Department for
Business, Energy
& Industrial Strategy

BUSINESS IMPACT TARGET: SUMMARY TEMPLATE

Non-qualifying Regulatory Provisions (NQRP) summary reporting template

Regulator: Care Quality Commission

Business Impact Target Reporting Period Covered: 9 June 2017 to 20 June 2018

Summary of changes and activities in each category

Excluded Category*	Summary of measure(s), including any impact data where available
Casework	In 2017/18 CQC received 43,720 applications for the registration of services which included new registration of services, cancellations and variations in registration. We investigated 1,517 reports of unregistered providers. CQC completed more than 17,000 inspections. In adult social care we inspected and rated 2,607 newly registered services and re-inspected 8,815 services. In primary medical services we inspected and rated 91 newly registered locations and re-inspected 1,683 services; as well as inspecting but not rating 259 independent consulting doctors and slimming clinic locations, 52 on-line digital providers and 1,096 dental providers. We inspected 2,251 core NHS hospital services (e.g. maternity or A & E services); as well as 168 independent ambulance services, 73 dialysis service locations and 38 refractive eye service locations. Also we carried out 1,133 Mental Health Act Review visits. 23,544 people shared their experience of care with us by completing our web form - in response 562 inspections were brought forward and 147 urgent responsive inspections were carried out. CQC took 2,283 enforcement actions including 1,343 serving warning notices; and 159 criminal actions. The latter included 148 fixed penalty notices issued, enforced the closure of 141 locations and successfully completed five prosecutions in relation to safe care and treatment. (Source CQC Annual Report and accounts 2017/18)
Education, communications and promotion	There were two activities of this type to communicate with registered providers on Deprivation of Liberty and another on Fire Safety after Grenfell Tower.
Activity related to policy development	In 2017/18 we undertook a number of thematic reviews, where we report on peoples experiences of particular services. These included a review of children and young people's mental health services – *Are you listening?* Also in 12 local authority areas we published local system reviews of health and social care services. We published a set of improvement case study reports for each sector – adult social care, general practice, hospitals and mental health.
Changes to management of regulator	Many of these nine changes relate to CQC internal handbooks written for our inspectors that do not directly require providers of care, including businesses, to do anything. Also there are changes in CQC internal processes and systems that do not directly affect providers including businesses.

Individual changes and entries

Excluded Category*	Summary of measure(s), including any impact data where available
De minimis (measures with an EANDCB below +/- £5 million)	**Provider financial viability at registration** We have developed a new and consistent approach with supporting guidance to gauging provider financial viability upon registering with CQC. In February 2018 we implemented a requirement for relevant applicants to submit a statement of financial viability from an independent/third party

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	financial specialist. According to our Management Information data around 1,500 providers that are businesses register with CQC each year and these providers would need to acquire a statement of financial viability. Discussions with four major banks indicated that the cost of requesting such a letter could be up to £20. We therefore conclude that the impact of this change is highly likely to be below the de minimis (£20 x 1,500 = £30,000).
De minimis (measures with an EANDCB below +/- £5 million)	**Adult Social Care Assessment Framework** We previous had two assessment frameworks for the care sectors we regulate: one for residential providers and one for community care. We have now consolidates these two pieces of guidance into one Adult Social Care assessment framework. This document sets out how providers will be assessed by CQC, e.g. the framework sets out what we look for on inspection. Savings will be experienced for providers which had to previously refer to both assessment frameworks if they delivered both residential and community care (around 1,300 individuals according to our Management Information). Other providers will actually experience marginally higher costs of reading this guidance because the new document is longer than both previous individual frameworks (around 40,000 individuals according to our Management Information). On the basis of length we estimate that it took 8 hours to read both residential and community care assessment frameworks in full (each took around 4 hours). The new guidance we estimate takes providers around 5 hours and 20 minutes to read. Providers refer to the assessment frameworks throughout the year. Making reasonable assumptions, based on evidence from providers, we estimate that the time providers spend referring to these documents amounts to two full reads of the assessment framework per year. We therefore conclude that the impact of this change is likely to be below the de minimis. The cost of one reading the assessment framework in full once (1,300 x 3 hour saving * £20 per hour cost = £78,000) compared to previous frameworks: (43,000 * 1 hour extra time reading * £20 per hour cost = £860,000) would yield a saving of £782,000.
De minimis (measures with an EANDCB below +/- £5 million	**Adult social care inspection frequency** In April 2018 we began to inspect adult social care (ASC) locations rated "Good" or "Outstanding" at a maximum frequency of every 30 months instead of every 24 months. This is the default schedule for inspection so if we are alerted to any risks or concerns at a location we would inspect sooner within the maximum frequency, at a timescale proportionate to the level of risk. For the most serious risks and concerns, this could mean inspecting on the same day that we are alerted. Under the new frequency providers not flagged as presenting risks or

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	concerns would be inspected four times on average over a ten year period rather than five times. Around 81% of 25,600 ASC locations (according to our Management Information) are rated Good or Outstanding. Evidence collected from providers in 2014 (summarised on page 23 of this impact assessment) indicated a range in the costs of inspection experienced by ASC providers. If we were to assume a cost of £1000 per inspection (potentially higher than the average reported cost in 2014), then the saving to providers from this change would be around £2 million per year. This is likely to be an upper limit given that we expect less than 81% of locations to be inspected at the maximum frequency. We believe that the impact of this change will be sizeable but it is unlikely to be above the £5 million threshold.
De minimis (measures with an EANDCB below +/- £5 million)	**Dentist next phase changes** We have made some modest changes in how we regulate dentists. Dentists will be inspected according to CQC's new Health Assessment Framework; previously there was a Dentist specific Assessment Framework. We have also changed the platform of the provider handbook for dentists; rather than being in a PDF document they are taking the form of a series of pages on our external website. We are inspecting them using more searching prompts to determine whether they are well-led, and we may be more searching to check their processes for data security among other things. We are also changing the format for inspection reports; they will show information in slightly different places but inspection reports will broadly present the same information and will be unchanged in length. We regulate around 10,000 dentists which will be subject to these changes. There will be one off costs associated with familiarising themselves with the new and revised guidance; we estimate these to be around £1.5 million. However, the ongoing impacts associated with this change will be minimal given that we only inspect dental providers on average once every 10 years. We think the cost of a more searching inspection is around one hour of a dentist's time as well as that of a dental nurse. Across the sector this is likely to amount to a cost of around £36k per year (1 hour x £35 per hour of staff time x 1000 dentists = £36,000). Therefore the impact of this change is likely to be below the de minimis.
De minimis (measures with an EANDCB below +/- £5 million)	**Process for dormant providers** We have introduced guidance to let dormant providers know that if they remain dormant for 12 months CQC will cancel their registration for their dormant activities/services. We will also send letters every three months for the 12 month period after we become aware that they are dormant to prompt them to update us on their status. Channels existed previously for providers to notify us that they were dormant do this; many providers would

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	have informed CQC without being prompted. The real difference this change will make is to those providers which did not tell CQC they had services/activities that are dormant whose service/activities were cancelled after 12 months by CQC without them knowing it was going to happen. We think the guidance will only be read for providers that are dormant and are notified by CQC. This change is likely to be below the de minimis as the number of providers affected is likely to be in the hundreds rather than thousands. The time some providers spend reading the guidance is likely to be relatively short (it's around 5 pages) and if some providers do notify us to tell us that they are dormant this process should only take minutes. If this change affected 1000 providers (likely an over-estimate) and it each took them 15 minutes, and the cost of their time was around £30 per hour (likely an overestimate) then the overall cost would still only be £7,500 – well below the de minimis.
De minimis (measures with an EANDCB below +/- £5 million)	**Changes to Regulation 14 statutory notification form** We have added content to our statutory notification form for Regulation 14: Notice of absence. The changes to the form may take providers an additional 5-10 minutes to fill in. We received around 2,400 of these per year. Therefore the impact of this change is likely to be well below the de minimis. If the cost of staff time was £30 per hour then the cost would be around £6,000, well below the de minimis
De minimis (measures with an EANDCB below +/- £5 million)	**Extension of DBS validity** Applicants applying for CQC registration currently have to provide a CQC countersigned DBS (Disclosure & Barring Service) certificate that has a 6 month validity period. This had been a continued source of complaint from providers and the feedback from registration staff that it creates what are sometimes unnecessary processes. CQC is now extending the period of DBS certificate validity from 6 to 12 months. If the cost of a DBS is around £50 and all providers no longer had to pay for an extra DBS the maximum saving would be £75,000. Therefore the impact of this change is likely to be below the de minimis.
De minimis (measures with an EANDCB below +/- £5 million)	**When to inspect and rate following changes to registration (PMS)** When providers go through internal reorganisations they must register these changes with CQC. Examples of these might be a change of address or a change of the name of the provider. We have produced internal guidance to provide clarity on when inspectors should undertake inspections following these changes. Without this guidance inspectors might treat these providers as new and hence carry out comprehensive rating inspections of these providers, regardless of when the last time they were inspected. This change means that these inspections will not happen as soon after registration, but they would be re-inspected at some point in any case so all

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	this change does is shift the timings of inspection. Therefore the impact of this change is likely to be broadly neutral.
De minimis (measures with an EANDCB below +/- £5 million)	**Digital Primary Care Model** We are now inspecting digital primary care providers. These inspections will typically last between half a day to two days, and we will request information ahead of the inspection. There are only 42 of these providers registered with CQC. Therefore the impact of this change is likely to be under the de minimis given the small number of providers affected. If we were to assume these inspections cost £1,000 (using the average for ASC inspections as a benchmark) then the cost of this change would be £42,000, well below the de minimis if we were to inspect all 42 providers annually, which is unlikely.
De minimis (measures with an EANDCB below +/- £5 million)	**Changing IRMER notification forms** Providers using equipment that emits radiation have to notify us of instances where people have been overexposed to radiation. The number of forms we receive per year is around 1.2k. The notification forms are currently on Checkbox; we are now changing the form so that it is a Word form like our other notification forms and it is still available on our website. This should reduce bugs with our Checkbox survey and align back of house processes in terms of who reviews forms and acts on them within CQC. If these forms take an additional 15 mins to fill in for someone at a high cost of £30 per hour (likely an overestimate) then this could cost those filling in forms £6,000 per year. Therefore the impact of this change will below the de minimis.
De minimis (measures with an EANDCB below +/- £5 million)	**Encouraging improvement in services persistently rated Requires Improvement** Providers with this rating are asked to fill in an "Improvement action plan" which is a 1 page template which sets out how they intend to improve. The template is similar to the current form for a breach of regulation. It is anticipated providers would not have to do much more as a result of this change; their activities to improve should just happen more quickly. Around 1,000 – 2,000 services would be affected per year. We do not anticipate providers would do anything additional as a result of this change; their activities to improve should just happen more quickly. It might take a Nominated Individual (NI) an hour to put the Improvement plan together. If the hourly cost of a NI's time was £30 then this might cost all providers affected in total £60,000.
L1. Casework	**Changed our approach to single location Domiciliary Care Agencies (DCA) which change office address so their current rating continues** Previously DCAs ratings would disappear if they changed their head office

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	location. We have changed this system now so that addresses providers when they change address. We believe this is out of scope of the Business Impact Target because it relates to ratings which we believe are out of scope of the Target as they do not derive from regulations.
L2. Education/publicity campaigns, factsheets, helplines	**Fire safety in registered premises** We have added prompts to our Key Lines of Enquiry used by our inspectors during their inspections to guide them to ask providers the right questions around Health and Safety and Fire compliance in premises. Providers should be undertaking the correct activities anyway so this does not represent a change for providers.
L2. Education/publicity campaigns, factsheets, helplines	**Brief Guides on Deprivation on Liberty safeguards (DOLs)** We have published guidance for inspectors on our external website on the following: any restriction of liberty seen to arise in the context of urgent life-saving medical treatment provided in an ICU is not a deprivation of liberty and therefore requires no authorisation under the Deprivation of Liberty Safeguards (DoLS), as well as specific guidance for inspectors on how to inspect specific types of services for substance misuse and mental health. Despite being for inspectors they are being published on our external website for transparency. We do not, however, expect providers to do anything differently as a result of these guides.
L2. Education/publicity campaigns, factsheets, helplines	**National report on practical solutions for emergency departments** We worked with senior clinical, nursing and managerial leaders from emergency departments at 17 hospital trusts across the country to develop a best practice resource for all NHS acute trusts. This report shares best practice from clinical leaders in emergency departments and provides practical examples of positive action that some trusts are taking to help meet the challenges of managing capacity and demand.
L3 Policy development	**Driving Improvement – NHS trusts** We published 'Driving Improvement', a collection of seven case studies exploring how mental health NHS trusts managed to turn around their inspection quality rating from 'inadequate' to 'good' or 'outstanding'.
L3 Policy development	**Driving Improvement – Adult Social Care** We published 'Driving Improvement', a collection of nine case studies exploring how adult social care services from across the country have managed to turn around their inspection quality rating from 'inadequate' to 'good'
L3. Policy development.	**Local system reviews thematic report** CQC has been asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 12 local authority areas. These reviews, exercised under the Secretaries of State's Section 48 powers. This is a pilot so is not a formal change in how we regulate.
L3. Policy	**Children and young people's mental health services thematic report**

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development.	Review of children's and young people's mental health services Our phase one report, published today, highlights the difficulties children and young people face in accessing appropriate support for their mental health concerns from a system that is fragmented and where services vary in quality. This report is NQRP because it explores a given topic and potential policy recommendations. The report itself does not mean these policies will be implemented.
L3. Policy development	**Adding questions to a sample of inspections for an Independent Voice report** Independent Voice reports are CQC published documents which explores a topic in depth. In order to understand a given area in more depth we have added extra questions for providers to a sample of inspections as a one off exercise. This does not represent a change in our approach.
L3. Policy development	**One-off information request for private wings on NHS hospitals** We sent a one-off information request to NHS hospitals with private wings to find out more about their private wings so we can inspect them in future - which has always been in our power to do and we are doing this where we know they exist currently. We will assess this change if and when becomes part of our approach to regulating these services.
L3. Policy development	**CQC review to examine the underlying issues that contribute to the occurrence of Never Events** This is an Independent Voice report which explores factors that contribute to the occurrence of Never Events in depth. This document will have reviewed this subject and explored the issues, at most recommending actions. It will not in itself introduce any new policy that will affect providers.
L3. Policy development	**Post-registration and post-inspection survey changes** Previously CQC surveyed providers after they had been through inspection and registration processes. We have changed this survey so that now there is only one annual provider survey and we survey a sample of all providers.
L3 Policy development	**Monitoring the Mental Health Act thematic fieldwork and national report** This is a report produced annually that provides information about CQC's role in monitoring the Mental Health Act.
L3 Policy development	**State of Care in independent online primary health services** We published a report about the quality of care delivered by online primary health services we have inspected.
L3 Policy development	**State of care in independent acute hospitals** Published CQC analysis of the quality and safety of care provided by independent acute hospitals across England
L4. Organisational & management changes	**Changes to CQC Enforcement Programme** Enforcement actions will now be undertaken by all inspectors rather than

Excluded Category*	Summary of measure(s), including any impact data where available
	dedicated enforcement inspectors. This will not affect how providers experience and are affected by enforcement.
L4. Organisational & management changes	**CQC Insight changes** An updated version of the Adult Social Care Insight dashboard is now available to inspectors. This provides information about the providers inspectors assess. This dashboard is used by inspection staff and not providers so this change should not affect providers. Started to trial CQC Insight dashboards for acute NHS hospital, mental health, GP practice and adult social care inspections, and started to consider how we could develop them to support regulating new care models.
L4. Organisational & management changes	**Aligning registration tools with the assessment framework/inspection** We are revising the tools for registration inspectors so that these tools align with the new assessment frameworks and the 5 key questions (which we assess providers against – well-led, safe, caring, effective and responsive). This means that inspectors look for the same things when going through registration processes as we look for on inspection. This however will not result in change in change in the registration process for providers.
L4. Organisational & management changes	**Evidence tables for inspectors and brief guides** We have created evidence tables for inspectors to gather evidence on inspection. These are changing to align with our changing approach to inspections. These revised tables will not affect how providers experience inspection.
L4. Organisational & management changes	**New tool in OBIEE which presents data in a different way** OBIEE is one of systems in which we store and review management information data. We have a new tool in this system which presents data differently. No providers have access to this system so the impact is purely internal.
L4. Organisational and management change	**Representations Team** CQC is trialling having a dedicated team to review representations. Representations are challenges from providers to proposed enforcement against them. This does not change the representations process for providers.
L4 Organisational and management change	**CQC/NHSE protocol** CQC has agreed new guidance with NHS England and other partners on the protocol for when an NHS or independent hospital service or facility closes at short notice, it is important that all parties take action in a timely way. Organisations should work together to prevent the closure of services however, on occasions where this is not possible the following protocol should be used. This change affects CQC and strategic partners only, not individual providers.
L4 Organisational and management change	**CQC Priorities for 2018/19 and Directorate Business Plan** We published our priorities and plans for the next year.
L4 Organisational	**Third major release of Cygnum – CQC's national inspection and resource**

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and management change	**tool** Essentially this is a software programme that helps us plan inspections.

*This column will be updated with the other exemption categories once the Business Impact Target has been announced. Complete the summary box as 'Following consideration of the exclusion category there are no measures for the reporting period that qualify for the exclusion.' where this is appropriate.