

MEETING	PUBLIC BOARD MEETING 24 February 2021
Agenda Item Paper Number	5 CM/02/21/05
Agenda Title	Corporate Performance Report (2020/21 – Q3)
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PURPOSE OF PAPER:

Actions required by the Board:

- **Note** 20/21 Quarter 3 performance, highlights and areas we are under plan.
- **Note** financial position.
- **Comment** on the areas of Performance where we ended under plan and action.

IMPACT:

The Performance Report covers commitments set out in our 2020/21 Business Plan and delivery against our organisational priorities from 1 January 2021 to date. Where we have underperformed stakeholders will want to be assured there are adequate measures being put in place to improve the position.

1. Summary

1.1 This paper and annex summarise our end of quarter three performance against our 2020/21 business plan as well as our delivery against our priorities during the current period of the COVID-19 pandemic.

1.2 The Performance Annex – December 2020 (Annex 1) gives an overview of:

- Performance against Business Plan targets;
- Delivery of Business Plan milestones;
- Progress against Internal Audit recommendations

2. Recommendation

2.1 It is recommended that the Board **note** the 20/21 performance at the end of December 2020, as well as our delivery to date, and **comment** on the areas where are under plan.

3. Discussion and implications

For each our business plan priorities we have noted the position at the end of Q3 as well as any additional performance information in relation to our priorities from January to March, with a more up to date performance position.

Effective and efficient registration service

3.1 Registration response to COVID-19: During the pandemic, our registration service has prioritised applications that help support the systems response to COVID-19. This means that services which provide treatment for COVID-19, including settings that support discharge of positive patients from acute settings, or services which increase overall capacity to provide care in relation to COVID-19 are given priority. We wrote to all providers with registration applications in progress on 13 January to alert them to the possible delays, in the spirit of being open and transparent. We continually monitor the impact of these decisions and are implementing different strategies to ensure we minimise any further delays, for example, redistributing resources and using temporary staff

3.2 Registration timeliness: At the end of December 2020 complex applications have taken 113.9 days to process and simple applications 19.8 days. Simple applications are made up of applications processed by NCSC and those which are reduced risk. There are some application types that are yet to be categorised, they are being measured in a third group (normal) until all modelling is complete.

3.3 Registration Representations: Since April 2020, 90% of NOPs have been adopted against a target of 90%. Out of 70 representations, six notices were overturned due to the evidence received. A notice of proposal can be used if an application is rejected or it is proposed that the provider is registered but with additional conditions, representations can be received if further evidence is submitted to challenge the outcome.

We use intelligence to regulate registered services

3.4 Safeguarding: At the end of Q3, 97% of safeguarding alerts have been processed in 1 day against a target of 95%. For safeguarding concerns, where other key stakeholders are already involved, we have a target of recording our action within 5 days. 94% of safeguarding concerns have mandatory action recorded in the timescale, against a target of 95%. The last four months, including January 2021 have shown consistent performance responding to safeguarding alerts.

3.5 Whistleblowing: Between April and December 2020, there has been a gradual increase in the volume of whistleblowing enquiries that are received each month, with a total of 11,343 being received within the period. As part of our performance reporting we monitor the timescale to record an outcome from whistleblowing enquiries. Over the last 12 months it was 4 median days to record a concluded outcome. January 2021 records the highest volume of whistleblowing information received within an 18 month period and represented a 58% increase compared to January 2020.

3.6 Using information of concern: Safeguarding and Whistleblowing continue to be key intelligence in identifying risk. As of 9 February 2021, 54% of inspections triggered by risk were in response to information of concern. We categorise information of concern as enquiries related to whistleblowing, safeguarding, complaints and concerns.

3.7 Regulatory Action: Whilst routine inspections were paused, we continued to inspect due to risk and concerns raised. During Q3 we ceased use of the Emergency Support Framework (ESF) and expanded our regulatory actions by implementing the Transitional Monitoring Application (TMA). As of 9 February 2021, 46% of registered locations have had regulatory actions (including ESF, TMA and Inspection). From 1 April 2020 to 9 February we have undertaken 5125 inspections, of which 4887 included a site visit.

3.8 Adult Social Care – Designated Settings and Infection Prevention Control (IPC) Inspections: Adult Social Care continue to undertake IPC inspections. This activity supports the establishment of designated sites so that people have COVID-19 can be discharged from hospital in a timely way, freeing up capacity in the system. As of 9 February, 156 designated settings have been

approved, equating to 2063 beds. 1241 IPC inspections have taken place focusing on IPC completely and 18.5% of all residential homes have had their IPC reviewed as part of an inspection.

We use enforcement when we need to keep people safe

3.9 Enforcement - Urgent Actions: Where we have made a decision to take urgent enforcement, we aim to serve the notice within 3 days. Our target is to do this in at least 70% of situations. During the first nine months of 2020-21 93.39% were served within 3 days.

We provide timely information that is useful for the public and providers

3.10 Independent Voice: The IRMER Annual Report, Controlled Drugs Annual Report, Mental Health Act Annual Report and State of Care are all complete and published. The Annual Reports and Accounts 2019/20 have now been laid before parliament in February.

We develop our regulation and our organisation through a programme of change and quality improvement

3.11 Change: The change portfolio covering various projects and programmes is being tracked based on delivering to time, cost and quality. Overall the portfolio is currently RAG rated amber.

3.12 QI: Corporate QI projects have been aligned with priorities for improvement.

Equip our people and organisation to deliver our purpose now and in the future

3.13 People – Turnover and Sickness: The year to date turnover rate is 7.4% against a 10% target. For those employees employed less than 2 years the turnover rate is 10.81%. The year to date sickness rate is 3.29% against a target of under 5%.

3.14 Finance: Our revenue budget is forecast to be £11.9m underspent at the end of the year. This includes a potential £1.5m shortfall on provider income. Our capital programme is now forecast to be £0.3m underspent at year end, allaying concerns of a potential overspend.

4. Risk Register

4.1 The risks in the Corporate Register have been reviewed by the SLT30 risk group, and the ACGC.

4.2 Risk R1 Effective Regulator. It is considered too early to say that TMA is developed enough to fully flag risk and assess quality in the desired way. Evaluation will be a mitigation, but the timeline is not agreed for it yet. Risk likelihood increased from 3 to 4, overall risk therefore raised from 12 to 16.

4.3 R11 Capacity and Capability – BAU. Further refinement of the plans for re-rating services agreed at ET have mitigated the risk of capacity being exceeded by that area of activity. However, the introduction of COVID testing of inspection staff could result in capacity being impacted as asymptomatic staff test positive and are required to self-isolate. Risk likelihood raised from 2 to 3, and overall risk level raised from 6 to 9.

4.3 R14 Business continuity. Risk level reduced from 9 to 6 as a result of COVID testing being made available for inspectors and therefore representing additional mitigation of health and safety risk to our people.

5. Internal Audit Actions

5.1 There are 21 internal audit action plans that we are tracking across CQC. There are no actions to report on for HWE. We report on progress by the number of individual actions within plans and whether they are; closed, on track, or overdue. For the 12 open action plans, there are a total of 87 open actions.

5.2 As of the 29 of January, 208 actions (71%) are closed, 60 (20%) are on track and 27 (9%) are overdue for CQC.

5.3 Since our last report to Board in October 2020, 9 of the 21 action plans were reported as closed (all their actions having now been completed), subject to the verification process by PWC for high and medium rated actions. For now, these remain included in Appendix.

6. Conclusion and Next Steps

Board will continue to be appraised of performance monthly.