

Part 1: Delivering our Regulatory Business

PAGE

• We will improve our regulatory activity with services through our band 1 statement, DMA monitoring activity and inspections	✓	• 2
Monitor % of services providing appropriate care as assessed by ratings and compliance with regulations	✓	3
Monitor % inspections whereby the rating does not match the predicted risk.		• 4
Reduce by at least 15% the average number of days to complete registrations		• • 5
• Increase volume of people giving us feedback on their care	✓	6
• Improve % information shared by people that has triggered regulatory activity		• • 7
• Safeguarding alerts raised with LA - 95% within 24 hours.	✓	8
• Safeguarding – 95% within 5 working days	✓	8
Whistleblowing – 95% within 5 working days	✓	9
• Monitor the % of services that require enforcement action following inspection.	✓	10
• Monitor the % of civil enforcement (Notice of Proposal) which receive representations and the outcome of the representations.	✓	11
• Monitor sectors and variance of services that provide care to people with a learning disability & autistic people in places where they live	✓	12
• Improve % of inspections to learning disabilities and autism services that have an out-of-hours inspection.	✓	12
• Improve the number of people who access our major reports and publications.		
• Improve the average time to publish an inspection report or a data review.	✓	13

Part 2: Transformation to deliver our Strategy and Quality Improvement

PAGE

• All of CQC will be using a new single assessment framework	•	14
All operational colleagues will be working in a new organisational structure	•	14
We will have implemented a new Data & Insight function	✓	14
We will increase the use of people's experience	•	15
Have started reviewing Integrated Care Systems & provide LA assurance	✓	15
Have high level designs in place to achieve Interim Operating Model State 3	✓	15
• Continue to work with teams to improve their processes through delivery of high-priority quality improvement projects...		

Part 3: Managing our People and Resources

• Improve % colleagues stating: 'I would recommend CQC as a good place to work'	• x	• 1
Improve on differential experiences of our colleagues as reported in Pulse surveys.	• x	• 1
Improve % colleagues stating: 'I feel informed about the changes that are part of our transformation programme'.	x	• 1
CQC supports the wellbeing of colleagues – improve on baseline of 54%	x	• 1
Monitor % of sickness triggered by stress	✓	17
Improve workforce representation	✓	18
On budget or variance of <1%	•	20
A reduction in business travel carbon footprint based on 2019/20 levels	✓	20
Availability of systems - target 99.9%		
Public and Provider Customer Satisfaction - target 98%	x	• 21

✓ **On Track** x **Behind**
 • **At Risk** § **On Hold / Too Early to Score**

1. Manage risk to people

People & Communities

Smarter Regulation

- We will improve our regulatory activity with services through our band 1 statement, DMA monitoring activity and inspections ✓

12,591 (23%)

Organisations with Activity (through inspection or DMA)

As of the 8th January 2023 there are 54,860 active locations registered. Between 01 April 2022 and 31 December 2022 we've undertaken 7,887 inspections. In addition, we've undertaken 6,005 Direct Monitoring Activities (DMA). As a result, 12,591 locations have had regulatory activity in the form of either an inspection or DMA.

18,382 (33.5%)

Organisations with public statement

Of those without regulatory activity, 18,382 locations currently have a public statement published on the CQC website. Therefore, at the end of quarter three, 30,973 (56.5%) organisations have had regulatory activity or have a published statement.

30,973 (56.5%)

Total organisations with Activity and/or a public statement

Our regulatory activity through this financial year and moving forward is to prioritise services where there is new and emerging risk, or alternatively an existing risk such as following up inadequate rating, or ongoing enforcement. For services that have not had regulatory contact to date they are prioritised based upon risk.

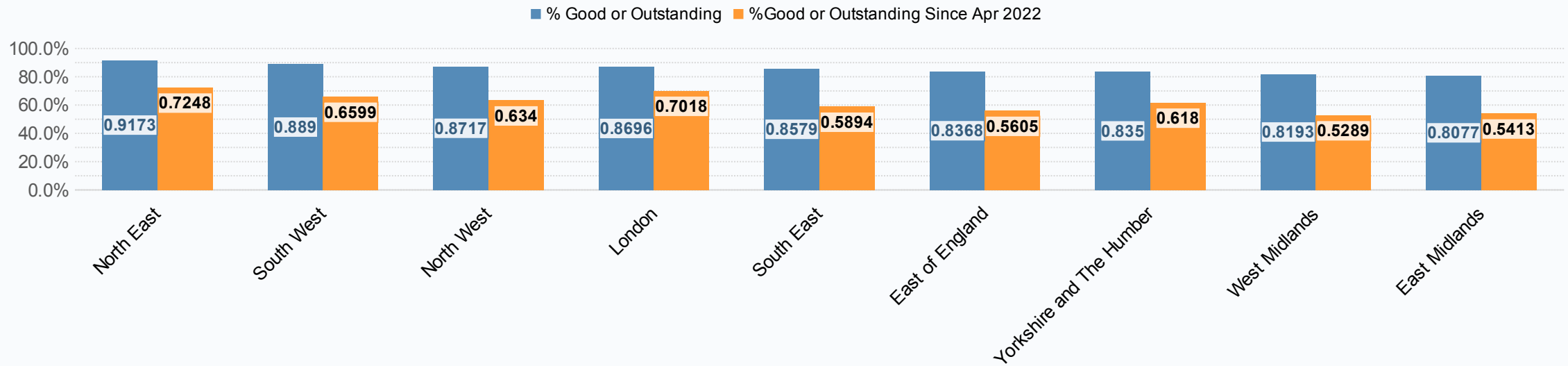
1. Manage risk to people

People & Communities

Smarter Regulation

- Monitor % of services providing appropriate care as assessed by ratings and compliance with regulations ✓

Percentage of Services Rated Good or Outstanding



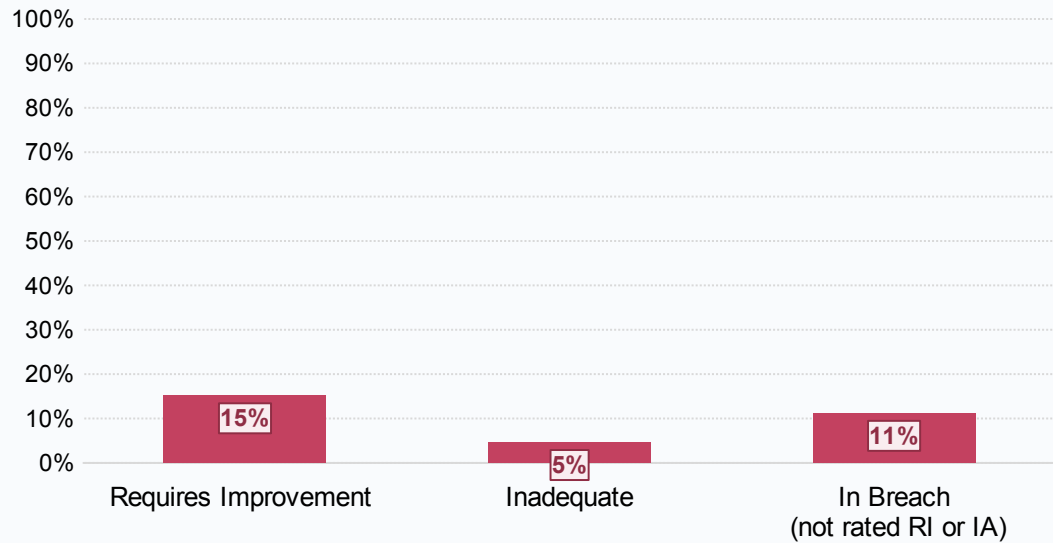
The above table show the percentage of services with a Good or Outstanding rating, compared with the percentage of services with a Good or Outstanding rating where that rating was awarded post April 2022 in orange.

On average, 61.2% of services have received a Good or Outstanding rating since April 2022 which is significantly lower than the all-time average of 85.4%.

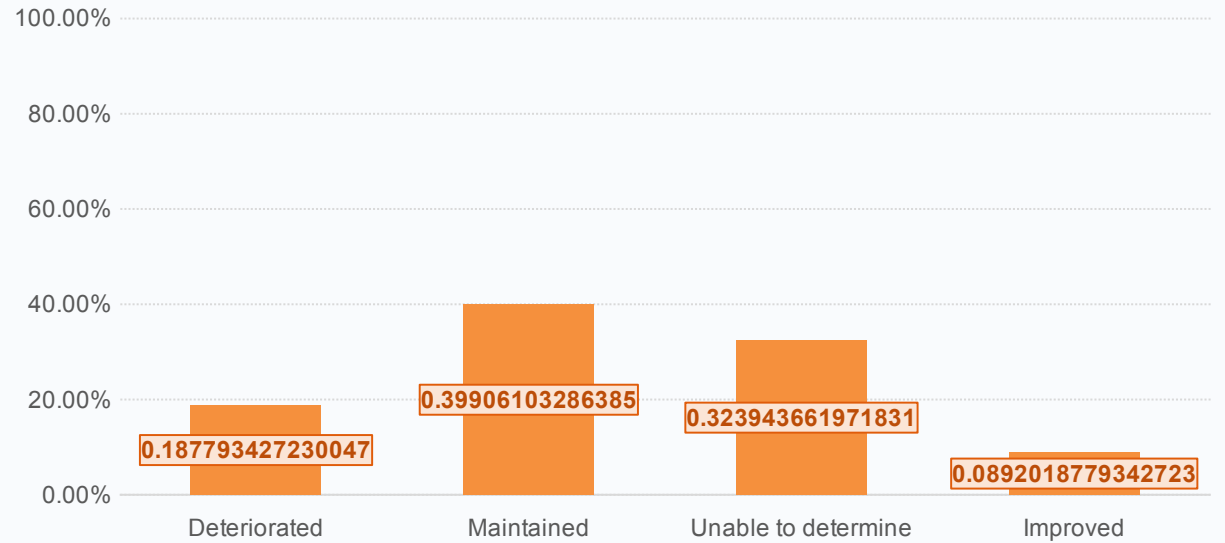
1. Manage risk to people

- As we conduct inspections (including Quality Assurance) monitor the % whereby the rating does not match the predicted risk

Published Band 1 Sample Inspections - Leaving Band 1



Change in Rating Following Band 2 Sample Inspection



At the end of quarter two we made a decision to pause our quality assurance inspections and focus our resources on services that had not been rated since registration or aged rating services. Our inspection staff continue to inspect any service that is identified as a risk. Any already scheduled or ongoing inspections continued.

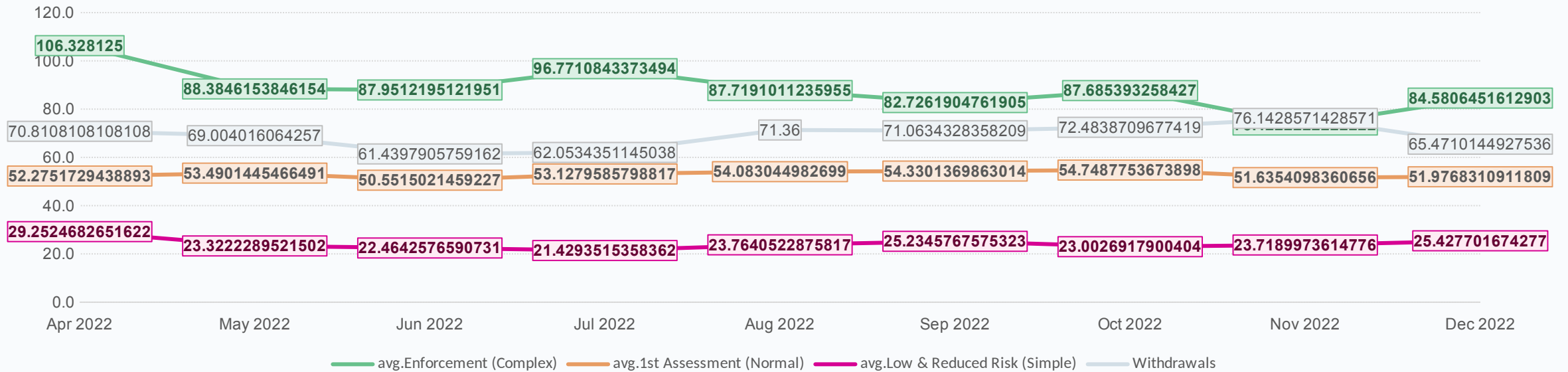
1. Manage risk to people

People & Communities

Smarter Regulation

- Reduce by at least 15% the average number of days to complete simple; normal; and complex registrations - report the volume in month as well as annual improvement.

Average days taken to complete applications by type



The time to complete all types of registrations was showing improvement in Q2 but in Q3 progress has slowed.

Compared with April 2022, Complex applications now take an average 21.7 days less (20%).

Withdrawal applications are also taking less time, with an average application taking 70.8 days in April 2022 to complete compared with 65.5 in December 2022.

Normal applications have seen slight improvement, with the average time now 0.3 days less.

Simple applications have also improved, with the average time reducing by 3.9 days (3%).

2. Respond to risk in ways that will keep people safe

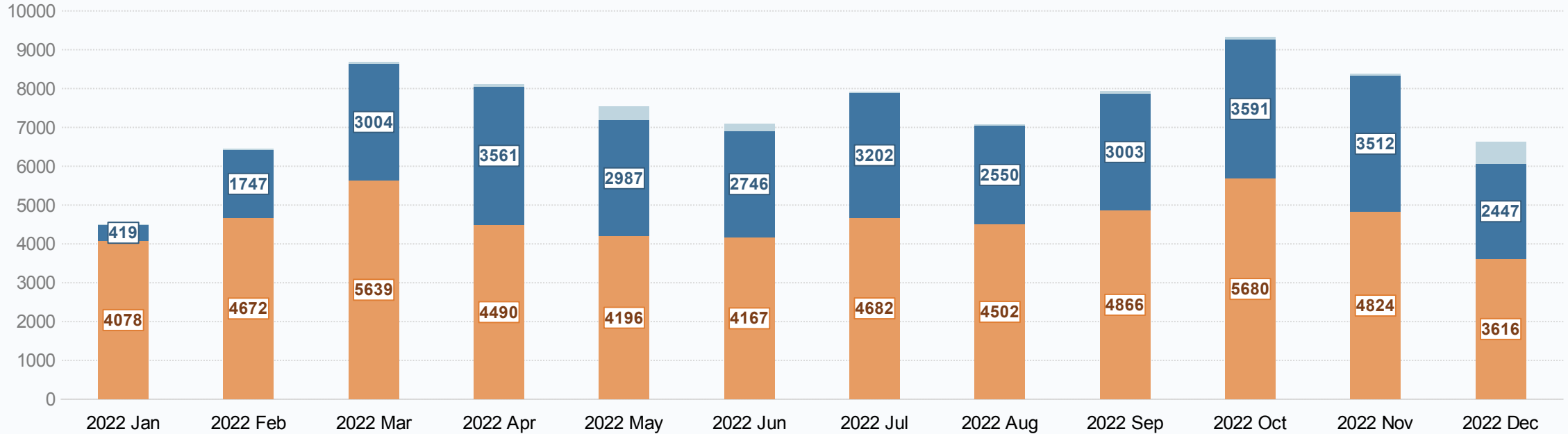
Accelerating Improvement

Safety Through Learning

- Through external engagement, increase volume of people giving us feedback on their care

Give Feedback on Care Received by Month

■ Negative
 ■ Positive
 ■ Unspecified

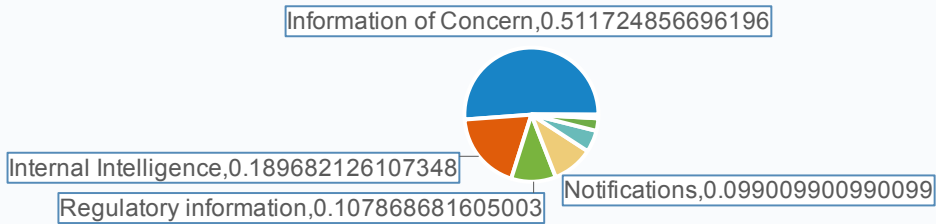


We received record volumes of Give Feedback on Care (GFOC) in October 2022 and in all, received nearly 10,000 more GFOC this quarter (Q3 2022) than the same quarter last year (Q3 2021). So far this year, we have received over 70,000 GFOC which is 56% more than this time last year, which was already 52% increase on the year before that.

2. Respond to risk in ways that will keep people safe

- Improve % of information shared by people, including feedback on care, that has triggered regulatory activity and decisions

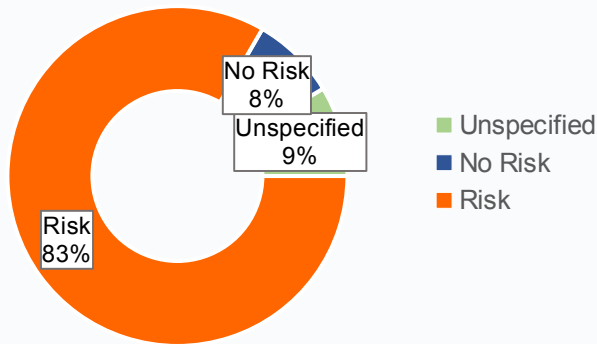
Inspection Triggers - Information of Concern



From 01 April 2022 to the end of quarter two, we completed 5490 inspections of which 24% had recorded a risk trigger. The most common trigger was Information of Concern, which made up 48% of all triggers recorded.

Since September 2022, the way we record the reason for inspection has changed. We now record whether the inspection reason was due to risk, which can include new and emerging risk – such as where we receive information of concern, or inherent risk – such as following up on enforcement action.

Inspections Undertaken Due to Risk Since Q3



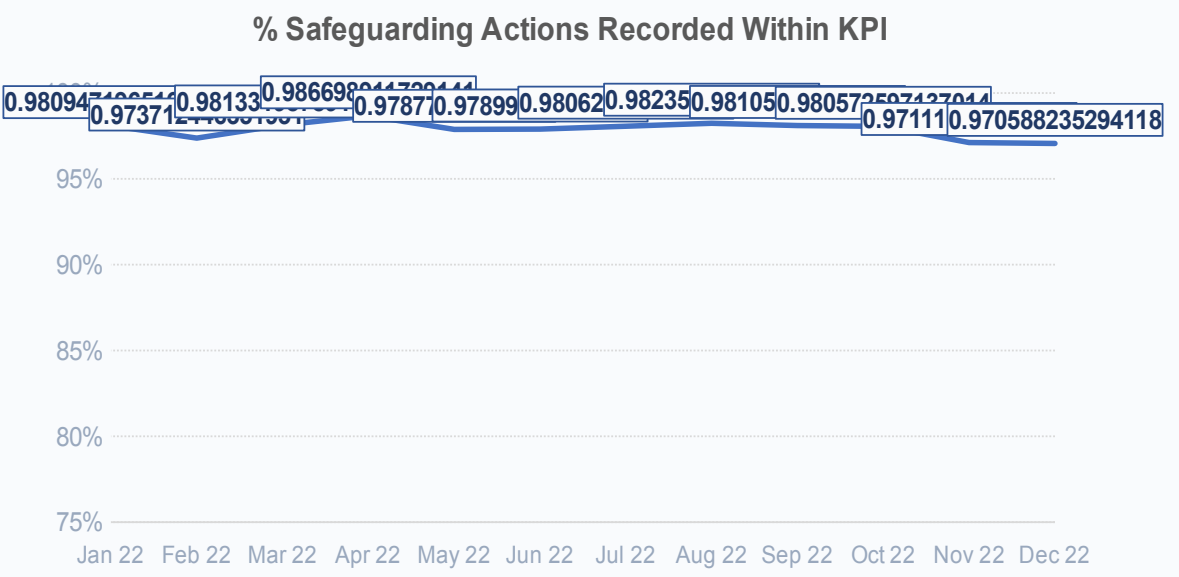
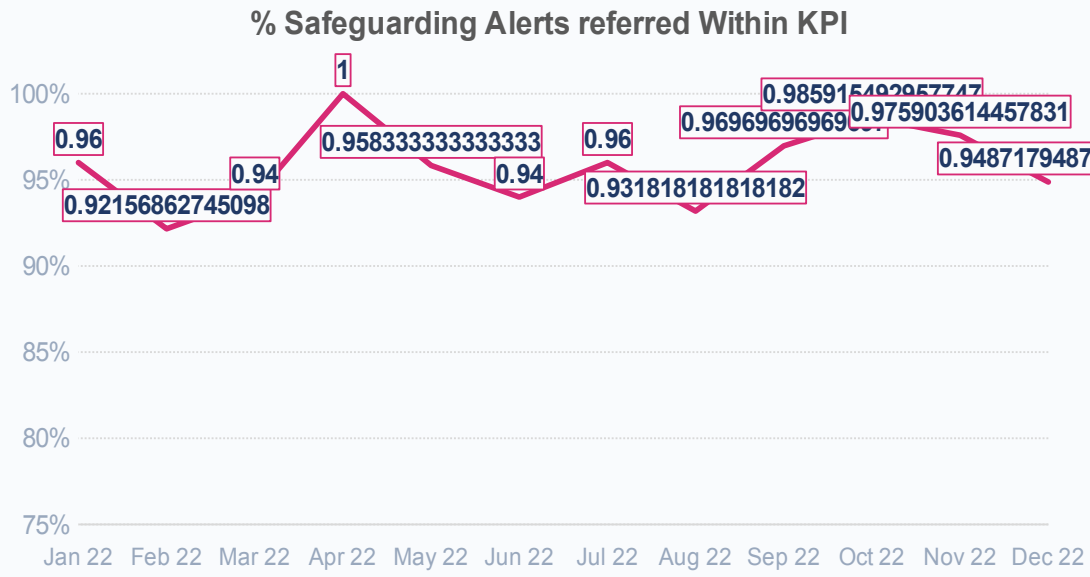
Since the start of this quarter, 83% of inspections have been undertaken due to risk. Of those inspections, 38% were due to New and Emerging Risk and 47% were undertaken for Inherent Risk. The remaining risk inspections were instances where an inspection was part of a pilot or thematic but promoted to a risk inspection, based on potentially information of concern received.

Accelerating Improvement

Safety Through Learning

2. Respond to risk in ways that will keep people safe

- Safeguarding **alerts** raised with LA - 95% within 24 hours ✓
- Safeguarding **concerns** – Action recorded in CRM – 95% within 5 working days ✓



Over the past 12 months, 97% of safeguarding alerts have action recorded within 1 day and 98% of safeguarding concerns have action recorded within 5 days, both against a KPI of 95%. Our safeguarding alerts within KPI has improved by 1% since last quarter and both KPIs remain above the target of 95%.

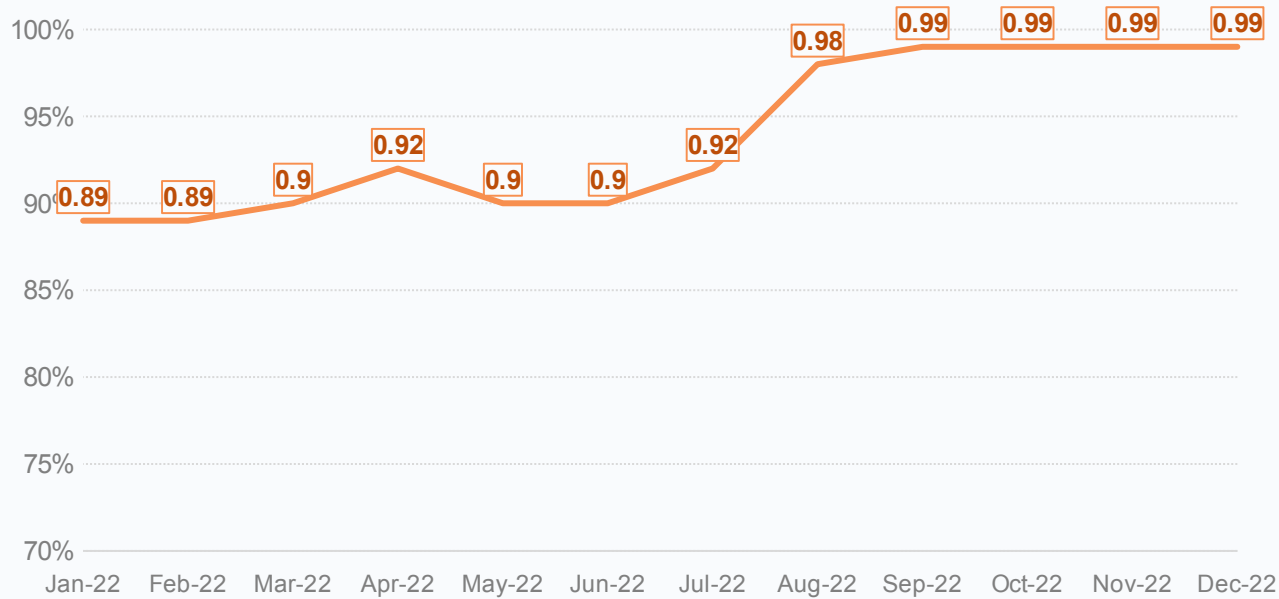
2. Respond to risk in ways that will keep people safe

Accelerating Improvement

Safety Through Learning

- Whistleblowing – How risk has been mitigated recorded in CRM – 95% within 5 working days

Whistleblowing - Action Taken to Mitigate Risk within 5 Days



Year to date, action taken to mitigate risk within 5 days has been rising, from 80% in July 2021 to 99% in December 2022.

Our aim is to record action taken within 5 days of whistleblowing enquiries being received, and our target is to do this in 95% of cases. In quarter two, progress had been made to reaching that target and we have continued to maintain the improvements made. In the financial year to date, we are on target to record action taken in 95% of cases.

Reviews of records have shown that appropriate action is taken in relation to whistleblowing concerns, however in some cases outside of the 5-day KPI. We are aiming to improve our record keeping and ensuring it is complete timely.

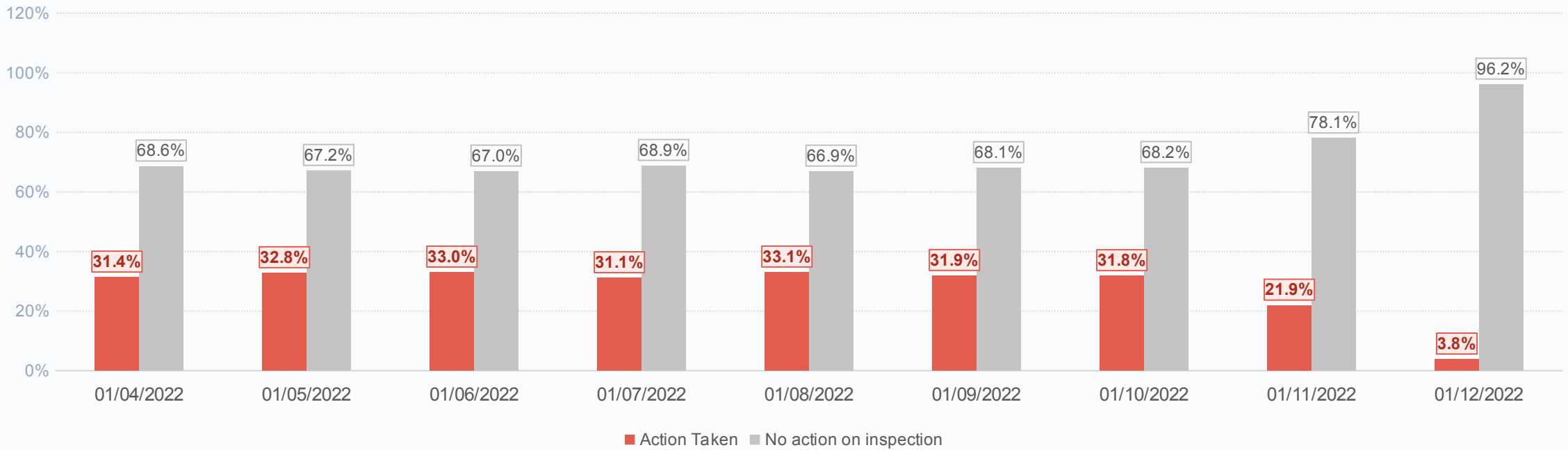
2. Respond to risk in ways that will keep people safe

Accelerating Improvement

Safety Through Learning

- Monitor the % of services that require enforcement action following regulatory activity.

Action Taken Following Regulatory Activity



Since the start of this financial year, roughly 30% of inspections have resulted in a breach of regulation, which has remained consistent over this period. It should be noted that there is lag in enforcement actions being published and therefore November's and December's data is likely to have a greater proportion of breaches.

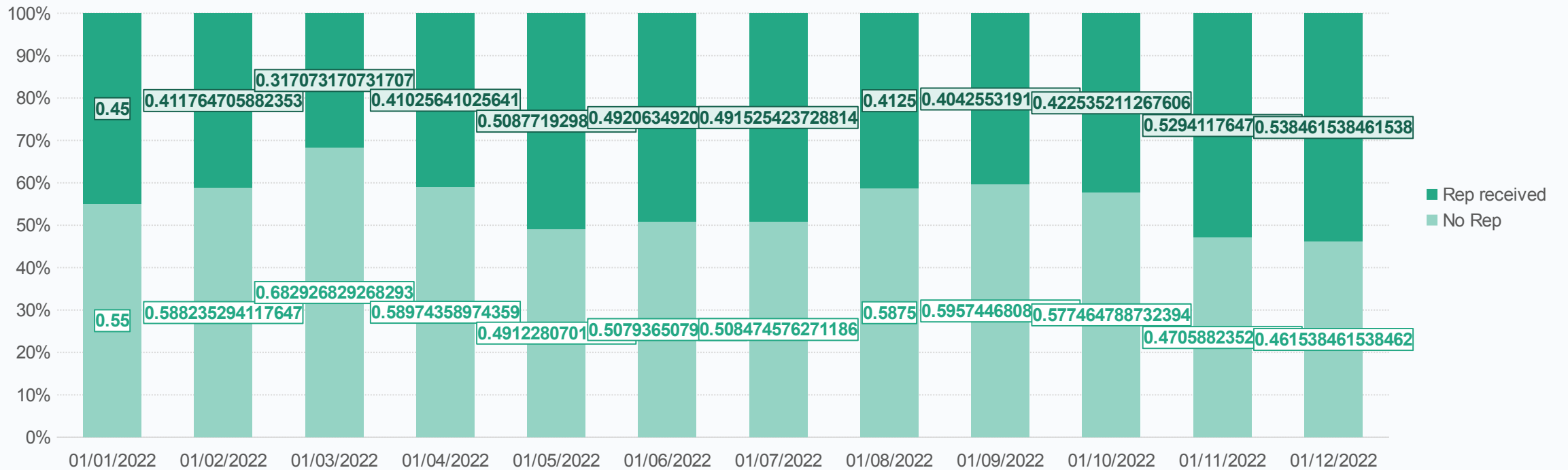
2. Respond to risk in ways that will keep people safe

Accelerating Improvement

Safety Through Learning

- Monitor the % of civil enforcement (Notice of Proposal) which receive representations and the outcome of the representations ✓

Percentage of Notice of Proposals with Representations by Month



We currently monitor the percentage of Notice of Proposals that receive representations. Over the past 12 months the percentage of representations received has fluctuated, however in the past two months we've seen a slight increase in the number of recorded. The volume of representations has remained fairly consistent, with 76 received in Q1, 82 in Q2 and 78 in Q3.

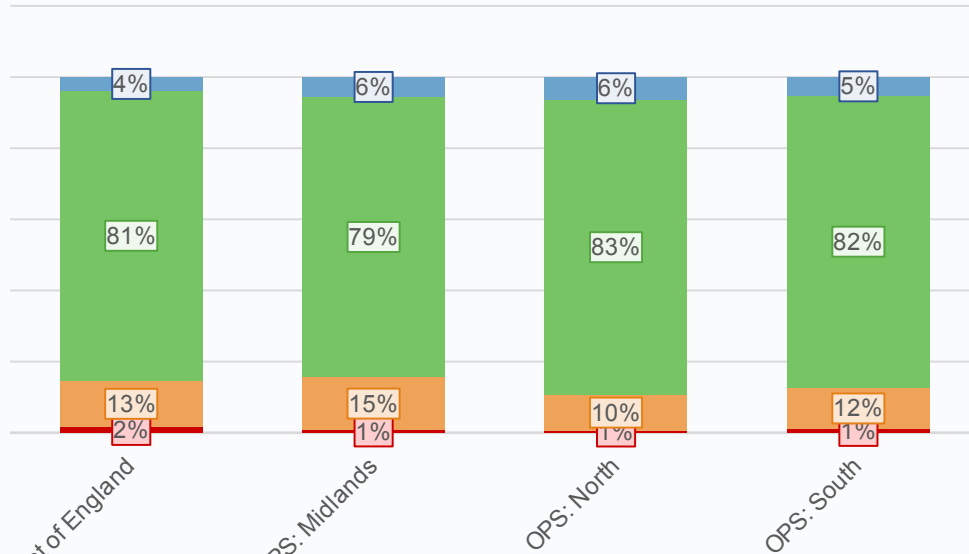
3. Transform regulation of learning disability and autism

People & Communities

Safety Through Learning

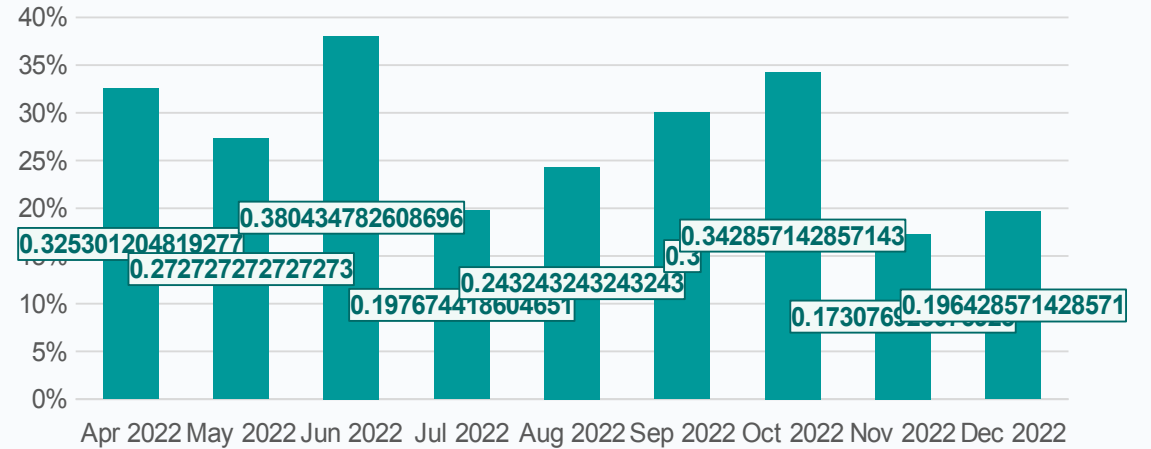
- Monitor sectors and variance of services that provide care to people with a learning disability & autistic people in places where they live ✓
- Improve % of inspections to learning disabilities and autism services that have an out-of-hours inspection ✓

Learning Disability & Autism Service Variance



■ Inadequate ■ Requires improvement ■ Good ■ Outstanding

Percentage of Out of Hours Learning Disability and Autism Inspections by Month



We currently monitor the current ratings of verified Learning Disability and Autism services. In Q3, there has been a reduction in Good ratings across **all Networks** by roughly 1%.

We are also monitoring the percentage of Learning Disability and Autism inspections with an Out of Hours element. On average, 27% of Learning Disability and Autism inspections have an Out of Hours element.

4. Deliver our independent voice and key publications

Smarter Regulation

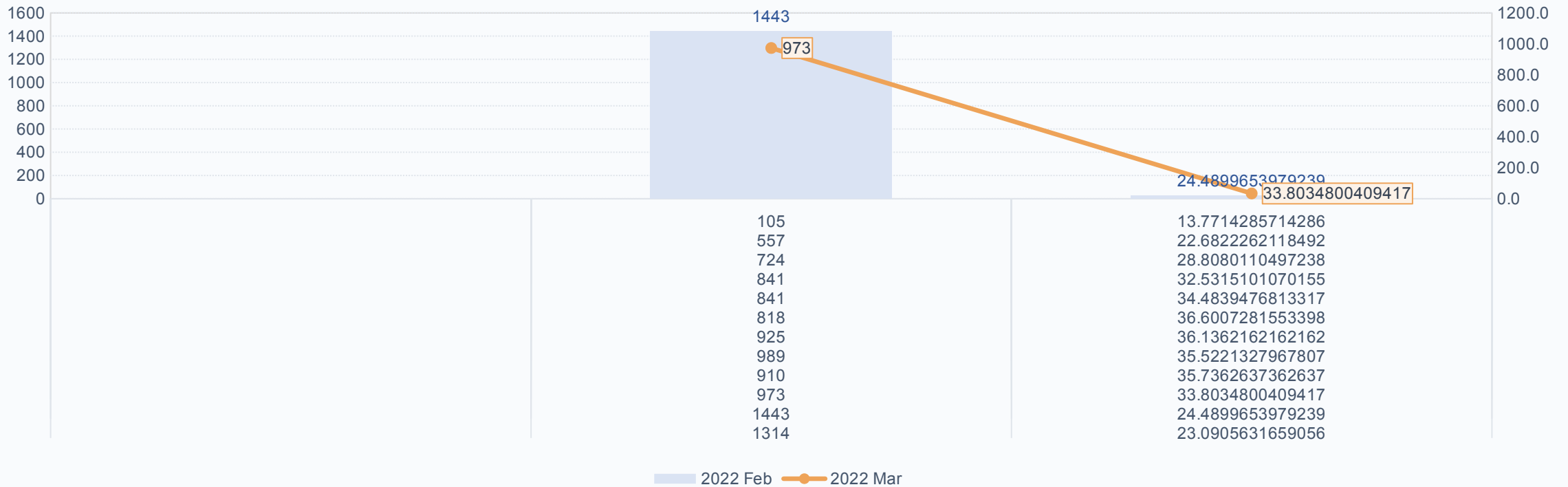
Safety Through Learning

Accelerating Improvement

Core Ambitions

- Improve the average time to publish an inspection report or a data review. ✓

Average days to Publish and Number of Published Inspections



Since the start of the financial year, the time to publish a report has been steadily reducing, particularly in the last 4 months. It should be noted that there will be a number of reports for both November and December still to be published and the average time is expected to increase from what is currently reported. If we compared October 2022 with the start of this financial year, there has been a reduction in time taken to publish by 19%.

5. Transition to implementation of our new Regulatory Services

People & Communities

Smarter Regulation

Safety Through Learning

Core Ambitions

- **All of CQC will be using a new single assessment framework** across all sectors and across the full breadth of our regulation, including registration, assessment, reporting and enforcement.

Following re-plan phased delivery is now expected between Q2 and Q4 in the financial year 23-24.

People & Communities

Smarter Regulation

Safety Through Learning

All operational colleagues will be working in a new organisational structure that allows the most effective deployment of resources both regionally and across care sectors, based upon multi-disciplinary teams, regional networks and a central hub

Following re-plan phased delivery is now expected between Q2 and Q4 in the financial year 23-24.

People & Communities

Smarter Regulation

Core Ambitions

We will have implemented a new Data & Insight function, using new tools and new skills, to provide insight to all regulatory leadership and functions to identify themes, determine priorities and generate action plans

5. Transition to implementation of our new Regulatory Services

People & Communities

We will increase the use of people's experience to inform our regulatory activity and decision-making, including the voices of people who are in vulnerable groups and subject to closed cultures

Following re-plan phased delivery is now expected between Q2 and Q4 in the financial year 23-24.

People & Communities

Smarter Regulation

Safety Through Learning

Core Ambitions

We will be have started delivering our statutory obligations to review Integrated Care Systems and provide **Local Authority assurance**.

We will have high level designs in place to achieve Interim Operating Model State 3

7. Deliver our People plan

Improve % colleagues responding to our Pulse survey stating:
I would recommend CQC as a good place to work – improve on baseline of 67%

x

Our latest pulse survey took place across quarter 2 and results were released in quarter 3.

For the question, 'I would recommend CQC as a good place to work' the result was 37% across the organisation, a reduction of 30% on the baseline.

We will improve on the differential experiences of our colleagues as reported in Pulse surveys.

x

In the most recent Pulse Survey, there was variance across different sectors in positive sentiment to questions. Some questions saw a 44% difference in answers, with Operations showing the lowest average positive sentiment to questions and Regulatory Leadership the highest.

We will improve colleagues' responses to Pulse survey question 'I feel informed about the changes that are part of our transformation programme'

x

In the most recent Pulse Survey, 'I feel information about the changes that are happening as part of our transformation programme' scored 23% across the organisation.

CQC supports the wellbeing of colleagues – improve on baseline of 54%

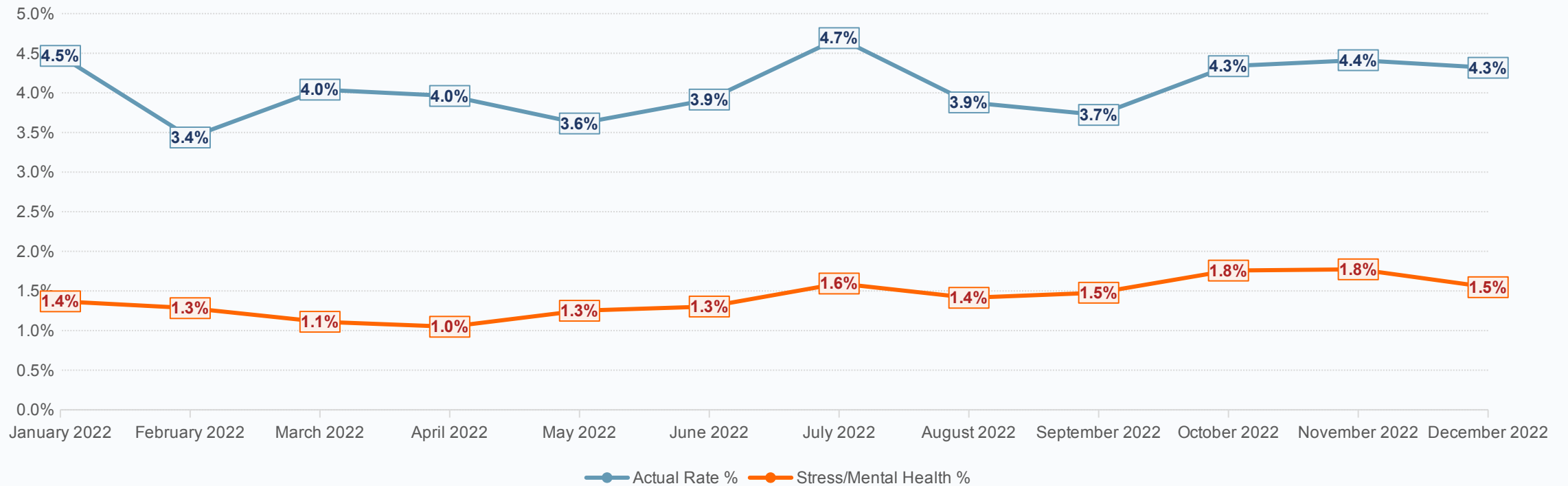
x

In the most recent pulse survey when asked, 'I achieve a good work-life balance' the score for CQC overall was 54%. The question, 'I believe CQC supports the health and wellbeing of staff', scored 37% across the organisation.

7. Deliver our people plan

Monitor % of sickness triggered by stress

Staff Sickness % by Month with Stress/Mental Health Highlighted

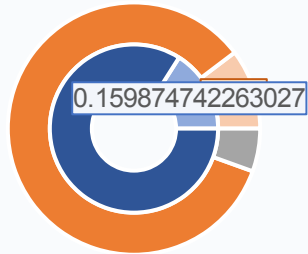


We continue to monitor the percentage of sickness across the organisation, in particular sickness triggered by stress. As of December 2022, 35% of sickness was in relation to stress and/or mental health reasons. There appears to be no trends in the level of sickness nor the percentage caused by stress or mental health issues.

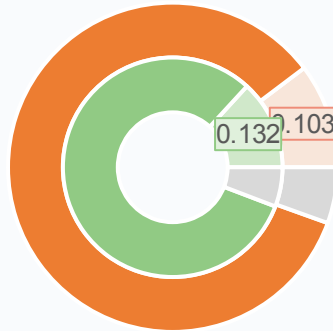
8. Develop a diverse CQC workforce with equal opportunities for everyone and a culture of inclusion

Improve workforce representation, at senior and other levels, compared to the economically active population for ethnicity and disability

Percentage of Staff Disclosing Disability Compared with Labour Market



Percentage of Seconded Staff Disclosing Disability Compared with CQC Overall



There are **138** colleagues on secondment, both internal and external.

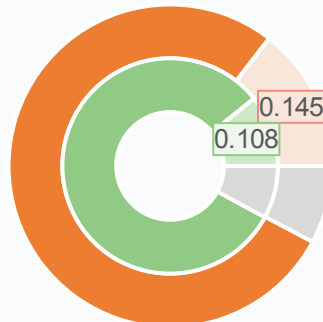
Current people data shows the percentage of staff disclosing a disability is lower than the national average, however it should be noted that over 5% of colleagues have not specified either way.

When we look at seconded staff specifically, the percentage of staff disclosing a disability is higher than the CQC overall at 13.2% but still below the national labour market.

Percentage of Staff from Ethnic Minority Backgrounds Compared with Labour Market



Percentage of Seconded Staff from Ethnic Minority Backgrounds Compared with CQC Overall



Currently, 14.5% of staff disclose that they are from an ethnic minority background, which is the same as the national labour market. Like with the disability data, it should be noted that a further 7.8% have not declared either way.

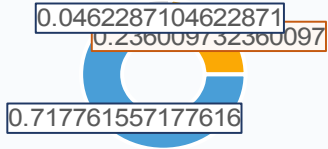
When we look at seconded colleagues, the percentage lowers to 10.8%.

- National Labour Market
- CQC Overall
- CQC Seconded Colleagues

8. Develop a diverse CQC workforce with equal opportunities for everyone and a culture of inclusion

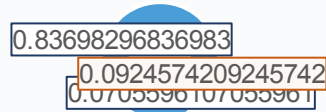
Improve workforce representation, at senior and other levels, compared to the economically active population for ethnicity and disability

Percentage of New Staff from Ethnic Minority Backgrounds



■ Yes
■ Not Stated
■ No

Percentage of New Staff Declaring a Disability



■ No ■ Not Stated ■ Yes

Current people data shows that a high proportion of new starters were from ethnic backgrounds, a proportion higher than those currently employed in the CQC overall.

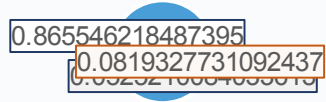
Those who are new starters and declare a disability are in line with the CQC average.

Percentage of Leavers from Ethnic Minority Backgrounds



■ Ethnic Minorities ■ No
■ Not Stated

Percentage of Leavers Declaring a Disability



■ No ■ Not Stated ■ Yes

When we look at those leaving the CQC, over 18% of staff were from ethnic minorities and 8.2% had declared a disability.

In volumes, 97 colleagues have joined who are from an ethnic minority background, whilst 88 have left meaning that the proportion of those from different backgrounds is slowly increasing.

Leaving Reasons

• Unavoidable Leavers	• 145	• 30.5%
• Avoidable Leavers	• 331	• 69.5%

8. Manage our finances and resources effectively - We manage within our available budget for capital and revenue

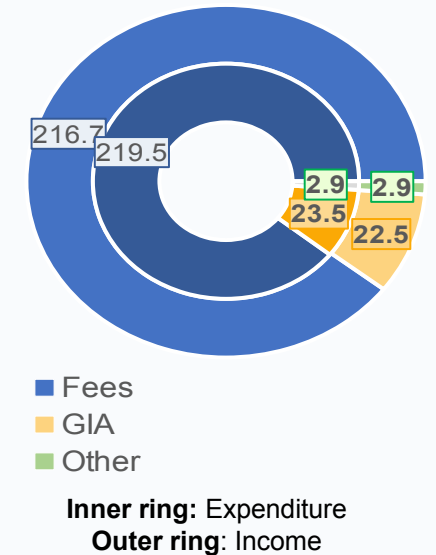
On budget or variance of <1%

Measure	Actual 22-23 YTD	Budget 22-23 YTD	Variance 22-23 YTD	KPI – Target	KPI - Actual
Revenue Expenditure	£178.6m	£170.9m	(£7.7m)	On budget or 1.0% variance	4.5%
Income	£(184.5)m	£(178.5)m	£6.0m		
Net Position			£(1.7m)		

Measure	Actual 22-23 YTD	Budget 22-23 YTD	Variance 22-23 YTD	KPI - Target	KPI - Actual
Capital Expenditure	£16.1m	£13.1m	£(3.0)m	On budget or 1.0% variance	-23.2%

Additional Information	Actual 22-23 YTD	Budget 22-23 YTD	Variance 22-23 YTD
Healthwatch England	£2.3m	£2.4m	£0.1m
National Guardian Office	£1.0m	£1.0m	£0.0m

Forecast by Funding



A reduction in business travel carbon footprint based on 2017/18 levels and establish a new baseline ✓

Baseline 19/20	Baseline 19/20 (Q1-Q3)	22/23 (Q1-Q3)
£5,634K	£4,403K	£1,631K

9. Deliver day-to-day digital services well, ensuring appropriate resilience and continuity

Public and Provider Customer Satisfaction - target 98%

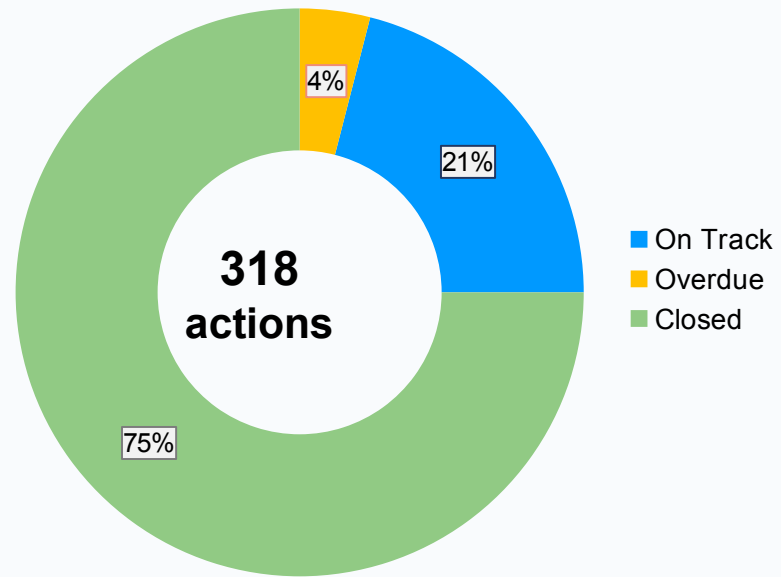
x

• Combined CSAT score	• Sep-22		• Oct-22		• Nov-22		• Dec-22	
• 1. Very satisfied	• 644	• 56%	• 730	• 58%	• 714	• 55%	• 563	• 55%
• 2. Satisfied	• 314	• 27%	• 345	• 27%	• 397	• 31%	• 306	• 30%
• 3. Neither satisfied nor dissatisfied	• 67	• 6%	• 61	• 5%	• 70	• 5%	• 68	• 7%
• 4. Dissatisfied	• 40	• 3%	• 45	• 4%	• 31	• 2%	• 40	• 4%
• 5. Very dissatisfied	• 50	• 4%	• 47	• 4%	• 45	• 3%	• 37	• 4%
• 6. Don't know	• 40	• 3%	• 41	• 3%	• 36	• 3%	• 17	• 2%
• Total satisfaction	• 958	• 83%	• 1075	• 85%	• 1111	• 86%	• 869	• 84%
• Total responses	• 1155	• 100%	• 1269	• 100%	• 1293	• 100%	• 1031	• 100%

Risk Category > Strategic Risk	Inherent Risk Rating	Residual Risk	Appetite and Tolerance	Risk Owner
Strategy Risk				
S1. Our strategy does not match the current needs of the sector.	20	12	Exceeds Appetite, Within Tolerance	Joyce Frederick
S2. We do not have effective governance and risk management frameworks in place.	19	9	Within Appetite	Chris Usher & GLS Director
S3. We do not deliver our organisation transformation effectively.	20	16	Exceeds Tolerance	Amy Pritchard
S4. We do not obtain enough feedback from people to ensure that user voice is central to our regulatory activity.	20	12	Exceeds Appetite, Within Tolerance	Chris Day
S5. We are unable to obtain the right data from external stakeholders to accurately assess the risk in services we regulate.	20	16	Exceeds Tolerance	Helen Louwrens
S6. We do not have enough quality data to be an intelligence-based regulator that shares information with others so they can act.	20	12	Exceeds Appetite, Within Tolerance	Helen Louwrens
S7. We are unable to drive improvement and therefore do not add value to the health and social care sector	20	12	Exceeds Appetite, Within Tolerance	Joyce Frederick
Security Risk				
C1. Interruption to our technology systems due to ransomware or other malign attacks.	20	12	Exceeds Appetite, Within Tolerance	Anthony Snape
C2. Unauthorised access to our systems and misuse of information we hold.	20	12	Exceeds Appetite, Within Tolerance	Anthony Snape
Reputational Risk				
E1. We do not have a productive relationship with key stakeholders.	16	6	Within Appetite	Tom Coales
E2. The current legislation is inappropriate to cope with innovations.	12	6	Within Appetite	Joyce Frederick
People Risk				
P1. We cannot attract and retain our workforce.	16	12	Exceeds Appetite, Within Tolerance	Jackie Jackson
P2. Our colleagues don't have the appropriate skills (including clinical skills).	16	12	Exceeds Appetite, Within Tolerance	Jackie Jackson
P3. Our colleagues are insufficiently engaged in our culture change and ways of working.	16	16	Exceeds Tolerance	Jackie Jackson
P4. We have not delegated roles and responsibilities appropriately, clearly and/or effectively.	12	9	Within Appetite	Director, GLS

Risk Category > Strategic Risk	Inherent Risk Rating	Residual Risk	Appetite and Tolerance	Risk Owner
Financial Risk				
F1. The fees we charge are considered to be excessive by those we regulate.	12	6	Exceeds Appetite, Within Tolerance	Chris Usher
F2. We do not get appropriate funding to deliver our commitments.	12	6	Exceeds Appetite, Within Tolerance	Chris Usher
F3. We do not have appropriate departmental controls and financial oversight.	12	6	Exceeds Appetite, Within Tolerance	Chris Usher
Operational Risk				
O1. Our operational workforce is not as productive as it should be.	20	16	Exceeds Tolerance	Tracey Forester
O2. We do not make an accurate assessment on the quality of care for people using services.	25	16	Exceeds Tolerance	Loraine Tedeschini
O3. Our operational workforce do not comply with policies and procedures.	20	12	Exceeds Appetite, Within Tolerance	Tracey Forester
O4. Our operational processes and controls are not flexible enough to respond to changing demands and priorities.	20	12	Exceeds Appetite, Within Tolerance	Tracey Forester
O5. There is the risk that IT disaster recovery arrangements do not meet business needs.	20	15	Exceeds Tolerance	Anthony Snape
O6. If risk within the sector significantly increases there is a risk that we do not have operational resources to respond in a timely manner	20	12	Exceeds Appetite, Within Tolerance	Tracey Forester

Audit Action Status



Reports with Overdue High Priority Actions

No overdue high priority actions

Completed Actions and Reports

- Number of completed actions since last report

3 action(s) complete	High	Medium	Low	Not Rated
	1	1	1	0

Closed action plans *Awaiting PWC Verification

IT Disaster Recovery