

MEETING	PUBLIC BOARDMEETING 18 November 2020
Agenda Item Paper Number	5 CM/11/20/05
Agenda Title	Corporate Performance Report (2020/21 – Q2)
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PURPOSE OF PAPER:

Actions required by the Executive Team:

- **Note** 20/21 Quarter 2 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 2020/21 Business Plan and describes the performance at the end of September 2020. 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 2020/21.

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

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

2. Recommendation

2.1 It is recommended that the Board **note** the 20/21 performance at the end of September 2020, and **comment** on the areas where are under plan.

3. Discussion and implications

Deliver our core business

3.1 Registration Timeliness: At the end of September 2020 complex applications have taken 117.9 days to process and simple applications 16.8 days. Simple applications are made up of applications processed by NCSC and those which are reduced risk. There are some application types that are yet to be categorised, they are being measured in a third group (normal) until all modelling is complete.

A focus during the start of the financial year had been to reduce the number of registration applications in the system. During Q1 the volume reduced by 18%, at the end of Q2 the volume of applications has reduced by 31% from 1 April 2020, a further 13% over the last 3 months.

3.2 Registration Representations: Since April 2020, 90% of NOPs have been adopted against a target of 90%. Out of 41 representations, four notices were overturned due to the evidence received. A notice of proposal can be used if an application is rejected or it is proposed that the provider is registered but with additional conditions, representations can be received if further evidence is submitted to challenge the outcome.

3.3 Regulatory Action: Whilst routine inspections were paused, we continued to inspect due to risk and concerns raised. During Q2 we continued to use our expanded regulatory - Emergency Support Framework (ESF) and Infection Prevention Control (IPC) Assessments for Hospitals and Mental Health Locations.

From 1 April 2020 18,855 individual locations have received an ESF call. Adult Social Care was the first sector to roll out the ESF and by the end of September over 68% of locations have been assessed. Of the 226 registered services applicable for IPC, all have had an assessment.

1472 locations have received an inspection, 1318 which involved a site visit. For 888 inspections (61%), the decision to inspect was based upon intelligence and information we received. The main volume of inspections that were not triggered by intelligence were in Adult Social Care and were thematic Infection Prevention Control inspections all of which included a site visit.

3.4 Responding to information of concern (including whistleblowing, safeguarding, complaints and concerns) –

Using information of concern: Of the 888 risk based inspections where intelligence triggered our inspection, 53% of the inspections were triggered by information of concern. We categorise information of concern as enquiries related to whistleblowing, safeguarding, complaints and concerns.

Safeguarding: 97% of safeguarding alerts have been processed in 1 day compared to a target of 95%. For safeguarding concerns, where other key stakeholders are already involved, we have a target of recording our action within 5 days. 94% of safeguarding concerns have mandatory action recorded in the timescale, against a target of 95%

Whistleblowing: Since April 2020, there have been 6,972 whistleblowing enquiries received. We have noted a gradual increase in the volume of whistleblowing calls received. For example, September 2020 volumes were 57.2% higher than in September 2019. As part of our performance reporting we monitor the timescale to record an outcome from whistleblowing enquiries. Over the last 12 months it was 5 median days to record a concluded outcome.

3.5 Enforcement - Urgent Actions: Where we make a decision to take urgent enforcement, we aim to serve the notice within 3 days. Our target is to do this in at least 70% of situations. During the first six months of 2020-21 89% were served within 3 days.

3.6 Reports: For 2020-21 our performance measure is to improve the time taken in producing and publishing reports. Each directorate is currently monitored against the time taken from the previous financial year, although new ways of understanding our report writing data is being explored.

For reports published between April to September, ASC published in a median of 29 days, PMS 36 days and Hospitals 48 days. Internally we are monitoring the team taken at each stage in the report writing process to further understand where efficiencies can be made in our processes.

- 3.7 Independent Voice:** The IRMER Annual Report, Controlled Drugs Annual Report and State of Care are all complete and published. Mental Health Act Annual Report is on track to be published on its due date. The Annual Reports and Accounts 2019/20 is due for a publication in the Autumn.
- 3.8 Consistency:** Since April 2020, 2578 inspection reports have been published of which 15.8% received a factual accuracy challenge (FAC) from the provider. Of the 15.8% which received a FAC, 11.5% have resulted in a change to ratings. As part of our monthly performance reporting we are monitoring the volumes and looking for any regional or sector variance to aid in our understanding of our consistency.

Develop our regulation now

- 3.9 Change:** The change portfolio covering various projects and programmes is being tracked based on delivering to time, cost and quality. Overall the portfolio is currently RAG rated amber.
- 3.10 QI:** Corporate QI projects have been aligned with priorities for improvement.

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

- 3.11 People – Turnover and Sickness:** The year to date turnover rate is 8.15% against a 10% target. For those employees employed less than 2 years the turnover rate is 2.49%. The year to date sickness rate is 3.56% against a target of under 5%.
- 3.12 Finance:** our revenue budget is forecast to be £5.9m underspent at the end of the year. This includes a potential £1.7m shortfall on provider income.
- 3.13** Our financial position is closely monitored to ensure our response to Covid-19 including our Transitional Regulatory Approach (TRA) is accurately resourced and forecast, and at the same time we accurately factor in any potential loss of income due to the providers exiting the market.
- 3.14** Our capital programme is currently forecast to be £3.2m overspent at year end, however this is being actively managed down at present.

4. Risk Register

- 4.1 The risks in the Corporate Register are those that would prevent CQC delivering its purpose to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.
- 4.2 An additional **Risk R15** (changes in Health and Social Care organisations with whom we have a partnerships) has been introduced. Given the importance to our work of our relationships with key organisations, if they change these relationships could be impacted.
- 4.3 Three risks have had their ratings increased in the last quarter.

R4 UK relationships with EU and the rest of the world. From a 6 to a 12. The risk level has been raised due to impending end of transition period. The transition period end could see an impact on medicine and medical supplies availability and workforce, compounded with the continuing risks relating to Covid and ASC market fragility.

R2 Adapting to pace of change. We have increased the rating from a 9 to a 12 (impact increased from 3 to 4). Whilst it is recognised that the impact of this risk was high, the likelihood is considered to be medium, as during the past eight months CQC has shown a strong track record of executing change successfully and at pace.

R10 People engagement and wellbeing. From a 6 to a 9. Even though the last pulse survey results were very positive, the development of a new operating model to support our future strategy will inevitably cause some people to be unsettled.

Two risks have been closed:

R6 Effectively implementing our regulation (closed and included within R1 and R2). This is in order to reinforce that developing new regulatory approaches must include building in effective quality and consistency mechanisms.

R13 Digital Foundations – This programme has now closed.

5. Internal Audit Actions

- 5.1 Currently there are 21 open audits with a total of 295 actions. There have been 189 actions closed, of which 43 were closed since the last update. There are still 106 actions that remain open, with 69 on track and 37 overdue. Internal Audit are

verifying recently closed actions that are rated medium or high, for this reason the total number closed does not match the total number verified. Of those actions that are overdue, 21 are medium risk, 15 are low risk and 1 is unrated.

6. Performance up to November 2020

- 6.1 Since the end of Q2 we have continued to expand our regulatory action. From 6 October we have commenced the rollout of our transitional regulatory approach, starting with adult social care and dental services, with remaining services including all Trusts going live by the end of October 2020. The priority for October has been on training our people on the transitional approach. As of 6 November 2020, 559 calls are being progressed through the transitional approach, with 101 calls being complete.
- 6.2 We are currently carrying out pilots in adult social care (ASC) and primary medical services (PMS). Both will be used to explore new ways of gathering evidence without physically crossing the threshold and be carried out with the explicit consent of the provider. In total 31 pilot inspections have been complete, 15 in PMS and 16 in ASC.
- 6.3 During Quarter 2 Adult Social Care delivered over 300 Infection Prevention Control (IPC) thematic inspections and have committed to delivering a further 500 care home IPC inspections by the end of November. In addition, if any residential service is inspected (who is not part of the 500 thematic), an IPC review is also complete. As of 6 November 2020, 591 IPC thematic inspections have been undertaken and in total the IPC tool has been used in 1102 residential locations.
- 6.4 Due to the rapid pace on the approval of designated settings, Kate Terroni, Chief Inspector of Adult Social Care will provide a verbal update in the meeting with the latest figures.

7. Conclusion and Next Steps

Board will continue to be appraised of performance monthly.