

MEETING	PUBLIC BOARD MEETING 20 MAY 2020
Agenda Item Paper Number	8 CM/05/20/08
Agenda Title	Corporate Performance Report (Year End 2019/20)
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PURPOSE OF PAPER:

Actions required by the Executive Team:

- **Note** 19/20 year end 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 the commitments set out in our 2019/20 Business Plan and describes the performance at year end. 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 performance in 2019/20.

1.2 The Performance Annex – Year End (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 19/20 performance at year end, and **comment** on the areas where are under plan.

3. Discussion and implications

Public and Providers

3.1 Registration: Registration remained in recovery at year end, with all measures ending behind target. ‘On hold’ applications has been reduced to 995 at year end. However, there is still a volume of registration applications in progress, but these have been prioritised and risk rated.

Registration was placed in recovery on 25 November, at which stage there were 5913 applications within the system. 94% are now complete. 337 applications (6%) remain.

At year end there are more applications in progress however the average of the applications has reduced, and any delays to applications have been communicated with providers.

Work is ongoing to understand the registration activity in order to model and consider centrally delivered activity. At year end it had been identified that over half of all applications could be processed through national ways of working. Historically applications have been processed regionally and therefore volume of work in a region was dependent upon the number of applications being received, moving to national ways of working well help to ensure a consistent stream of applications being reviewed, irrespective of the geography.

3.2 Inspection Return to Rating: Throughout the year we prioritised services rated Inadequate or Requires Improvement.

a. ASC inspected 84% of all services within their rating frequency. 97.6% of Inadequate locations were within KPI (target of 95%) and 95% of Requires Improvement were within KPI (target of 90%).

- b. **PMS** inspected 96% of all locations within their inspection frequency. 87% of Inadequate and Requires Improvement locations were within KPI (target of 90%).
- c. **Hospitals** inspected 90% of all locations within their inspection frequency. 83% of Inadequate and Requires Improvement locations were within KPI (target of 90%)

3.3 Safeguarding: Concerns continued to improve month on month, ending the year just behind target at 93%. Alerts referred within KPI hit KPI at 96%.

3.4 Whistleblowing: Over 10,000 whistleblowing enquiries have been received in the last 12 months. Volumes have shown a gradual increase throughout the year, with over 928 enquiries being process on average per month. In Q4 whistleblowing enquiries were at least 15% higher than any previous quarters.

3.5 Urgent Actions: 75% of urgent enforcement action was served within 3 days against a target of 70% (slide 8).

3.6 Reports: At year end, 89% of reports have been published within KPI, against the target of 90%. ASC (slide 14) hit target at 90% and PMS (slide 12) performed above target at 93%.

Hospitals published 54% of reports within KPI (slide 13). A range of Quality Improvement programmes are underway to drive improvement in report publication within the hospital's directorate.

Finance

3.7 Revenue: Despite a stretching budget for 2019/20, we ended the financial year with a £4.5m revenue underspend.

Our financial outturn reflects the challenge of delivering multi-year change programmes that straddle accounting periods. In turn a deficit budget has been set for 2020-21 to reflect the movement of anticipated expenditure from one financial year to the next.

3.8 Capital: expenditure was £13.5m against the £15.0m budget allocation.

People and Learning

3.9 HR: Turnover hit the yearly target of remaining between 10% and 12% with a performance of 10.61%. Sickness across the 12 months was 3.74% achieving a target of under 4%. Vacancy target was set at 5%, the average monthly vacancy across the year was 4.93%.

Risk Register

3.1 The CQC Risk Register is now available within the Power BI Dashboard (slide 21).

3.2 This is the first Board report showing these amended risks – which were agreed with the Board in March and April as part of agreeing the draft Business Plan for 20-23, and also discussed with the ACGC. The risks and their ratings have been discussed at ET and ongoing discussions will continue with the Executive Team and with senior leaders in CQC to ensure risk mitigations are appropriate and are being actioned, and that ratings and actions are regularly reviewed.

3.3 The risk and impact of Covid 19 (Risk R5) has been discussed with the executive team last week, a summary of which is below.

3.4 Risk R5. This risk is multifaceted and includes potential failure of our monitoring and intelligence gathering combined with a lack of physical presence during this period may result in CQC not detecting where providers are providing unsafe or poor quality care and people question our regulatory app. An additional risk arising from CQC not regulating effectively during this period is a loss of confidence in our effectiveness as an independent regulator and or us going back to inspecting too soon and putting additional pressure on a services and systems.

Internal Audit Actions

3.10 A summary of internal audit action plan progress can be found within the Power BI Dashboard (slide 26).

3.11 There are 24 internal audit action plans that we are tracking across CQC. At the end of Q4, 152 actions (61%) are closed, 71 (28%) are on track and 27 (11%) are overdue for CQC. During Q4 9 of the 24 action plans were reported as closed (all their actions now being complete), subject to the verification process by PWC for high and medium rate actions. For now, these

remain included within our reporting. In all cases of overdue actions, directorates are able to manage the risks of delay in delivery.

4. Conclusion and Next Steps

4.1 Board will continue to be appraised of performance monthly.