

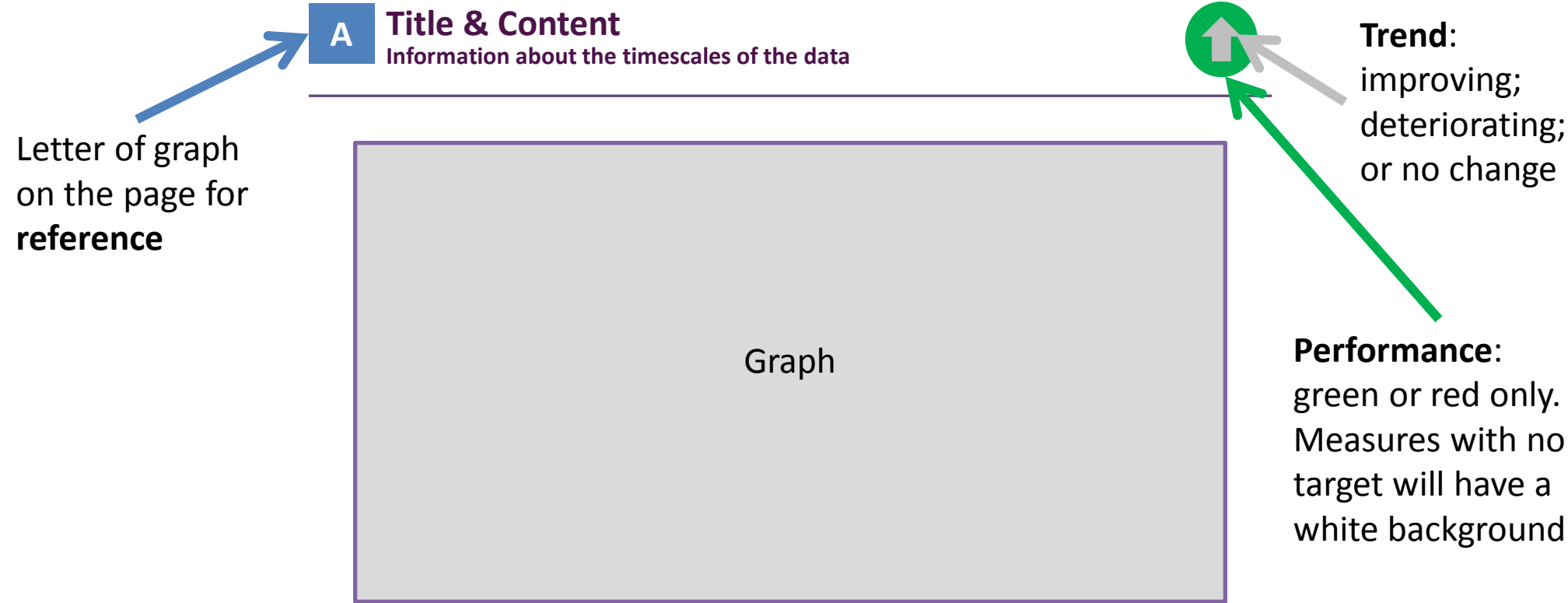
# Performance Annex - Legend



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

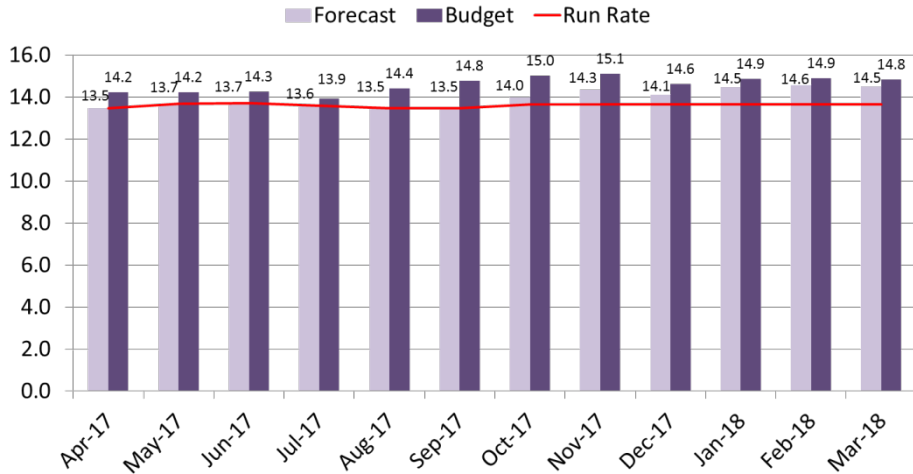


Forecast underspend of **£7.8m (4%)** on Pay and **£2.5m (5%)** on Non-Pay for 2017/18, against a plan of **2%**.  
 The forecast for 2017/18 is **£4.0m** higher for Pay and **£1.1m** higher for Non-Pay than current run rate.

A

**Finance: CQC Monthly Pay profile**

2017/18 Financial Year; Data from September Cut

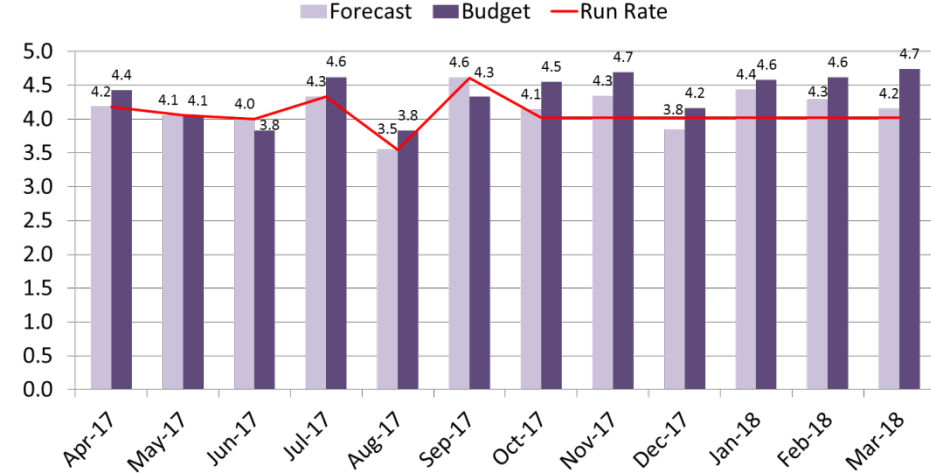


Run Rate: Average YTD monthly spend. This is projected forward for the full financial year.

B

**Finance: CQC Monthly Non-Pay profile**

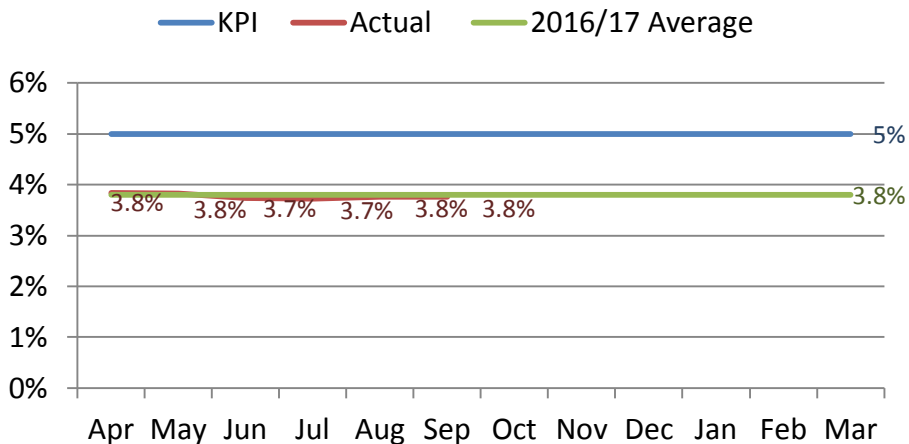
2017/18 Financial Year; Data from September Cut



3.8% of days were lost to sickness and turnover stands at 11.8% in the 12 months to September. Of 158 Inspectors to leave in the last year, 59 (37%) had fewer than 2 years' service.

## C Sickness: CQC 12 Month Average

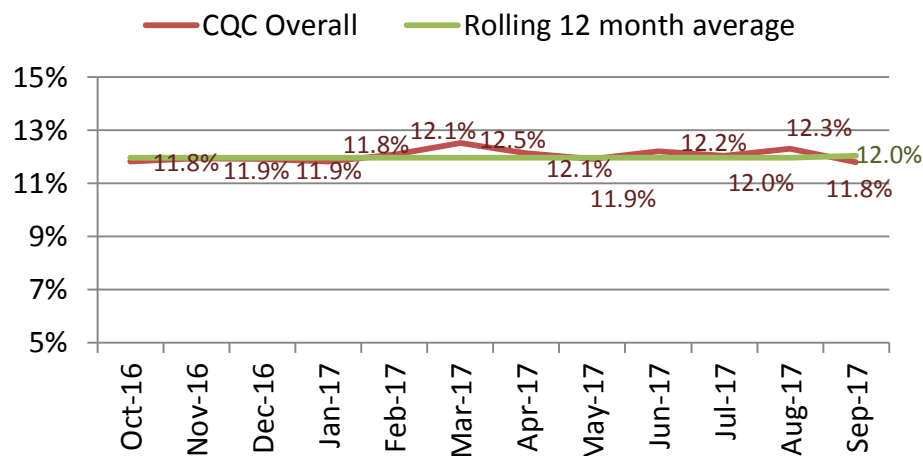
2017/18 Financial Year; Data from September Cut



KPI: Sickness to be below 5%

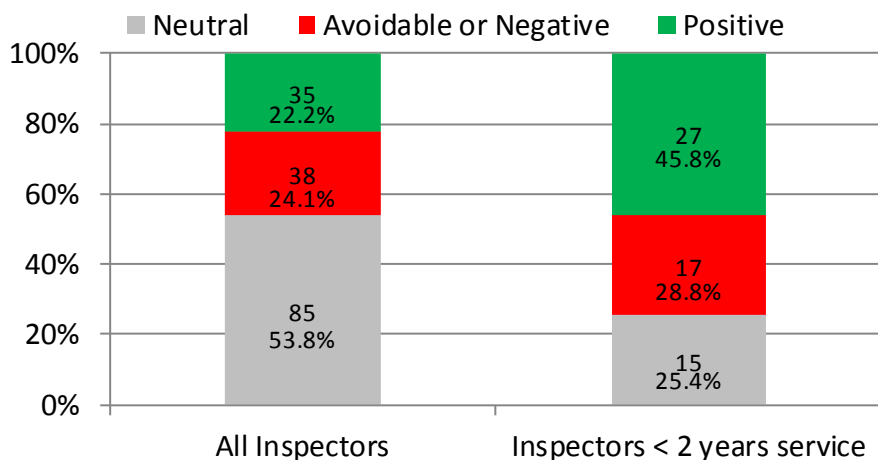
## D Turnover: CQC 12 Month Average

2017/18 Financial Year; Data from September Cut



## E Turnover: By Driver and Length of Service

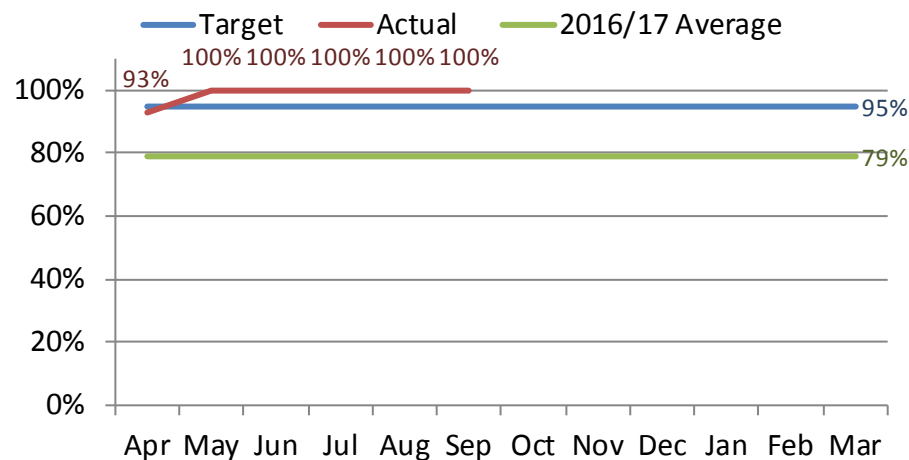
Rolling 12 Months; Data from September Cut



Neutral: Retirement, ill health, other not known; Avoidable: incl. work life balance, lack of opportunities, incompatible working relationships, better rewards; Unavoidable: incl. promotion, further education, secondment

## F Complaints: Acknowledged Within 3 Days

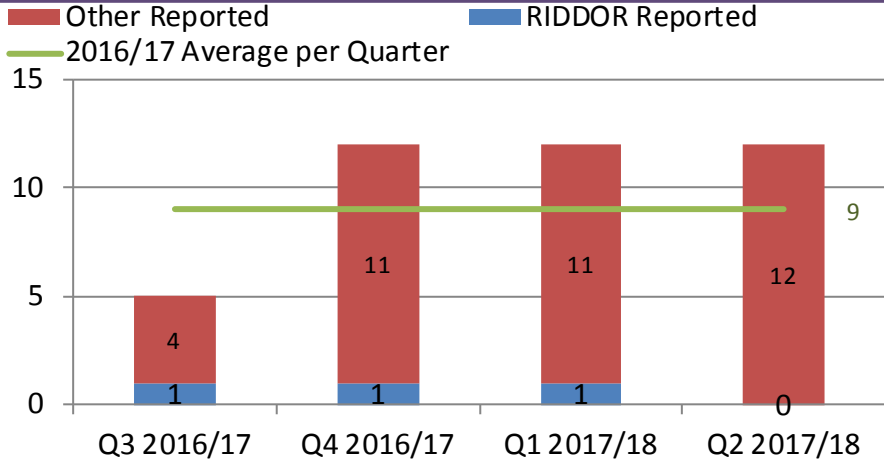
2017/18 Financial Year; Data from September Cut



So far in 2017/18 there have been a total of **24** accidents reported, **4** more than were reported for the same period in 2016/17. In the last 12 months, the main cause of accidents has been slips/trips/falls, followed closely by road traffic accidents.

**G Health & Safety: Reported Accidents per Quarter**

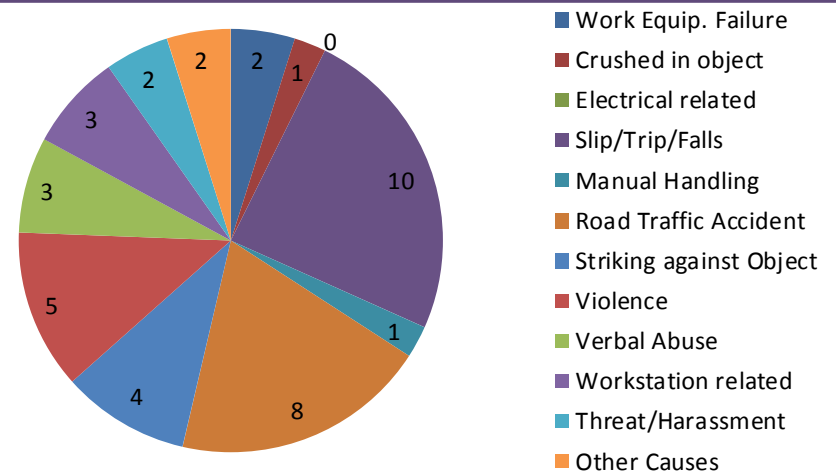
Rolling 12 months; Data from September Cut



\*RIDDOR = Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013. They are also reported internally

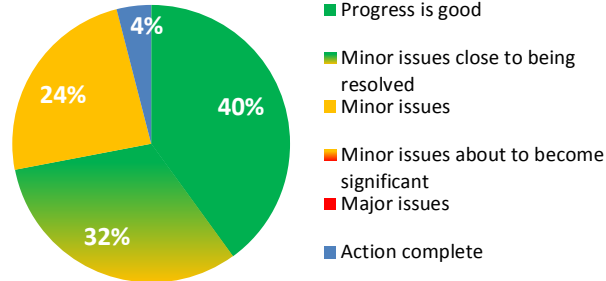
**H Health & Safety: Reported Accidents by Type**

Rolling 12 months; Data from September Cut



# Business Planning Milestones

## RAG Rating Summary



## 25 milestones:

**10** Green  
**8** Amber/ Green  
**6** Amber  
**0** Amber/ Red  
**0** Red  
**1** Complete

### Register

Milestone	RAG
M1 Consult on strategy for levels of registration	Green
M2 Evolving models of care & registration	Amber
M3 Extend register to define organisations	Green
M4 Develop approach to application risks	Green

### Monitor

Milestone	RAG
M5 roll out minimum data set for ASC and PMS	Amber
M7 Develop , deliver & maintain Insight dashboards	Amber
M8 System support: cross sector working & risks	Amber
M9 Develop online Provider Information Collection	Amber

### Inspect & Rate

Milestone	RAG
M6 Introduce Use of Resource assessment (NHS trusts)	Amber
M10 Develop & test our inspection approach	Green
M11 New assessment framework & approach	Amber
M12 Embed equality & human rights in regulation	Amber

### Enforce

Milestone	RAG
M13 Embed enforcement policies ensuring all staff undertake accredited training	Amber

### Independent Voice

Milestone	RAG
M14 Working with partners to encourage improvement (inc. National Quality Board)	Green
M15 Develop ASC Quality Commitment	Green
M16 Publish MHA & S of C Report (16/17)	Green
M17a Publish reports on thematic work	Amber
M17b Review Child & Adolescent Mental Health Services	Amber
M18 Capability in encouraging improvement	Green

### Manage Our Organisation

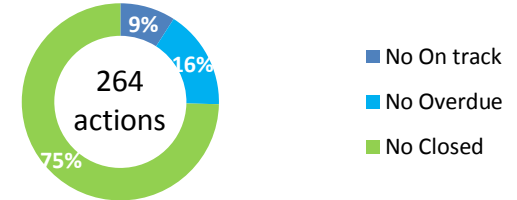
Milestone	RAG
M19 Make working lives better at CQC	Green
M20 Improve Info management & ICT	Amber
M21 Evaluate Operating Model	Amber
M22 Strengthen how we use information about our quality to improve	Green
M23 Improve governance (complaints procedure)	Amber
M24 Measuring costs & improve efficiency	Amber

# CQC's Response to Internal Audit

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)	No Closed this Qtr.	Total No. Closed	No. On Track	No. Overdue	Total actions	Completion Progress %
CQC Insight	17/18	Substantial (10)	0	0	0	2	0	2	0%
Strategic Implementation Plan	17/18	NR	0	1	1	1	7	9	11%
Registration [Follow Up]	17/18	Limited (4)	3	2	5	3	0	8	63%
Learning & Development	17/18	NR	0	6	6	0	2	8	75%
Inspection Ratings	16/17	Moderate (6)	0	5	5	9	1	15	33%
Cygnus Scheduling System (PGL)	16/17	Moderate (7)	0	2	2	0	2	4	50%
Homeworker Arrangements	16/17	Limited (2)	0	4	4	0	0	4	100%
Health & Safety [Follow up]	16/17	Limited (4)	3	2	5	1	1	7	71%
Scheme of Delegation	16/17	Limited (4)	7	0	7	0	2	9	78%
Operating Model	16/17	Moderate (7)	4	4	8	0	5	13	62%
Evidence & Decision Making (Acute)	16/17	Moderate (6)	6	1	7	0	0	7	100%
Enforcement Training	16/17	Moderate (6)	20	2	22	2	0	24	92%
Business Continuity Management	16/17	Moderate (6)	12	0	12	0	1	13	92%
Corporate Governance & Info Flows	16/17	Moderate (7)	8	4	12	1	1	14	86%
HR & Payroll	16/17	Moderate (7)	6	1	7	0	1	8	88%
Cash Flow	16/17	Moderate (7)	8	0	8	0	4	12	67%
Market Oversight	16/17	Moderate (7)	8	5	13	0	2	15	87%
Personal Performance Management	16/17	Moderate (6)	9	0	9	1	0	10	90%
Quality Framework Embedding	16/17	Moderate (7)	2	5	7	3	3	13	54%
Investment Appraisal/ Change Management	16/17	Limited (3)	4	1	5	1	5	11	45%
VFM Expenses to Staff and Casual Workers	15/16	Limited (4)	12	1	13	0	0	13	100%
Cyber Security	15/16	Moderate (7)	23	1	24	0	2	26	92%
Cash & Treasury Management	15/16	Moderate (6)	4	0	4	0	3	7	57%
Experts by Experience	15/16	Moderate (6)	11	0	11	0	1	12	92%
<b>Total</b>			<b>150</b>	<b>47</b>	<b>197</b>	<b>24</b>	<b>43</b>	<b>264</b>	<b>75%</b>

## Audit Action Status



## Completed actions and reports

### Number of completed actions in Q2

<b>47</b> actions complete	<b>H</b> 8	<b>M</b> 23	<b>L</b> 9	<b>NR</b> 7
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### Closed audit plans in Q2

- VFM Expenses to Staff & Casual Workers (15/16)
- Evidencing Regulatory Decisions on Acute Hospital Inspections (16/17)
- Homeworker Arrangements (16/17)

## Overdue High Priority Actions

Audit	Rating	Total
Scheme of Delegation (16/17)	Limited	2
Investment Appraisal/ Change Management (16/17)	Limited	1
Quality Framework (16/17)	Moderate	3
HR & Payroll (16/17)	Moderate	1
<b>Total</b>		<b>7</b>

**Audit Report Rating Key**

- Substantial assurance = 10
- Limited assurance = 2 - 5
- Not Rated (NR)
- Moderate assurance = 6 - 9
- Unsatisfactory assurance = 1

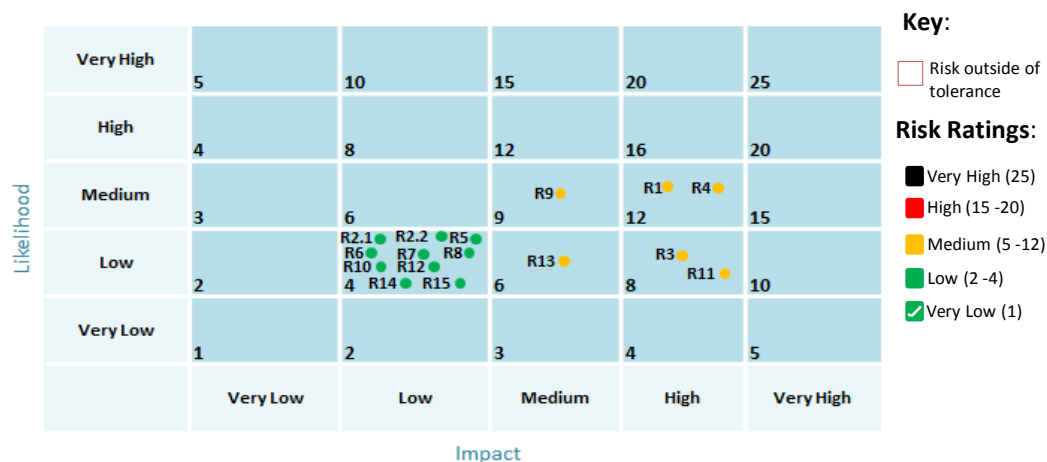
**Progress Bar Key**

- Progress (previous)
- Progress (current qtr.)

# Strategic Risks

CQC's strategic risks for 17/18 have been set out below and summarise the status of each risk by; the effectiveness of its mitigating action plan and the overall confidence in our ability to manage them. The summary risk profile below provides a graphical representation of the overall strategic risk register, whilst the strategic risk by themes set out the status of risks by the strategic risk subjects set out in the register. Risks with the highest rated residual ratings (taking into account agreed tolerance levels) are set out in the first table below. Updates on the risks with a 'low' or 'very low' risk rating are set out in second table of the annex.

## 1. Summary Risk Profile (16 Strategic Risks)



## 2. Strategic Risks by themes

Strategic Theme	Number of risks	Overall Confidence	Risk Rating					Total
			Very High	High	Medium	Low	Very Low	
Impact & Quality	4	Medium/High	-	-	2	2	-	4
Implementing our Strategy	5	Medium	-	-	1	4	-	5
Information Management & Technology	2	High	-	-	1	1	-	2
Our People	3	Medium	-	-	2	1	-	3
Our Organisation	2	Medium/High	-	-	-	2	-	2
<b>Total</b>			<b>0</b>	<b>0</b>	<b>6</b>	<b>10</b>	<b>0</b>	<b>16</b>

## 3. Strategic Risks with residual ratings above four (6)

Code	Area	Risk	Rating (inherent)	Rating (residual)	Overall Confidence	Actions underway to manage the risk
R1	Impact & Quality	We do not have impact in encouraging improvement innovation and sustainability in care	15 (15 x L3)	12 (14 x L3)	Medium	We are engaging locally with providers, commissioners and other stakeholders to ensure they play their part in enabling improvement to take place. We are working with NHSI and other partners to develop our approach to new models of care, to support Sustainable Transformation Plans, and acting on the opportunities and challenges of online healthcare. Dh have recently convened all National partners to launch the ASC Quality Matters programme.
R3	Impact & Quality	Difficult to replace Adult Social Care provider fails and CQC hadn't spotted it	12 (14 x L3)	8 (14 x L3)	High	Work continues with the Department of Health and other Government departments to ensure that individual roles and responsibilities are understood prior to a failure event occurring. Scenario testing has taken place. In regards to information sharing, clear established lines of communication exist between Market Oversight, the Association of Directors of Adult Social Care (ADASS) and NHS England to assist with the sharing of information. Periodic market insight is also provided with each of these organisations. We continue to share information and develop our relationship with the Treasury and the Cabinet Office.

# Strategic Risks

## 3. Strategic Risks with residual ratings above four (Continued)

Code	Area	Risk	Rating (inherent)	Rating (residual)	Overall Confidence	Actions underway to manage the risk
R4	Implementing Our Strategy	We do not effectively collect and process the information we need to be an effective intelligence-driven regulator and accurately predict quality	16 (I4 x L4)	12 (I4 x L3)	Medium	Insight dashboard and Provider Information Return development are underway as is training our staff in usage. Within the hospitals sector current work is focussed on training to support the next phase methodology. Within the ASC sector, Intelligence have rolled out Webinars and regional days and focussed groups. In PMS a complete team is working with Intelligence in coproduction and testing with a view to identifying training needs that can be rolled out. Beyond this work has recently commenced with the Academy to scope more generic basic analytical training needs for non-analytical staff. Confidence is medium overall, with CQC Insight at high confidence (Programme rated amber-green).
R9	Information Management & Technology	We are unable to deliver our Strategy because we are not well supported by IT technologies and systems	16 (I4 x L4)	9 (I3 x L3)	High	At its October meeting the CQC Board agreed the digital and intelligence priorities for 2018-19 and 2019-20. In December, further details of costs and benefits of the work will be discussed with the Board. By the end of November, we plan to have established what our commercial arrangements will be regarding additional skills and technologies required to support our digital work going forward.
R11	Our People	We fail to respond adequately where our people feel we are not developing a high performing culture and embedding our values	16 (I4 x L4)	8 (I2 x L4)	Medium	Cultural assessment on track, local staff survey follow up work appears to be gaining traction; evaluation of leadership programme underway; quality improvement– workshop held and Director appointment made. We are undertaking targeted pulse surveys in areas of CQC where staff survey results indicated there was more to do to address staff feedback. Staff survey launched in September, closing in mid October. Confidence for this risk is medium.
R13	Our People	We are unable to deliver our programme as a result of capacity issues	12 (I4 x L3)	6 (I2 x L3)	Medium	We are working with each Directorate to understand workforce issues – vacancies and trends and requirements. HR activity includes a targeted recruitment process, close engagement in recruitment planning and a welcome process for new staff which is well received. Residual rating moved to medium from Q1 because we are about to launch our Directorate business planning activity for 2018-19 and the assessment of any changes in Directorates’ needs will need to take place in the light of draft plans which will be available from December onwards. Confidence in the mitigations is medium.

## 4. Strategic Risks with residual ratings of four and below (10)

Code	Area	Risk	Rating (inherent)	Rating (residual)	Overall Confidence	Actions underway to manage the risk
R2.1	Impact & Quality	We do not <ul style="list-style-type: none"> <li>encourage people who use services, relatives and carers to engage</li> <li>respond quickly and effectively to public concerns;</li> </ul>	15 (I5 x L3)	4 (I2 x L2)	Medium	Engagement is underway locally with community groups and Healthwatch. We have developed the systems to support cross sector working and embed cross sector risk and planning meetings. Developing Share your experience is underway - this work sees us building prototypes and testing them with real users to show that we can overcome any challenges to building the digital service itself. Contract renewals for Tell us about your care partnerships will commence in November to ensure continued supply of this route for CQC to hear valuable information about care experiences. Annual survey results noted in this paper demonstrate the positive impact of these mitigations.



# Strategic Risks

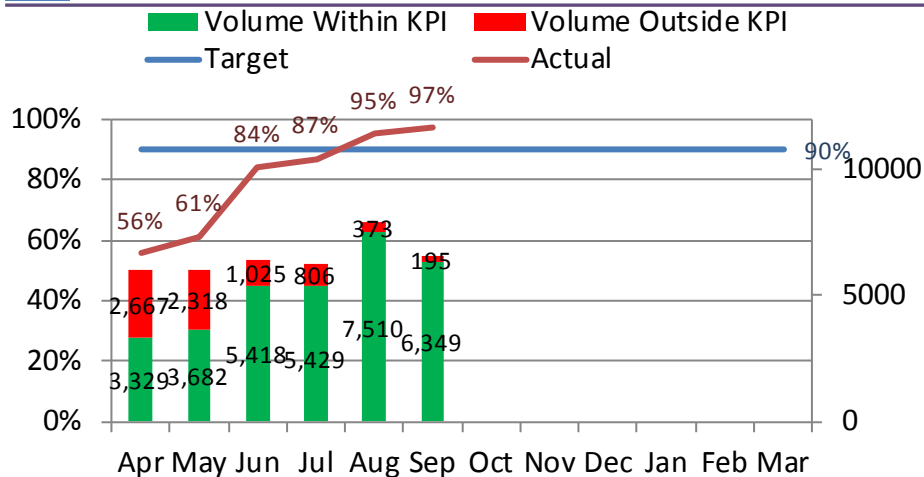
## 4. Strategic Risks with residual ratings of four and below (Continued)

Code	Area	Risk	Rating (inherent)	Rating (residual)	Overall Confidence	Actions underway to manage the risk
R2.2	Impact & Quality	We do not <ul style="list-style-type: none"> <li>• make accurate; insightful; reliable; timely; cost effective &amp; legal regulatory decisions;</li> <li>• implement improvements to how we deliver our Operating Model</li> </ul>	12 (I 45 x L 3)	4 (I2 x L2)	Medium	Quality sampling information is being presented to sectors and quality sampling is regularly carried out across the operating model. A joint evaluation and quality sampling report is being worked on. Focused work underway on timeliness of responding to representations. ET approved short-term project for an independent team to be recruited until April 2018 this will then be assessed. Work continues on timeliness of inspection reports but there has been notable improvement in most areas. Management assurance standards have been reviewed and will be discussed with ACGC. A Director of Quality Improvement is in post who is now working to understand and prioritise support for key areas of improvement.
R5	Implementing Our Strategy	We fail to implement an agile approach to emerging and new models of care	16 (I4 x L4)	4 (I2 x L2)	Medium	Consultation on the levels of registration was launched in June, and broad support was received. A roadmap for next stages has been developed. Other work including to embed consideration of combined providers in line with our principles for regulating in a complex landscape is in progress with Hospitals' work streams.
R6	Implementing Our Strategy	We are unable to agree or deliver joint approaches with partner organisations	12 (I4 x L3)	4 (I2 x L2)	Medium/High	Ongoing programme of projects across the operating model and sectors. Priority projects include operational alignment with NHSI, the local area project, data alignment and sharing of information (ASC, PMS, Hospitals), NQB, ASC Quality matters and work with the professional and system regulators. On-going work with NHS I and NHS E on the transformation agenda. Co-production activity was carried out across sectors for all proposals before consultation and testing has taken place in all sectors before roll out. We will continue testing for PMS over the next six months, during phased roll out.
R7	Implementing Our Strategy	We are unable to deliver our Strategy because we have inefficient processes	12 (I4 x L3)	4 (I2 x L2)	Medium/ High	Target Operating Model now developed and a number of 3 year roadmaps created to depict changes necessary to deliver CQCs strategic objectives . This work is progressing and on track.
R8	Implementing Our Strategy	A change of external environment in health and social care/ more widely has implications for CQC's role	12 (I4 x L3)	4 (I2 x L2)	High	We mitigate this risk through the information we share about the quality of care and our impact. Our State of Care report for 2016-17 launched on 10 October, and gives a real insight into how CQC is working, what we have achieved, and what work we still need to do.
R10	Information Management & Technology	There is a cyber security incident/ attack causing service disruption or a major data security alert	12 (I4 x L3)	4 (I2 x L2)	High	Protections were reviewed following cyber attacks and these are considered to be current and effective - training and awareness activity with staff up to date and effective. Mitigations in this area are largely complete.
R12	Our People	We do not have the skills and capability to regulate effectively	12 (I4 x L3)	4 (I2 x L2)	Medium	Directorate Learning and Development delivery is on track although there are some challenges in releasing subject matter experts, and in clarifying new approaches in time for training activity. Executive coaching is now in place for senior leaders identified through the talent management process. CQC has a legally compliant recruitment process and recruitment policy in place to ensure safe recruitment across the organisation.
R14	Our Organisation	We are unable to reduce our costs in line with reduced budget or fees are not received in a timely way	12 (I4 x L3)	4 (I2 x L2)	High	CQC is currently underspent and forecast to be for 17-18. MTSG planning has started for the next 3 years and at this stage show no cause for concern. Budget requirements are largely in our control, there is little risk in this area. We have reviewed our debt management processes and are working closely with SBS to ensure that we collect our fees in a timely way. We are also restructuring our fees scheme to protect ourselves against any income reductions.
R15	Our Organisation	We are not protecting or securely managing our information	15 (I5 x L3)	4 (I2 x L2)	Medium	Mitigating activity is underway and on track: MI dashboards for Mandatory training, of which 'managing our information' is one, have been issued to Directorates. Proactive use of Internal audit is among our mitigations. Confidence in the mitigations is medium.

Year to date, **84%** of registration applications have been completed within KPI

**A Applications: NCSC Processing**

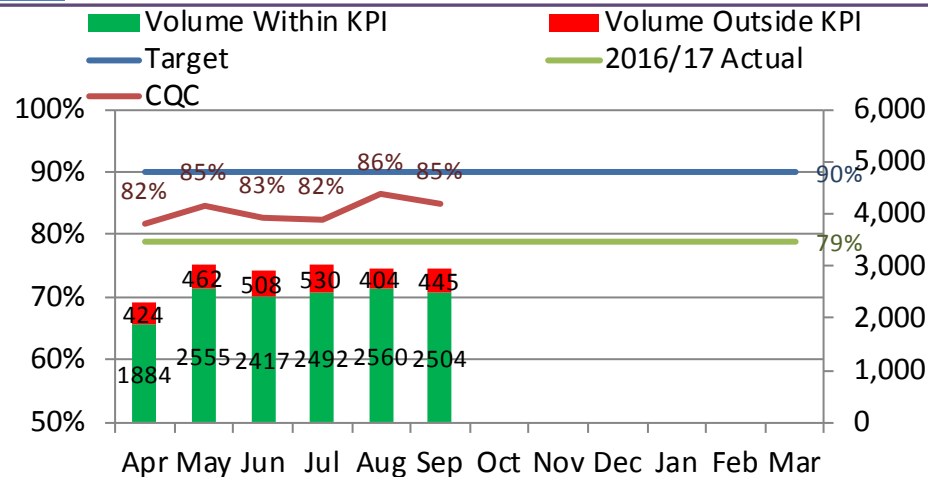
2017/18 Financial Year; Data from September Cut



KPI: NCSC to process applications within 5 days

**B Applications: Completion of Registration Processes**

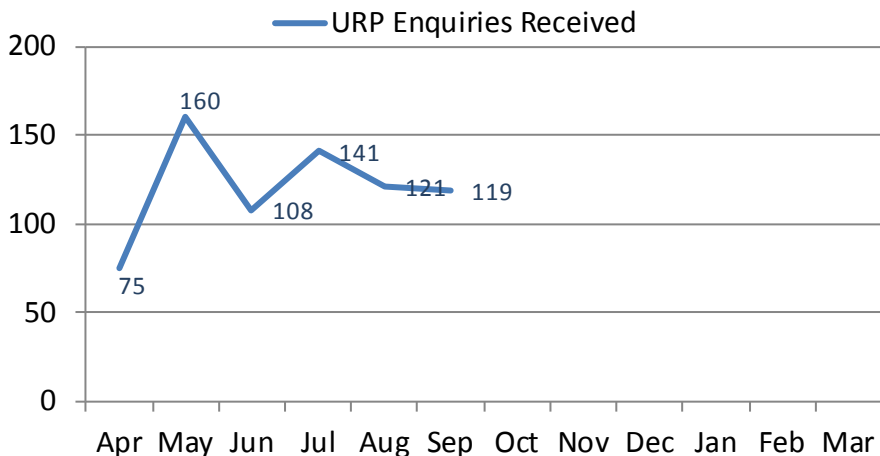
2017/18 Financial Year; Data from September Cut\*



KPI: Notice of Proposal or Decision to be sent within 50 days  
\*includes data where the employees' directorate was "unspecified"

**C Unregistered Providers: Volume of Enquiries**

2017/18 Financial Year; Data from September Cut

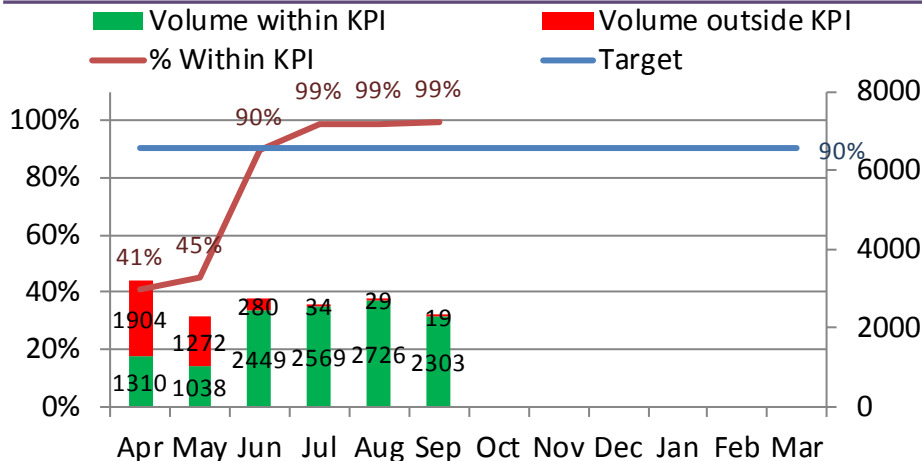


URP: Unregistered Provider

Year to date, NCSC has answered **78%** of its correspondence, **76%** of General calls, **77%** of Registration calls, **89%** of Safeguarding calls and **86%** of Mental Health (MH) calls promptly. **100%** of Alerts and **90%** of Concerns have been triaged promptly.

### A NCSC Response: Correspondence

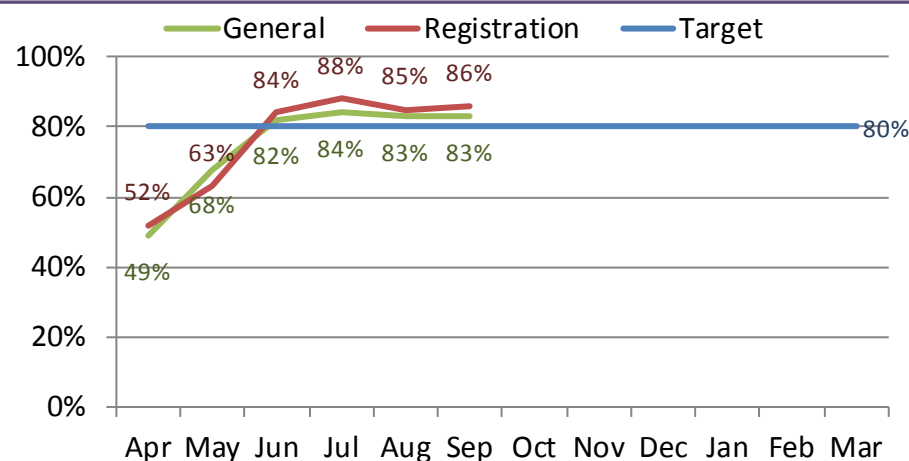
2017/18 Financial Year; Data from September Cut



KPI: NCSC to answer correspondence within 3 days

### B NCSC Response: General & Registration Calls

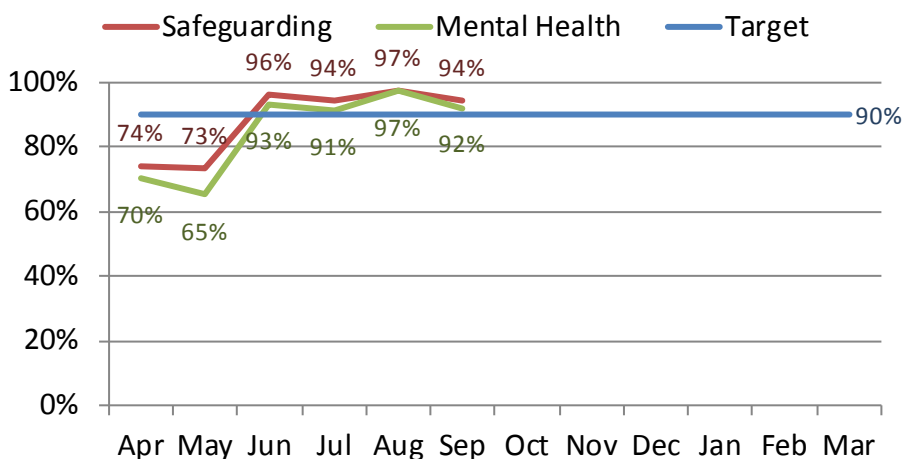
2017/18 Financial Year; Data from September Cut



KPI: NCSC to answer calls within 30 seconds

### C NCSC Response: Safeguarding & MH Calls

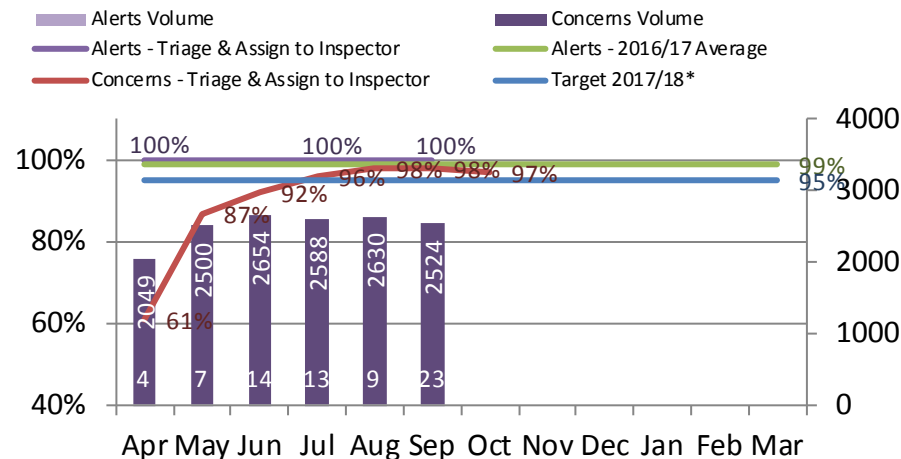
2017/18 Financial Year; Data from September Cut



KPI: NCSC to answer calls within 30 seconds

### D NCSC Triage: Information of Concern

2017/18 Financial Year; Data from September Cut



KPI: NCSC to triage Safeguarding Alerts & Concerns and assign to Inspector within 1 day

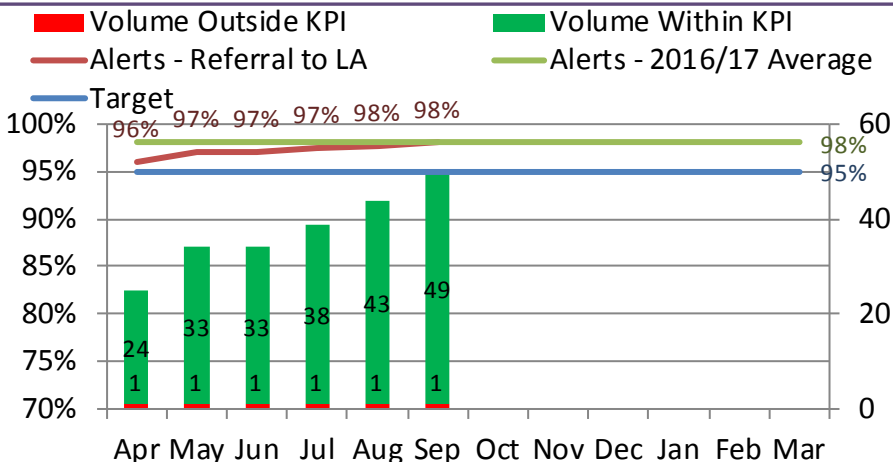
\*Also 16/17 Average for Concerns

Year to date, CQC has referred **97%** of Alerts to Local Authorities & taken **89%** of mandatory action for Alerts/Concerns promptly. CQC has received **7,445** whistleblowing enquiries in the last year, the majority of which (**43%**) were noted for future reviews.

**D Safeguarding: Alerts Referred to Local Authority**



2017/18 Financial Year; Data from September Cut

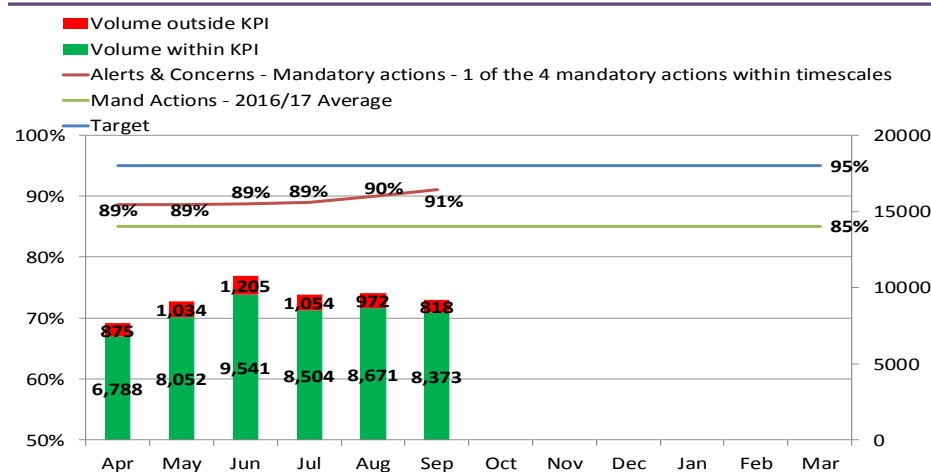


KPI: Alerts (required to be referred to the Local Authority) – 1 days to make referral

**E Safeguarding: Requiring a Mandatory Action**



2017/18 Financial Year; Data from September Cut

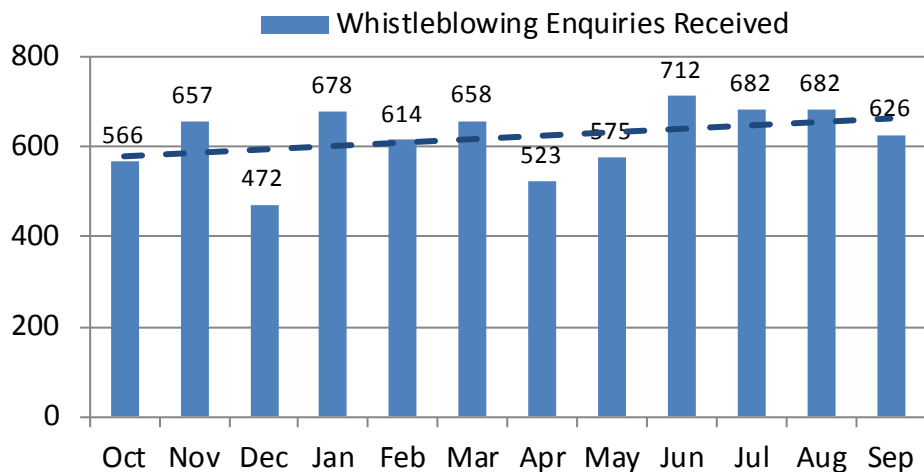


KPI: Alerts (not required to be referred to the Local Authority) & Concerns – 5 days to undertake one of four mandatory actions

**F Whistleblowing: Volumes Received**



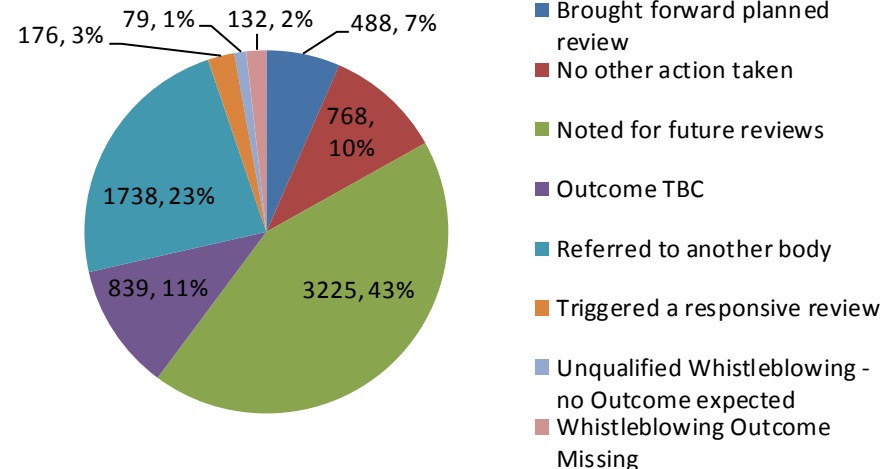
12 Months Rolling; Data from September Cut



**G Whistleblowing: Trend**



12 Months Rolling; Data from September Cut (work being planned with Board member)

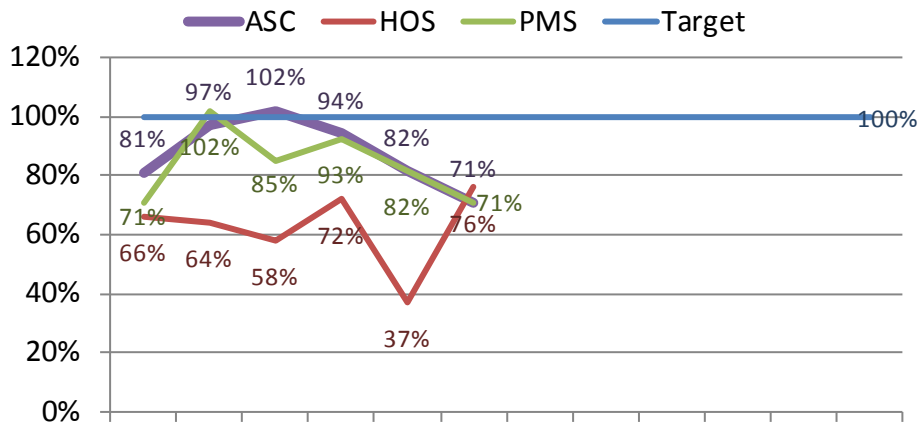


Year to date, CQC has achieved an average productivity rate of **78%**.

**85%** of Adult Social Care inspections and **96%** of Primary Medical Services inspections have been undertaken within KPI.

### H Inspections: Productivity

2017/18 Financial Year; Data from September Cut



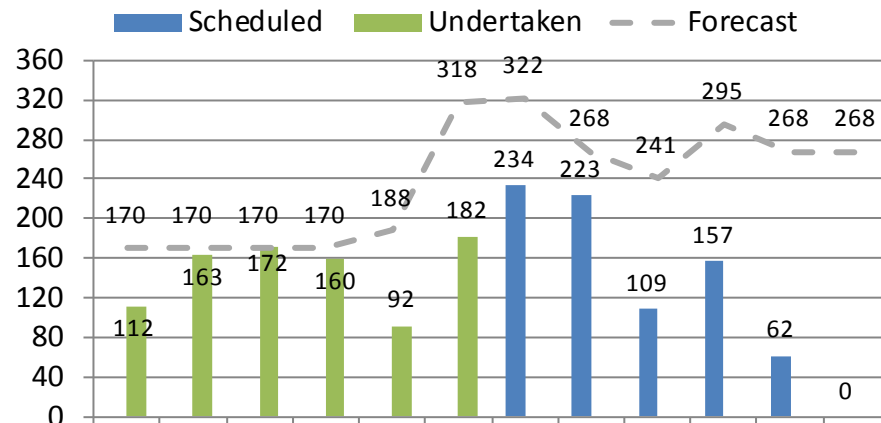
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Target: ASC & PMS – 2 inspections (any type) a month per inspector;

HSP – average of a total of 238 units a month

### I Inspections: Hospitals Activity

2017/18 Financial Year; Data from September Cut

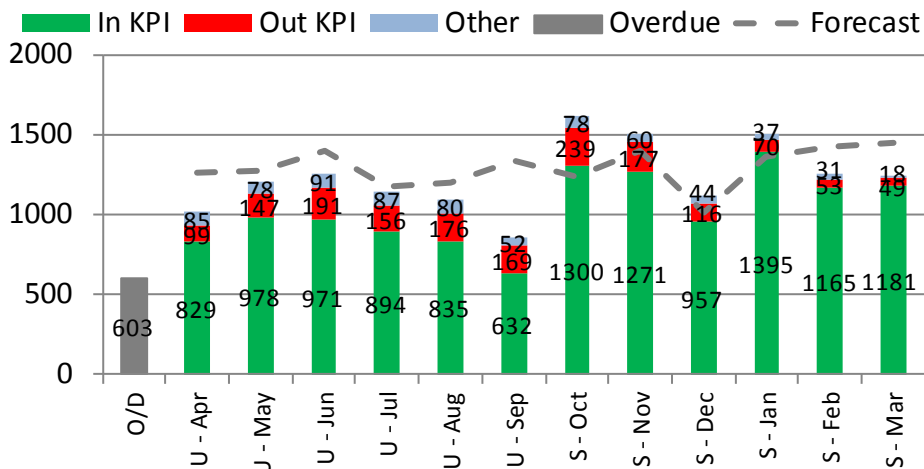


Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Forecast: Units to be inspected per month, based on an average of 268 per month planned for at the beginning of the financial year, with the distribution aligned to holiday periods

### J Inspections: Adult Social Care Activity

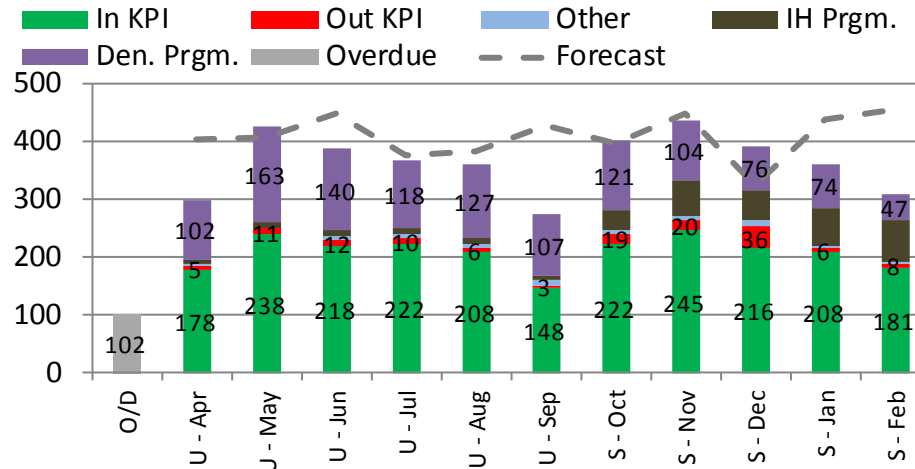
2017/18 Financial Year; Data from September Cut



Forecast: Number of inspections planned for at the beginning of the financial year, distributed by month according to previous activity trends; U: Undertaken; S: Scheduled; O/D: Overdue; Other: includes unrated locations and focused inspections; IH Prgm.: Programme for inspecting Independent Healthcare services; Den. Prgm.: Programme for inspecting 10% of Dental services

### K Inspections: Primary Medical Services Activity

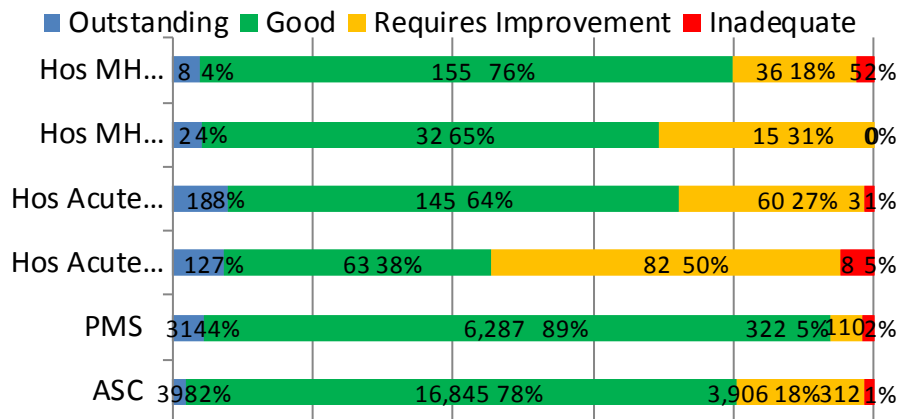
2017/18 Financial Year; Data from September Cut



In the last year, **20%** of services previously rated Good deteriorated, **52%** of services previously rated Requires Improvement improved, and **73%** of services previously rated Inadequate improved at their most recent inspection.

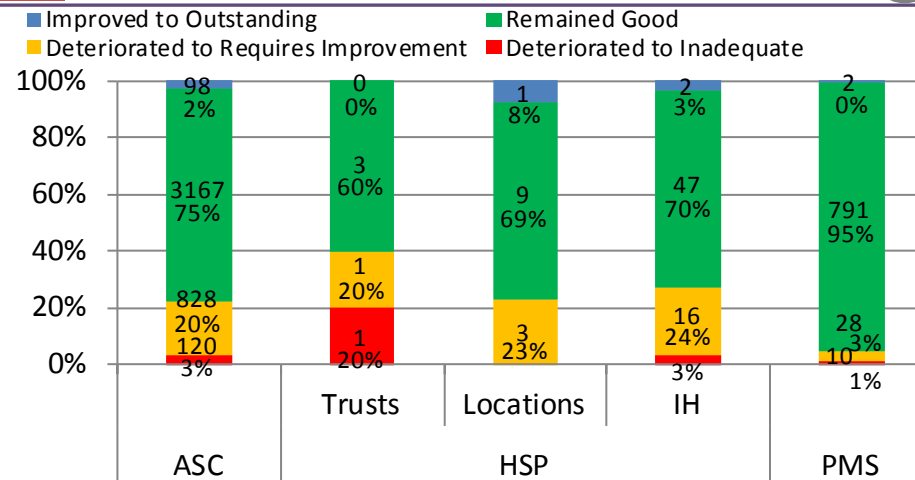
### L Ratings: Current Ratings Profile

Data from September Cut



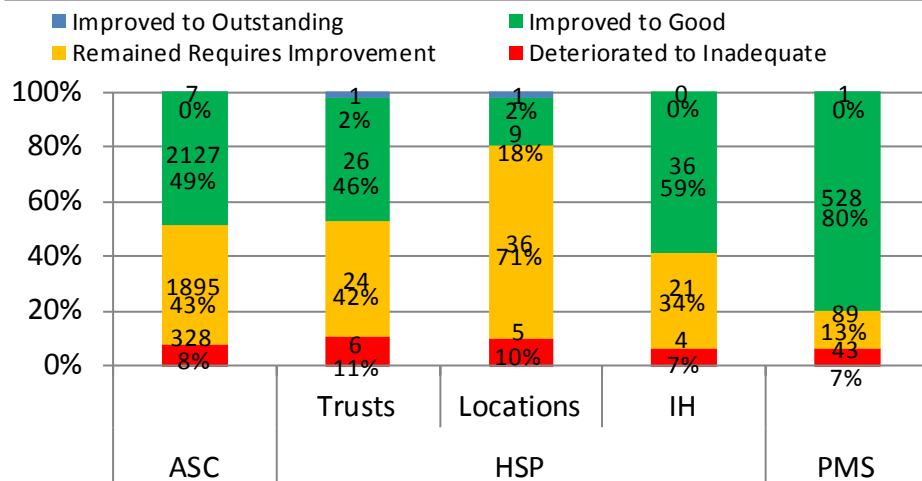
### M Ratings Change: Previously Rated Good

12 Months Rolling; Data from September Cut



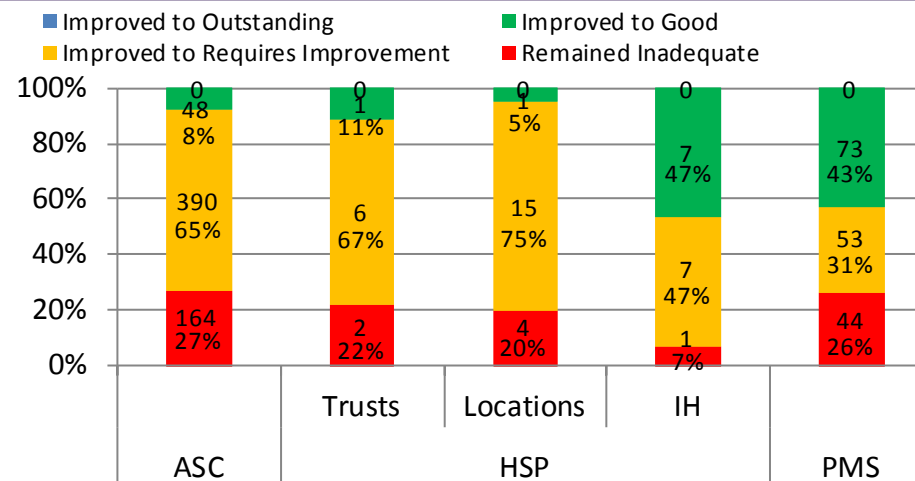
### N Ratings Change: Previously Rated RI

12 Months Rolling; Data from September Cut



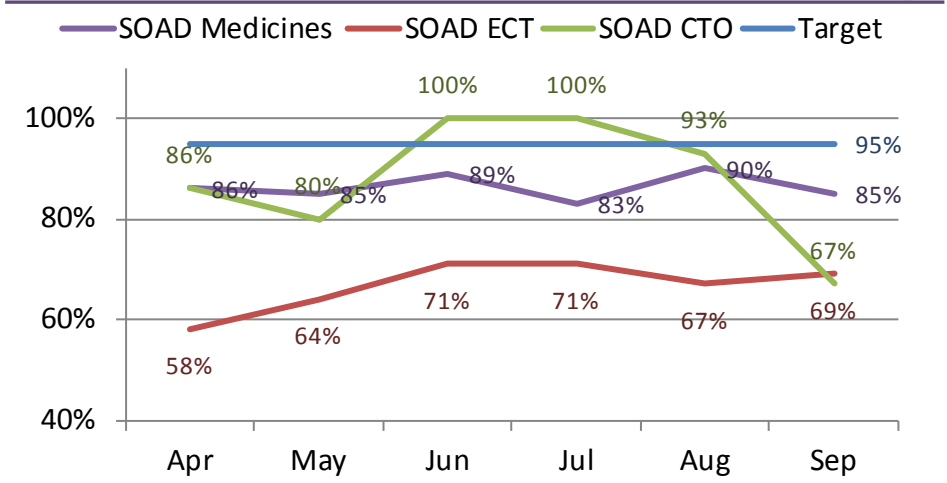
### O Ratings Change: Previously Rated Inadequate

12 Months Rolling; Data from September Cut

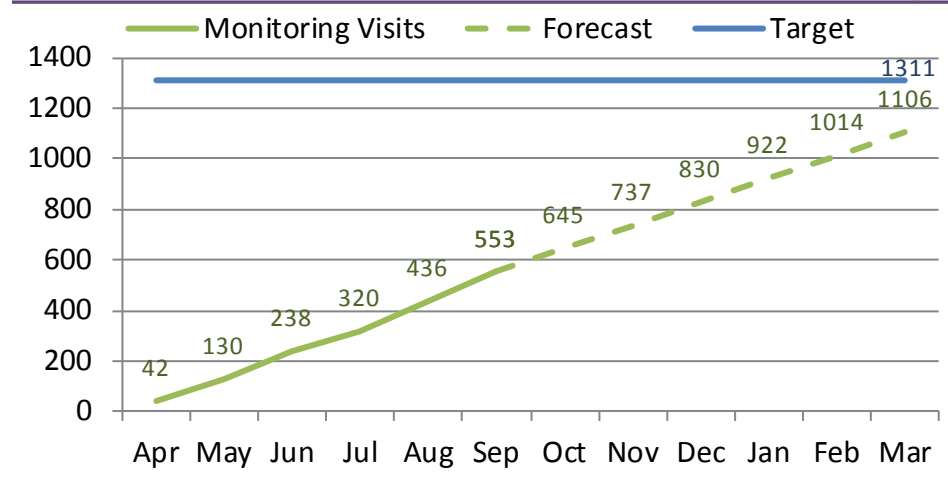


Year to date, SOAD performance for all types of visits is **84%** and we have undertaken **42%** of our annual MHA Monitoring Visits commitment

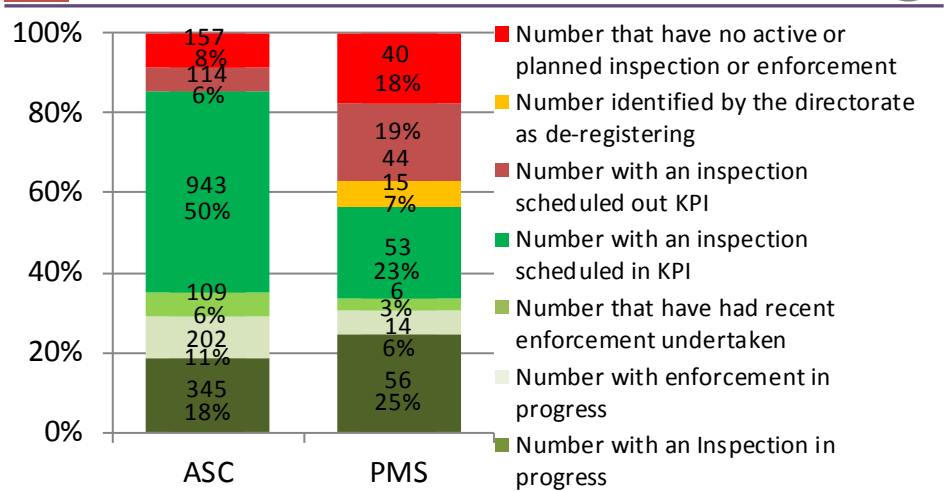
**P MHA: Second Opinion Appointed Doctor visits\***  
2017/18 Financial Year; Data from September Cut



**Q MHA: Monitoring Commitments**  
2017/18 Financial Year; Data from September Cut



**R Breach: Locations in Breach for Over 1 Year**  
Data from September Cut



\* SOAD = Second Opinion Appointed Doctor; ECT = Electroconvulsive Therapy; CTO = Community Treatment Orders

Timescales depend on the type of request and timeliness of visits can only be reported once the report for the visit is submitted, which can take an average of 50 days, there is therefore a lag in updating the most recent performance

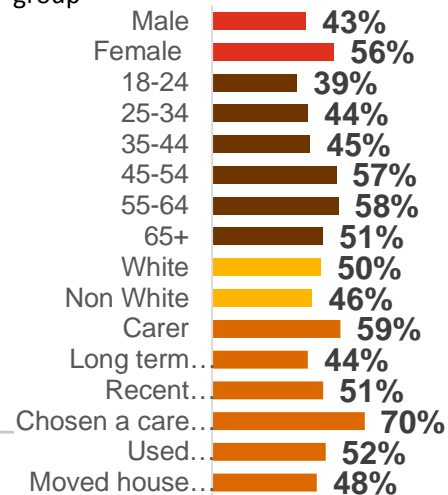
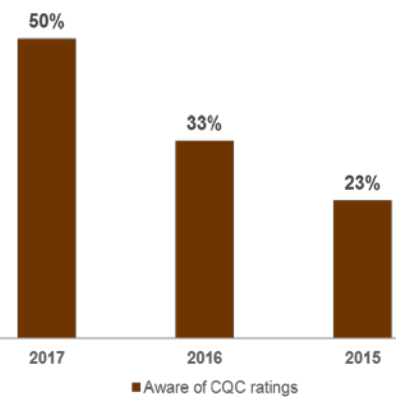
Annual Awareness Survey: Ratings

**S** Annual Awareness Survey: Awareness of Ratings

Data from September Cut

Awareness of CQC Ratings

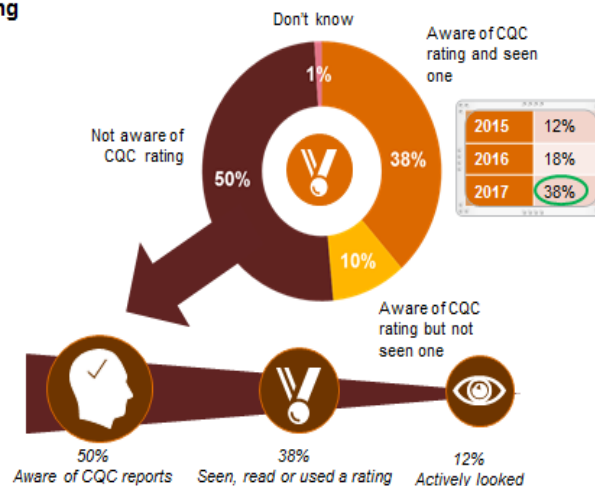
Awareness of CQC Ratings by sub group



**T** Annual Awareness Survey: Seen Ratings

Data from September Cut

Seen a CQC rating

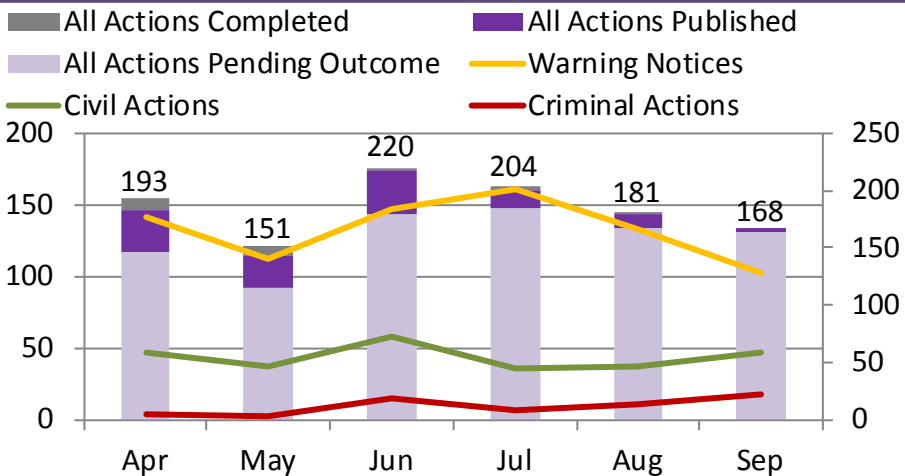




Year to date, we have issued **1,117** enforcement actions

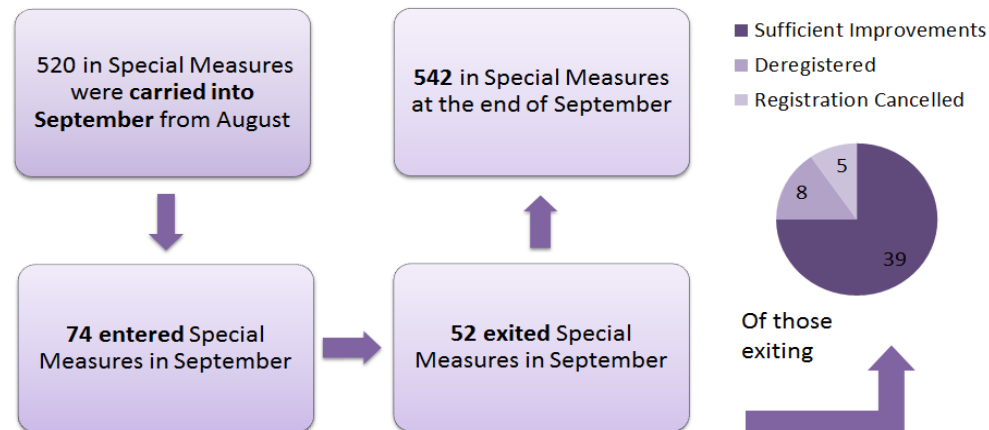
**A Enforcement: Published/Completed**

2017/18 Financial Year; Data from September Cut



**B Special Measures: Entries, Exits & Remaining**

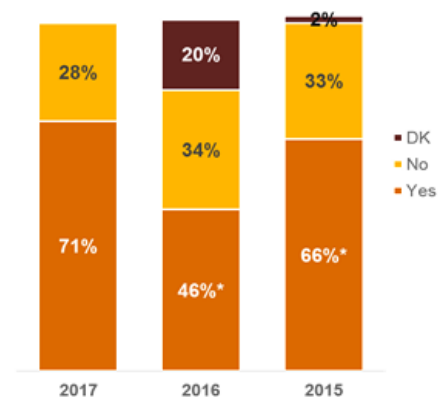
August; Data from September Cut



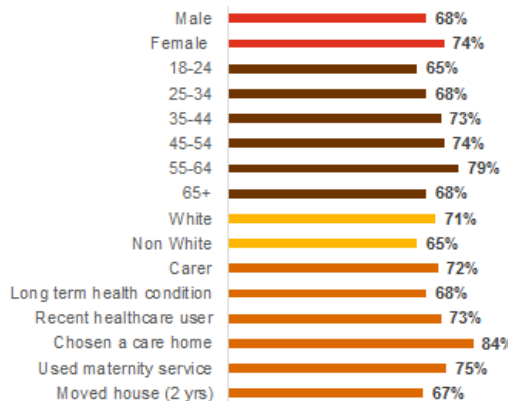
Annual Awareness Survey: Awareness of CQC  
National Stakeholder Sentiment Survey: Perceptions of CQC

**A Annual Awareness Survey: Awareness of CQC**

General awareness of national regulator

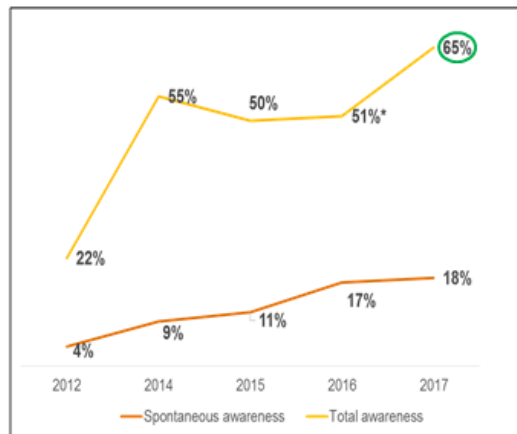


2017 awareness

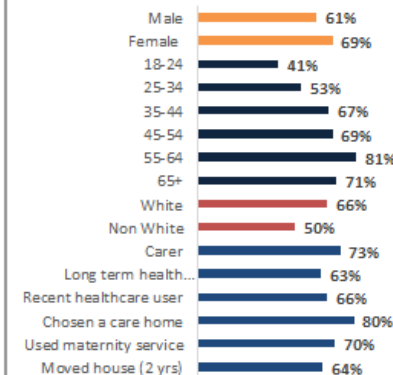


**B Annual Awareness Survey: Awareness by Sub Group**

Awareness of CQC

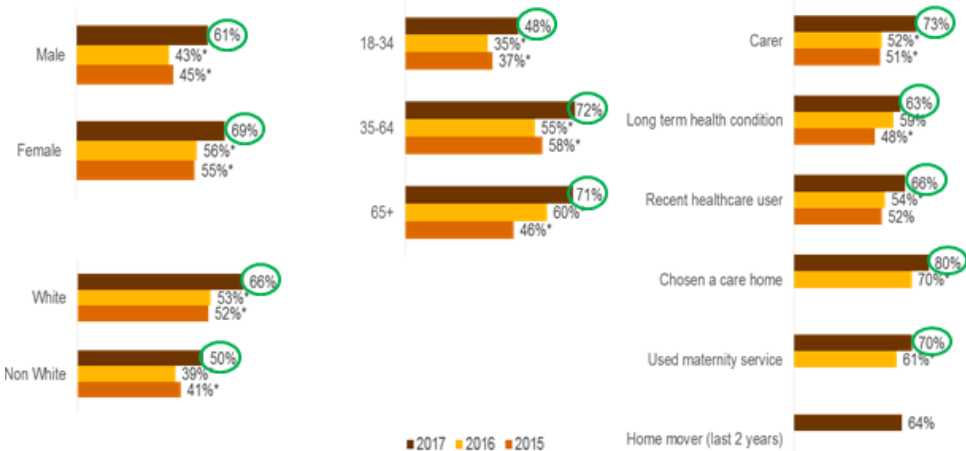


Total awareness by sub group



**C Annual Awareness Survey**

Total awareness by sub group

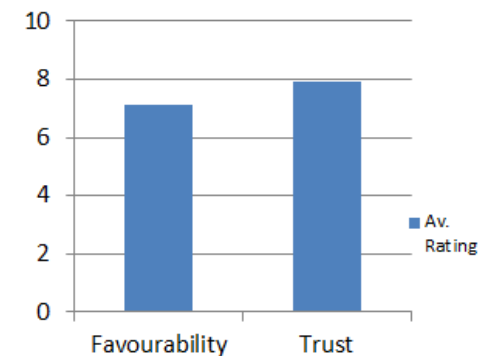


**D National Stakeholder Sentiment Survey**

Both unprompted and prompted, respondents had very mixed levels of knowledge when asked about CQC's strategic objectives. This could in part be attributed to role types influencing exposure and stakeholders' understanding of practice vs strategy.

A number of stakeholders commented on the perceived variation in inspection standards and enforcement practices, which had a negative impact on trust and confidence.

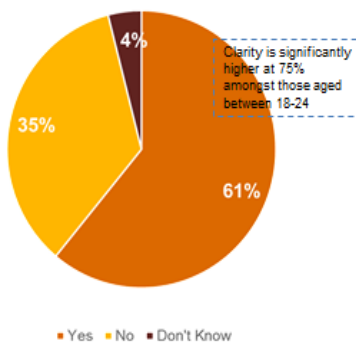
Average Rating



## Annual Awareness Survey: Awareness of CQC

### E Annual Awareness Survey: Healthcare Information

Clear about standard of care entitled to receive from health and social care services

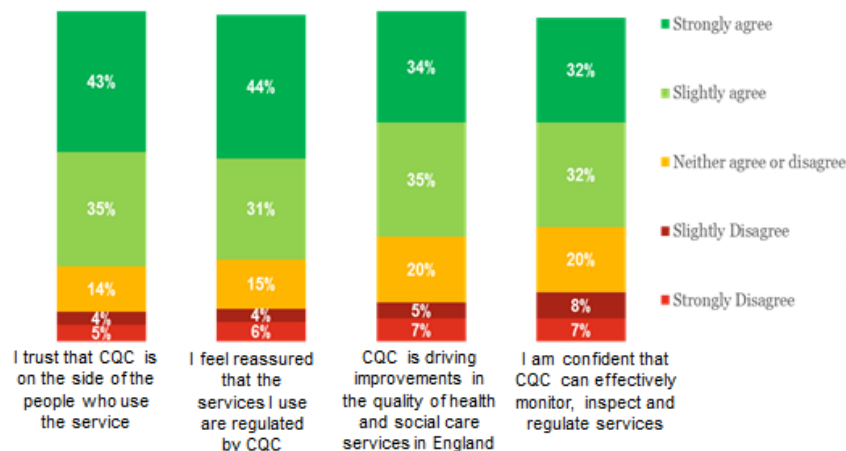


Preferred sources of healthcare information (sources mentioned by 5% or more shown)



### F Annual Awareness Survey: Trust in CQC

Agreement with statements about public trust and confidence in CQC

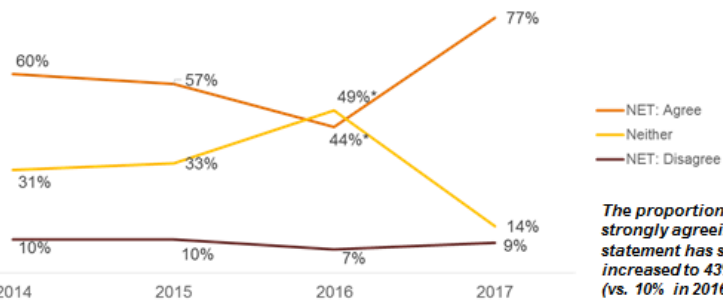


Those aware of CQC are significantly more likely to agree with these statements

Those who have seen a CQC report or rating are significantly more likely to agree with these statements

### G Annual Awareness Survey: CQC for Users of Services

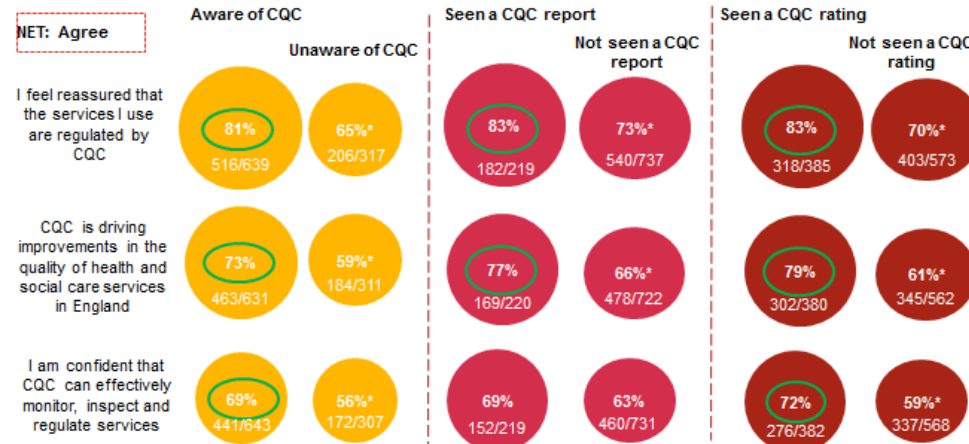
I trust that CQC is on the side of the people who use the service



The proportion of respondents strongly agreeing with this statement has significantly increased to 43% this wave (vs. 10% in 2016)

### H Annual Awareness Survey: Awareness of CQC

Agreement with CQC statements



	Aware of CQC	Unaware of CQC	Seen a CQC report	Not seen a CQC report	Seen a CQC rating	Not seen a CQC rating
NET: Agree	81%	69%*	84%	75%*	85%	72%*

## National Stakeholder Sentiment Survey

### I National Stakeholder Sentiment Survey: Perceptions of CQC



- A large majority of stakeholders interviewed felt CQC has improved over the time in which they have been aware of the organisation in terms of its functionality, levels of communication and engagement with the sector.
- Many respondents acknowledged the progress the regulator has made over the course of their engagement with it, describing it previously as 'closed' from the sector, to a different and more engaging organisation which was in part attributed to good new leadership and a shift to be intelligence driven.
- Stakeholders voiced concerns about resourcing issues and a growing regulatory remit which could hinder CQC's level of impact and how favourably it is viewed by the sector.

### J National Stakeholder Sentiment Survey: Working Relationships with Stakeholders

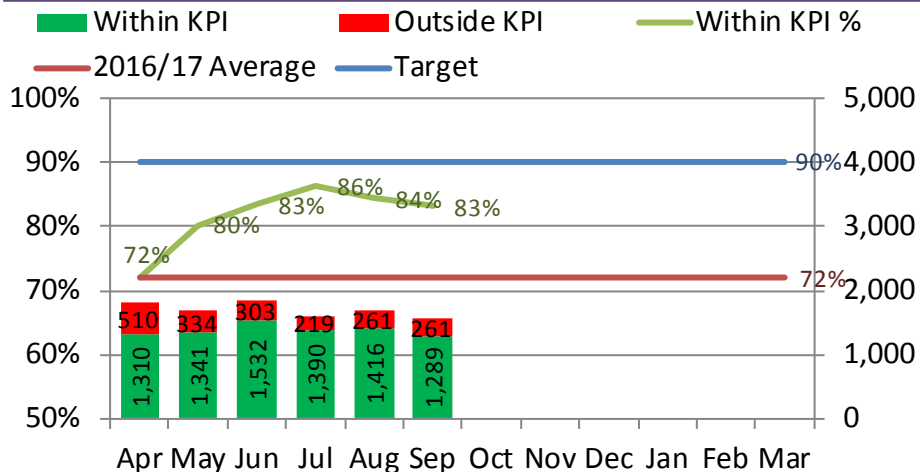


- The vast majority of stakeholders said they had positive engagement with CQC and felt they were listened to by the regulator.
- Communication was considered to be 'about right' with many saying they were kept up-to-date with news and publications.
- A few people felt CQC needs to move away from inspecting components of service provision, as it could hinder a more holistic approach to regulation, which people feel would promote stakeholder engagement.
- There were mixed reviews about public reports as some questioned the source and transparency of evidence used, although the majority of stakeholders appreciated being given CQC's national publications such as 'State of Care' ahead of publication.
- A few respondents said it is important for CQC to recognise the unregulated health services as having an impact on stakeholder organisations.

Year to date, **81%** of inspection reports have been published within KPI

### K Reports: Timeliness of Publication (CQC)

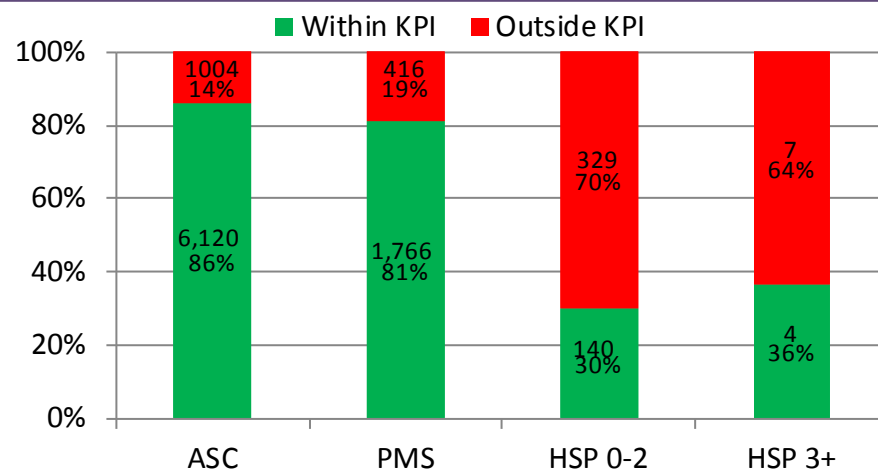
2017/18 Financial Year; Data from September Cut



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

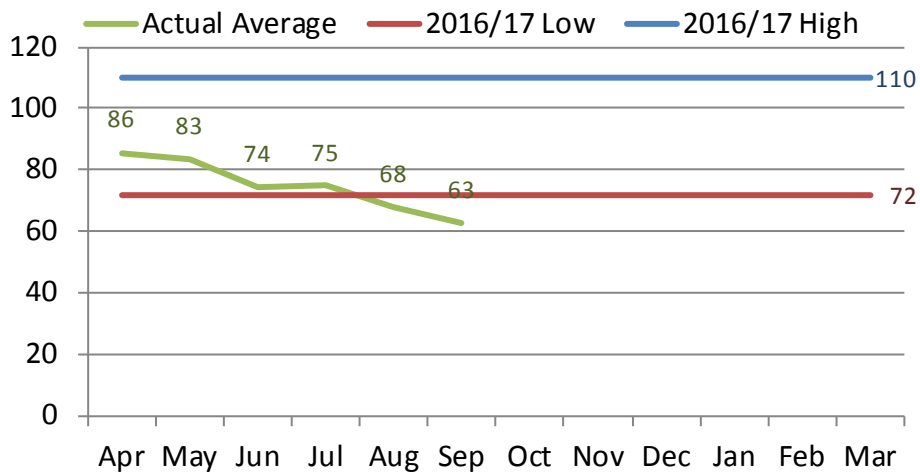
### L Reports: Timeliness of Publication (Directorates)

2017/18 Financial Year; Data from September Cut



### M Reports: Average Days to Publish (50 Days KPI)

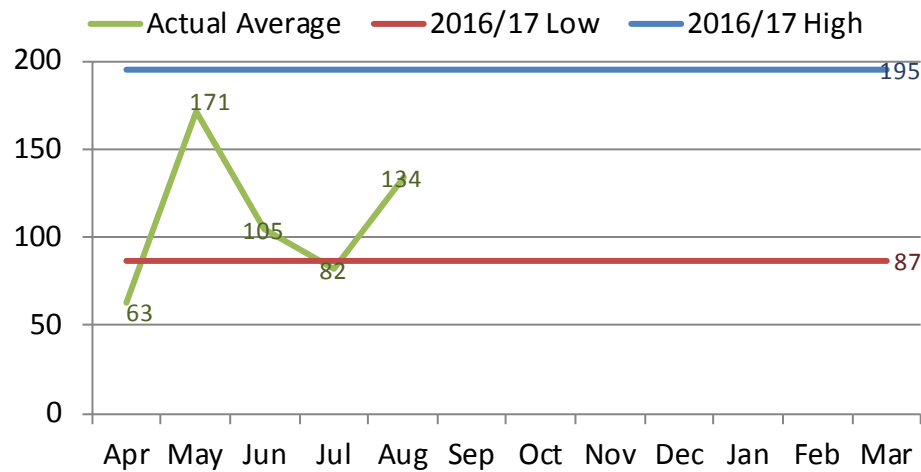
2017/18 Financial Year; Data from September Cut



KPI: ASC, PMS & HSP 0-2 Core Services – publish report 50 working days after last visit date

### N Reports: Average Days to Publish (65 Days KPI)

2017/18 Financial Year; Data from September Cut

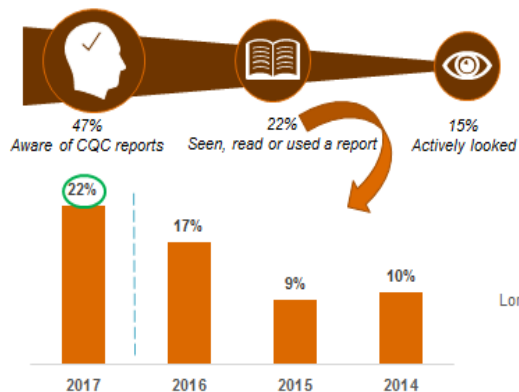


KPI: HSP 3+ Core Services – publish report 65 days after last site visit date – No Reports published September

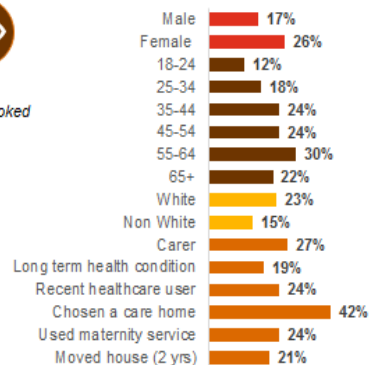
## Annual Awareness Survey: Inspection Reports

## Annual Awareness Survey: Awareness of Reports

### Awareness and use of CQC report

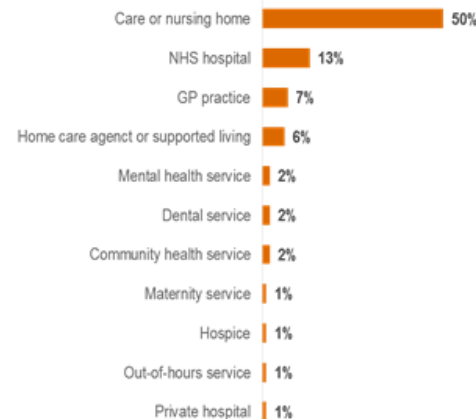


### Yes – seen, read or used a CQC report by sub group



## Annual Awareness Survey: Reports by Service Type

### Type of service most recent CQC report seen



## Annual Awareness Survey: Action Related to Reports

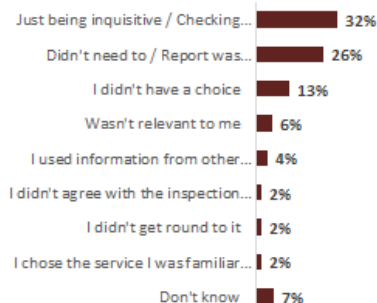
### Actions taken after reading CQC report



NET Did something: 74%

NET 'Active' action: 43%

### Why no action taken after reading CQC report



Aware of CQC reports but have not seen/used one:

- 86% had no need to use them
- 3% couldn't find them
- 2% thought other information was more useful
- 2% Haven't had the time/report too long winded
- 1% Didn't know it was available to the public