Performance Report:
January 2019
Reporting Our Performance – Annual Cycle

**Quarterly:**
- Board Report – Strategic Measures / Surveys
- Operational Performance / Risk / Internal Audit / Business Plan Delivery / Finance

**Monthly:**
- ET Report & Board Summary / SLTs – Operational Performance and Quality Improvement Deep Dives / Finance

**Weekly:**
- Operational Delivery / Activity Reporting

**Are We Delivering Our Commitments?**

**Are We Efficient?**

**Are We Consistent?**

**Are We Effective?**

**Do We Learn and Improve?**

**Annual:**
- State of CQC Report – Impact and Outcomes (Internal)
- Annual Report and Accounts

**Questions:**
- Are We Delivering Our Commitments?
- Are We Efficient?
- Are We Consistent?
- Are We Effective?
- Do We Learn and Improve?
# Reporting Our Performance – Audiences

<table>
<thead>
<tr>
<th></th>
<th>SLTs</th>
<th>ET</th>
<th>ACGC</th>
<th>RCG</th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quarterly Performance Products</strong></td>
<td>Operational Performance and Surveys</td>
<td>Performance report: Operational performance and Impact (products as for Board see last column) • ‘Deep dives’ on performance</td>
<td>• Risk Report • Internal Audit Report • NAO/PAC Action Plan and Progress Report • ‘Deep Dives’ on Risk</td>
<td>• Risk Report covering those within RCG remit (e.g. Consistency) (to be agreed)</td>
<td>Performance report: Operational Performance and Impact: • Strategic Measures and Surveys • Operational Performance • Risk • Internal Audit • Business Plan Delivery • Finance</td>
</tr>
<tr>
<td><strong>Monthly Performance Products</strong></td>
<td>Monthly performance report • Operational performance</td>
<td>Monthly performance report to ET (and summary to Board) • Operational performance</td>
<td>• N/A</td>
<td>• N/A</td>
<td>• Summary report on Operational performance</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>• Operational Performance Management (includes delegation of improvement priorities to Operational improvement groups – eg: CIG)</td>
<td>• Assurance on Operational performance management (and focus on improvement priorities) • Assurance on Strategic Change delivery</td>
<td>• Assurance regarding risk management and assurance processes</td>
<td>• Assurance regarding regulatory risk management processes</td>
<td>• Assurance on CQC overall performance</td>
</tr>
</tbody>
</table>
Performance Annex - Legend

Illustrates the operating model component

Manage Our Resources

Commonly Used Acronyms

ASC – Adult Social Care; PMS – Primary Medical Services; HSP – Hospitals; MH – Mental Health; NCSC – National Customer Service Centre; IH – Independent Health; YTD – Year To Date (Financial Year); KPI - Key Performance Indicator; Enf – Enforcement; RI – Requires Improvement; Fac Acc – Factual Accuracy

Arrow colour measures YTD performance against target

Arrow direction measures trend against previous month performance

YTD performance

Monthly performance

C = The Slide gives context
M = The slide is a performance measure (KPI)

Trend: improving; deteriorating; or no change

Performance: green or red only. Measures with no target will have a white background

Graph

Additional information relevant to the content of the graph
Manage Our Resources

- Finance: Pay - 2% (96%)
- Finance: Non-Pay - 6% (68%)
- Sickness: 12 Month Average - 3.7% (4.1%)
- Turnover: 12 Month Average - 10.3%
- Turnover: Avoidable Reasons Last 12 Months - 24% (100%)
- Complaints: Acknowledged - 99% (98%)
- Information Access: Responsiveness - 95%

Register

- Applications: NCSC Processing - 98% (96%)
- Applications: New Reg Assessment - 69% (69%)
- Applications: Var & Can Reg Assessment - 89% (89%)
- Notices of Proposal: Last 12 Months - 538
- Unregistered Provider Enquiries - 1372 (157)

Monitor, Inspect & Rate

- NCSC: Correspondence - 98% (99%)
- NCSC: General Calls - 87% (85%)
- NCSC: Registration Calls - 88% (85.2%)
- NCSC: Mental Health Calls - 95% (95.9%)
- NCSC: Safeguarding Calls - 95% (95.5%)
- NCSC: Alert Triage - 98% (100%)
- NCSC: Concern Triage - 98% (99%)

- Alerts: Referred to Local Authority - 94% (95%)
- Alerts/Concerns: Mandatory Action - 90% (90%)
- Inspection Timeliness: ASC - 64% (64%)
- Productivity: ASC - 82% (93%)
- Inspection Timeliness: PMS - 90% (90%)
- Productivity: PMS - 70% (76%)

Enforce

- Enforcement Actions Issued - 1,855 (149)
- Special Measures: Current Total - 425
- 4Q+ In Breach With Actions: ASC - 92%
- 4Q+ In Breach With Actions: PMS - 93%

Independent Voice

- Report Publication Timeliness - 85% (91%)
- Engagement: Positive Coverage - N/A (97%)
- Engagement: Negative Coverage - N/A (0%)
- Engagement: CQC Themes - N/A (91%)

Data From January Static Cut; 2018/19 Financial Year, unless otherwise stated
### Manage Our Resources

#### Register
- **Applications: NCSC Processing**
  - KPI: 5 days
  - Target: 90%

#### Monitor, Inspect & Rate
- **Safeguarding Alerts: Referred to Local Authority**
  - KPI: 1 day
  - Target: 95%

- **Productivity ASC/PMS**
  - KPI: 2 inspections (any type) a month
  - HSP KPI: average of 235 units a month
  - Target: 100%

- **Inspection Timeliness: ASC RI/I**
  - Returns: 90%
  - G/O Returns: 80%
  - 1st Inspections: 80%

- **Inspection Numbers: Hospitals Units**
  - A unit is equivalent to 1 independent location or 1 core service

- **Enforcement Actions Issued**
  - Includes Warning Notices, Civil Actions and Criminal Actions.
  - Actions may still await outcomes.

- **4Q+ In Breach With Actions: ASC**
  - Inspections in progress or scheduled and current/recent enforcement

- **4Q+ In Breach With Actions: PMS**
  - Inspections in progress or scheduled and current/recent enforcement

### Enforce
- **Report Publication Timeliness**
  - KPI: 50 days
  - Except HSP 3+ Core Services: 65 days
  - Target: 90%

- **Engagement: Positive Coverage**
  - Target: >70%

- **Engagement: Negative Coverage**
  - Target: <10%

### Independent Voice
- **Enforcement Actions Recognised**
  - Includes Warning Notices, Civil Actions and Criminal Actions.
  - Actions may still await outcomes.

- **Complaints Acknowledged**
  - KPI: 3 Days
  - Target: 95%

- **Information Access Responsiveness**
  - Benchmark: 90%
  - Based on statutory time limits of diff. legislation

### Data From January Static Cut; 2018/19 Financial Year, unless otherwise stated
Are Our Registration Assessments Timely?

Volume and timeliness for completion of Registration processes by month*

Year to date, 69% of New Registration applications and 89% of Variations and Cancellations have been completed within KPI, compared with 77% and 89% respectively in 2017/18

2018/19 Financial Year; Data from Jan cut
KPI: Notice of Proposal or Decision sent within 50 days
*includes data where the employees’ directorate was “unspecified”
Rejection rate for applications

Volume of applications received by type and rejection rates
In the last 12 months, 25% of applications have been received via the provider portal, with the rejection rate for provider portal applications being 22% compared with 37% for applications received by other methods in the last 12 months.

Top 5 provider application rejection reasons:
- Provider Section
- Location Section
- Declaration/Data protection section
- Invalid Supporting provider/manager app
- Application not required

Top 5 manager application rejection reasons:
- Provider Section
- Application not required
- Invalid Supporting provider/manager app
- Manager section(s) invalid/incomplete
- Location section

Registro
Monitor, Inspect & Rate
Enforzar
Voz independiente
Average inspections undertaken by available inspectors against target
Year to date: ASC has achieved an average rate of **81%** and PMS have achieved an average of **70% of target (100%)**
Published Reports: CQC Timeliness & Influences

Proportion and volume of reports published within timescales
Year to date, 85% of reports have been published within KPI

2018/19 Financial Year; Data from Jan cut

KPI: ASC, PMS & HSP 0-2 Core Services – 50 working days after last visit date; HSP 3+ Core Services – 65 working days after last visit date; Enf.: where the report involved enforcement; Fac. Acc.: number of reports where we have received a Factual Accuracy challenge. Draft/Final: shows reports that are overdue or due and whether they are at draft or final stage.
Published Reports: CQC Report Backlog

- **Volume and age of reports outstanding publication and per inspector**
- In the last 12 months, backlog has been reduced by 15%.

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**Register** | **Monitor, Inspect & Rate** | **Enforce** | **Independent Voice**
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**Reports In Progress**

- 0-20
- 20-50
- 50-75
- 75+

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**Avg Reports per Inspector**

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*The logic behind this report continues to be reviewed to ensure accuracy, due to discrepancies which may appear through cross-directorate support on inspections and inspectors moving teams.*
### Changes in Quality over time

#### Current and previous ratings profile of active services

<table>
<thead>
<tr>
<th>Period</th>
<th>Outstanding</th>
<th>Good</th>
<th>Requires Improvement</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16 - Q2</td>
<td>62</td>
<td>224</td>
<td>392</td>
<td>649</td>
</tr>
<tr>
<td>2015/16 - Q4</td>
<td>1,926</td>
<td>4,145</td>
<td>5,061</td>
<td>4,906</td>
</tr>
<tr>
<td>2016/17 - Q2</td>
<td>3,975</td>
<td>11,355</td>
<td>17,605</td>
<td>22,240</td>
</tr>
<tr>
<td>2016/17 - Q4</td>
<td>2,222</td>
<td>4,421</td>
<td>4,421</td>
<td>4,421</td>
</tr>
<tr>
<td>2017/18 - Q2</td>
<td>3,981</td>
<td>11,128</td>
<td>17,879</td>
<td>23,527</td>
</tr>
<tr>
<td>2017/18 - Q4</td>
<td>3,421</td>
<td>11,128</td>
<td>17,879</td>
<td>23,527</td>
</tr>
<tr>
<td>2018/19 - Q2</td>
<td>3,781</td>
<td>10,009</td>
<td>20,487</td>
<td>24,801</td>
</tr>
</tbody>
</table>

#### Data from Jan cut

Changes in Quality over time.
Do We Respond Promptly to Information of Concern? – CQC

Volume of Safeguarding Alerts referred to a Local Authority and timeliness of action
Year to date, response has been timely for 94% of Alerts compared to 96% of Alerts in 17/18

- Volume Outside KPI
- Volume Within KPI
- Alerts - Referral to LA
- Alerts - 2017/18 Average
- Target

2018/19 Financial Year; Data from Jan cut
KPI: Alerts (required to be referred to the Local Authority) – 1 days to make referral
Do We Respond Promptly to Information of Concern? – CQC

Volume of Safeguarding Alerts and Concerns received requiring a mandatory action and timeliness of action.
Year to date, response has been timely for 90% of Alerts/Concerns compared with 90% in 17/18.

<table>
<thead>
<tr>
<th>Month</th>
<th>Volume Outside KPI</th>
<th>Volume Within KPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>287</td>
<td>1945</td>
</tr>
<tr>
<td>Feb</td>
<td>275</td>
<td>2024</td>
</tr>
<tr>
<td>Mar</td>
<td>240</td>
<td>2042</td>
</tr>
<tr>
<td>Apr</td>
<td>275</td>
<td>2294</td>
</tr>
<tr>
<td>May</td>
<td>258</td>
<td>2168</td>
</tr>
<tr>
<td>Jun</td>
<td>240</td>
<td>1935</td>
</tr>
<tr>
<td>Jul</td>
<td>173</td>
<td>2174</td>
</tr>
<tr>
<td>Aug</td>
<td>250</td>
<td>2191</td>
</tr>
<tr>
<td>Sep</td>
<td>279</td>
<td>1703</td>
</tr>
<tr>
<td>Oct</td>
<td>242</td>
<td>2239</td>
</tr>
</tbody>
</table>

KPI: Alerts (not required to be referred to the Local Authority) & Concerns – 5 days to undertake a mandatory action.

2018/19 Financial Year; Data from Jan cut.
Year to date, ASC has undertaken 9,862 inspections. 64% of inspections have been undertaken within KPI.

2018/19 Financial year; Data from Jan cut
Published Reports: ASC Timeliness & Influences

Year to date, **85%** of reports have been published within KPI.

**Proportion and volume of reports published within timescales**

2018/19 Financial Year; Data from Jan cut
Published Reports: ASC Report Backlog

Volume and age of reports outstanding publication and per inspector

In the last 12 months, ASC backlog has been reduced by 12%.

2018/19 Previous 12 Months; Data from Jan cut – Inspection Visit date 01/04/2014 onwards

Age of reports: 0-20, 20-50, 50-75, 75+ Working Days excluding Bank Holidays; Reports in Progress: Inspection date has passed and KPI target remains 1. In Progress, Avg Reports per inspector: Total volume of reports divided by the number of Inspectors “Not in Training” (NIT) at that point in time.

Data excludes P4 Health & Justice locations
ASC: Changes in Quality over time

Current and previous ratings profile of active services

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th>Outstanding</th>
<th>Good</th>
<th>Requires Improvement</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>Q2</td>
<td>318 (6%)</td>
<td>366 (3%)</td>
<td>373 (2%)</td>
<td>345 (2%)</td>
</tr>
<tr>
<td>2016/17</td>
<td>Q2</td>
<td>1,741 (34%)</td>
<td>3,739 (29%)</td>
<td>4,360 (24%)</td>
<td>4,140 (20%)</td>
</tr>
<tr>
<td>2016/17</td>
<td>Q4</td>
<td>3,018 (59%)</td>
<td>8,684 (67%)</td>
<td>13,050 (73%)</td>
<td>16,120 (77%)</td>
</tr>
<tr>
<td>2017/18</td>
<td>Q2</td>
<td>88 (1%)</td>
<td>170 (1%)</td>
<td>335 (2%)</td>
<td>398 (2%)</td>
</tr>
</tbody>
</table>

Data from Jan cut
Published Reports: HSP Timeliness & Influences

Proportion and volume of reports published within timescales
Year to date, 58% of Hospital reports overall, 55% of those with less than two core services and 70% of those with three or more core services have been published within KPI

KPI: ASC, PMS & HSP 0-2 Core Services (Inc IH) – 50 working days after last visit date; HSP 3+ Core Services – 65 working days after last visit date; Enf.: where the report involved enforcement; Fac. Acc.: number of reports where we have received a Factual Accuracy challenge. Draft/Final: shows reports that are overdue or due and whether they are at draft of final stage.

2018/19 Financial Year; Data from Jan cut
Volume and age of reports outstanding publication and per inspector

In the last 12 months, HSP backlog has been reduced by 22%
HSP: Changes in Quality over time

Current and previous ratings profile of active services

- Outstanding
- Good
- Requires Improvement
- Inadequate

Data from Jan cut
Inspections: PMS Activity

Year to date, PMS has undertaken **3,147** inspections **90%** of inspections have been undertaken within KPI.

- **Deregistrations**
- **Overdue**
- **In KPI**
- **Out KPI**
- **No KPI**

2018/19 Financial year; Data from Jan cut
Published Reports: PMS Timeliness & Influences

Proportion and volume of reports published within timescales
Year to date, 91% of reports have been published within KPI

KPI: ASC, PMS & HSP 0-2 Core Services – 50 working days after last visit date; HSP 3+ Core Services – 65 working days after last visit date; Enf.: where the report involved enforcement; Fac. Acc.: number of reports where we have received a Factual Accuracy challenge. Draft/Final: shows reports that are overdue or due and whether they are at draft of final stage.
Published Reports: PMS Report Backlog

**Volume and age of reports outstanding publication and per inspector**

In the last 12 months, PMS backlog has been reduced by 1%.
PMS: Changes in Quality over time

Current and previous ratings profile of active services

Data from Jan cut
What is the Quality of the Services Rated?

Data from Jan cut
Do Locations Rated Good Deteriorate?

In the last year, **23%** locations previously rated Good, that we re-inspected deteriorated.
Re-ratings of services previously rated Requires Improvement (RI)

In the last year, **52%** locations previously rated RI, that we re-inspected improved.
In the last year, 75% locations previously rated Inadequate, that we re-inspected improved.
What Enforcement Activity Do We Undertake?

In the last 12 months, we have issued 2,263 enforcement actions, of which 1,150 (51%) are pending outcome.

- All Actions Pending Outcome
- All Actions Published
- All Actions Completed
- Warning Notices
- Civil Actions
- Criminal Actions

Rolling 12 months; Data from Jan cut
Volume of whistleblowing enquiries received and trend
CQC has received **8,965** whistleblowing enquiries in the last year.
What Happens to Locations in Special Measures?

<table>
<thead>
<tr>
<th>Register</th>
<th>Monitor, Inspect &amp; Rate</th>
<th>Enforce</th>
<th>Independent Voice</th>
</tr>
</thead>
</table>

Number of services entering and exiting Special Measures this month and those remaining in Special Measures at month end

- **420** in Special Measures were **carried into January** from December
- **56** entered Special Measures in January
- **425** in Special Measures at the end of January
- **61** exited Special Measures in January

Data from Jan cut
Action Against Long-Term In Breach – Adult Social Care & Primary Medical Services

1. Locations in breach for more than four quarters, categorised by inspection activity or enforcement actions in progress or undertaken against each.

Of those with no action, length of time in breach

Note all of these have been reviewed and are monitored, they are often due to systems or process issues.