and manage the costs of regulation...			
	We see a reducing cost of delivery within CQC	Providers say our revised systems and tools save time for them	Partners say we work with them effectively and our information helps services improve	

Part 2 – Activities in detail

This describes:

- **The deliverables we will take forward under each element of our operating model and to manage our organisation, in order to deliver our priorities**
- **The KPIs we will use to measure our performance**
- **The annexes to our plan set out our structure, staffing, budget, and how we are managing risks**

1	Register health and adult social care providers	
KPIs	90% of registration processes to be completed in 10 weeks	
	Activities	Complete by end
	Priority 1 – Encourage improvement, innovation and sustainability in care	
	Determine registration applications from providers for new registrations, variations and cancellations, delivering judgements that are robust, consistent and fair; evidenced by quality controls and quality assurance	Mar 2018
	Consult on the strategy for the levels of registration (flexible registration levels and architecture will in future accommodate changing models of care)	Sept 2017
	Work with evolving models of care to test our thinking with respect to registration, to include the controlling mind	Quarter (Q)1, Q2, Q3, Q4
	Maintain the register of all providers, managers and locations, and ensure this register is accurate, and extend the register to define organisations associated with the provision of new technology, innovation, and new models of care	Ongoing
	Priority 2 – Deliver an intelligence-based approach to regulation	
	Implement our approach to low-risk applications	Mar 2018
	Design our approach to high and medium-risk applications	Mar 2018
	Roll out a minimum data set collected at the point of registration in the following sectors: <ul style="list-style-type: none"> • ASC • PMS 	Jun 2017 Sept 2017
	Priority 4 – Improve efficiency and effectiveness	
	Determine the requirements of the online portal through which all registration transactions will be managed by the end of 2018/19	Dec 2017
	Develop new key performance indicator targets for registration that appropriately represent registration transactions	Mar 2018

2	Monitor the quality of care in health and adult social care providers	
KPIs	<p>95% of Safeguarding alerts referred to council within 0-1 days</p> <p>95% of Safeguarding alerts and concerns have one of 4 possible mandatory actions taken in 0-5 days</p> <p>90% of Safeguarding or mental health calls answered in 30 seconds</p> <p>90% of Mental Health Act visits planned each quarter completed</p> <p>95% SOAD (Second Opinion Appointed Doctor) requests undertaken within target time – Medicine; electroconvulsive therapy; Community Treatment Order (this KPI includes time for the provider to arrange for the visit – we work with providers to ensure they fulfil their responsibility to make suitable arrangements for these visits)</p>	
	Activities	Complete by end
	Priority 1 – Encourage improvement, innovation and sustainability in care	
	Undertake regular assessments of the financial and quality performance of “difficult to replace” adult social care providers within the market oversight scheme, using corporate provider quality assessments, and improve the sharing of information about quality with registration and Inspection	Apr 2017-Mar 2018
	Introduce a use of resources assessment for NHS trusts, at trust level only, beginning with acute – this work will be completed by NHS Improvement and reported to CQC	Apr 2017
	Priority 2 – Deliver an intelligence-based approach to regulation	
	Ensure that all enquiries, complaints, safeguarding and whistleblowing concerns are responded to appropriately, in a timely fashion in line with our KPIs	Apr 2017-Mar 2018
	Undertake Mental Health Act reviewer monitoring visits and use the findings to inform the inspection programme; arrange for SOAD to take place	Ongoing
	Deliver the NHS survey programme	Mar 2018
	Priority 2 – Deliver an intelligence-based approach to regulation (CQC Insight)	
	<p>Develop, deliver and maintain Insight dashboards, which will indicate potential changes in the quality of care to support decision making about our regulatory response, in the following sectors:</p> <ul style="list-style-type: none"> • NHS acute • Independent health acute • Mental health • Community health • Learning disability • Substance misuse 	<p>Delivered: further development and maintenance ongoing in 2017/18</p>

	<ul style="list-style-type: none"> • Adult social care residential • Adult social care community • GP • Urgent care – explore possibility of delivery from Sept 2017 • New models of care – develop and test area-based data reports and Insight to support new models of care and complex providers 	<ul style="list-style-type: none"> • Oct 2017 • Oct 2017 • Sept 2017 • From Apr 2017
	<p>Priority 3 – Promote a single shared view of quality</p> <p>Priority 4 – Improve efficiency and effectiveness</p>	
	Develop systems to support cross-sector working and embed cross-sector risk and planning meetings	Mar 2018
	<p>Develop an online provider information collection (PIC). This will enable us to monitor providers more effectively and support intelligence based regulation. It will also be the enabler for a single shared view of quality through the use of common data and metrics that can bring in clarity, and consistency for providers and reduce the burden of collection. The PIC will include both statutory information from providers (e.g. notifications) and provider information requests to feed into our monitoring and inspections.</p> <p>Deliver prototype online provider information requests by:</p> <ul style="list-style-type: none"> • Adult social care • Hospitals • Primary medical services (general practitioners) • Consider how PIC can support ‘place’, new care models and independent voice. 	<ul style="list-style-type: none"> Q1 2017 Q2 2017 Q2 2017 Q1, Q2, Q3, Q4

3	Inspect and rate <ul style="list-style-type: none"> • inspect and rate new services registered with CQC • inspect previously rated services • undertake specialised; themed; or joint inspections or inspect non-rated services 	
KPIs	<ul style="list-style-type: none"> • inspect and rate new services registered with CQC – 90% within 1 year (100% in ASC) • inspect previously rated services – 90% within maximum time periods stated below • publish 90% of inspection reports within 50 days, except Hospitals inspections of more than 3 core services – 90% within 65 days (this KPI may be reviewed in 2017/18 in the light of ongoing work on report processes) 	
	Activities	Complete by end
	Priority 1 – Encourage improvement, innovation and sustainability in care Priority 2 – Deliver an intelligence-based approach to regulation	
	Adult social care	
	Inspect and rate new services registered with CQC	
	Carry out first rating inspections of all providers who have registered between 1 October 2014 and 31 March 2017 by March 2018, or sooner based on risk, or date of registration: <ul style="list-style-type: none"> • If registered between 01/10/2014 and 30/09/2015, we will inspect within 2 years • If registered between 01/10/2015 and 31/03/2016, we will inspect within 18 months • If registered on or after 01/04/2016 we will inspect within 12 months 	Sept 2017 Sept 2017 Q1, Q2, Q3, Q4
	Inspect previously rated services	
	Inspect services according to their latest rating within the following maximum time periods*, or sooner according to risk or potential improvements in quality: <ul style="list-style-type: none"> • Inadequate - within 6 months • Requires improvement - within 1 year • Outstanding and Good - within 2 years (*Commencing when the report is published)	Q1, Q2, Q3, Q4
	Undertake specialised, themed or joint inspections	
	Carry out themed inspections (across CQC 4,500 inspection days will be allocated to cover themed, integrated, novel and complex models)	Mar 2018

Inspect and rate (continued)		
Hospitals		
Inspect and rate new services registered with CQC		
Carry out first rating inspections of the following services that were registered with CQC by 31 December 2016	<ul style="list-style-type: none"> dialysis providers refractive eye providers independent ambulances 	June 2017 Dec 2017 Mar 2018
Inspect previously rated core services		
Inspect core services according to their latest rating within the following maximum time periods*, or sooner according to risk or potential improvements in quality as follows:	<ul style="list-style-type: none"> Inadequate - within 1 year Requires improvement - within 2 years Good - within 3 1/2 years Outstanding - within 5 years (we expect 20% to be inspected in 2017/18) 	Q3, Q4 (commencing July 2017)
(*Commencing when the report is published)		
Undertake specialised, themed, or joint inspections		
Introduce specialist inspections to focus on the areas we do not currently consider on inspection and have either committed to inspect (Cancer and Mental Health) or are flagged as a risk area. We have allocated sufficient resource that 50% of trusts can receive 1 unit of inspection for this type of inspection In 2017/18		Q3, Q4
Carry out themed inspections (across CQC 4500 inspection days will be allocated to cover themed, integrated, novel and complex models)		Mar 2018
Primary medical services		
Inspect and rate new services registered with CQC		
Carry out first inspections of all primary care services who have registered between 1 October 2014 and 31 March 2017 by March 2018, or sooner depending on risk, rating them where the type of service is rated		Mar 2018
Carry out first inspections of all primary care services who have registered since 1 April 2017 within 1 year of registration, or sooner depending on risk, rating them where the type of service is rated		Q1, Q2, Q3, Q4
Inspect previously rated services		
Inspect GP practices and urgent care services according to their latest rating within the following maximum time periods*, or sooner according to risk or potential improvements in quality as follows:	<ul style="list-style-type: none"> Inadequate - within 6 months Requires improvement - within 1 year Good (with breaches of regulations) within 1 year Good and outstanding - within 5 years (we expect 20% to be inspected in 2017/18) 	Q1, Q2, Q3, Q4 Q3, Q4 (commencing Oct 2017)
(*Commencing when the report is published)		
Inspect non-rated services		
Inspect 10% of all Dental services		Mar 2018

Inspect and rate (continued)		
	Inspect up to 40% of independent consulting doctor/slimming clinics	Oct 2017 to Mar 2018
	Inspect all registered digital primary care services (Healthcare providers of primary care that provide a regulated activity via an online means only)	Mar 2018
	Undertake specialised; themed; or joint inspections	
	Inspect 67 children's services <ul style="list-style-type: none"> • 24 children Looked After and Safeguarding services • 9 services as part of the joint targeted area inspection programme • 34 special Educational Needs and Disability services 	Mar 2018
	Inspect one new model of care/ complex organisation care in each of 4 regions (see next section below) (across CQC 4500 inspection days will be allocated to cover themed, integrated, novel and complex models)	Mar 2018
	Cross-cutting – regulating new models of care and complex organisations; Our Assessment Framework; and equality and human rights in regulation	
	Work with partners and evolving models of care to develop and adapt our inspection approach, including: <ul style="list-style-type: none"> • Testing a coordinated approach to monitoring, inspecting, rating and reporting on health and social care services in up to four areas, with a focus on emerging place-based models of care 	Ongoing
	Introduce new assessment framework and approach in inspections: <ul style="list-style-type: none"> • Hospitals (NHS only) • ASC • PMS (GPs and urgent care services) 	July 2017 Oct 2017 Oct 2017
	Work to embed equality and human rights (EandHR) into our regulation and so to encourage improvement in EandHR in health and social care – including building EandHR into our regulatory approach, supporting CQC staff to develop their practice through collaborative leadership on EandHR and through working with external partners. This includes delivery our regulatory equality objectives: <ul style="list-style-type: none"> • Person centred care and equality – led by Adult Social Care and Registration directorate • Accessible information and communication – led by Strategy and Intelligence • Equality and the well-led provider – led by Hospitals • Equal access to pathways of care – led by Primary Medical Services and Integrated care <p>And, with partners, publish a document on how a focus on equality and human rights will improve care quality in times of financial constraint</p>	Mar 2018

4	Enforce – take action where we find poor care	
	Activities	Complete by end
	Priority 1 – Encourage improvement, innovation and sustainability in care	
	Working with commissioners, take action to protect people who use services and hold providers to account through the full use of all our enforcement powers, including prosecution in line with our enforcement decision process.	Ongoing
	Take prompt action when we are alerted to unregistered providers and take enforcement action commensurate with identified risk	Ongoing
	Follow agreed protocol agreed with NHS England and ADASS in relation to urgent and unplanned closures of care services.	Ongoing
	Priority 2 – Deliver an intelligence-driven approach to regulation	
	Working with partners, share information to identify and respond to risk ensuring that timely action can be taken to protect people who use services.	Ongoing
	Priority 3 – Promote a single shared view of quality	
	Publish our enforcement action within the regulatory parameters.	Ongoing
	Priority 4 – Improve our efficiency and effectiveness	
	Deliver and utilise management information to report more accurately and manage our enforcement work and the outcomes of these activities	Ongoing
	Improve the capability and capacity of staff to use the full range of enforcement powers by implementing and embedding enforcement policies and ensuring all staff complete accredited enforcement training.	Ongoing
	Carry out quality assurance and lessons learned where we take enforcement action	Ongoing

5	Independent voice – speak independently, publishing regional and national views of the major quality issues in health and social care	
	Activities	Complete by end
	Priority 1 – Encourage improvement, innovation and sustainability in care Priority 3 – Promote a single shared view of quality	
	Work with partners including the National Quality Board; National Information Board; National Improvement and Leadership Development Board; and others; to encourage improvement	Ongoing

	Work with key stakeholders on developing the Adult Social Care Quality Commitment: <ul style="list-style-type: none"> • Publish the ASC Quality Commitment • Work with partners to support implementation 	May 2017 Ongoing
	Publish Mental Health Act Report 2016/17	Nov 2017
	Publish State of Care Report 2016/17, including specialist content on Deprivation of Liberty Safeguards and Equality Diversity and Human Rights	Oct 2017
	Publish reports on thematic work: <ul style="list-style-type: none"> • Undertake a review of Child and Adolescent Mental Health Services (Ministerial request) • Develop and deliver additional independent voice products (we will publish details of these as we agree them during 2017/18) 	Mar 2018 Mar 2018
	Establish a more systematic approach to prioritising and delivering our independent voice function, including use of our independent voice panel and independent voice plan	Sept 2017
	Priority 4 – Improve our efficiency and effectiveness	
	Develop CQC's capability in encouraging improvement including: how we communicate the key messages for the public, providers, stakeholders and media and make them more accessible through our website, including through examples of good, outstanding, innovative and improved care	June 2017

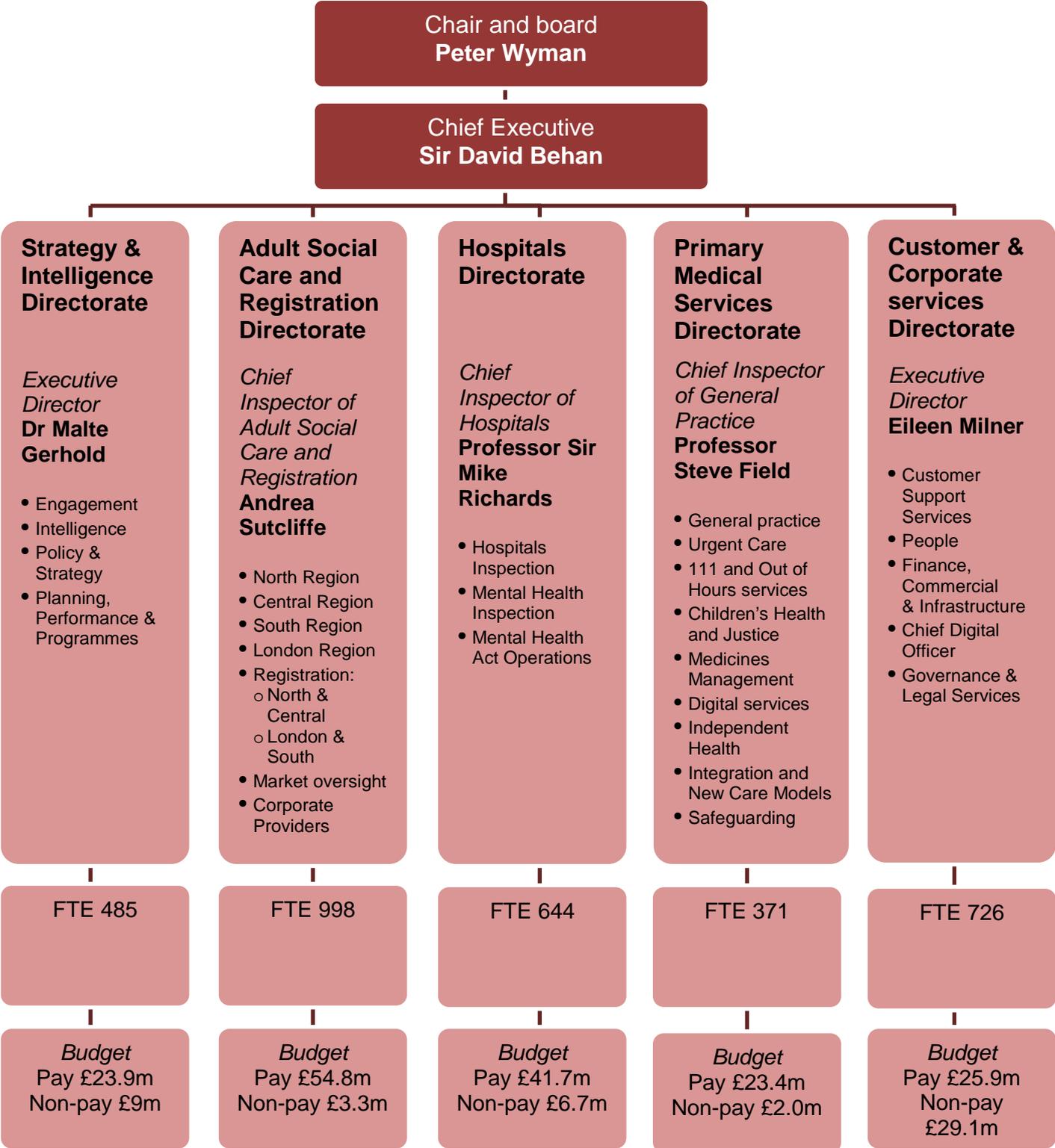
6	Manage our organisation	
KPIs	<p>95% of complaints acknowledged in 3 days</p> <p>< 3% of complaints upheld by the Public Health Services Ombudsman</p> <p>< 5% sickness</p> <p>Variance from revenue and capital budget between £0 and < £2m underspend</p> <p>Improve staff engagement score overall and at Directorate level</p> <p>Directorates to achieve minimum of good for all 8 management assurance domains by March 2018</p>	
	Activities	Complete by end
	Priority 4 – Improve our efficiency and effectiveness	
	People management	
	Oversee workforce planning across CQC (Workforce Planning Group)	Monthly
	Recruit the right people into the right roles <ul style="list-style-type: none"> • Deliver processes to support recruitment • Recruit and deploy Specialist Advisors and Bank Inspectors to meet CQCs organisational needs 	Q1, Q2, Q3, Q4 Q1, Q2, Q3, Q4

Manage our organisation (continued)		
<ul style="list-style-type: none"> Identify the future requirement for the flexible workforce to support the inspection programme across all Inspection Directorates Provide a well-managed induction for all new starters - and ensure people leaving CQC have a positive and well managed exit 	<p>Sept 2017</p> <p>Ongoing</p>	
<p>Foster an inclusive and healthy working environment where everyone exemplifies the CQC values:</p> <p>Develop our organisation's performance culture</p> <ul style="list-style-type: none"> Undertake a cultural assessment to understand CQC's current culture and how it needs to evolve in support of the CQC strategy and values, engaging people at all levels of CQC <p>Improve the quality of performance management and development</p> <ul style="list-style-type: none"> Engage staff about the purpose and intent of performance management and development conversations providing them with the skills to they need to do this well <p>Listen and act on feedback from staff gathered during the staff survey but also as part of performance discussions</p> <ul style="list-style-type: none"> Improve staff engagement in each Directorate and overall in CQC Improve engagement and experience of homeworkers Continue to improve equality of opportunity for our staff and those seeking to join CQC Develop leadership skills of all line managers across CQC through the Inspire programme Put in place a talent management and succession planning strategy to support career development at all levels 	<p>May 2017</p> <p>Ongoing</p> <p>Mar 2018</p> <p>Q1, Q2, Q3, Q4 Mar 2018</p> <p>Sept 2017</p> <p>March 2018</p>	
Learning and continuous improvement		
<p>Develop people's skills and capabilities so they can register, monitor, inspect and rate, enforce, offer an independent voice and manage our organisation, including:</p> <ul style="list-style-type: none"> Develop and deliver learning programmes including supporting our people to work across sectors Develop our coaching and mentoring approach across CQC 	<p>Q1, Q2, Q3, Q4</p> <p>Dec 2017</p>	
Quality management		
Evaluate and measure the impact and effectiveness of CQC's operating model to inform continuous improvement of the operating model	Q1, Q2, Q3, Q4	
Measure the organisation's capability in delivering CQC's operating model to inform learning and development of CQC's staff	Q1, Q2, Q3, Q4	
<p>Strengthen how well we use information on our quality:</p> <ul style="list-style-type: none"> Ensure that quality information about the operating model is used by all directorates to define business improvement and change delivery as well as learning and development – develop the approach Ensure local quality measures are considered and put in place across all CQC Directorates Directorates to link quality information to their management assurance assessments 	<p>Sept 2017</p> <p>Sept 2017</p> <p>Feb 2018</p>	

Manage our organisation (continued)		
	Financial management systems and controls	
	Measure the cost of regulatory activity, and report this within CQC, to underpin delivery of a more cost efficient regulation	Mar 2018
	Embed a financial model in CQC enabling a rolling position statement on our expenditure and income, sensitivity analysis and the impact of upcoming business cases for investment on our future financial position	Mar 2018
	Performance and risk	
	Measure our performance and manage risk, reporting publicly on our KPIs and other measures of success, to provide assurance, and internally, to improve our performance	Quarterly board reporting
	Information and evidence management	
	Implement key improvements as part of our Information management and technology strategy, including: <ul style="list-style-type: none"> • Provider portal to improve how we collect information from Providers (register, monitor, inspect and rate) • Scheduling and resource information capture – Cygnum (inspect and rate) • Capture of evidence (Enforcement) • Reporting of evidence (Independent voice) • Share your experience - improving how we capture information from people who use services, those reporting experiences on their behalf, and people working in health/social care services; making the process easier for people – including enabling SYE forms to work on non-desktop devices - and making sure the information can be accessed by other CQC systems used for decision making and qualitative analysis. • Intranet improvements so our staff can access our internal information more easily • CRM improvements • Infrastructure improvements • Intelligence hub and tools 	Mar 2018 Q1, Q2, Q3, Q4 Q1, Q2, Q3, Q4 Q1, Q2, Q3, Q4 Dec 2017 Aug 2017 Q1, Q2, Q3, Q4 Q1, Q2, Q3, Q4 Dec 2017
	Develop a successor to our Knowledge and Information strategy that sets out how we will continue to make CQC an Intelligence-driven organisation over the next four years.	Mar 2018
	Develop an intelligence delivery plan to ensure a collaborative and sustainable approach to information and analysis. This will include a data science strategy to bring these advanced analytical skills and practices into the organisation	July 2017
	Manage and implement information security standards across CQC to enable assurance to take place and position CQC as an exemplary organisation in this area.	Ongoing
	Planning	
	Deliver the first full year of Cygnum scheduling tool, giving inspectors the guidance and support they need to use it effectively, listening to feedback and making improvements to the functionality, accessibility and integration. Consider further use of Cygnum beyond operational colleagues.	Q1, Q2, Q3, Q4

Manage our organisation (continued)		
	Maintain a 3 year strategy Implementation plan and an annual business plan, and report on progress against these through board reports to public meetings	Q1, Q2, Q3, Q4
	Governance and decision-making	
	Delivery of rating reviews in line with the inspection programme, encouraging improvement activity and lessons learnt with handling rating reviews.	Q1, Q2, Q3, Q4
	Embed new complaints process and leverage performance monitoring information to inform wider CQC business improvements.	Mar 2018
	Develop an improved reporting framework for governance functions that will more effectively leverage the learning from cases handled by the rating review, complaints, Freedom of Information Act and Private Office Correspondence Unit teams to support CQC service improvement and development.	Mar 2018
	Implement and embed recommendations following the board effectiveness review.	Mar 2018

Annex 1: The CQC Board, Executive Team and Directorates



1. Excludes Health Watch England, Chair/CE & Central budgets
2. FTE as at Mar 2018

Annex 2: Budget

	Budget 2016/17 £m	Budget 2017/18 £m	Difference £m
Pay	177	174	-3
Non-pay	59	52	-7
Expenditure	236	226	-10
Depreciation	12	9	-3
Total net expenditure	248	235	-13
Fee income	-151	-196	-45
Grant in Aid	-85	-34	51
Non Cash	-12	-5	7
Total funding	-248	-235	13
Capital expenditure	13	13	0

Annex 3 – Risks 2017/18

Our strategic risk register sets the actions being taken to address these risks, and this will be published alongside the Business plan

Encourage improvement, innovation and sustainability in care	We do not have impact in encouraging improvement innovation and sustainability in care resulting in loss of confidence in CQC (significantly financial constraints on providers may limit their ability to maintain quality and improve which could be a reason for the risk materialising)	Our operating model (register; monitor; inspect and rate; Enforce; Independent Voice) is not effective because we do not: <ul style="list-style-type: none"> • make timely and legal regulatory decisions • respond quickly and effectively to public concerns • implement improvements to our operating model in response to recommendations 	We fail to implement an agile approach to emerging and new models of care	A difficult to replace provider fails and CQC hadn't spotted it to give early warning to local authorities.
	A change of external environment in health and social care or more widely could have implications for CQC's role			
Deliver an intelligence-led approach to regulation	We do not effectively collect or process the information we need to be an effective risk based regulator and accurately predict quality	We fail to encourage people who use services, their relatives and carers to engage with CQC		
Promote a single shared view of quality	We are unable to deliver our strategy because we are unable to agree or deliver joint approaches with partner organisations			
Improve our efficiency and effectiveness	We are unable to deliver our strategy because of inefficient processes that are not well supported by IT technologies and systems	We do not have the skills and capability to regulate effectively	We fail to respond adequately where our people feel we are not developing a high performing culture and embedding our values	We are unable to deliver our programme of public commitments as a result of CQC's own capacity issues
	We are unable to reduce our costs in line with our reduced budget or our fees are not received in a timely way	We are not protecting or securely managing our information in accordance with regulatory requirements, agreed standards and legislation	There is a cyber security incident/ attack causing service disruption or a major data security alert	

Annex 4: Key performance indicators

Key performance indicator	2017 target	2016 baseline*	Register	Monitor Inspect Rate	Enforce	Independent voice	Manage our organisation
Registration processes completed within 10 weeks (new; variation; cancellation)	90%	81%	•				
First Inspections of newly or recently registered locations undertaken within 12 months (this is services where we give ratings)	90% (100% in ASC)	-		•			
Re-Inspections of previously-rated services undertaken within the agreed maximum time periods	90%	-					
Inspection reports publishing times**:				•			
- Adult social care within 50 days	90%	81%		•			
- Primary medical services within 50 days	70% by Q1 90% by Q3	60%		•			
- Hospitals within 50 days (Independent Health and focused NHS inspections of 1 or 2 core services)		27%		•			
- Hospitals within 65 days (NHS inspections of 3 or more core services: Comprised of two sub-targets: 50% of reports published within 50 days; 40% within 51-65 days.)	90%	21%		•			
Safeguarding alerts referred to council within 0-1 days	95%	99%		•			
Safeguarding alerts and concerns had one of 4 possible mandatory actions taken in 0-5 days	95%	87%		•			
Mental Health Act visits planned each quarter completed	90%	96%		•			

SOAD requests undertaken within target time – Medicine; ECT; CTO	95% all	90/53/78%		•			
Complaints acknowledged within 3 working days	95%	-	•	•	•	•	•
Complaints upheld by the Public Health Services Ombudsman	<3%	-	•	•	•	•	•
Calls answered in 30 seconds – general (including Registration and On Line Services)	80%	88%	•	•	•	•	•
Safeguarding/ mental health calls answered in 30 secs	90%	90/92%	•	•	•	•	•
Correspondence answered in 3 days	90%	100%	•	•	•	•	•
Engagement score increased	65% or more	64%	•	•	•	•	•
Sickness	<5%	3.7%	•	•	•	•	•
Management assurance domains assessed as good or outstanding	100%	-	•	•	•	•	•
Variance from revenue and capital budget	Between £0 and < £2m underspend capital; Between £0 and < £4m underspend revenue	-10.5m revenue -5m capital	•	•	•	•	•

*Based on Q3, 2016-17

**KPI may be reviewed following a project into report production processes