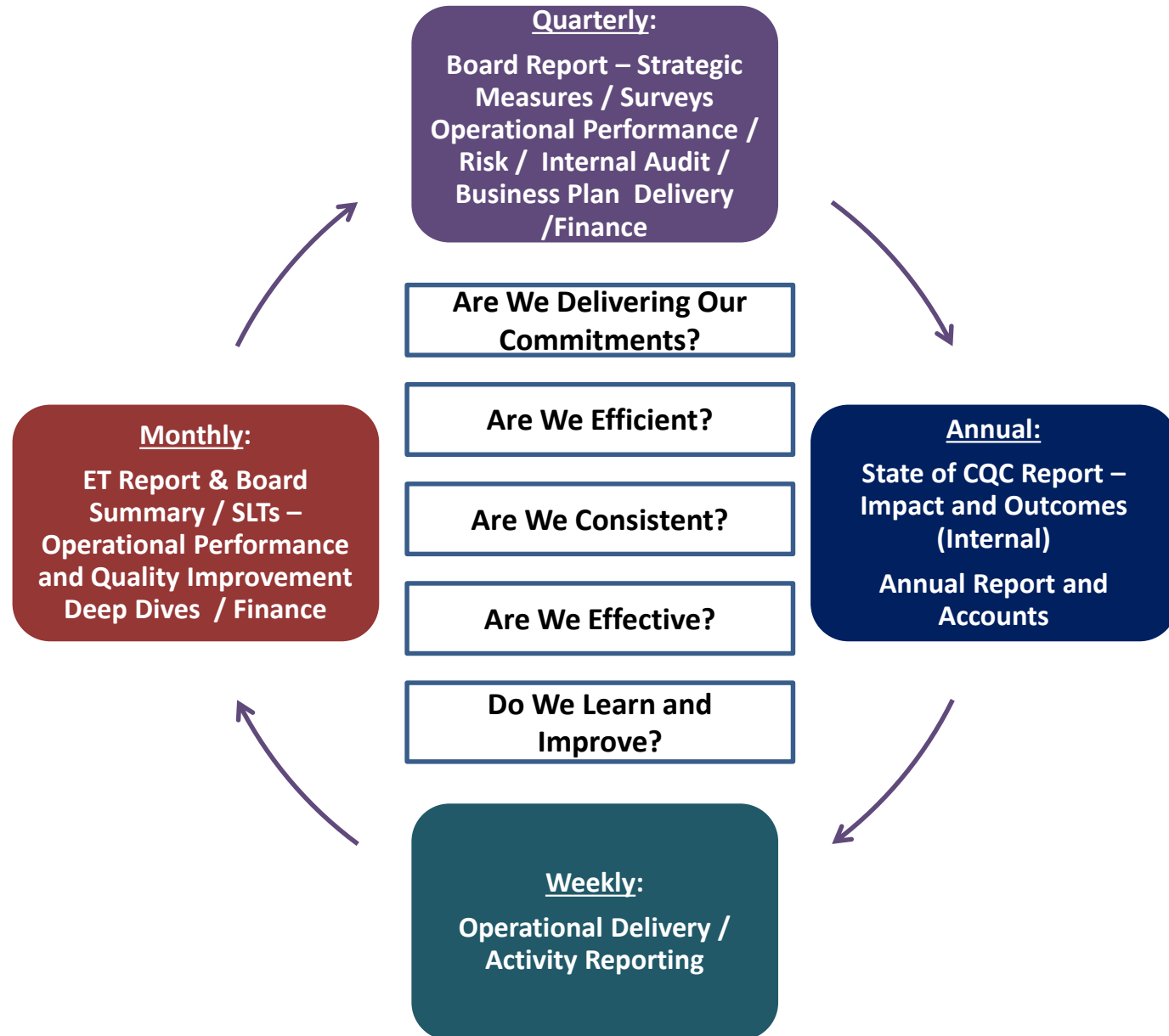




# **Performance Report: Quarter 4 – March 2019**



# Reporting Our Performance – Audiences

	SLTs	ET	ACGC	RCG	Board
<b>Annual Performance Products</b>		<ul style="list-style-type: none"> <li>State of CQC Report – Impact and Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>State of CQC Report /Governance statement</li> <li>Management assurance process – summary</li> </ul>		<ul style="list-style-type: none"> <li>State of CQC Report – Impact and Outcomes (Private)</li> <li>Annual Report and Accounts</li> </ul>
<b>Quarterly Performance Products</b>	Operational Performance and Surveys	<p>Performance report: Operational performance and Impact (products as for Board see last column)</p> <ul style="list-style-type: none"> <li>‘Deep dives’ on performance</li> </ul>	<ul style="list-style-type: none"> <li>Risk Report</li> <li>Internal Audit Report</li> <li>NAO/PAC Action Plan and Progress Report</li> </ul> <ul style="list-style-type: none"> <li>‘Deep Dives’ on Risk</li> </ul>	<ul style="list-style-type: none"> <li>Risk Report covering those within RCG remit (e.g. Consistency) (to be agreed)</li> </ul>	<p>Performance report: Operational Performance and Impact:</p> <ul style="list-style-type: none"> <li>Strategic Measures and Surveys</li> <li>Operational Performance</li> <li>Risk</li> <li>Internal Audit</li> <li>Business Plan Delivery</li> <li>Finance</li> </ul>
<b>Monthly Performance Products</b>	<p>Monthly performance report</p> <ul style="list-style-type: none"> <li>Operational performance</li> </ul>	<p>Monthly performance report to ET (and summary to Board)</p> <ul style="list-style-type: none"> <li>Operational performance</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Summary report on Operational performance</li> </ul>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Operational Performance Management (includes delegation of improvement priorities to Operational improvement groups – eg: CIG)</li> </ul>	<ul style="list-style-type: none"> <li>Assurance on Operational performance management (and focus on improvement priorities)</li> <li>Assurance on Strategic Change delivery</li> </ul>	<ul style="list-style-type: none"> <li>Assurance regarding risk management and assurance processes</li> </ul>	<ul style="list-style-type: none"> <li>Assurance regarding regulatory risk management processes</li> </ul>	<ul style="list-style-type: none"> <li>Assurance on CQC overall performance</li> </ul>

# Performance Annex - Legend



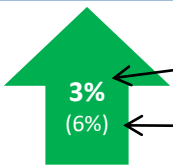
Illustrates the operating model component

## 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

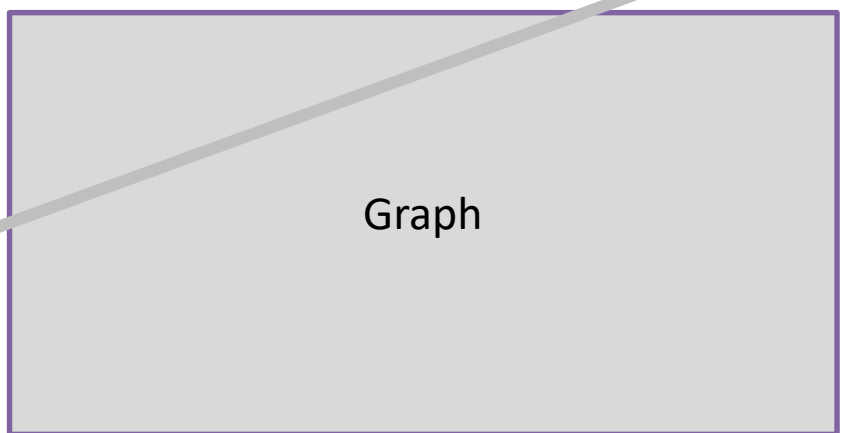


YTD performance

Monthly performance

**C** = The Slide gives **context**  
**M** = The slide is a performance **measure** (KPI)  
**Trend:** improving; deteriorating; or no change

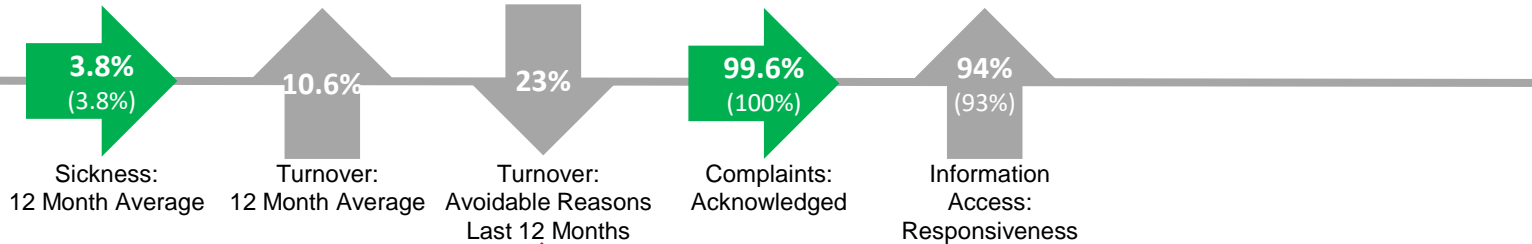
**C** **Title & Content**  
Information about the timescales of the data



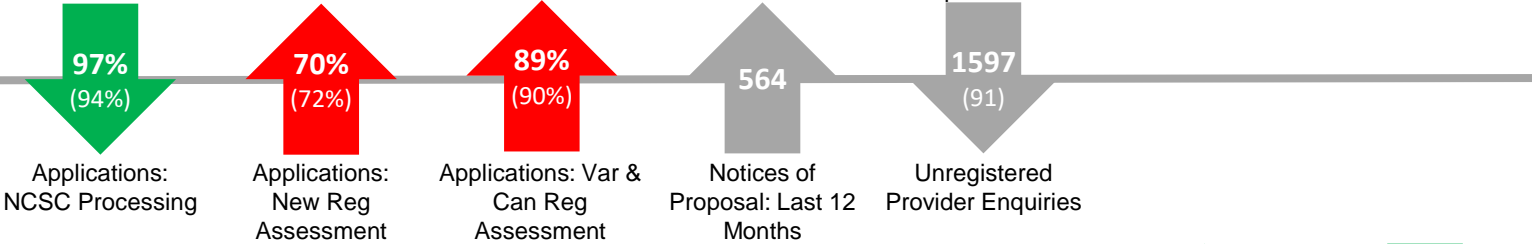
**Performance:** green or red only. Measures with no target will have a white background

Additional information relevant to the content of the graph

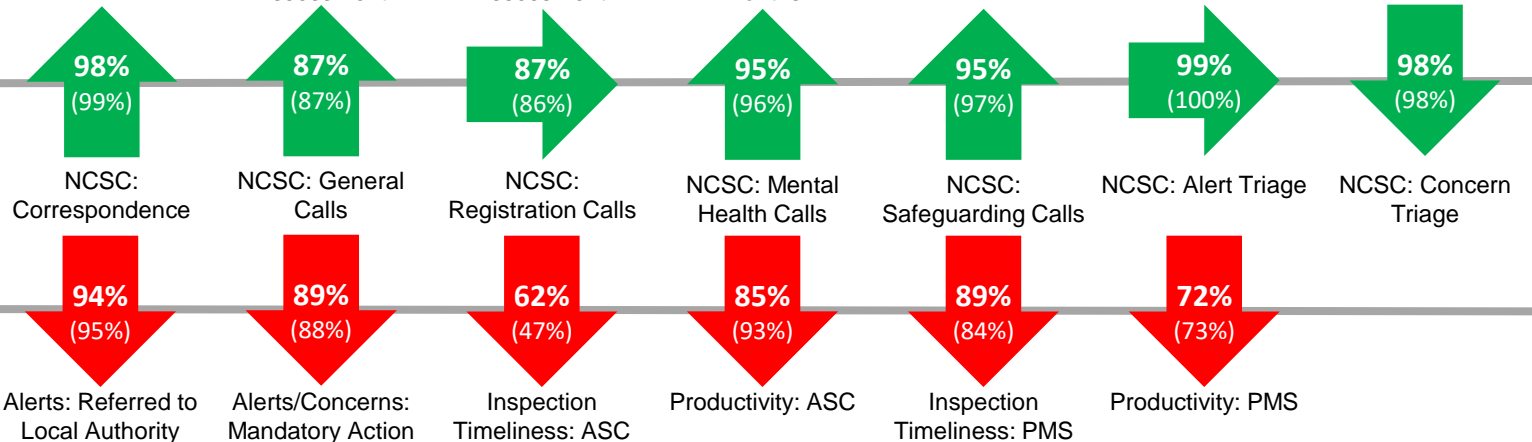
## Manage Our Resources



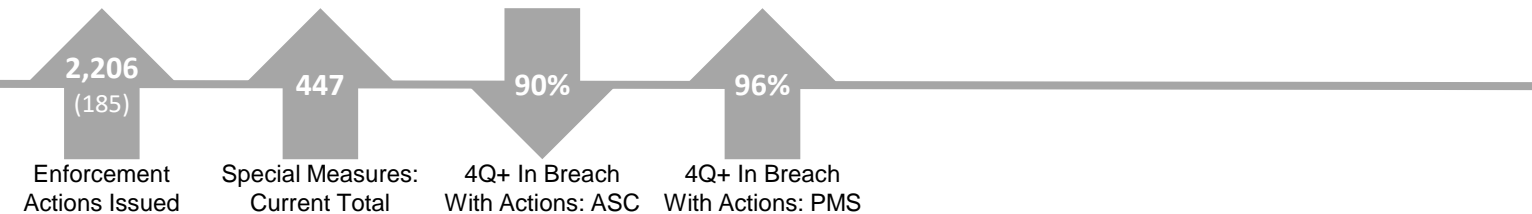
## Register



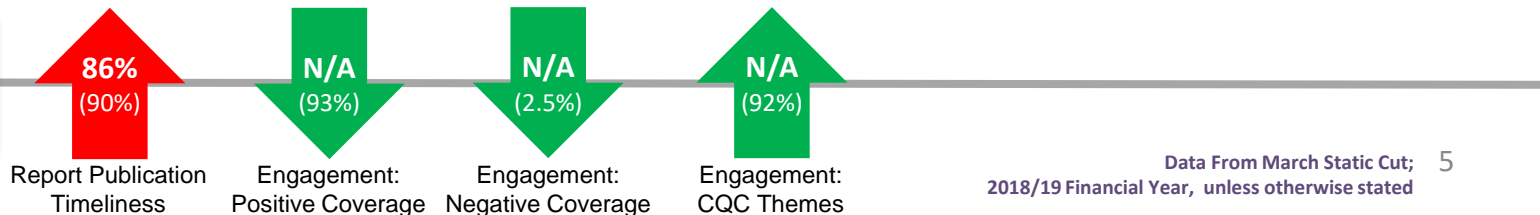
## Monitor, Inspect & Rate



## Enforce



## Independent Voice



## Manage Our Resources

**Finance: Pay Forecast**  
KPI: 2% variance

**Finance: Non-Pay Forecast**  
KPI: 2% variance

**Sickness: 12 Month Average**  
KPI: Below 5%

**Turnover: 12 Month Average**  
No current benchmark in place

**Turnover: Neg Reasons Last 12 Months**  
Incl. work life balance, lack of opportunities, better reward package.

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

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

## Register

**Applications: NCSC Processing**  
KPI: 5 days  
Target: 90%

**Applications: New Reg Assessment**  
KPI: NOP/NOD sent in 50 days  
Target: 80%  
Includes all reg applications

**Applications: Var/Can Reg Assessment**  
KPI: NOP/NOD sent in 50 days  
Target: 90%  
Includes all reg applications

**Notices of Proposal Last 12 Months**  
Most cases of NOPs are where we are refusing an application.

**Unregistered Provider Enquiries**  
Alerts of services not assessed to ensure they are safe to operate

## Monitor, Inspect & Rate

**NCSC: Correspondence**  
KPI: 3 days  
Target: 90%

**NCSC: General Calls**  
KPI: 30 seconds  
Target: 80%

**NCSC: Registration Calls**  
KPI: 30 seconds  
Target: 80%

**NCSC: Mental Health Calls**  
KPI: 30 seconds  
Target: 90%

**NCSC: Safeguarding Calls**  
KPI: 30 seconds  
Target: 90%

**NCSC: Safeguarding Alerts Triage**  
KPI: 1 day  
Target: 95%

**NCSC: Safeguarding Concerns Triage**  
KPI: 1 day  
Target: 95%

**Safeguarding Alerts: Referred to Local Authority**  
KPI: 1 day  
Target: 95%

**Safeguarding Alerts/Concerns: Mandatory Actions**  
KPI: 5 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%  
1<sup>st</sup> Inspections: 80%

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

**Inspection Timeliness: PMS**  
Target: 90%

## Enforce

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

**Special Measures: Current Total**  
Services enter and exit during the month

**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

## Independent Voice

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

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

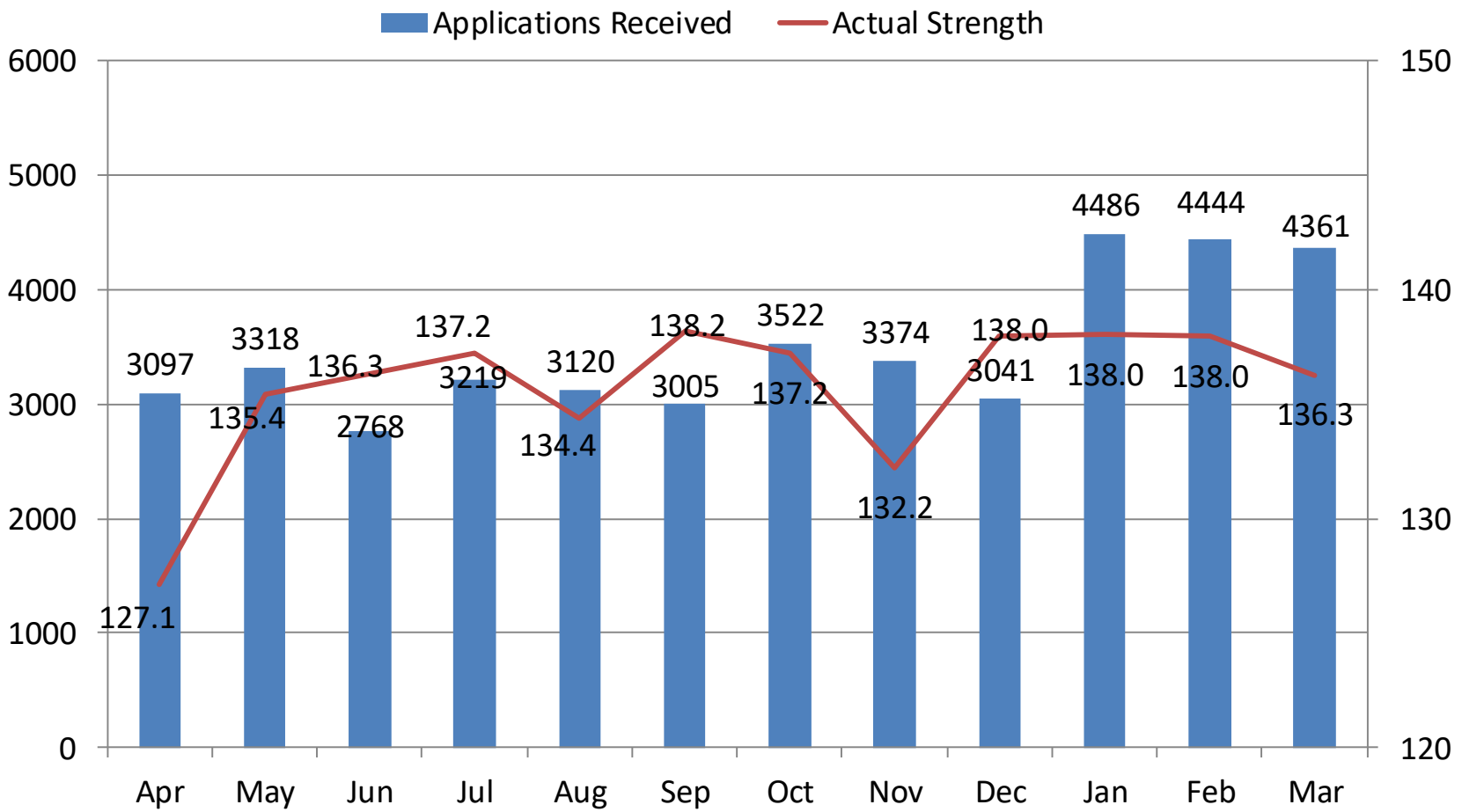
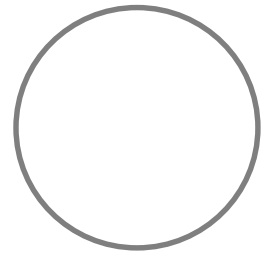
**Engagement: Negative Coverage**  
Target: <10%

**Engagement: CQC Themes**  
Target: >80%

# Applications: Volumes received

Register    Monitor, Inspect & Rate    Enforce    Independent Voice

**C** *Volume of applications received and Actual Inspector Strength*  
**41,755** applications have been received in the last 12 months



Rolling 12 months; Data from Mar cut

\*Actual Strength is the number of FTE in post, discounting those that are out of the business, which includes

those on long-term sick, on parental leave, suspensions, and external secondments.

# Are Our Registration Assessments Timely?

M

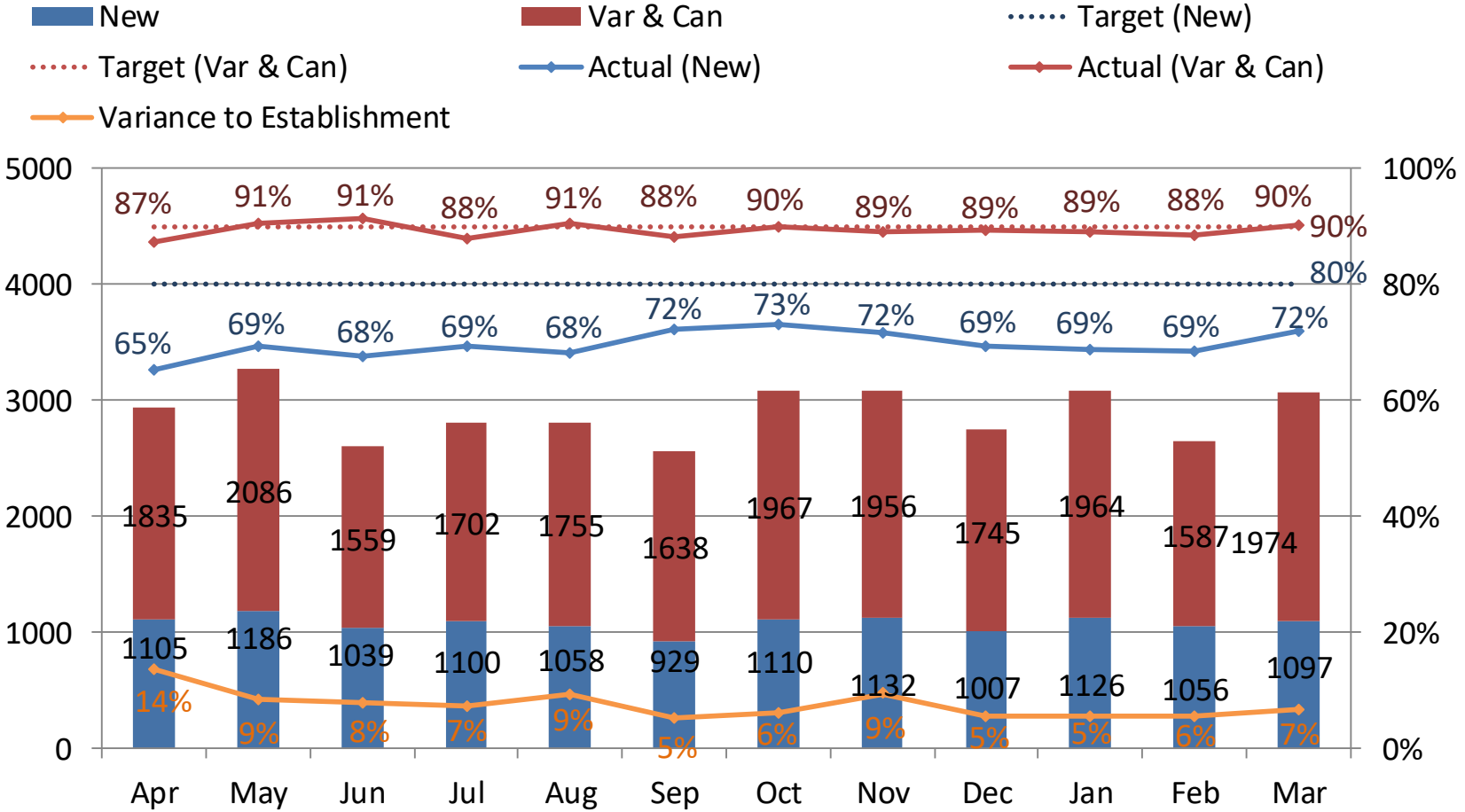
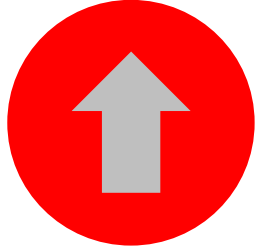
Register

Monitor, Inspect & Rate

Enforce

Independent Voice

① Volume and timeliness for completion of Registration processes by month\*  
 Year to date, **70%** of New Registration applications and **89%** of Variations and Cancellations have been completed within KPI, compared with **77%** and **89%** respectively in 2017/18



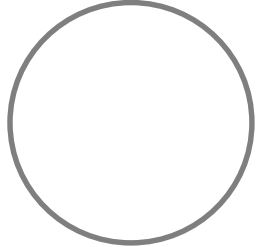


# Rejection rate for applications

M

Register
Monitor, Inspect & Rate
Enforce
Independent Voice

i *Volume of applications received by type and rejection rates*  
 In the last 12 months, **26%** of applications have been received via the provider portal, with the rejection rate for provider portal applications being **21%** compared with **37%** for applications received by other methods in the last 12 months.

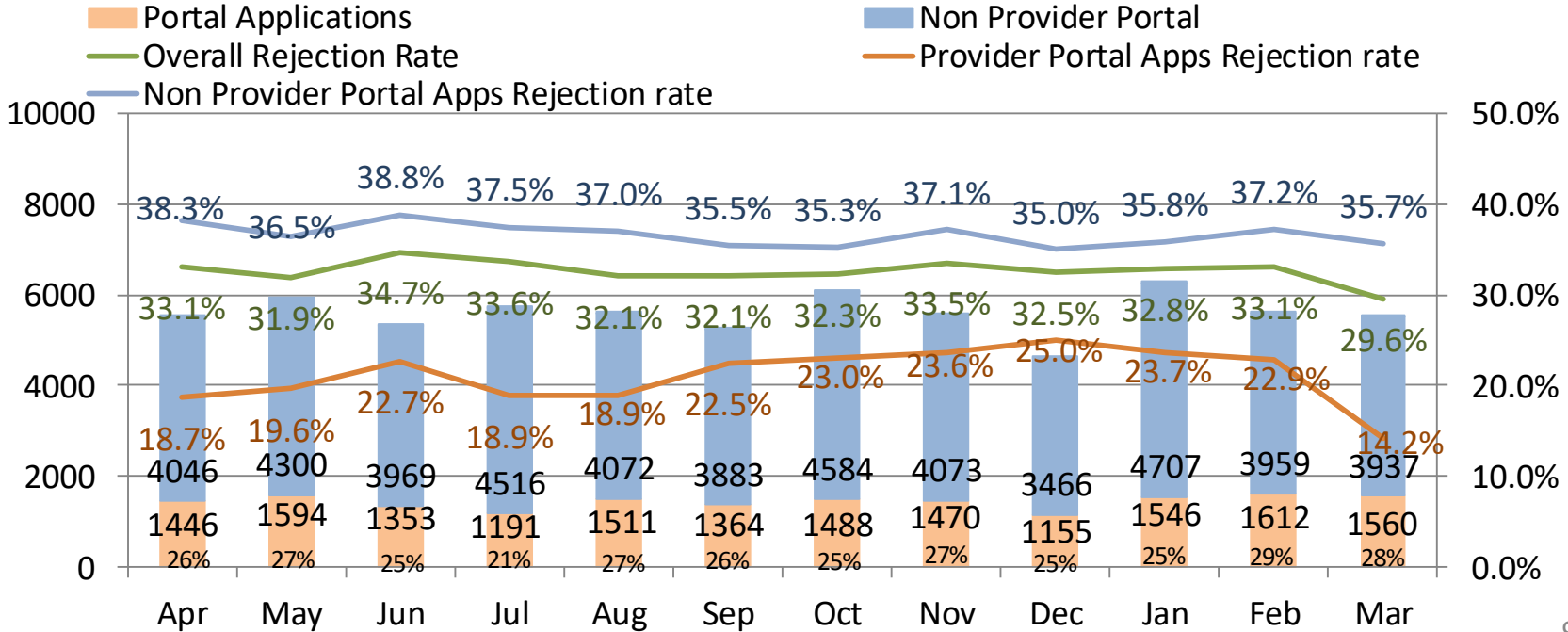


**Top 5 provider application rejection reasons:**

- Provider Section
- Declaration/Data protection section
- Location Section
- Invalid Supporting provider/manager app
- Application not required

**Top 5 manager application rejection reasons:**

- Provider Section
- Invalid Supporting provider/manager app
- Application not required
- Location section
- Manager section(s) invalid/incomplete

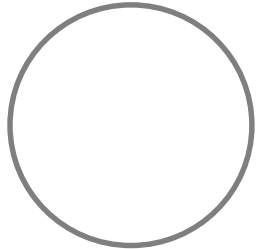


# Inspections: Undertaken and Scheduled

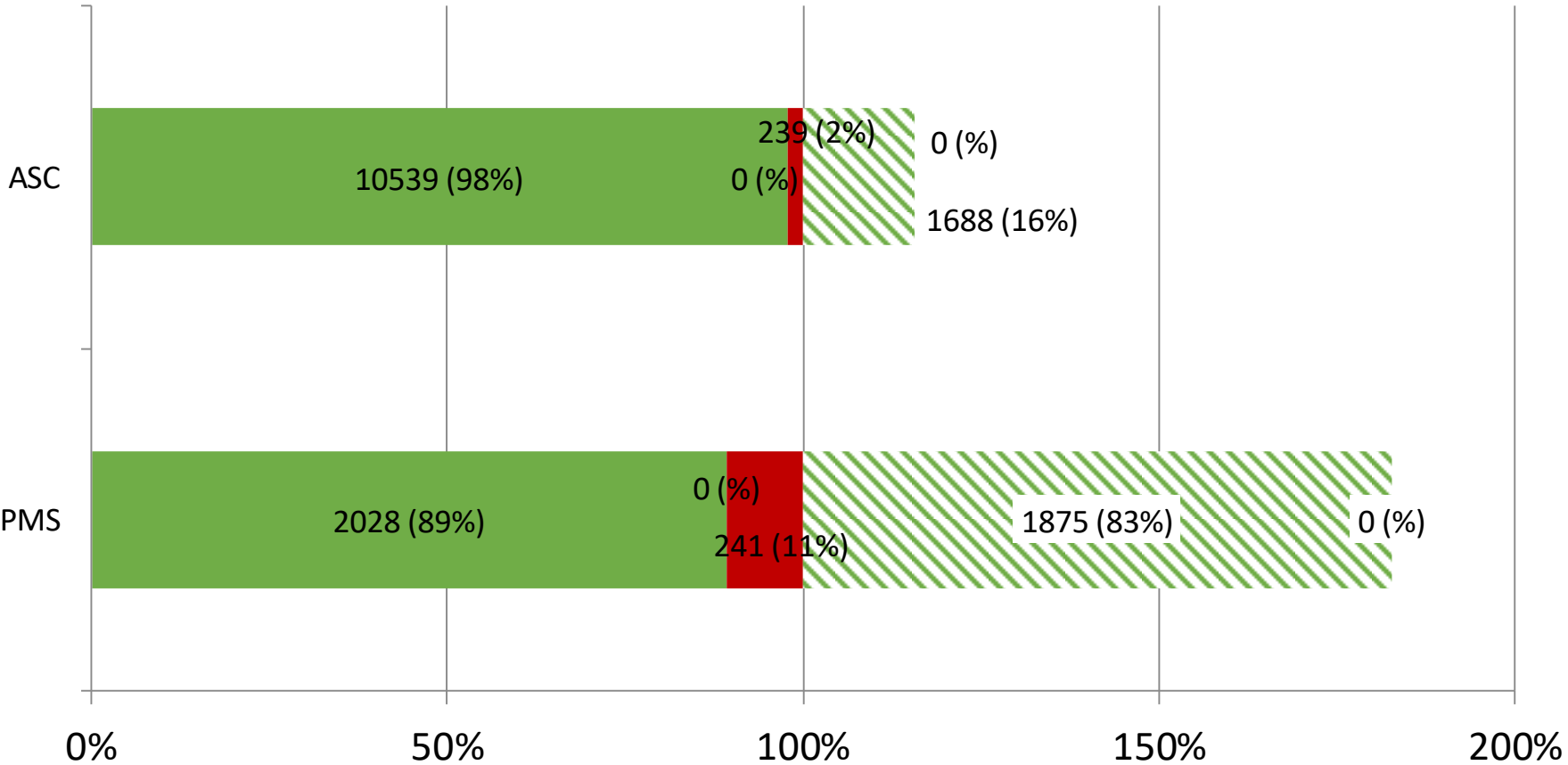
M

Register
Monitor, Inspect & Rate
Enforce
Independent Voice

i *Inspections undertaken and scheduled*  
 In 2018/19, ASC has undertaken **98%** and PMS has undertaken **89%** of inspections due to be completed by the year end. In addition **3,563** inspections were undertaken which were not due until 2019/20.



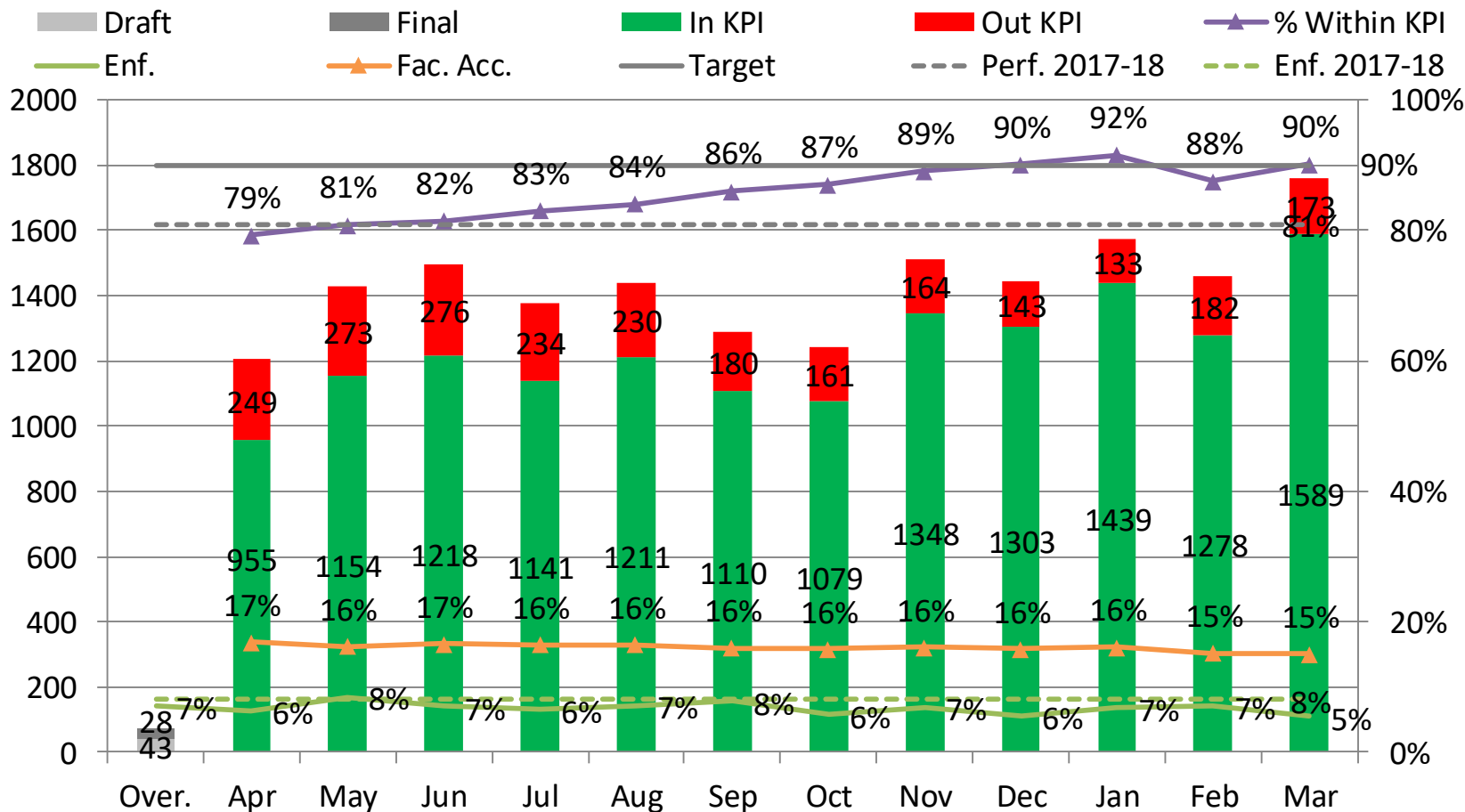
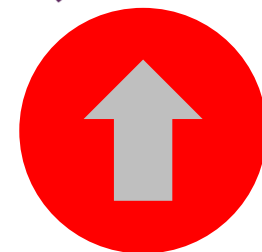
■ Undertaken 
 ■ Scheduled 
 ■ Due not sched. 
 ▨ Undertaken not due 
 ▨ Scheduled not due



# Published Reports: CQC Timeliness & Influences

Register | Monitor, Inspect & Rate | Enforce | Independent Voice

**M** *Proportion and volume of reports published within timescales*  
 Year to date, **86%** of reports have been published within KPI

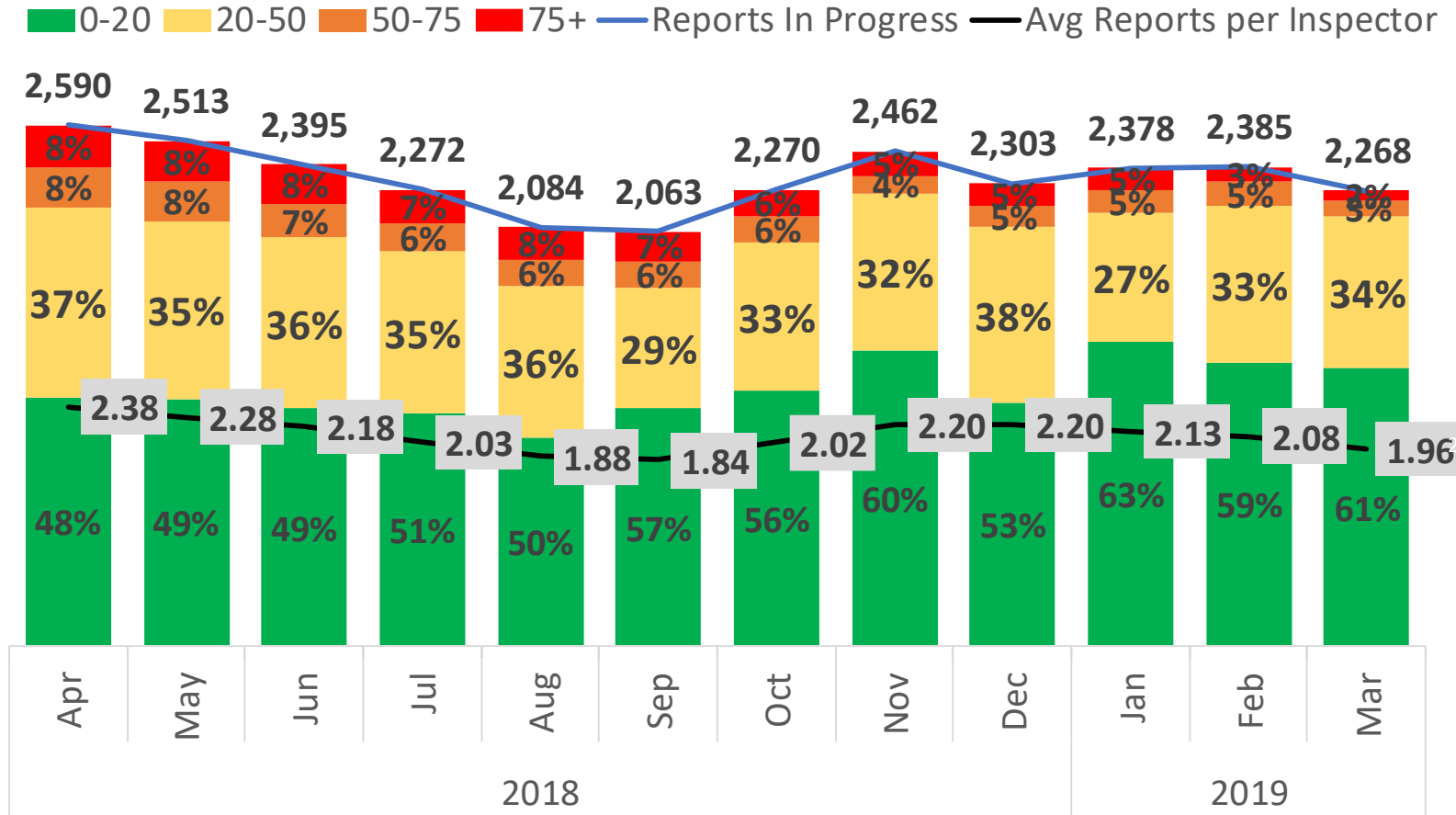


# Published Reports: CQC Report Backlog

Register | Monitor, Inspect & Rate | Enforce | Independent Voice

M

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

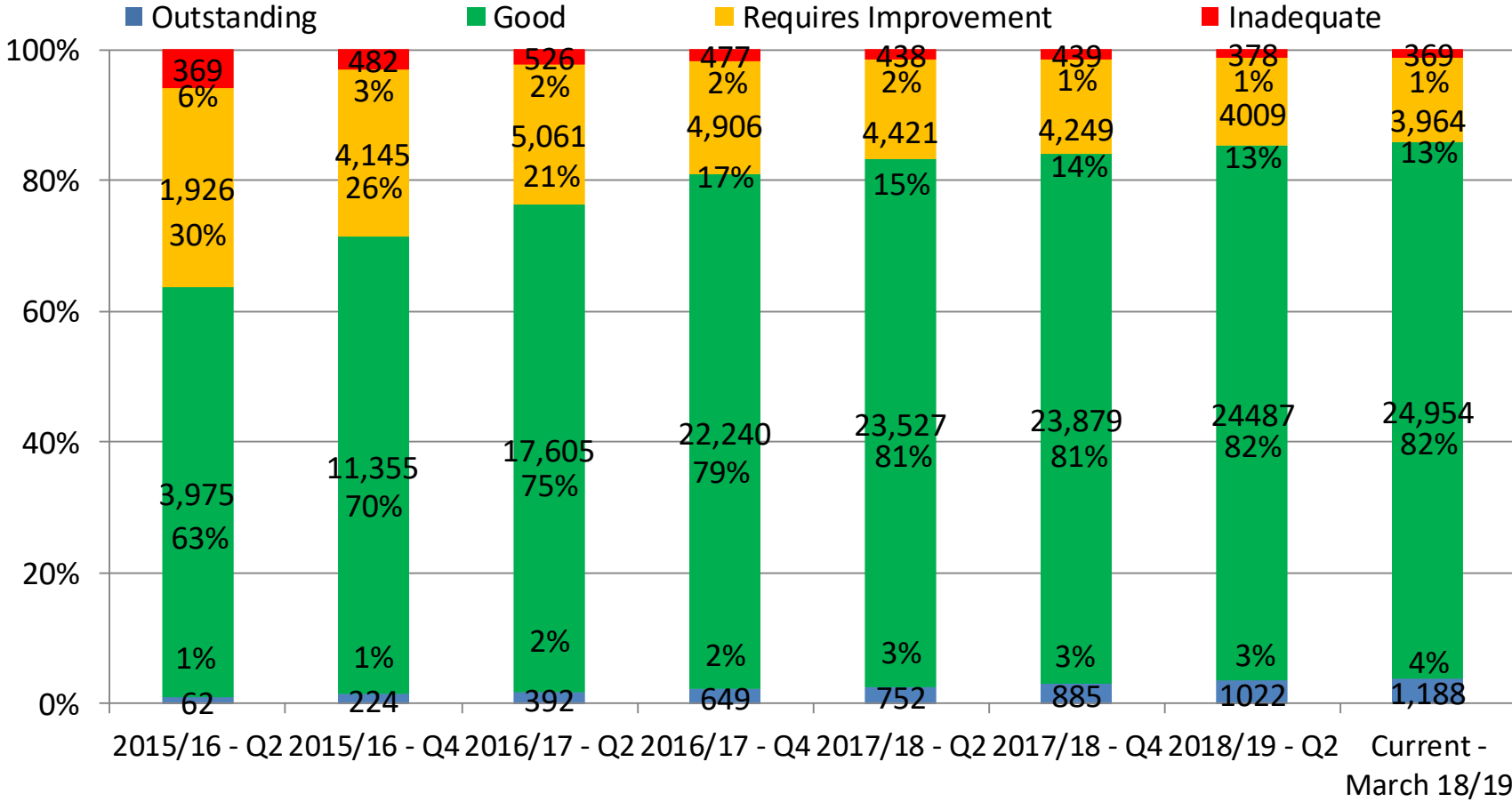
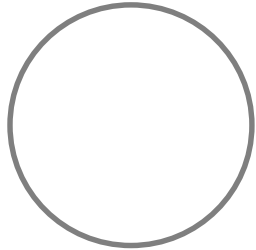


\*The logic behind this report continues to be reviewed to ensure accuracy, due to discrepancies which may appear through cross-directorate support on inspections and inspectors moving teams

# Changes in Quality over time

**C** Register Monitor, Inspect & Rate Enforce Independent Voice

ⓘ *Current and previous ratings profile of active services*



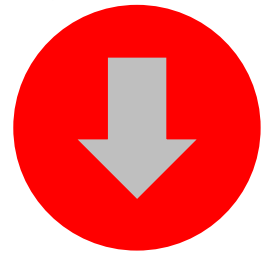
Data from Mar cut

# Do We Respond Promptly to Information of Concern? – CQC

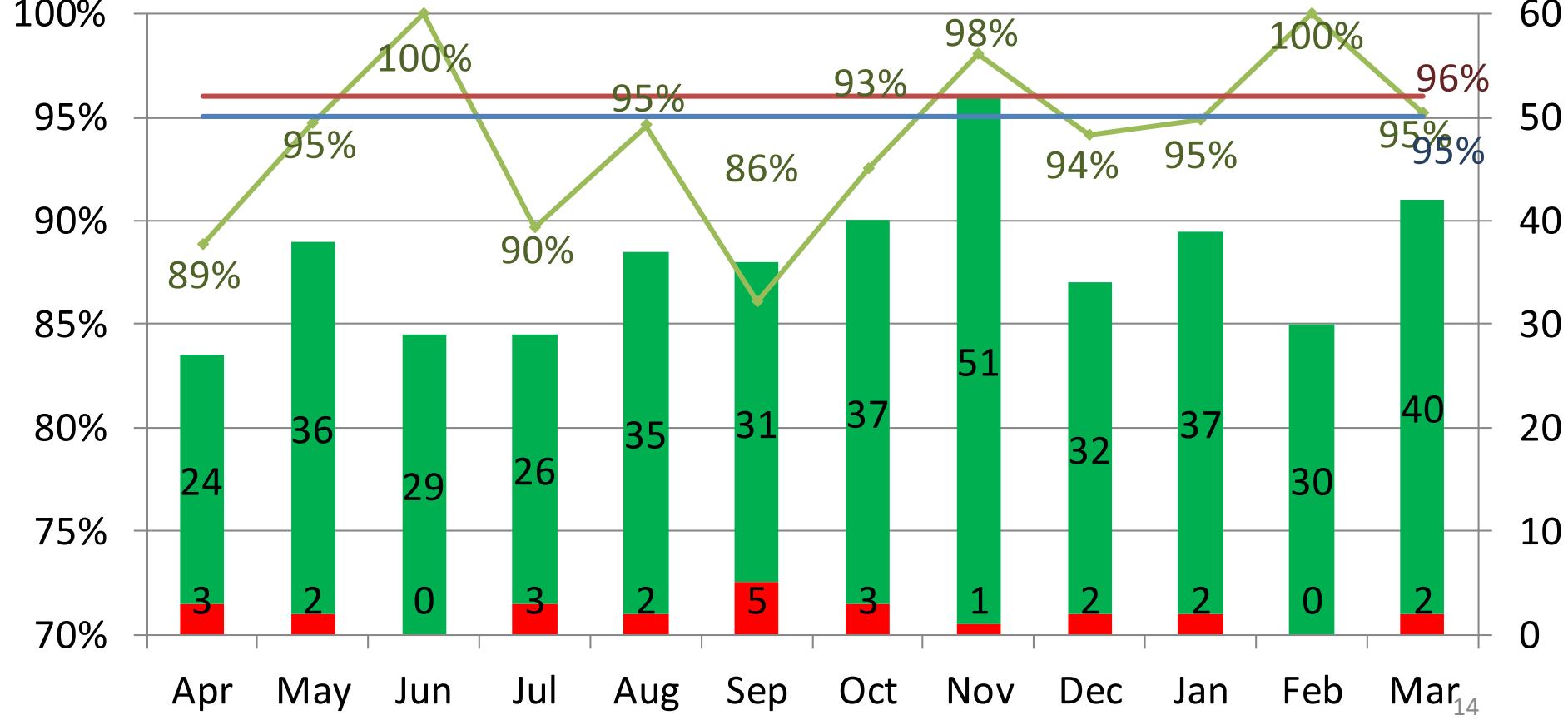
M

Register    Monitor, Inspect & Rate    Enforce    Independent Voice

① 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

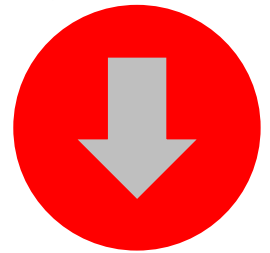


# Do We Respond Promptly to Information of Concern? – CQC

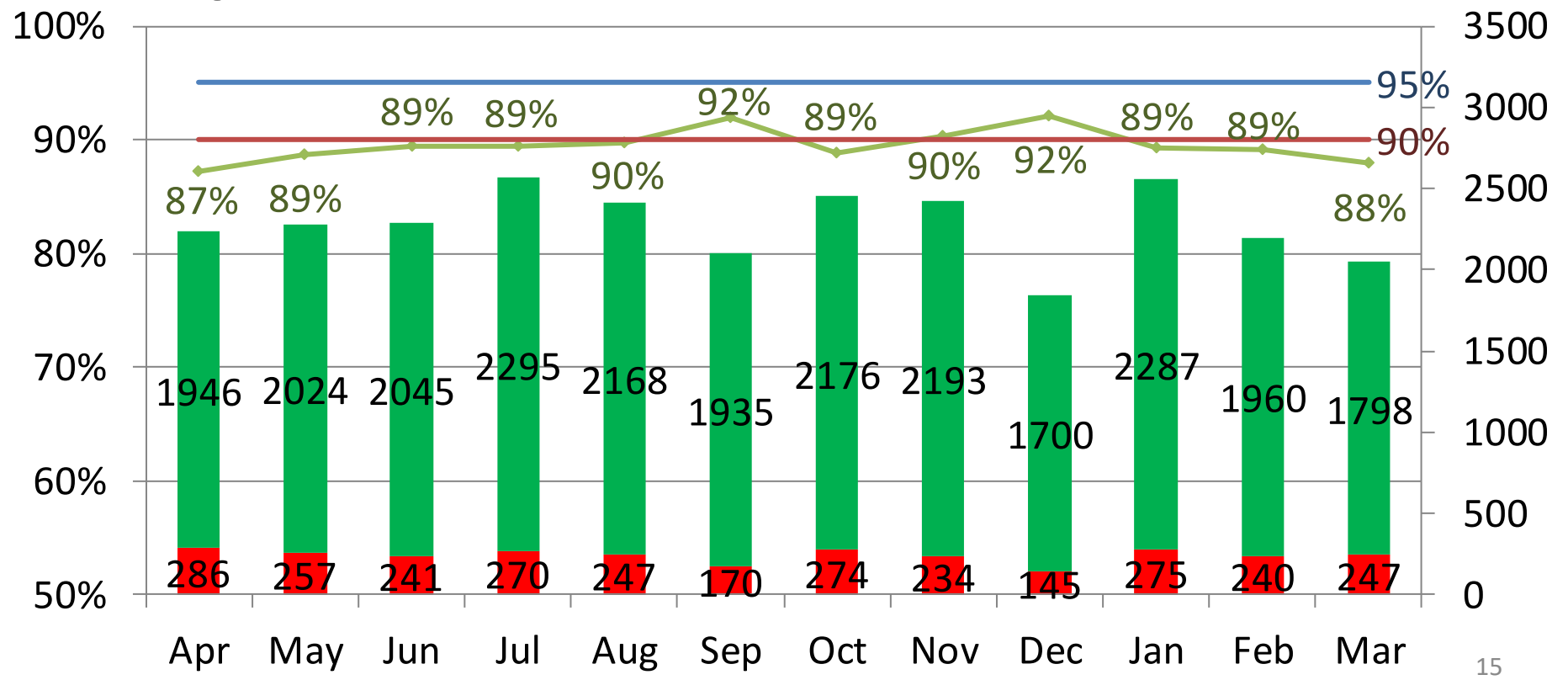
M

Register
Monitor, Inspect & Rate
Enforce
Independent Voice

ⓘ *Volume of Safeguarding Alerts and Concerns received requiring a mandatory action and timeliness of action*  
 Year to date, response has been timely for **89%** of Alerts/Concerns compared with 90% in 17/18



- Volume Outside KPI
- Volume Within KPI
- ◆— Alerts & Concerns - Mand Actions
- Mand Actions - 2017/18 Average
- Target

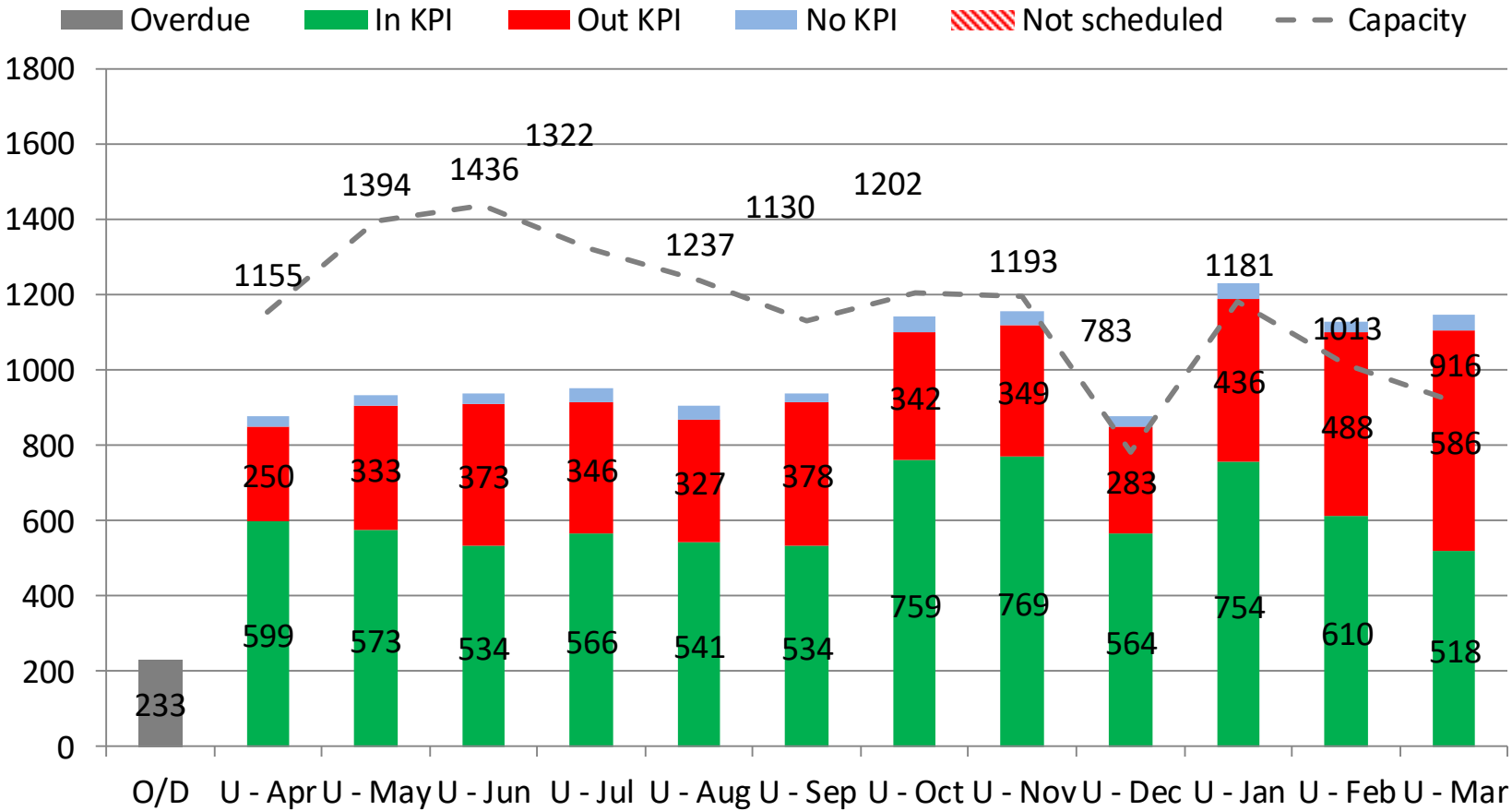
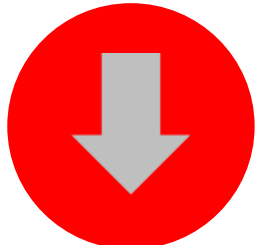


# Inspections: ASC Activity

M

Register    **Monitor, Inspect & Rate**    Enforce    Independent Voice

ⓘ *Inspections undertaken and scheduled against forecast*  
 Year to date, ASC has undertaken **12,227** inspections **62%** of inspections have been undertaken within KPI.



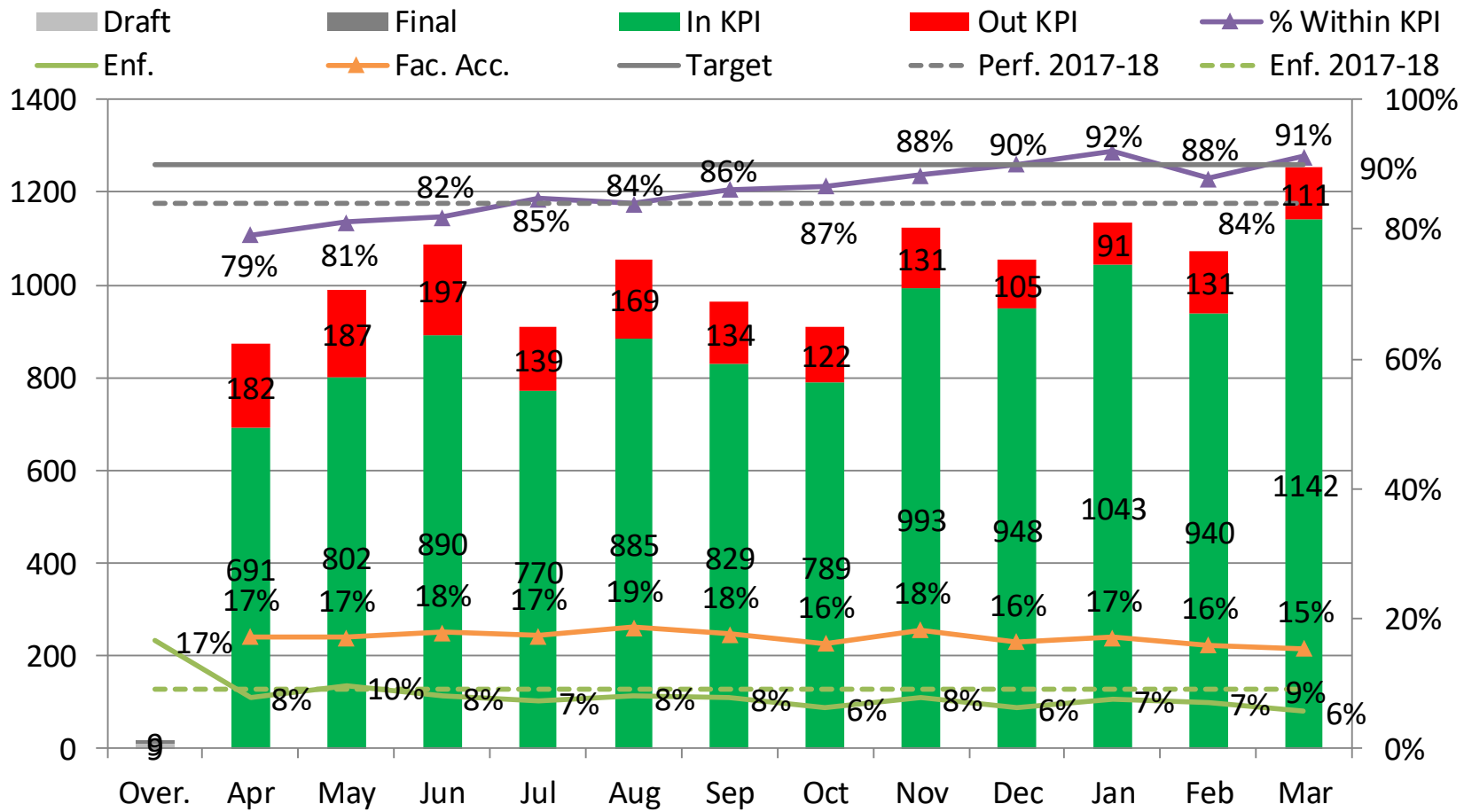
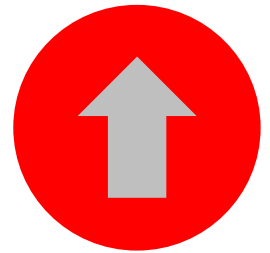


# Published Reports: ASC Timeliness & Influences

M

Register    Monitor, Inspect & Rate    Enforce    Independent Voice

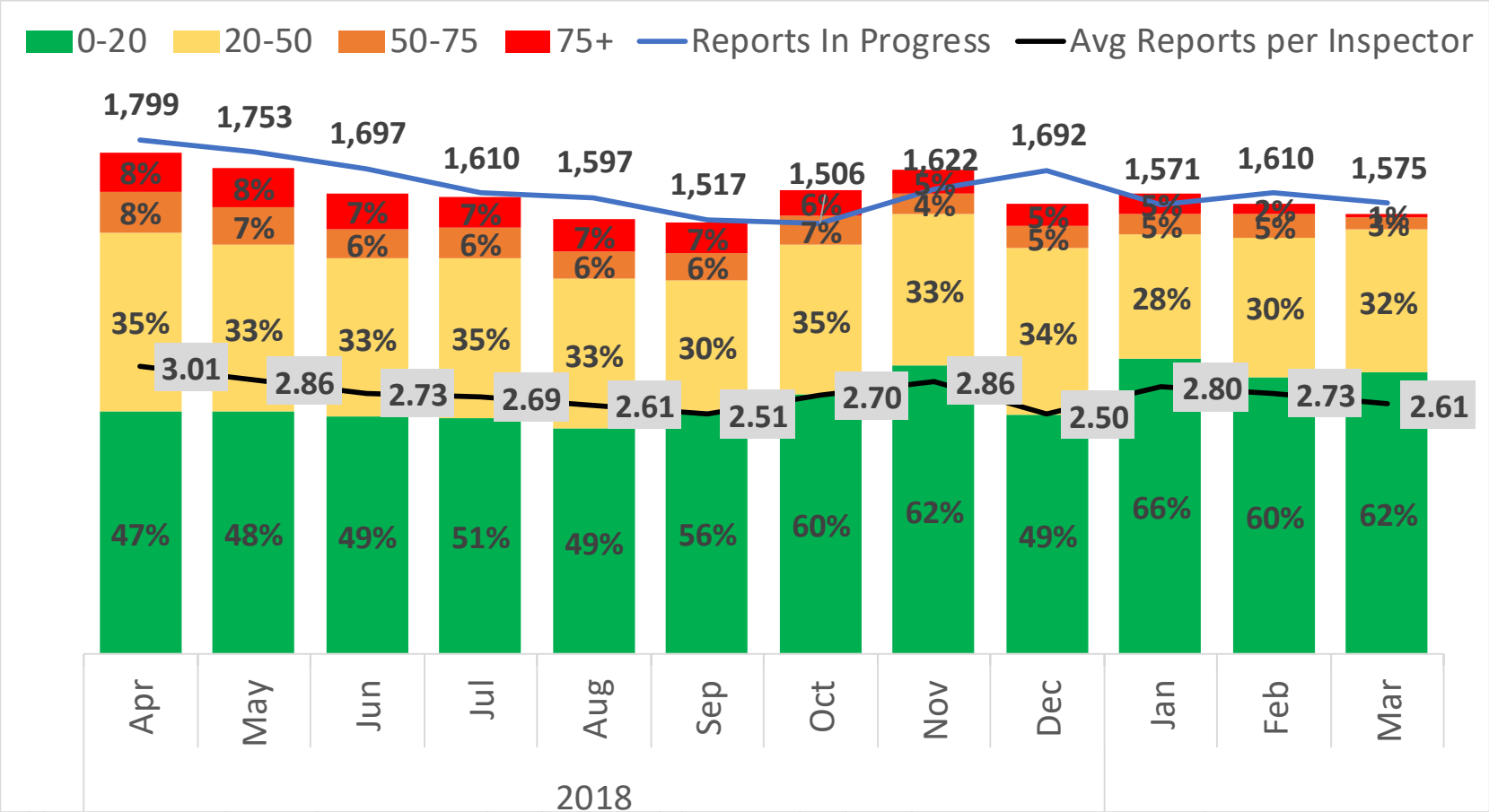
① Proportion and volume of reports published within timescales  
 Year to date, **86%** of reports have been published within KPI



# Published Reports: ASC Report Backlog

Register | Monitor, Inspect & Rate | Enforce | Independent Voice

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

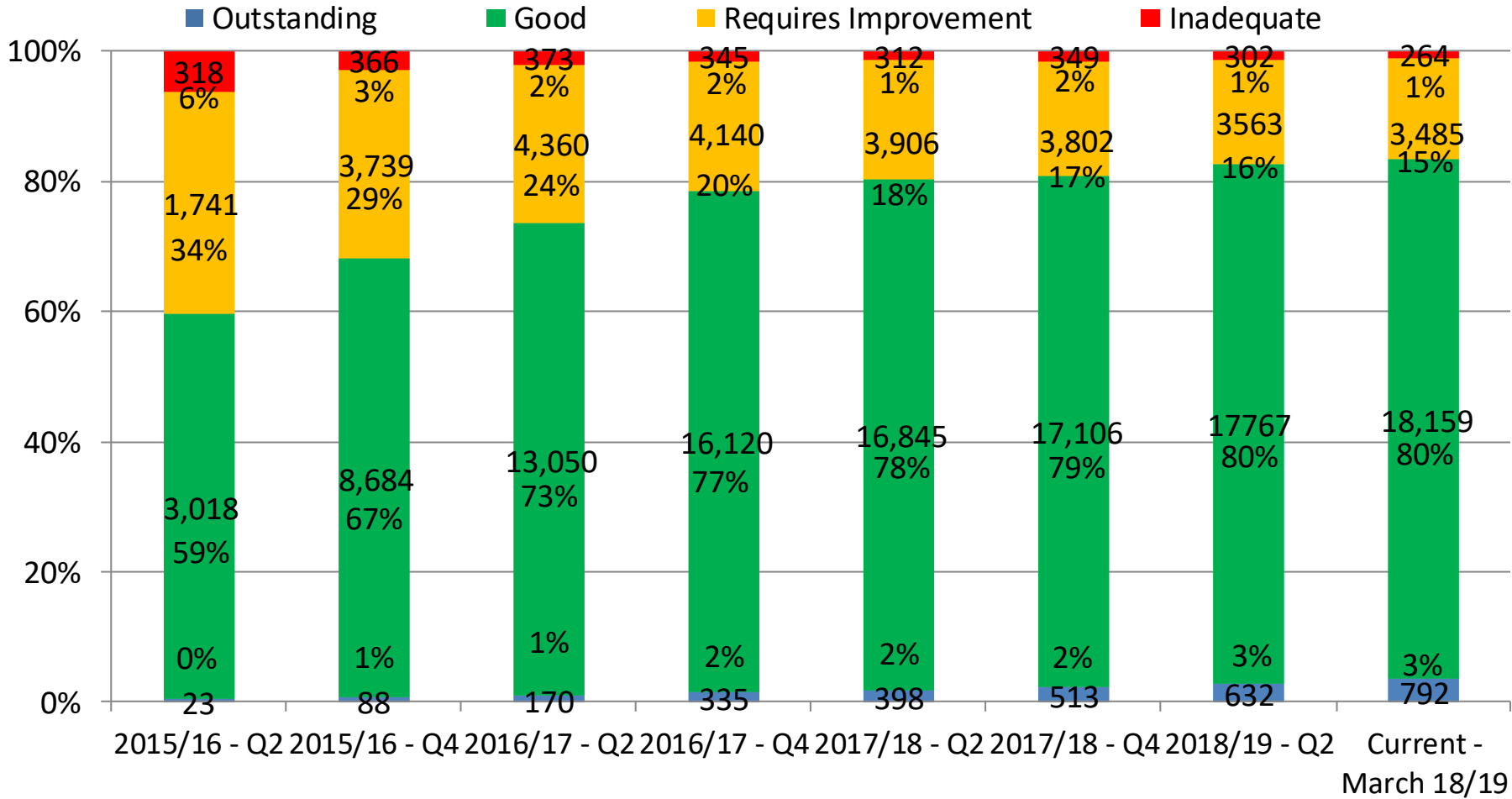
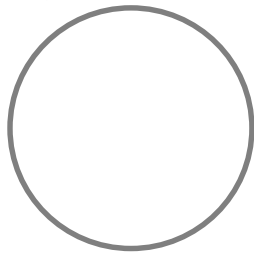


\*The logic behind this report continues to be reviewed to ensure accuracy, due to discrepancies which may appear through cross-directorate support on inspections and inspectors moving teams

# ASC: Changes in Quality over time

**C** Register Monitor, Inspect & Rate Enforce Independent Voice

ⓘ *Current and previous ratings profile of active services*



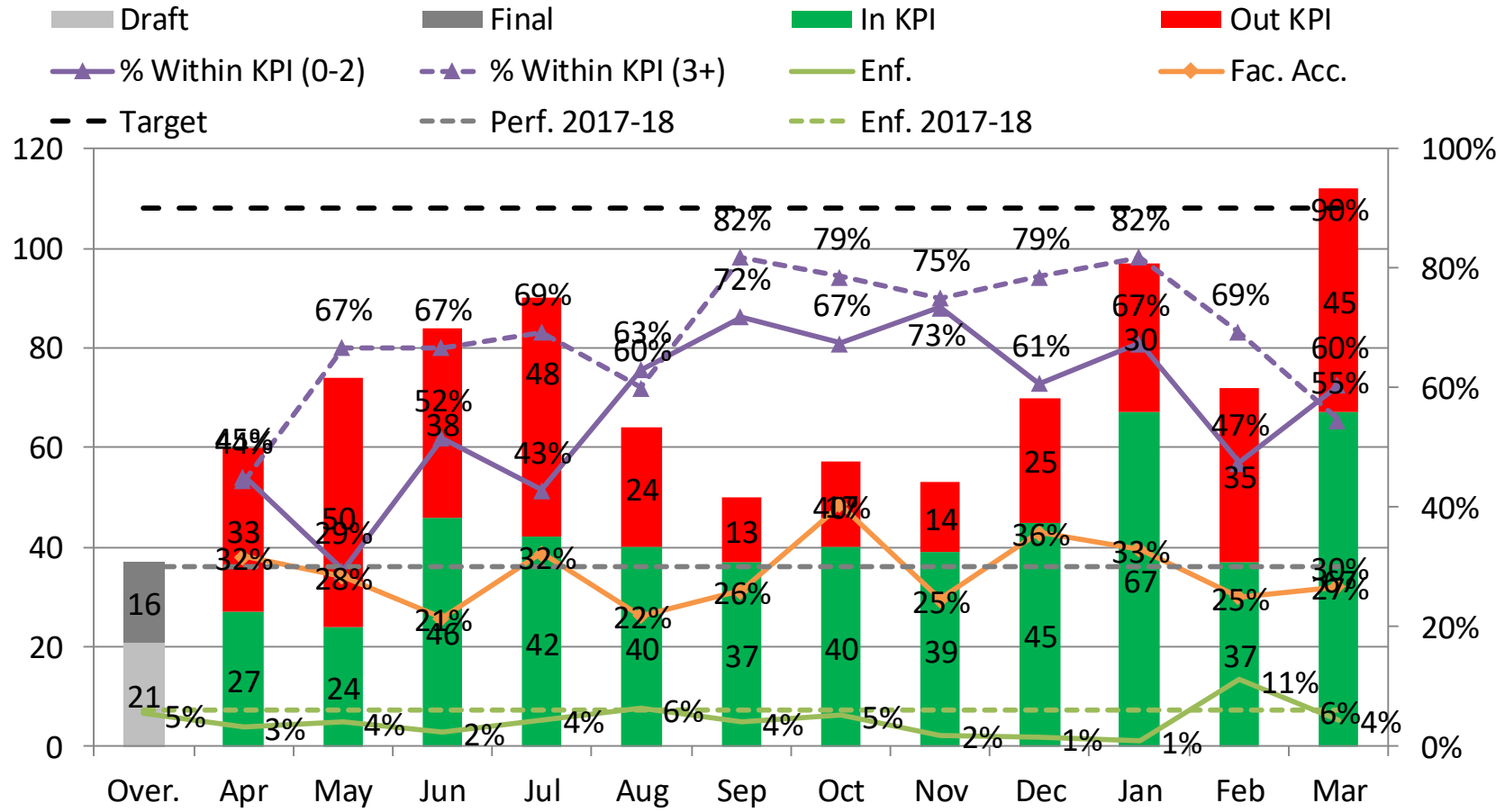
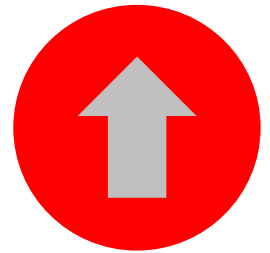
Data from Mar cut

# Published Reports: HSP Timeliness & Influences

M

Register    Monitor, Inspect & Rate    Enforce    Independent Voice

ⓘ Proportion and volume of reports published within timescales  
 Year to date, **58%** of Hospital reports overall, **56%** of those with less than two core services and **70%** of those with three or more core services have been published within KPI



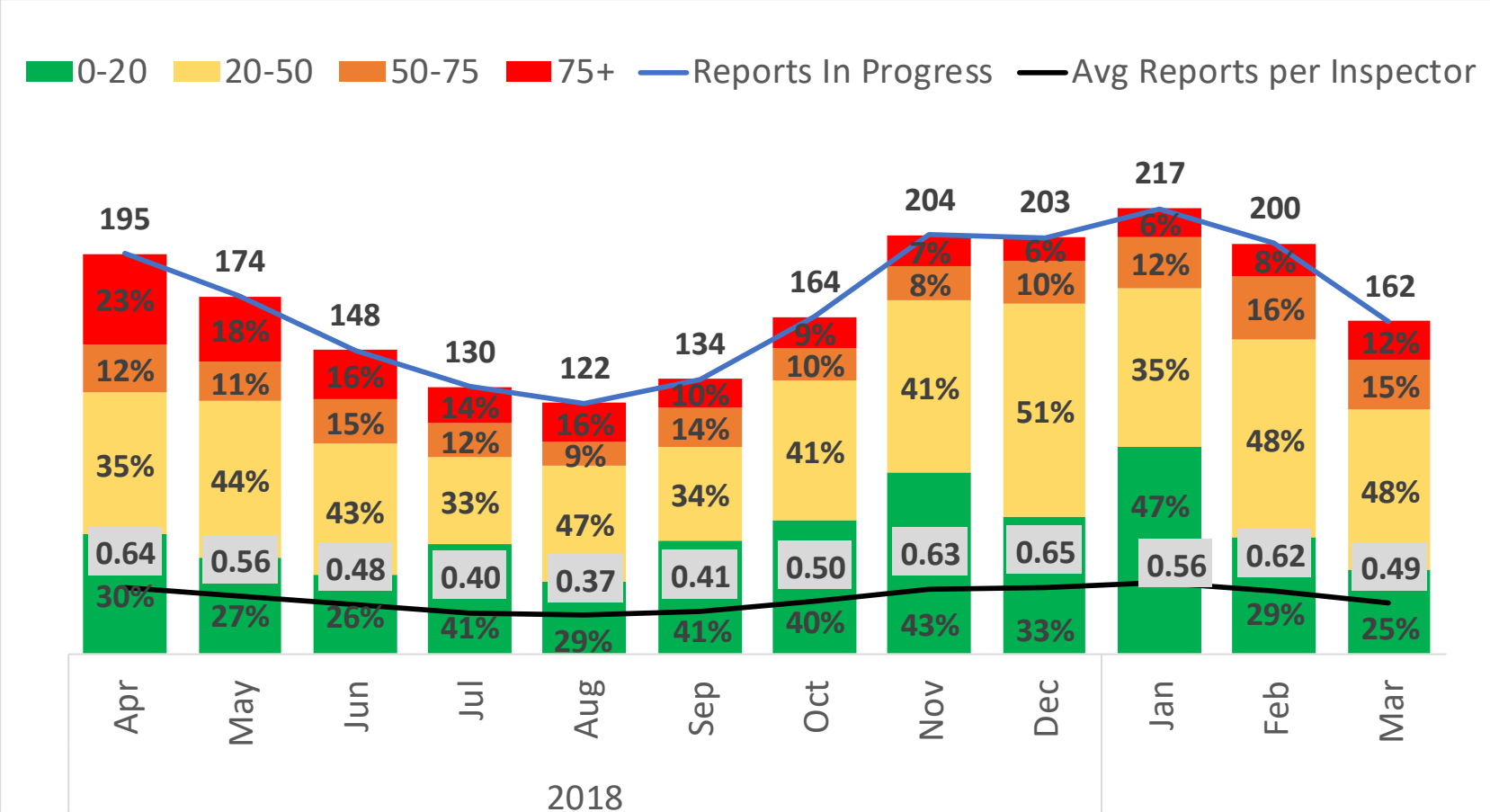
KPI: ASC, PMS & HSP 0-2 Core Services (Inc IH) – 50 working days after last visit date; HSP 3+ Core Services – 65 working days after last visit date; Enf.: where the report involved enforcement; Fac. Acc.: number of reports where we have received a Factual Accuracy challenge. Draft/Final: shows reports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

# Published Reports: HSP Report Backlog

Register    Monitor, Inspect & Rate    Enforce    Independent Voice

M

📌 Volume and age of reports outstanding publication and per inspector  
 In the last 12 months, HSP backlog has been reduced by **17%**



\*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

# HSP: Changes in Quality over time

C

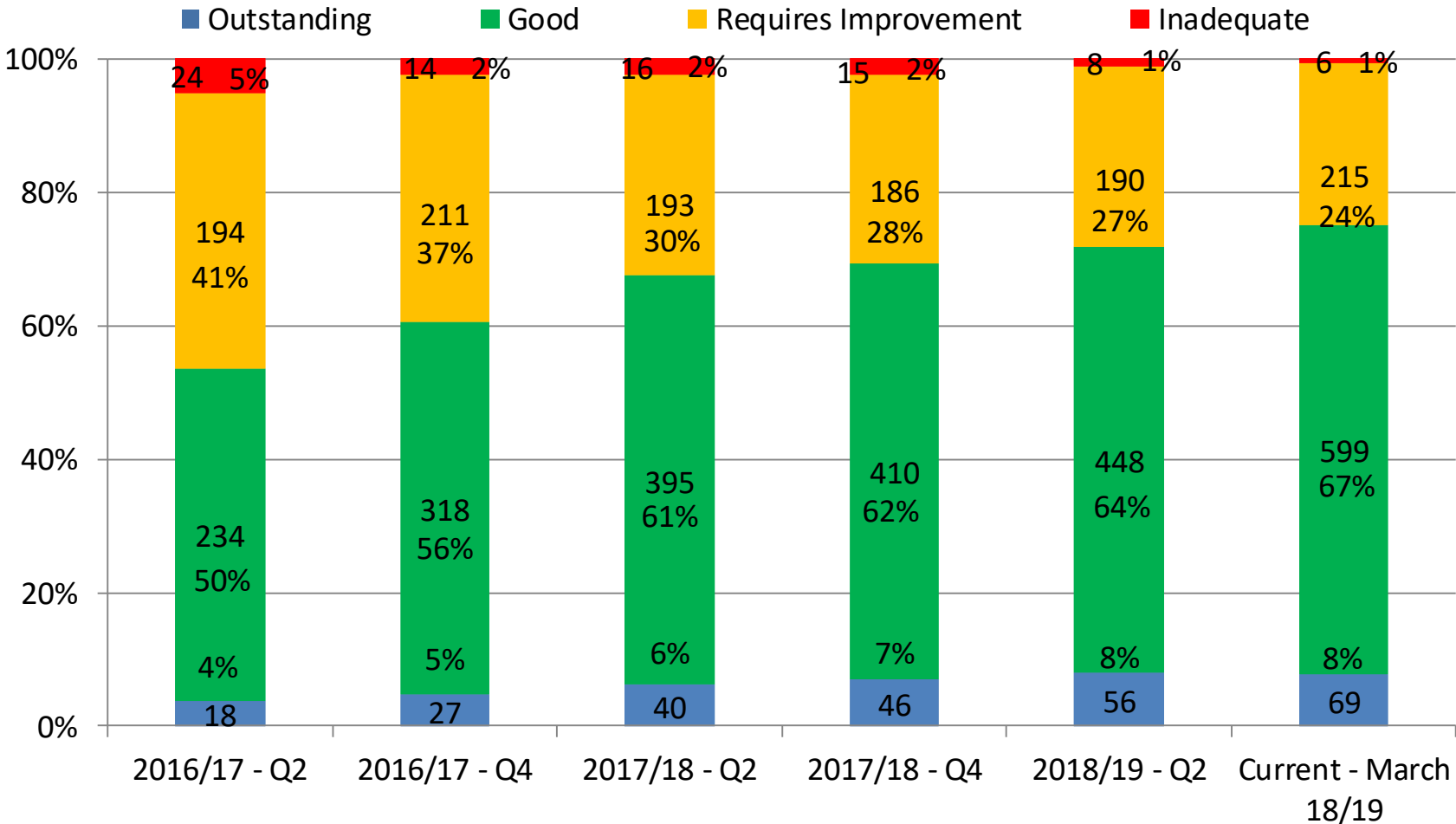
Register

Monitor, Inspect & Rate

Enforce

Independent Voice

*ⓘ Current and previous ratings profile of active services*



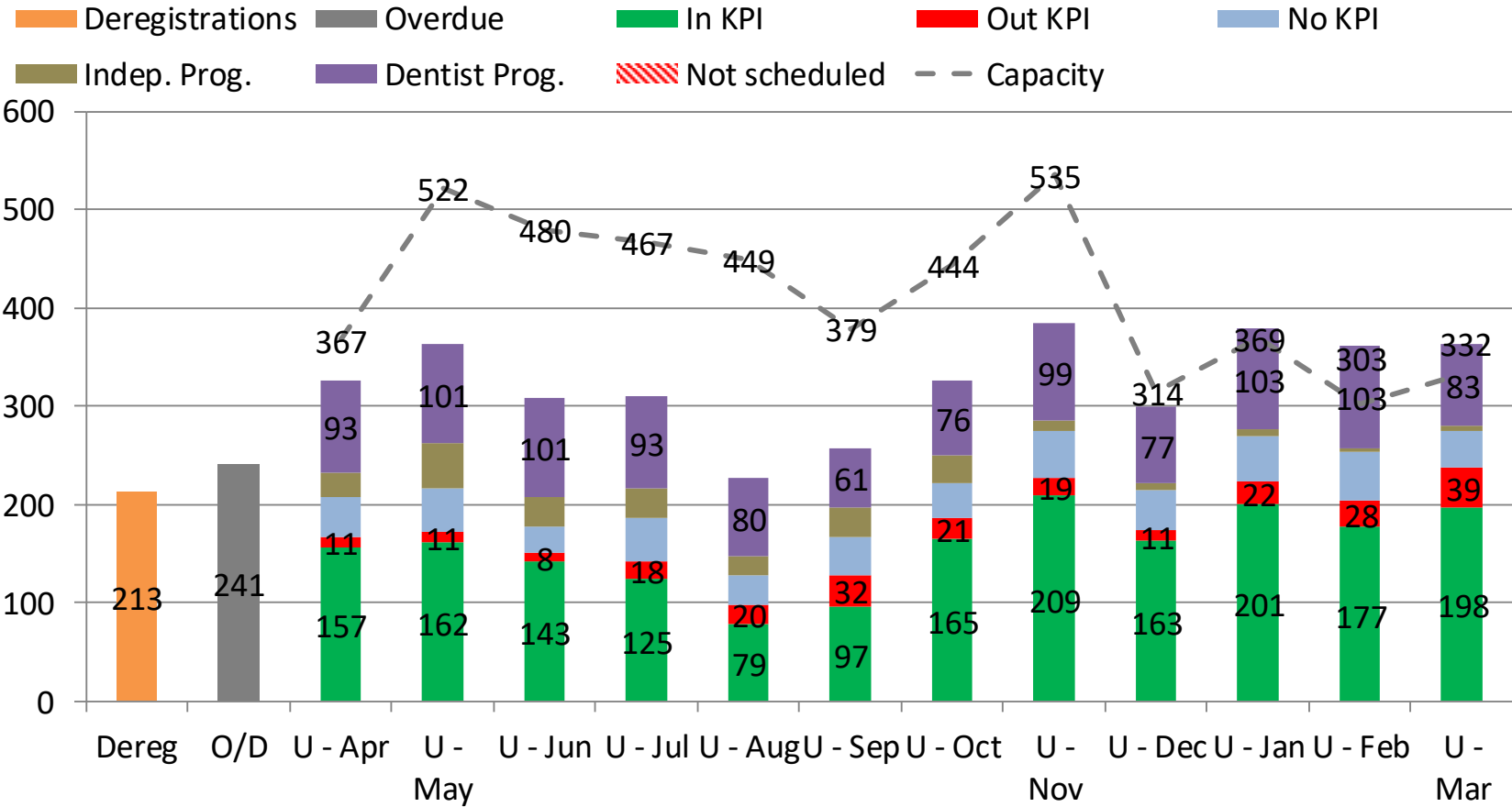
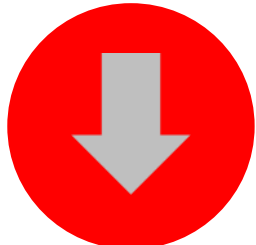
Data from Mar cut

# Inspections: PMS Activity

M

Register    Monitor, Inspect & Rate    Enforce    Independent Voice

ⓘ *Inspections undertaken and scheduled against forecast*  
 Year to date, PMS has undertaken **3,903** inspections **89%** of inspections have been undertaken within KPI.

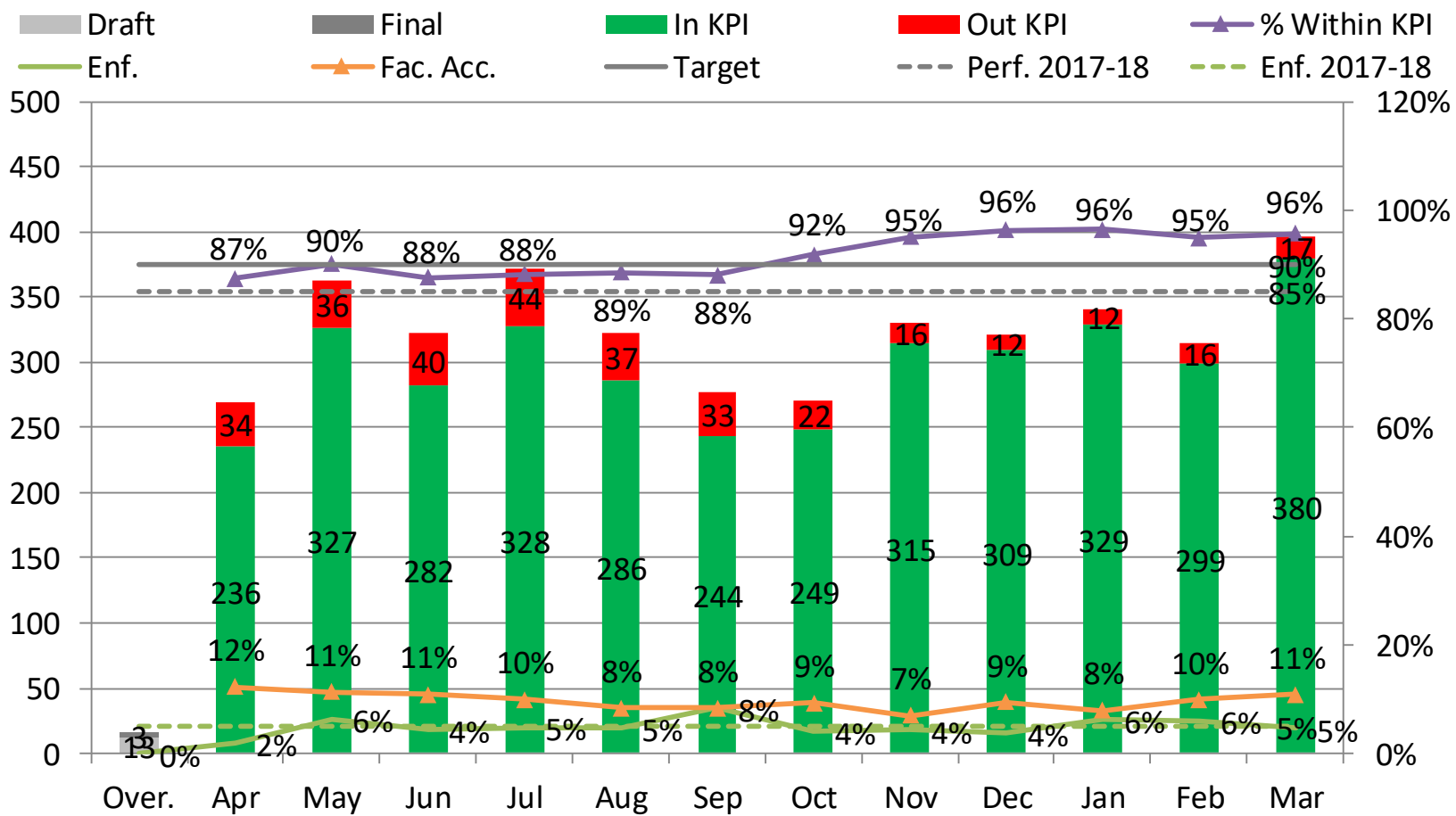
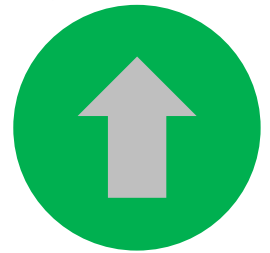


# Published Reports: PMS Timeliness & Influences

M

Register | Monitor, Inspect & Rate | Enforce | Independent Voice

① Proportion and volume of reports published within timescales  
 Year to date, **92%** of reports have been published within KPI

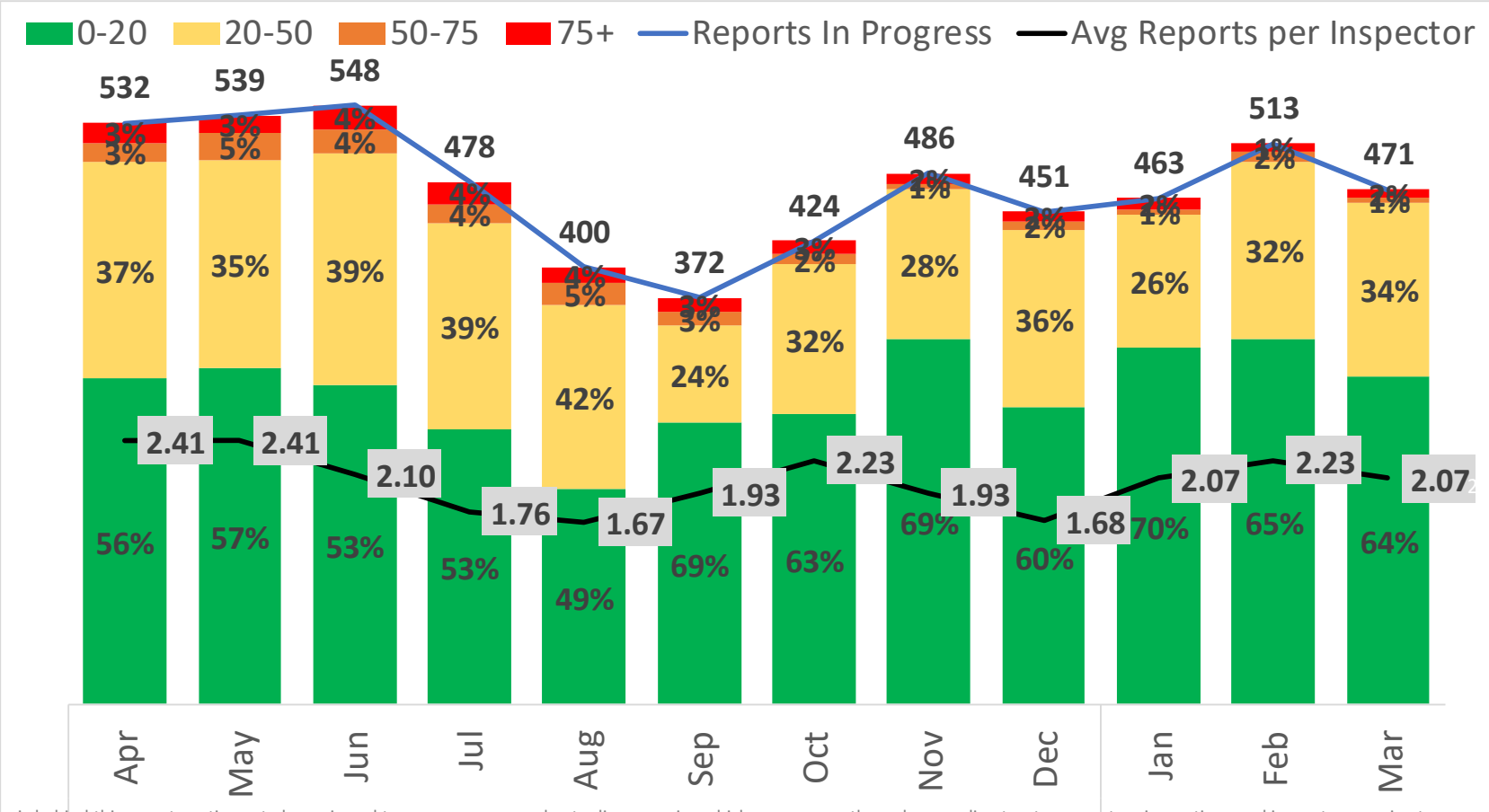
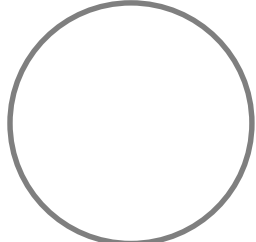




# Published Reports: PMS Report Backlog

Register | Monitor, Inspect & Rate | Enforce | Independent Voice

**M** *Volume and age of reports outstanding publication and per inspector*  
 In the last 12 months, PMS backlog has been reduced by **11%**



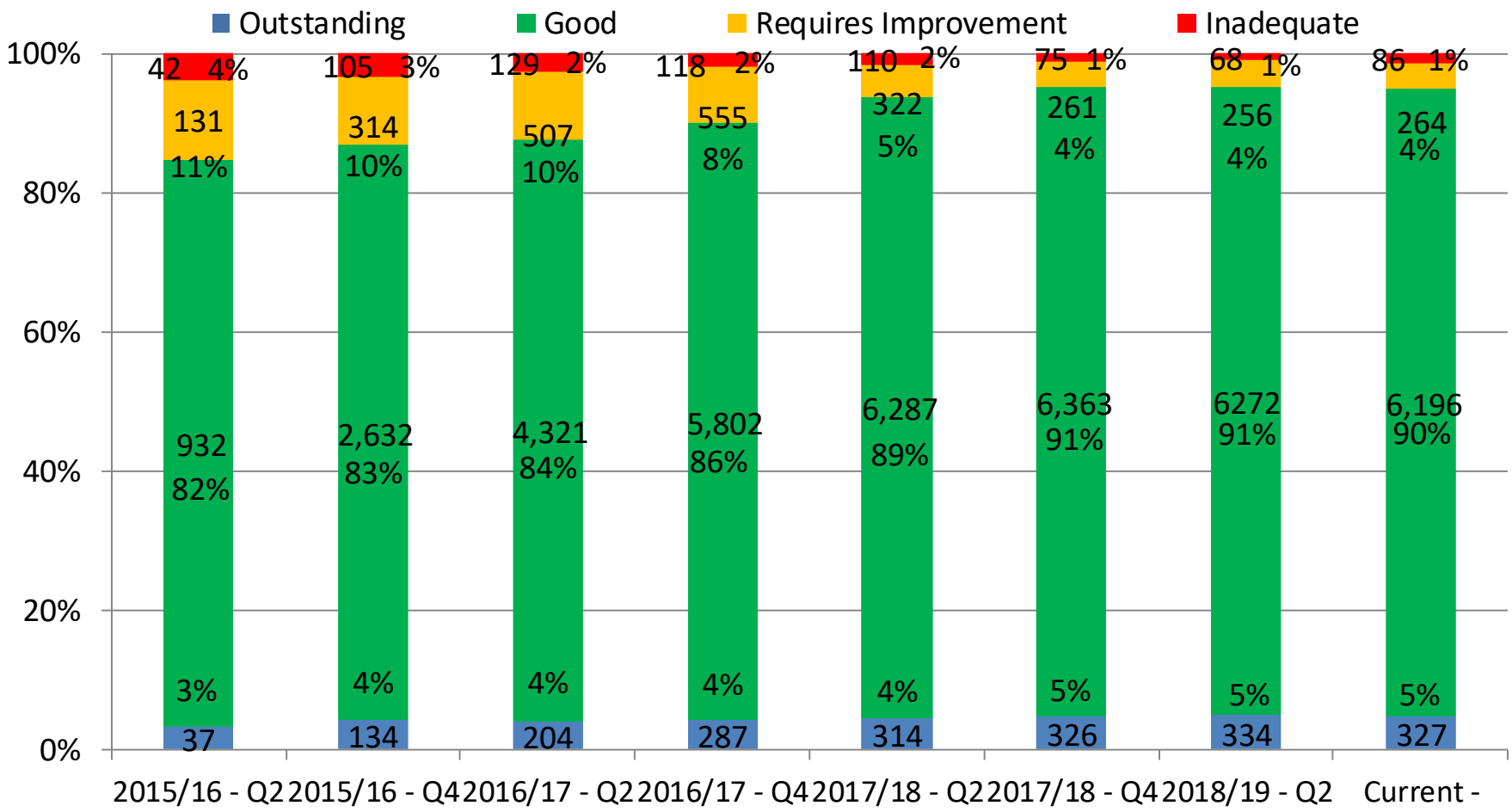
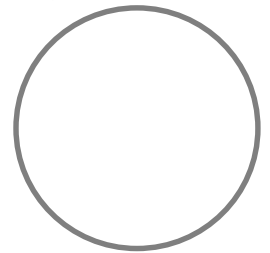
\*The logic behind this report continues to be reviewed to ensure accuracy, due to discrepancies which may appear through cross-directorate support on inspections and inspectors moving teams  
 2018/19 Previous 12 Months; Data from Mar cut – Inspection Visit date 01/04/2014 onwards  
 Age of reports: 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

# PMS: Changes in Quality over time

**C**

Register | **Monitor, Inspect & Rate** | Enforce | Independent Voice

ⓘ *Current and previous ratings profile of active services*



Data from Mar cut

# What is the Quality of the Services Rated?

C

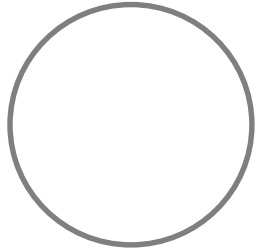
Register

Monitor, Inspect & Rate

Enforce

Independent Voice

📍 *Current ratings profile of active services*

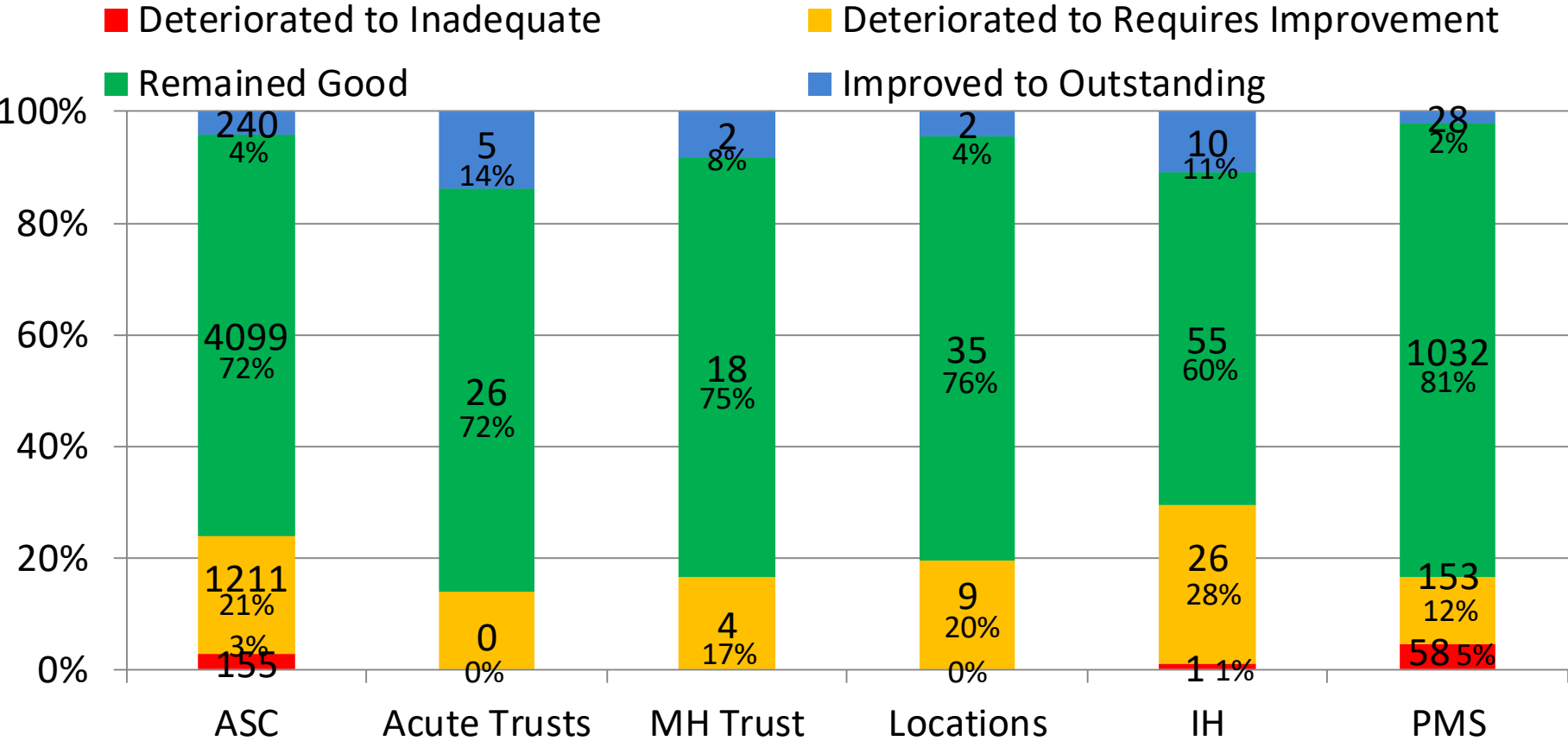
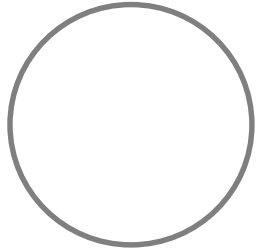


# Do Locations Rated Good Deteriorate?

**C** Register Monitor, Inspect & Rate Enforce Independent Voice

ⓘ *Re-ratings of services previously rated Good*

In the last year, **23%** locations previously rated Good, that we re-inspected deteriorated

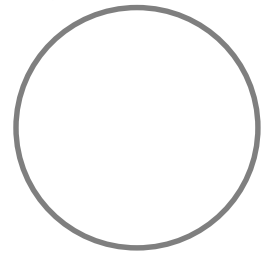


# Do Locations Rated Requires Improvement Improve?

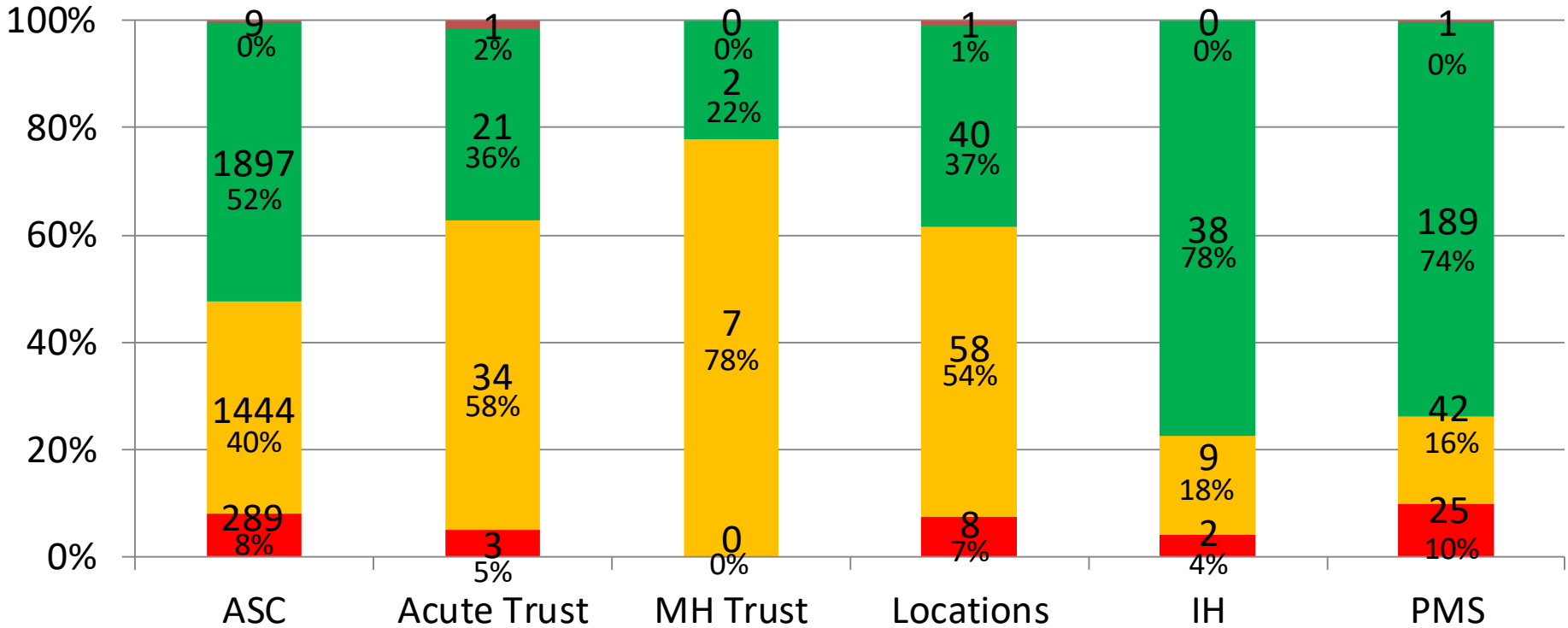
C

Register   Monitor, Inspect & Rate   Enforce   Independent Voice

ⓘ Re-ratings of services previously rated Requires Improvement (RI)  
 In the last year, **53%** locations previously rated RI, that we re-inspected improved



■ Deteriorated to Inadequate     ■ Remained Requires Improvement  
■ Improved to Good     ■ Improved to Outstanding

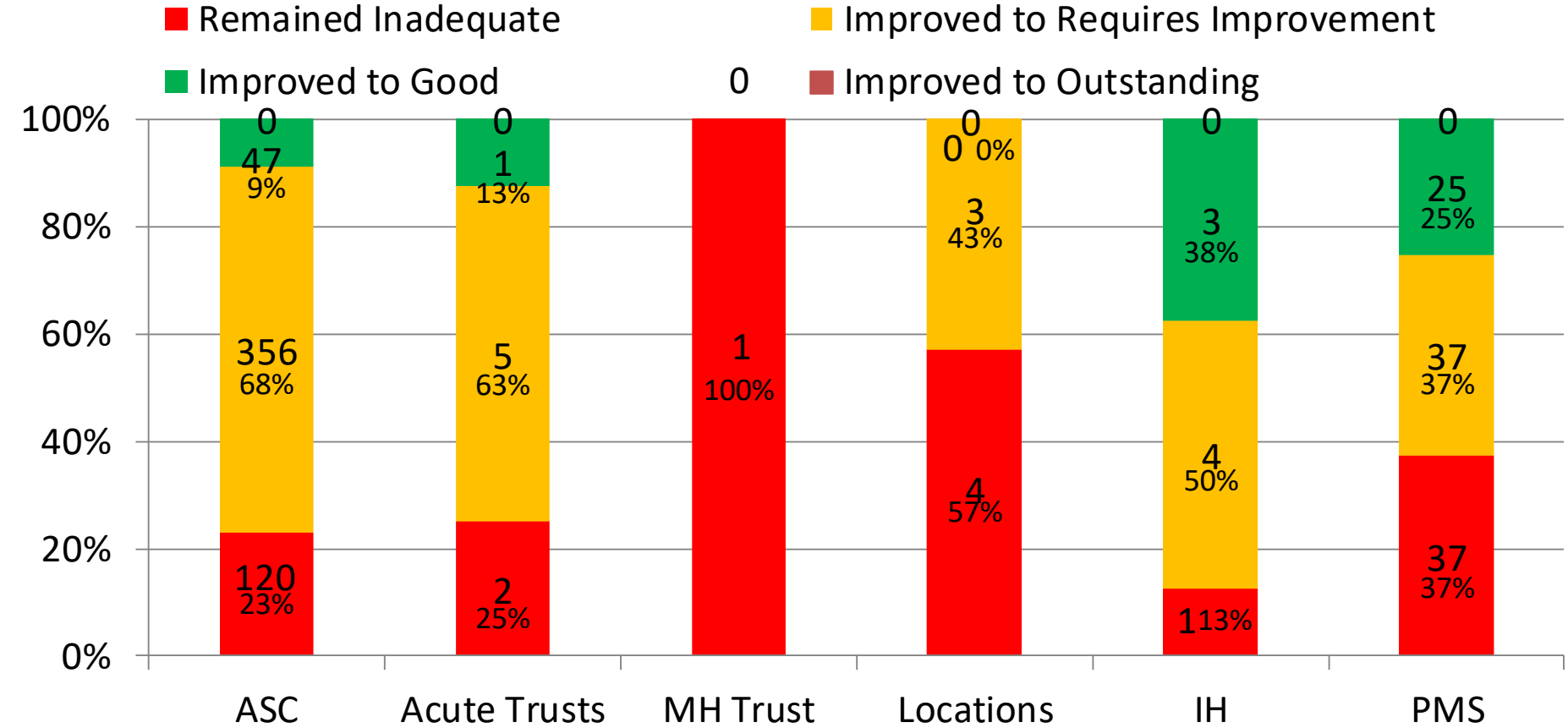
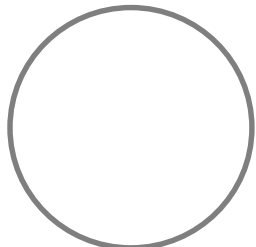


# Do Locations Rated Inadequate Improve?

**C**

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ⓘ *Re-ratings of services previously rated Inadequate*  
 In the last year, **74%** locations previously rated Inadequate, that we re-inspected improved



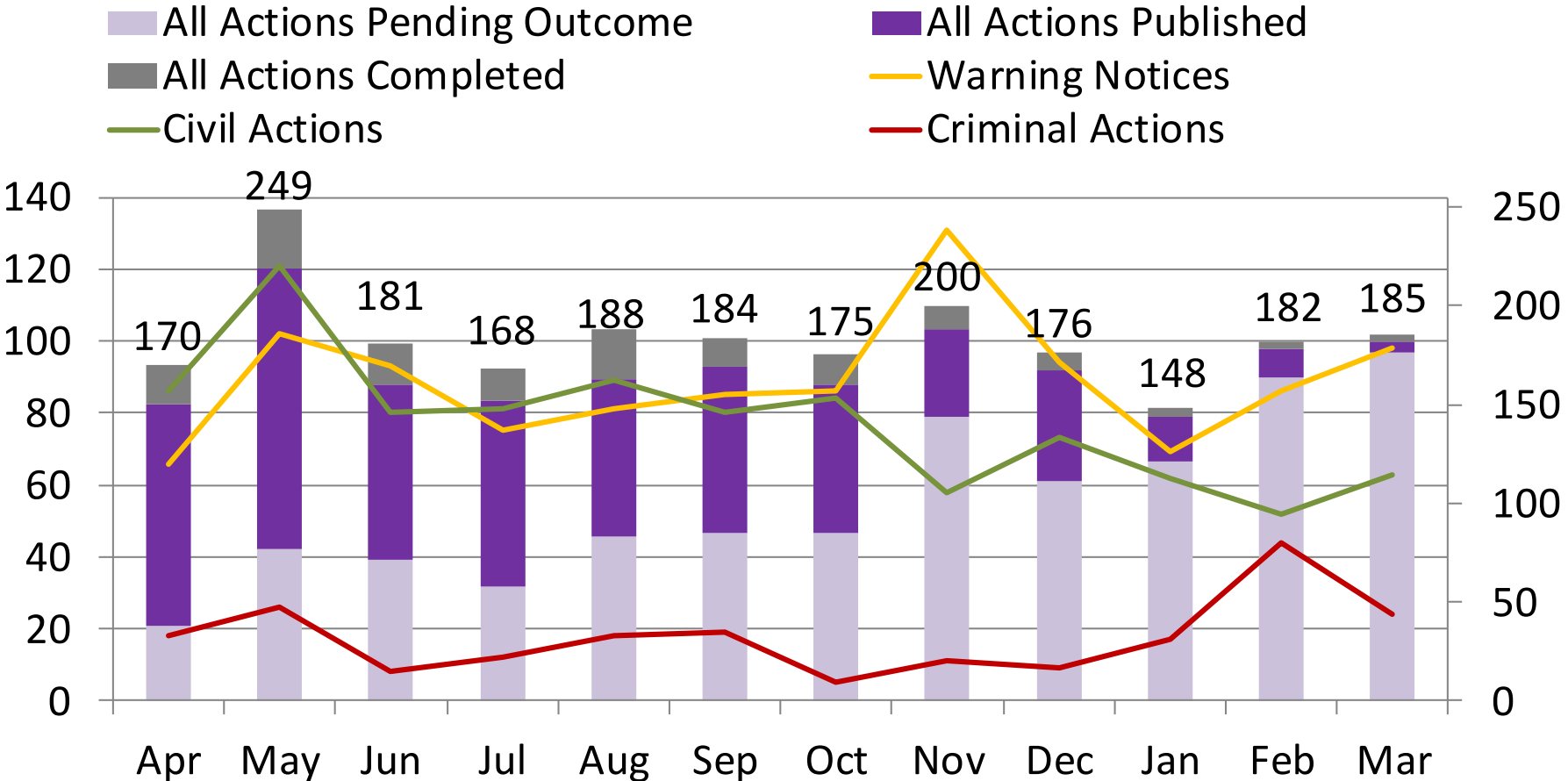
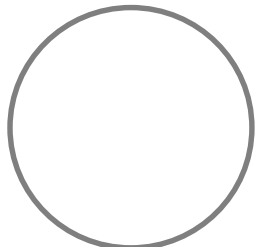
# What Enforcement Activity Do We Undertake?

**C**

Register | Monitor, Inspect & Rate | **Enforce** | Independent Voice

① *Volume of enforcement actions issued each month broken down by current status and type*

In the last 12 months, we have issued **2,206** enforcement actions, of which **1,213 (55%)** are pending outcome.



Rolling 12 months; Data from Mar cut

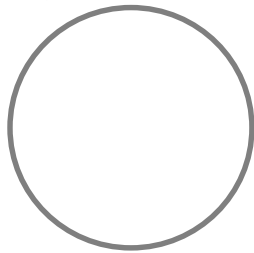
# Whistleblowing volume and action taken

Register
Monitor, Inspect & Rate
Enforce
Independent Voice

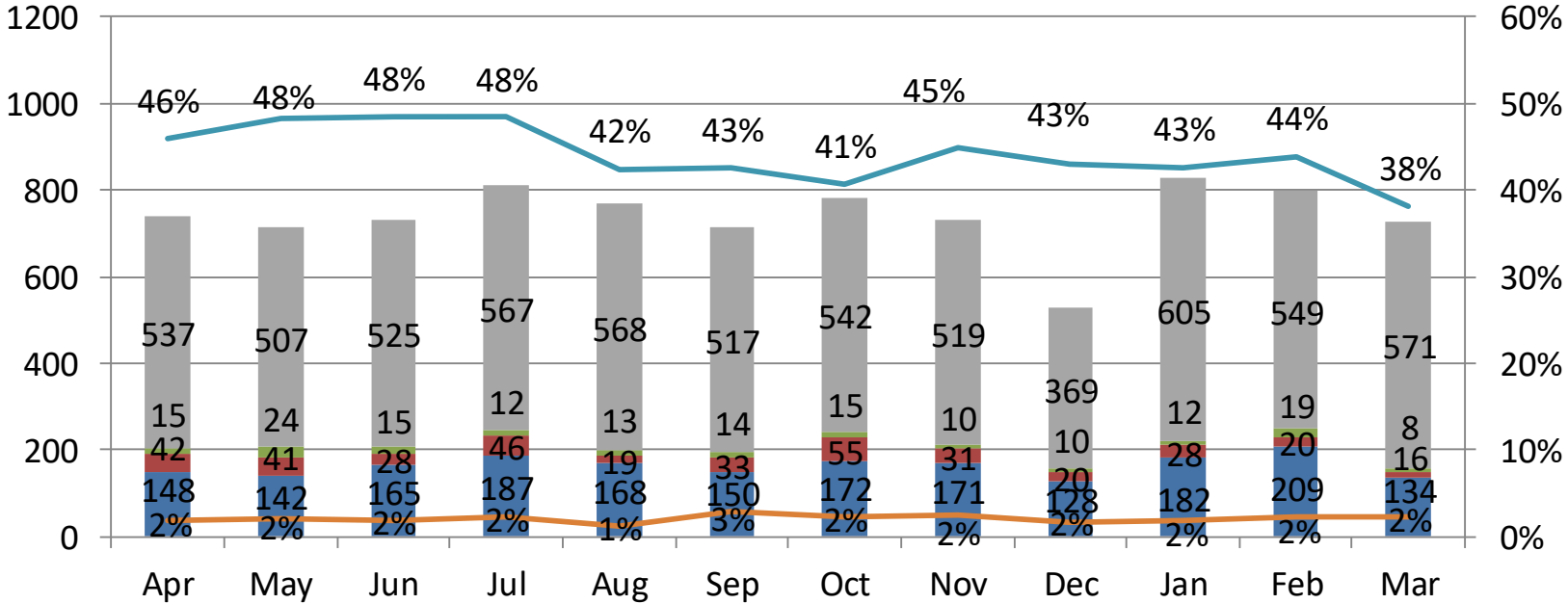
C

📌 📌 *Volume of whistleblowing enquiries received and trend*

CQC has received **8,878** whistleblowing enquiries in the last year



- Other (such as information used to support future inspections)
- Triggered a responsive inspection
- Brought forward a planned inspection
- Referred to a more appropriate organisation (such as a local authority)
- % where a safeguarding record has been set up (safeguarding issue identified)
- % where a management review record has been set up (could result in enforcement)



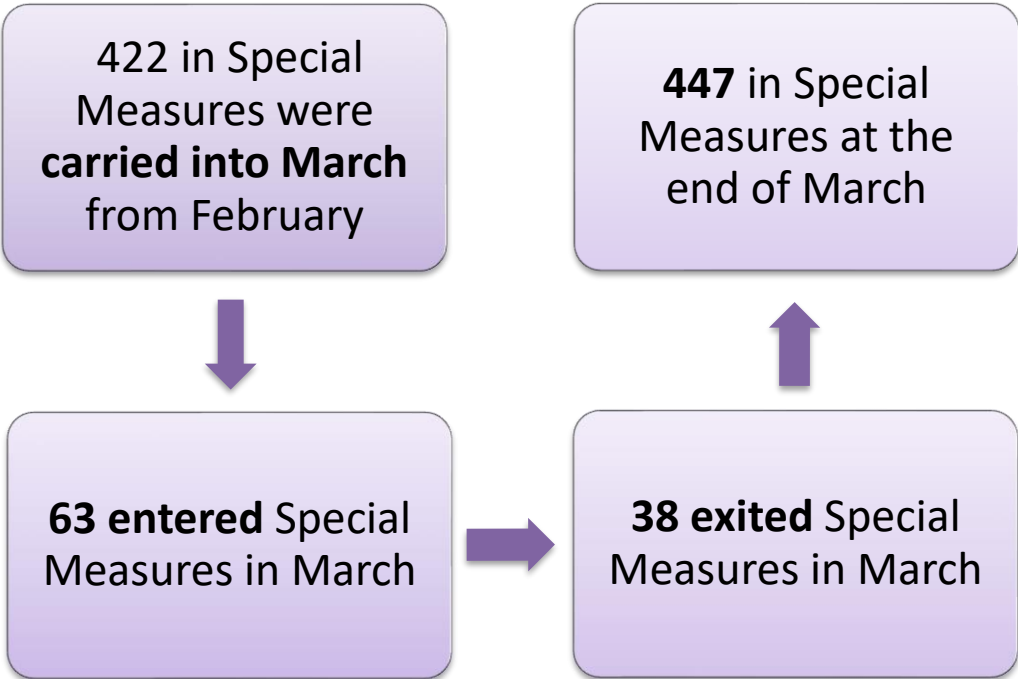
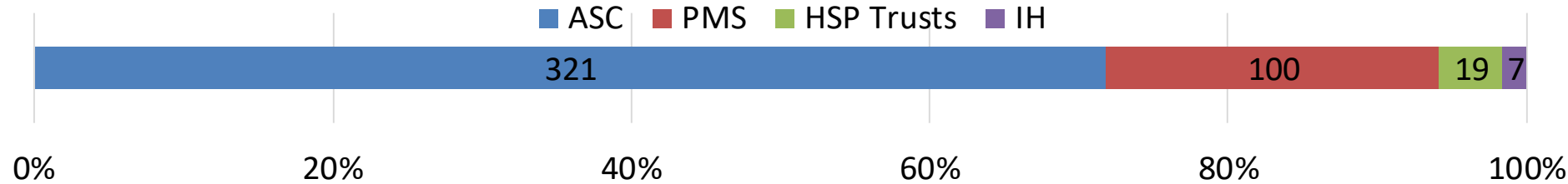
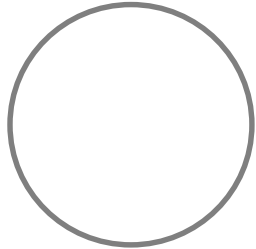


# What Happens to Locations in Special Measures?

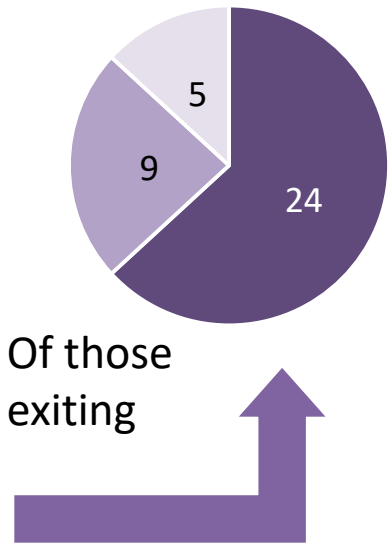
**C**

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*① Number of services entering and exiting Special Measures this month and those remaining in Special Measures at month end*



- Sufficient Improvements
- Deregistered
- Registration Cancelled

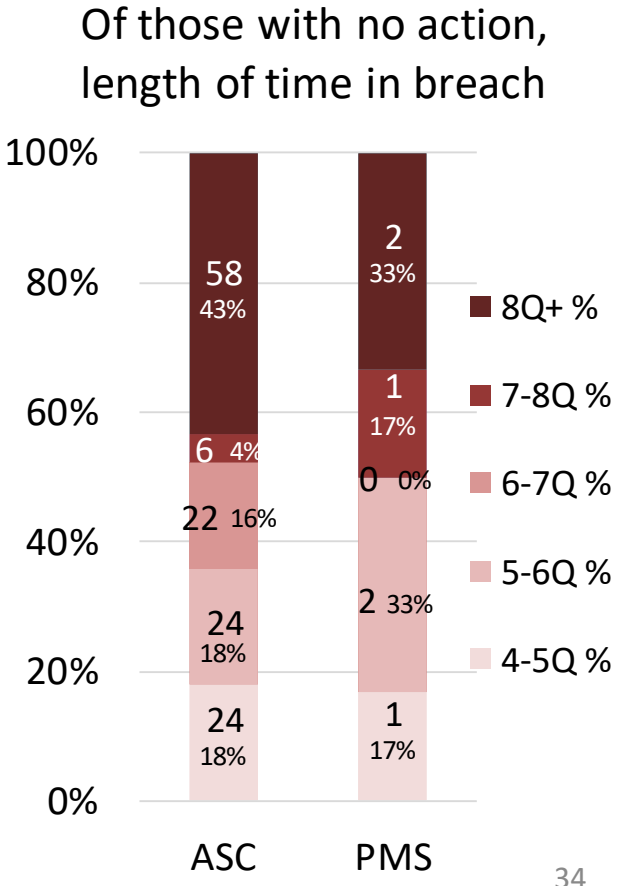
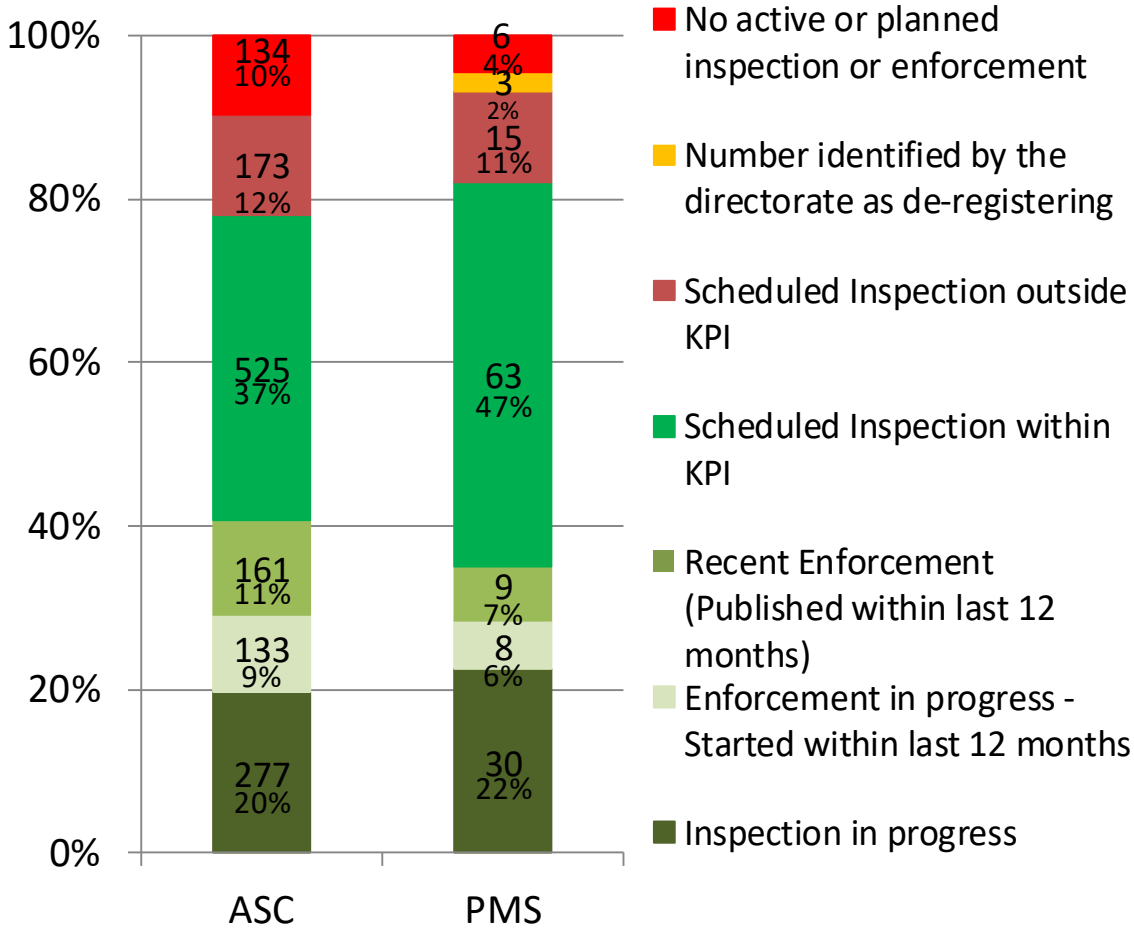
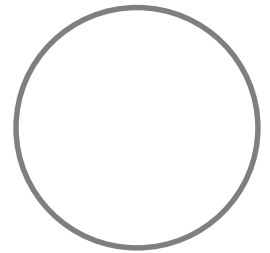


# Action Against Long-Term In Breach – Adult Social Care & Primary Medical Services

**C**

Register | Monitor, Inspect & Rate | Enforce | Independent Voice

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

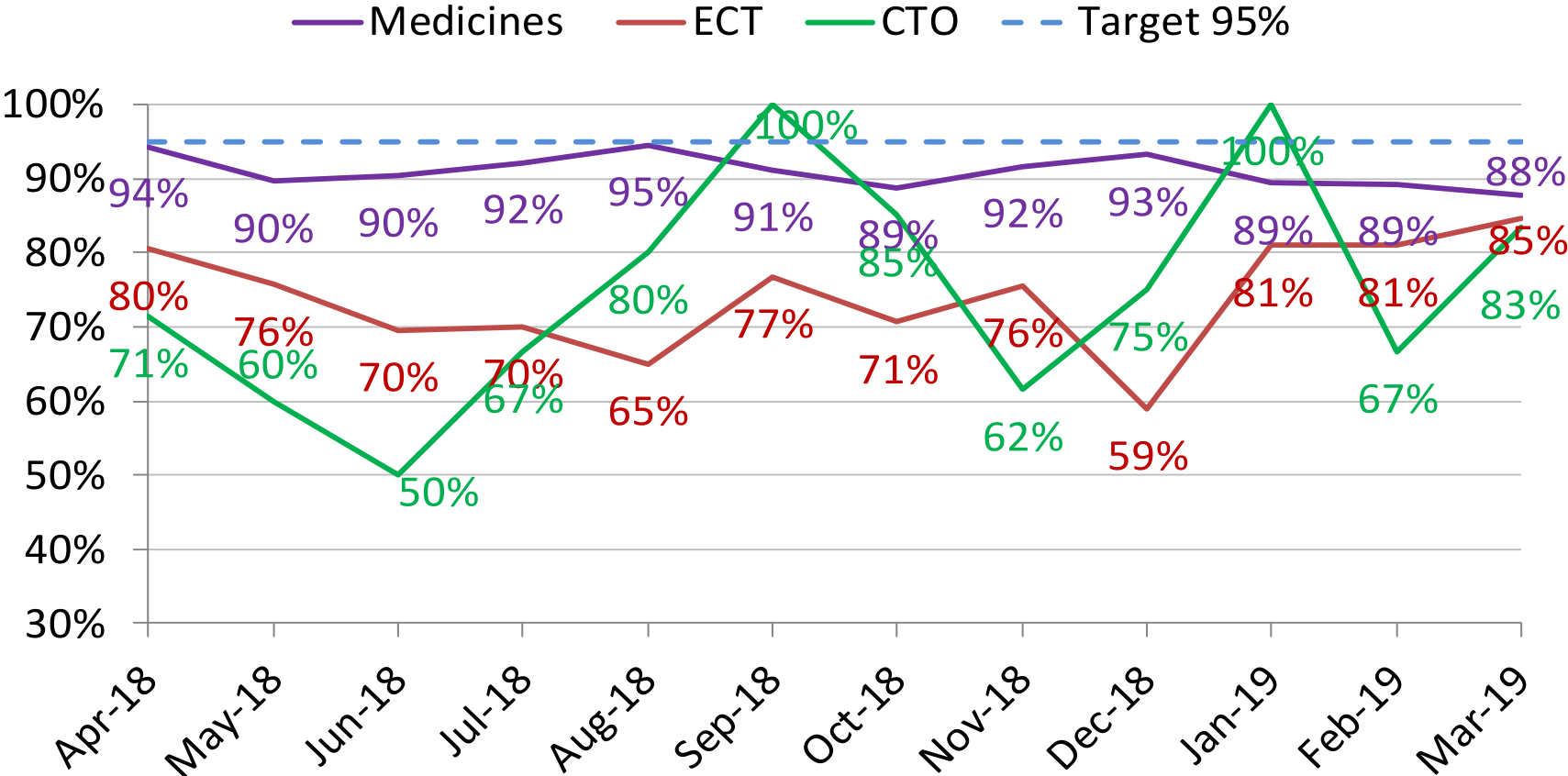
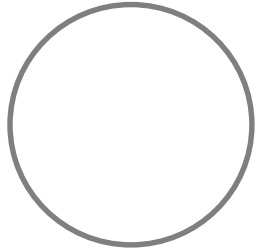


Data from Feb cut – Presented One month in arrears

# Are Mental Health Act and SOAD\* visits timely?

**C** Register Monitor, Inspect & Rate Enforce Independent Voice

ⓘ Timeliness of our visits in response to requests for SOADs Year to date SOAD performance for all types of visits is 88% for the year overall



Data from Mar cut. SOAD = Second Opinion Appointed Doctor; ECT = Electroconvulsive Therapy; CTO = Community Treatment Orders

## A RAG Status of Business Plan Priorities

End of year Update (Q4 18/19)

<b>1. Transform Registration (Registration)</b>
<p>The status of Priority 1 remains amber at the end of Q4 18/19. The revised Registration Transformation Programme (post June '18) will continue to be delivered in 19/20. Two aspects of the original 18/19 business plan have not been delivered as originally planned in 18/19 but will roll over into 19/20.</p> <p><b>Activities to be rolled over to the 19/20 business plan:</b></p> <ul style="list-style-type: none"> <li>• <b>Start to implement registration for those responsible for 'directing and controlling care:</b> exploration during 18/19 looked at existing information to support this work as well as how this work can be delivered practically in 19/20 and medium term.</li> <li>• <b>Develop the CQC register so that there is appropriate information for providers, our partners, and the public:</b> considerations around development continue to be factored into Registration Transformation workstreams which continue into 19/20.</li> </ul>
<b>2. Ensure CQC is able to respond to changing models of care including use of new technology (Policy &amp; Strategy)</b>
<p>At the end of Q4 significant progress has been made in enabling CQC to respond to changing models of care. Work has been done to keep this item on the wider health and social care agenda. Key achievements during 18/19 included; Engagement with DH and ALBs on wider regulatory frameworks, completing the integrated care providers (ICP) consultation (Oct 18) on how we register and hold ICPs to account as well as publishing a set of inspection prompts which focuses on assurance of safe use of triage and consultation apps in PMS. A Key project has also been established to define an approach to regulating technological innovation.</p>
<b>3. Develop CQC's approach to assessing the quality of care in a place (Policy &amp; Strategy)</b>
<p>The status of priority 3 at the end of Q4 18/19 is Amber. A paper was provided to ET in December '18; subsequently ET and Board have agreed to focus on taking greater account of local area issues when regulating providers. In addition we will also be developing and sharing more intelligence on quality in local areas which will be delivered through five workstreams. The Department of Health &amp; Social Care have confirmed they will be commissioning CQC to undertake further Local System Reviews in 2019/20 (funding and scope is to be confirmed).</p>
<b>4. Roll-out changes to the regulation of Independent Health Providers</b>
<p>At the end of Q4 key work has been successfully completed to roll out changes to IH (including introduction of ratings for the first time for some). We have strengthened how we assess services at provider level. Consultation response and provider guidance to changes completed in Q1 and in Q2, ratings for comprehensive inspections began. Changes to regulation of IH providers were implemented in Q3 through aligning methodology with consultation. New inspection and provider handbooks were published and frameworks were updated. The ratings of IH started for providers which we gained the powers to rate. At the end of Q4 inspections of IH services continue with the main focus remaining within the diagnostic imaging providers. Those IH services which had been rated previously are being inspected in line with frequency rules. Planning and alignment of methodology for inspections of independent doctors services (in line with PMS) has progressed with ratings inspections commencing in Q1 19/20.</p>
<b>5. Strengthen CQC's independent voice (IV) and engagement</b>
<p>IV process for new products is now well established and supported by good governance. Plans to carry out Discovery work to inform the development of a new website were submitted as part of the latest round of Strategic Change Committee, however website redevelopment may not be a priority for 19/20. The Share Your Experience service is now in private beta and is expected to go to GDS assessment on 11 June. The Provider Engagement Strategy has been approved by ET and implementation is underway. The Internal Engagement strategy was updated and discussed with the CEO. A review version reflecting Change Programme needs and new internal channels to ET and Board in Q1.</p>

End of year update (Q4 18/19)

<b>6. Deliver our Digital Programme</b>
<p>The status of priority 6 at the end of Q4 18/19 is red. A number of key challenges have been faced in this area due to resource and capacity factors. Reprioritisation in Q2, saw this area of work focus on delivering critical level work in 18/19. A number of initiatives will continue into 19/20.</p> <p><b>Activities to be rolled over to the 19/20 business plan:</b></p> <p>Monitor Discovery has now superseded the Information Exchange work around ASC PIR &amp; GP PIC and is due to commence in March. Further work which has impacted Intelligence activity has been highlighted under priority 7.</p>
<b>7. Enable CQC to become intelligence driven</b>
<p>The status of Priority 7 at end of Q4 18/19 is amber/ red. A number of achievements have been made this year enabling CQC to become more intelligence driven; however elements of this priority were highly ambitious and will be carried forward in to the 19/20.</p> <p><b>Activities to be rolled over to the 19/20 business plan:</b></p> <ul style="list-style-type: none"> <li>• CQC Insight for independent health (acute) now due to complete in Q1 due to technical issues</li> <li>• IHub for mental health (NHS) and development of CQC Insight for MH to will move to Q1 due to capacity.</li> <li>• ASC PIR and GP PIC development stopped from Q2 18/19 as current trajectory unable to achieve overall outcome. Work has been incorporated into wider review of Monitor and Inspect &amp; Rate which completes in Q4 18/19.</li> <li>• Data strategy work is behind plan with personnel changes driving the delay. The revised date to get this agreed is end of Q1.</li> <li>• New NHS survey contracts remain unsigned; discussions with incumbent. Letters of intent have been extended until the end of May to finalise contract issues. Government Legal Department are supporting to resolve contract issues. Plans will continue to be developed with new supplier during the resolution stage.</li> </ul>
<b>8. Develop a quality improvement culture within CQC</b>
<p>The status of Priority 8 at the end of Q4 18/19 is Amber. A number of activities have been completed within this priority, which includes the recruitment of an internal improvement team and development of the QI framework. Work to procure the external partnership that will support the QI capability programme is due to be complete at the end of Q4. In addition to the QI capability building programme for colleague will also launch in Q4.</p> <p><b>Activities to be rolled over to the 19/20 business plan</b></p> <p>The two critical success factors for the programme going forward are 1. allocation of sufficient capacity for colleagues to participate in the structured improvement skills capability-building programme 2. active participation of SLT30 members on the 'leading for improvement' programme, testing and modelling necessary leadership behaviours to enable systematic improvement work to be successful and embed.</p>
<b>9. Improve the experience of CQC staff</b>
<p>The 2018 people survey results were discussed at ET in Dec, and Board in Feb. Results tell a similar story to previous years and challenges continue around technology, communications and managing change. ET and Board have agreed a corporate action plan with ET leads to address these and will review progress quarterly.</p> <p><b>Attraction and retention:</b> Pay negotiations have concluded and will be processed in March payroll.</p> <p><b>Workload and wellbeing:</b> the National Wellbeing group are developing a wellbeing strategy for CQC which will be discussed at ET in May and implemented across directorates, with activity already underway in some areas.</p> <p><b>Diversity and inclusion:</b> PD continue to work with networks to implement our action plan and KPIs around this have been included in the 19/20 business plan. We have taken part in the WRES ALB report for the 2nd year running, a publication date is yet to be confirmed. Learning and development: Shaping our future leaders launched in February. We received 192 applications for 100 places which reflect the broader diversity of our workforce.</p>

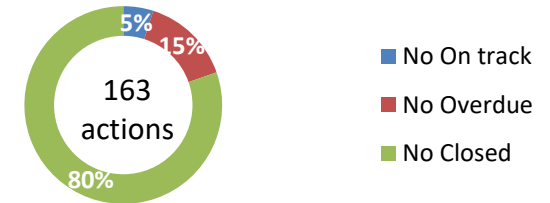
## A Status of Internal Audit Actions

CQC track progress of the agreed audit plans developed in response to internal audit report findings. The table below provides a summary of all open internal audit action plans (to date) and sets out the progress of completion. Individual actions within plans are rated by priority (i.e. high, 'medium', 'low' and 'not rated').

Audit	Year	Audit Rating	No closed (previous qtrs)	No Closed this Qtr.	Total No. Closed	No. On Track	No. Overdue	Total actions	Completion Progress %
Fee Forecasting and Grant In Aid	18/19	Moderate	1	1	2	1	2	5	40%
Enforcement	18/19	Moderate	4	2	6	5	4	15	40%
Preparation of Inspection Reports	18/19	Limited	3	1	4	0	0	4	100%
Strategy Implementation 18/19 Business Plan	18/19	Moderate	4	0	4	0	2	6	67%
General Data Protection Regulation (GDPR)	18/19	Moderate	22	1	23	0	0	23	100%
Customer Service (NCSC)	18/19	Moderate	5	2	7	0	0	7	100%
Governance & Risk Management (MO,HEW,NGO)	17/18	Moderate	6	1	7	0	0	7	100%
IT Disaster Recovery	17/18	Limited	2	4	6	1	8	15	40%
Health & Safety (17/18)	17/18	Moderate	3	3	6	1	0	7	86%
Experts by Experience 2017	17/18	Moderate	3	2	5	0	0	5	100%
CQC Insight	17/18	Substantial	1	0	1	0	1	2	50%
Strategic Implementation Plan	17/18	NR	7	0	7	0	1	8	88%
Inspection Ratings	16/17	Moderate	14	0	14	0	1	15	93%
Investment Appraisal/ Change Management	16/17	Limited	7	1	8	0	3	11	73%
Cyber Security	15/16	Moderate	24	0	24	0	2	26	92%
Cash & Treasury Management	15/16	Moderate	4	3	7	0	0	7	100%
<b>Total</b>			<b>110</b>	<b>21</b>	<b>131</b>	<b>8</b>	<b>24</b>	<b>163</b>	<b>80%</b>

● Progress (previous qtrs.) ● Progress (this quarter qtr.) NR =Not Rated

### Audit Action Status



### Completed actions and reports

#### Number of completed actions in Q4

<b>21</b> action(s) complete	<b>H</b>	<b>M</b>	<b>L</b>	<b>NR</b>
	4	7	10	0

#### Closed audit plans in Q4

- Preparation of Inspection Reports [18/19]
- General Data Protection Regulation [18/19]
- Customer Service (NCSC) [18/19]
- Governance & Risk Management (MO, HEW, NGO) [17/18]
- Experts by Experience [17/18]
- Cash & Treasury Management [15/16]

### Overdue High Priority Actions

Audit	Rating	Total
Investment Appraisal, Managing Change and Benefits Realisation [16/17]	Limited	1
IT Disaster Recovery [17/18]	Limited	3
<b>Total</b>		<b>4</b>

# Strategic & High Level Risk

Strategic and high-level risks - summary		Residual	Max tol	Confid	Update
<b>External</b>					
R2	<b>If a change of external environment in health and social care occurs</b> with implications for CQC's role (e.g.: integration) then we could become less effective in identifying risk and ensuring the quality of care. This includes if we are unable to define our role in line with the NHS long term plan, we will be unable to effectively deliver our purpose.	9 ↑	12	M	Risk increased from 4. Risks to CQC of new NHSI/E operating model – short and longer term - identified and discussions ongoing on how to manage these with the relevant NHS National Director.
R17	<b>NEW</b> If a general election is called, then there could be a period of uncertainty regarding investment in CQC's change programme	9 npc	12	M	
R16	<b>If EU exit</b> affects access of EU nationals to UK employment; and Government resourcing, then this could: impact on providers' ability to provide good quality care, due to recruitment issues; impact on CQC's ability to recruit people; impact on the ability of CQC to obtain capital funding for our change programme	9 npc	12	M	CQC readiness plan for no deal EU exit is in place. We will continue to review this in light of developments in the coming weeks/months to ensure readiness in case it needs to be put into action.
<b>Deliver our operating model, and evolve it</b>					
R1	<b>If we do not have impact in encouraging improvement innovation and sustainability in care</b> , then people who use services are at risk because poor quality care does not improve; the development of Innovative or Technology based care is hampered by inconsistent regulation	12 ↔	12	M	A key project has been established to define an approach to regulating technological innovation.
R3	<b>If we do not effectively implement and evolve our Operating Model</b> then people who use services are at risk of harm or providers can successfully challenge us, and our model will not be relevant in a changing landscape.	6 ↔	4	M	Regulatory risk framework reviewed, improved and launched March 2019. Work commenced April on 5 consistency workstreams
R7	<b>If we fail to implement an effective approach to regulating place-based and emerging new models of care</b> , we could become less effective and relevant in identifying risk and ensuring the quality of care	8 ↔	12	M	Discussion underway on resources required in order to respond to external landscape changes in order to remain relevant as a regulator.
R12	<b>If a difficult to replace Adult Social Care provider fails</b> and CQC hadn't spotted it to give early warning to local authorities, then people who use services are at risk because their care services become inoperable.	8 ↔	12	M	MO Team has been restructured to improve resilience and share best practice.
<b>Change and improvement</b>					
R4	<b>If we do not effectively collect &amp; process information</b> , then the public will not be helped to make decisions about care & our staff & stakeholders won't have quality information to make regulatory decisions.	12 ↓	12	M	Rating improved from 16. Some improvements in areas of the Intelligence driven work activities, although some areas remain behind plan and work is ongoing to address this.
R5	If the changes in our Strategy are not well supported by <b>IT technologies/ systems</b> , then critical products will be delivered late; will not be effective; or be over budget.	12 ↓	12	M	Digital Portfolio now better resourced with progress made around FITS programme and O365 and planning and prioritisation of Digital initiatives concluded for 19/20.
R13	<b>If we do not have the capacity or capability to effectively deliver change and quality improvement in CQC</b> then we will not realise the benefits envisaged in our Strategy	16 ↔	12	M	Work on resourcing underway which will further define delivery. Robust strategy in place for securing and managing resources across the portfolio and phased delivery plan being put in place.
<b>Our people</b>					
R6	<b>If we fail to improve the experience of our people</b> then morale and well-being of our people will be affected, and we will not be able to recruit right people with the right skills in the right places	4 ↓	4	H	ET and Board have agreed a corporate action plan with ET leads to address these and will review progress quarterly.

# Strategic & High Level Risk

Strategic and high-level risks - summary		Residual	Max tol	Confid	
<b>Manage our organisation effectively</b>					
R8	<b>If we fail to address the Health, Safety and Well-being needs of CQC people</b> then they could be injured or suffer ill health.	4 ↓	4	H	The safety monitoring system has been selected. This will be deployed as part of the roll out of the new Samsung phones.
R9	<b>If we are unable to deliver our programme of commitments as a result of CQC's own capacity issues,</b> then people who use services are at risk and providers and public will not have trust in CQC.	6 ↔	12	M	KPIs for delivery and recruitment monitored and no material issues
R10	<b>If we are unable to reduce our costs</b> in line with our reduced budget or our fees are not received in a timely way then we will be unable to deliver our functions and we will not provide VFM.	4 ↔	8	M	Risk mitigation is operating effectively and has been enhanced as capital expenditure is now reported on monthly
R14 a	<b>If we are unable to deliver our IT technologies and systems due to stability issues</b> then critical work will not be delivered	8 ↔	4	M	Mitigating any stability issues with systems by including the business non-functional requirements into future provisioning requirements
R14 b	<b>If we are unable to deliver our IT technologies and systems due to Cyber security attacks,</b> then critical work will not be delivered or data security breached.	6 ↓	4	M	Will consider if changes to this risk are required in light of work on new digital services environment.
R15	<b>If we do not successfully deliver our future IT services programme,</b> which is to secure our future digital services provider, then we will not be able to operate.	5 npc	10	M	Programme Director and Programme Managers recruited. Design Partner procured and work progressing on TOM design and sourcing strategy.
R11	<b>If we are not protecting or securely managing our information,</b> then loss of personal/ confidential data will cause harm/distress to individuals; and people are unwilling to share information with CQC.	4 ↔	4	M	The Information Governance Group regularly reviews information risk and we have not identified a significant change in our risk profile over the last year

Risk rating key:

Very High (25)  
 High (15-20)  
 Medium (5-12)  
 Low (2-4)  
 Very Low (1)



Risk increased ↑

Risk decreased ↓

Risk unchanged ↔