

# Business plan

April 2019 to March 2020



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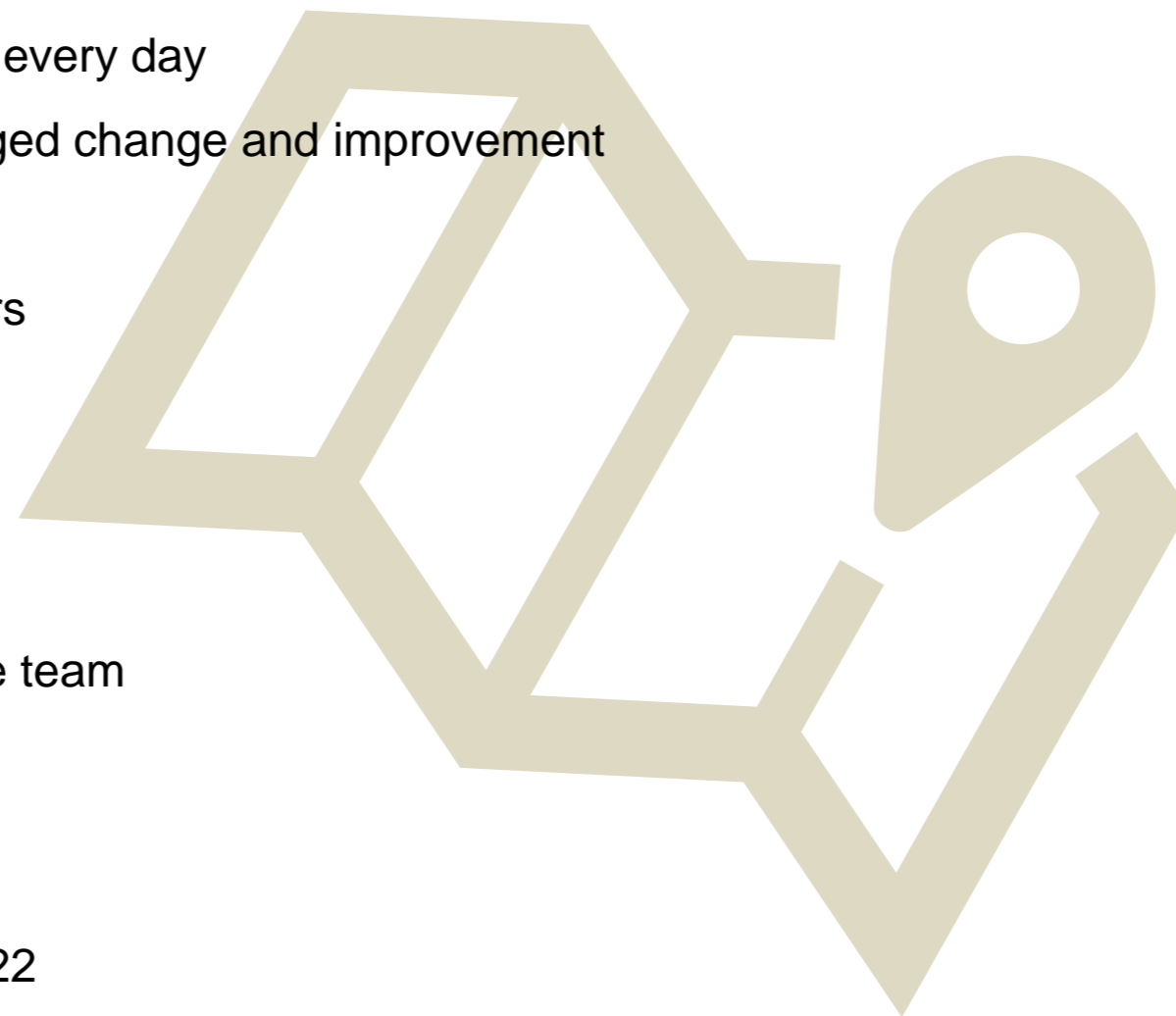
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# Foreword

In 2018/19, we reached the mid-point in delivering our Strategy for 2016 to 2021. The ambition we set out in the Strategy remains the same: a more targeted, responsive and collaborative approach to regulation, so that more people get high-quality care.

What we have achieved so far is significant. We have baselined quality across the three main sectors and focused more on the leadership needed to deliver high-quality care, including beginning to develop provider well-led assessments. We are increasingly confident in using CQC's voice to raise the issues that need to be tackled.

We have developed an approach to reviewing quality across local systems: 23 of these reviews have been commissioned and completed so far, with more to be commissioned in the coming year. From April we will start rating online providers and a range of independent health care, and in 2019/20 we will introduce an annual regulatory review for all good and outstanding GP practices.

The landscape of care that we regulate is always changing: how providers are constituted, who they are, how they are organised. Expectations of the quality of care change and grow, driven by what the public want, the latest advances in care delivery and access, and changes in regulations. At the same time, both adult social care and health care continue to deal with concerns about financial sustainability.

We rightly face increased scrutiny of the fees we charge, now that our regulatory costs are fully paid for from provider fees and no longer subsidised by grant-in-aid funding from government.

The UK's exit from the EU presents challenges for health and care provision: recruitment and retention of a skilled health and care workforce, confidence around access to medicines and medical devices, and arrangements for reciprocal health care.

In assessing the progress, we have made and where we want to be by 2021, we are focused on constantly improving our effectiveness as a regulator and firmly fixed on three outcomes:

- To make it easier for our people to carry out their roles, and in doing so increase their morale and wellbeing.
- To be more consistent in what we do and how we work with providers, so they feel encouraged to improve.
- To make it easier for the public both to use what we know and to tell us about their care.

To achieve this, for 2019/20 the Board has agreed 10 business plan priorities with the Executive team. The majority are focused on a programme of change and improvement, and the cultural change we need to deliver that.

This programme requires investment and we have created a change fund to provide this. The outcomes of this work will be monitored by the Board, as we hold ourselves and CQC to account for delivering better outcomes for people who use services, providers and our people.



**Peter Wyman**  
Chair



# Introduction

This business plan sets out how in 2019/20 we will achieve our strategic priorities – by delivering excellence every day through our role and by delivering well-managed change and improvement.

The 10 priorities in the plan set out how we will do this.

- We will:  
**Improve the experience of our people**

While there has been some improvement in areas where our people tell us we need to do better, overall our engagement score has fallen back slightly and some areas have stalled. We will put renewed focus on improving people's workload and wellbeing and strengthening equality and diversity to ensure we have a fully inclusive culture.

- We will:  
**Build our capacity and capability to deliver change and improvement effectively**

We know that we do not currently have the technical change capability that we need to deliver our improvement ambitions. Through careful budgeting we have created a change fund to enable us to have the right people with the right skills to help support the improvements we want to make, and to do it effectively. We will also embed the necessary quality improvement skills – to support a shift that has a core focus on improving what we do and that empowers our people to make those improvements.

- We will:  
**Transform registration**  
**Enable CQC to become intelligence driven**  
**Develop our regulation to support innovative and tech-enabled provision and complex cross sector provision**  
**Deliver our role in whole system regulation**  
**Strengthen partnerships and collaboration with our partners**

Together, these priorities will enable the next phase of our strategy and enable us to increase our regulatory effectiveness. Our current model relies on 'inspections' carried out on a frequency basis, driven in large part by previous performance of the provider; this is not sustainable and needs to change to become more intelligence driven. Our operating processes and technology need updating to enable us to deliver our new intelligence driven model.

In addition, as a regulator we need to adapt to the way that services have developed, to make sure that what we do remains effective. This is particularly the case in relation to innovative and technology enabled services.

- We will:  
**Deliver our programme of user-focused digital technology**

We will make a significant investment in the core systems that underpin our work and explore opportunities to improve how we use data and analysis. Overall, we will introduce better technology to make our work easier and more mobile, and to make our systems and processes faster, more effective and robust.

- We will:  
**Pilot and test new ways of working, including approaches to efficiency and evolving our operating model**

As we explore new ways of working – such as cross-sector working, greater reliance on monitoring, and being more intelligence driven – we need to identify the new skills that our people will need and ensure that training is in place to support them.

- We will:  
**Deliver an effective financial planning approach**

In the context of continued economic uncertainty and a financially-challenged health and care system, we must do more to make sure we are financially resilient and have a robust income and expenditure plan that improves productivity and delivers value for money.

We are building on solid foundations. Having completed the inspection of every health and social care provider in the country, we now need to evolve our work to be more focused on risk and minimise our impact on providers. Our own systems and processes need to change, to enable us to be more agile and responsive as the way that care is delivered changes.



**Ian Trenholm**  
Chief Executive

# Business plan overview

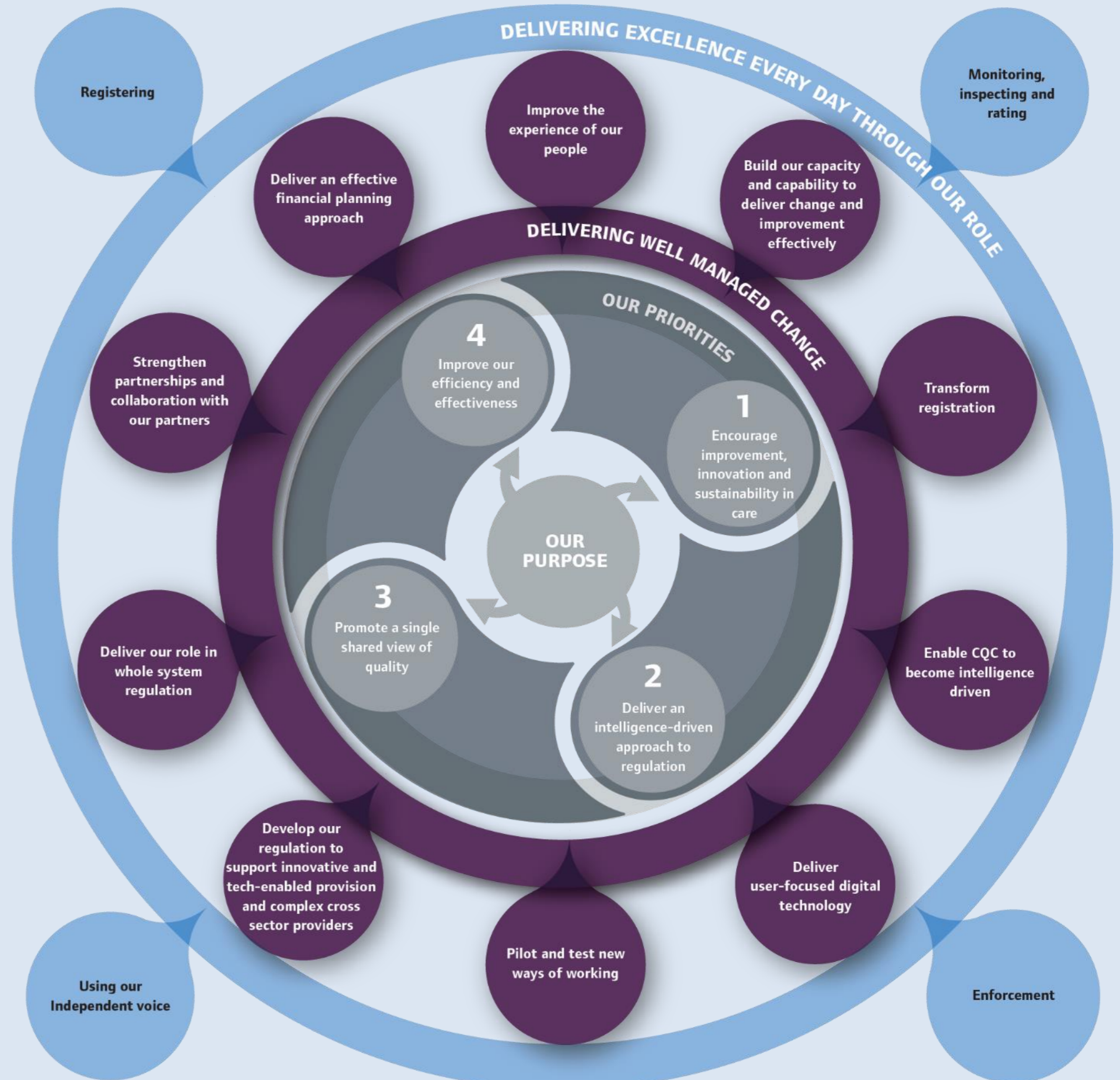
Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

In 2019-20 we will achieve our purpose and our 4 strategic priorities by:

- Delivering excellence every day through our role

and

- Delivering well-managed change through 10 business plan priorities





- Section 1 – delivering excellence every day
- Section 2 - delivering well managed change and improvement



# Section 1 – delivering excellence every day

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve by **delivering, continuously improving and evolving our operating model.**



Registration	Monitor	Inspect and rate	Enforce	Independent voice
<ul style="list-style-type: none"> <li>Determine registration applications from providers for new registrations, variations and cancellations, delivering judgements that are robust, consistent and fair, and evidenced by quality controls and quality assurance.</li> </ul>	<ul style="list-style-type: none"> <li>Build strong relationships with providers to enable more regular updates on their delivery of care and plans, to support CQC's regulatory planning.</li> <li>Ensure enquiries, complaints, safeguarding &amp; whistleblowing concerns are responded to appropriately and timely.</li> <li>Ensure all relevant intelligence is used when making decisions. Share information about risk and concern within CQC and with partners, to better understand risks and take the most appropriate regulatory action, and so partners and commissioners can help enable improvement.</li> <li>Carry out Mental Health Act visits; respond to requests for SOADs; respond to Mental Health Act complaints.</li> <li>Deliver and improve the NHS Survey Programme.</li> <li>Regularly assess financial and quality performance of 'difficult to replace' adult social care providers in the market oversight scheme; improve sharing of information about quality within CQC.</li> </ul>	<ul style="list-style-type: none"> <li>Inspect and rate new services registered with CQC.</li> <li>Inspect in response to potential changes to quality.</li> <li>Inspect previously rated services, and non-rated services, in response to risk and at frequencies determined by their rating and type of service.</li> <li>Undertake specialised, themed or joint inspections.</li> <li>Carry out inspections of children's services, health and justice and military health services.</li> <li>Inspect local health and social care systems in a local authority area where jointly requested by the Secretaries of State for Health and Social Care and Housing, Communities and Local Government.</li> <li>Keep our regulatory approach up to date to respond to changes in sectors we regulate through continuously improving it.</li> <li>Deliver equality objectives relating to regulation of services.</li> </ul>	<ul style="list-style-type: none"> <li>Work with commissioners and take action to protect people who use services, holding providers to account through the appropriate use of all our enforcement powers, including prosecution.</li> <li>Take prompt action when we are alerted to unregistered providers and take enforcement action commensurate with identified risk.</li> <li>Take action in relation to urgent and unplanned closures of care services in line with agreed protocol agreed with NHS England and the Association of Directors of Adult Social Services.</li> <li>Working with partners, share information to identify and respond to risk, ensuring that timely action can be taken to protect people who use services.</li> </ul>	<ul style="list-style-type: none"> <li>Work with partners including the National Quality Board, National Information Board, National Improvement and Leadership Development Board, Quality Matters Board and others to encourage improvement and foster a single shared view of quality.</li> <li>Publish State of Care Report 2018/19, including specialist content on Deprivation of Liberty Safeguards and equality, diversity and human rights.</li> <li>Publish Mental Health Act Report 2018/19.</li> <li>Publish report on local system reviews.</li> <li>Publish report of the restraint, segregation and seclusion thematic review.</li> <li>Evaluate and develop CQC's independent voice to further drive improvement in care.</li> </ul>

We are **evolving our operating model** to keep our regulatory approach relevant and effective; and to become increasingly intelligence led. How we are doing this is set out in the priorities in Section 2 of the plan - **delivering well managed change and improvement**

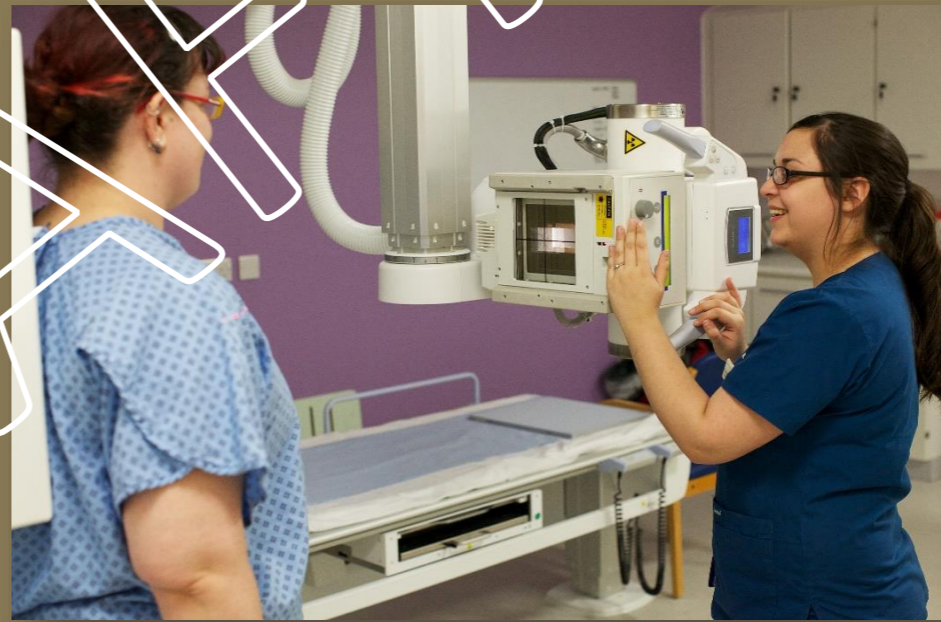
## Section 2 - delivering well managed change and improvement



	Priority	What we will do	Why is this a priority and how does it link to our Strategy?
1	Improve the experience of our people	Focus on workload and well-being; diversity and inclusion; ensuring we have the right people with the right skills doing the right tasks in the right places	Increased morale and well-being enables our people to be productive and engaged; people are less likely to leave the organisation; CQC is seen as an attractive place to work, so recruiting people becomes less of a challenge
2	Build capacity and capability to deliver change and improvement effectively	Improve the way we manage change, ensuring that our emerging approach to improvement is integrated to successfully deliver our portfolio of change	Well managed change will realise significant benefits – for people who use services; for providers; for stakeholders and for our people through increasing our efficiency; consistency and improving our overall performance. Both this, and the priority above will help us to deliver our Strategic Priority to improve our efficiency and effectiveness
3	Transform registration	A simpler, faster way for providers to register; for us to make accurate, consistent assessments and intelligence-based decisions; to undertake swift action against unregistered services; and build a trusted accurate Register	Providers expect to experience simpler, faster registration. More accurate decisions and swifter action by CQC will ensure people who use services are less likely to receive poor quality care. This helps us deliver an Intelligence-driven approach to regulation
4	Enable CQC to become intelligence driven	Develop our culture and invest in processes and technology to deliver a step change in how we use information and how providers, public and partners experience sharing of information with CQC	CQC and stakeholders will have access to better quality information from which to make regulatory decisions, and to share with the public. This priority is also a priority in our Strategy
5	Deliver our programme of user-focused digital technology	A programme that drives efficiency and improves effectiveness throughout CQC; and improvements to our digital architecture	Better technology will make work easier, and more mobile. Our systems will be faster, more effective and robust. Providers will experience better more responsive interactions with us. This will help us to deliver our Strategic Priority to improve our efficiency and effectiveness
6	Pilot and test new ways of working, including approaches to efficiency and evolving our operating model	Increase the efficiency of our delivery through Lean and other approaches and; exploring evolving the operating model	Our regulation could become less effective and less consistent if we do not explore how changes health and social care need to be reflected in how we deliver it. This will help us to deliver our Strategic Priorities to encourage improvement, innovation and sustainability in care and to improve our efficiency and effectiveness
7	Develop our regulation to support innovative and tech-enabled care and complex cross sector providers	Develop a robust and consistent approach to regulating innovative and tech-enabled care, and complex cross-sector providers	The development of Innovative or Technology based care will be encouraged by consistent regulation, and ineffective regulation could increase risk to people receiving innovative or technology-based care.
8	Deliver our role in whole system regulation	Put greater emphasis on partnership working and system-wide quality in our regulatory activity	To ensure that providers are held to account for what they are doing to improve quality across their local area. Both this and the priority above, help us encourage improvement, innovation and sustainability in care; and deliver an Intelligence-driven approach to regulation
9	Strengthen partnerships and collaboration with our partners	Help us deliver our Strategic priorities to encourage improvement, innovation and sustainability in care; and promote a single shared view of quality	Our people and stakeholders will have access to quality information from which to make regulatory decisions, and people who use services are therefore less likely to receive poor quality care
10	Deliver an effective financial planning approach	Be financially resilient and have a robust income and expenditure plan that delivers value for money	In a context of continued economic uncertainty and a financially-challenged health and care system, we must do more to ensure CQC has an effective financial planning approach. This will help us to deliver our Strategic Priority to Improve our efficiency and effectiveness.



- Section 3 – outcomes
- Section 4 – critical success factors



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## Section 3 - Outcomes



### What outcomes do we expect that will support delivery of our Strategy?

#### Our people – making it easier for them to carry out their roles

We will have piloted and tested new ways of working and have implemented changes to 'lighten the load on our inspectors'.

Our enhanced capacity and capability to manage change will be in place and we will be delivering our programme of change and improvement.

We will have a new partner on board to help us equip staff with the necessary tools, method and practice to drive improvement and begun to deliver tangible improvements across all parts of the business.

More people will say our technology is useful to them, and the time and cost lost to IT issues reduces.

As a result of our workforce strategy and our improvement focus more people will say there are opportunities for growth, development; and feel they have a manageable workload.

We will have better insight on our financial trajectory as well as managing funding requirements for future years.

#### Providers – encouraging them to improve and being consistent in how we do what we do

We will have developed our approach to regulating new and emerging technologies, including digital and online services, for implementation from 2020.

We will have developed our approach so that we can effectively assess and rate existing complex providers and those that are likely to evolve in the future (Future Provider Assessment).

We will have developed our approach to working across a local area, to take greater account of how providers contribute to system-wide quality and build effective relationships with local partners including Integrated Care Systems.

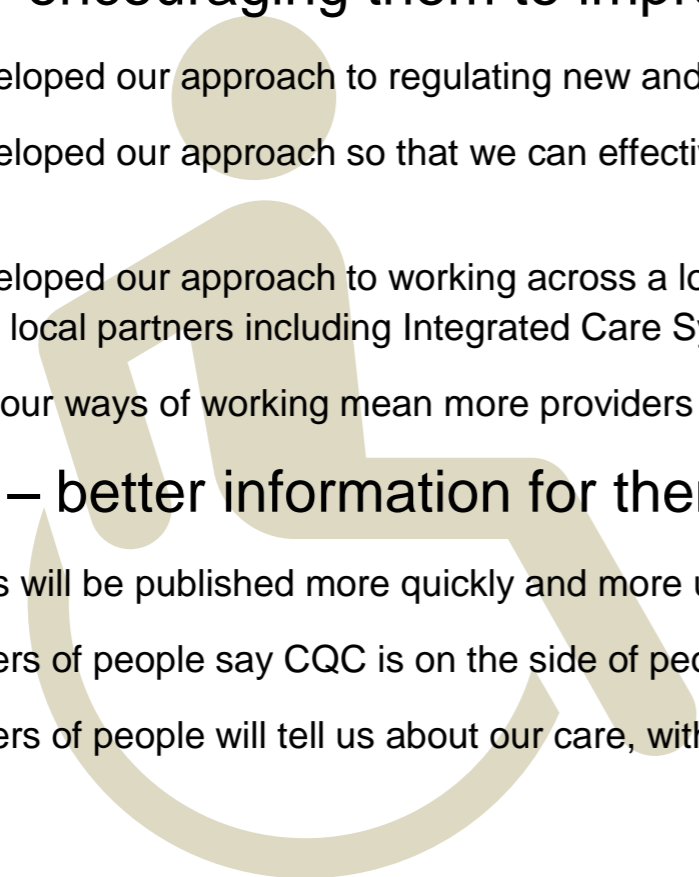
Improvements in our ways of working mean more providers consider that CQC encourages them to improve and is consistent in its regulation.

#### The Public – better information for them, and more people telling us about their care

Inspection reports will be published more quickly and more up to date information will be available on the quality and safety of care.

Increasing numbers of people say CQC is on the side of people using services, and say our reports and information are useful.

Increasing numbers of people will tell us about our care, with greater satisfaction with the process of doing so.





## Section 4 –Critical Success Factors – how will we measure how well we are doing?

### Public and Providers - We enable the public to make informed choices and providers to improve

#### Effective and efficient Registration service in place

- We will have improved time taken to determine registration applications and user satisfaction will be improved.

#### Risk based inspections are undertaken and we use enforcement when we need to keep people safe

- We will have undertaken inspections based on their risk. We will have inspected locations within timescales based on their last rating and responded to new risk as they emerge to keep people safe. Where care is unacceptable we take timely enforcement action

#### Timely reports that are useful for the public and providers

- We produce reports in a timely way so that information is relevant and up to date for the public and providers. We will have increased the percentage of people who tell us our reports are easy to find and useful.

#### We are trusted by people and work effectively with partners across Health and Social Care

- We work collaboratively with partners to improve care. People tell us we are trusted, and providers tell us we help them to improve

### Processes - We improve our processes so that they are more efficient and effective

#### Improved and effective digital services in place

- Our programme of digital investment has started to realise the benefits and our staff tell us that technology we use is effective; and we will spend less and time money dealing with IT-related problems.

#### Embed a QI approach in CQC that empowers our people to make improvements

- Our QI development plan for the organisation is on track, colleagues are meaningfully engaged in improving what we do, and it has started to realise the benefits

#### We invest in programmes and projects that enable us to deliver our strategy and plans

- We have a robust change portfolio in place that identifies our investment priorities to make use fit for the future. We will realise the benefits of our plans and ensure we represent value for money.

#### We adapt to the system we regulate and improve the consistency of what we do

- We adapt to meet the demands of new innovative care in the sectors we regulate, and we improve how consistent our work so that our interactions with people and providers are better

### Resources - We demonstrate value for money and reduce the burden on providers

#### Robust budget planning and monitoring in place

- We have robust plans that are realistic and **we spend our budget in line with plans** and make savings to invest in improvements and make us more efficient

#### We will have people in the right place to respond to risk and deliver our priorities

- We will align our resources with the risks in the sectors we regulate and respond to changes in how the sectors we regulate are organised

#### The cost and burden of regulation for providers will be benchmarked for the first time and we will reduce them

- We will start to assess the cost of regulation on providers and use this benchmark to decrease the costs for the providers we regulate

### People and learning - We attract and retain the right people and enable them to grow

#### People want to work at CQC

- We attract and retain people and they are engaged with our purpose. This includes our ambition to improve our position in equality matters

#### We have a high-quality learning and development programme

- There is robust and learning and development plan aligned with our strategic objectives the uptake of learning and development events is good and we have positive feedback about the relevance and quality of the training that we undertake)

(For accompanying

KPIs, see Annex 3)



- Section 5 – deliverables
- Section 6 – risks





## Section 5 – deliverables

Each priority below includes work that will be delivered as programmes and projects within our change 'portfolio'. This is the group of projects that we have prioritised in 2019-20. We continue to work on sequencing the projects, and delivery dates will evolve. This will be reported to the CQC Board during 2019-20, as part of reporting on progress. The overall sequencing plan is included in Annex 4. There is also a pipeline of future projects that will be considered for future prioritisation as resources become available or strategic needs change.

### Priority 1:

**Improve the experience of our people:** workload and well-being; diversity and inclusion; ensuring we have the right people with the right skills doing the right tasks in the right places

#### Deliverables:

- Act on feedback from people surveys, drive improvements and track progress – with a focus on 4 corporate initiatives (below) supported by actions which are commitments in Directorate business plans:
  - Setting a clear vision for the future of CQC
  - Making technology work for us
  - Being better informed and connected
  - Feeling engaged in the change journey
- Embed workforce planning, manage recruitment and induction
- Improve the quality and experience of performance and development conversations
- Develop CQC's leaders to enable high performance and engagement amongst this group
- Put in place a talent management strategy to support career development
- Develop people's skills and capabilities to deliver our role and manage our organisation.
- Foster an inclusive and healthy working environment to enable everyone to have a 'good day at work'.
- Deliver our equality objectives including "Continue to improve equality of opportunity for our staff and those seeking to join CQC" - improving outcomes for underrepresented groups in our recruitment and development initiatives, particularly Black and Minority Ethnic staff and setting aspirational goals to increase the proportion of underrepresented groups at our most senior levels over the next 5 years

#### *Change portfolio programme or projects*

- CQC Performance and development competency frameworks – these will better target skills and competency development.

### Priority 2:

**Building capacity and capability to deliver change and improvement effectively** – so we can deliver our portfolio of change and bring about a cultural change in how we approach change and improvement

#### Deliverables:

- Implement a new change operating model, with supporting methods and practice that are readily understood by the organisation and delivered by change professionals (Q4)
  - Introduce consistent change and improvement methodologies
  - Create a single Programme Management Office (PMO)
  - Look to explore a longer-term partner to support our capability building in change and improvement
  - Deliver clear change communications for our people and stakeholders

#### *Change portfolio programme or projects*

- Capability building programme for Quality Improvement
  - Bring on board a new partner to enable capability building for Quality Improvement (QI)
  - Start to build capability within CQC Directorates around agreed methods and practice, ensuring a holistic approach to change and improvement approaches, methods. Concludes Q4 2022
- Deliver service improvements as a result of increasing maturity and capability
  - Report timeliness
  - Consistency project
  - Regulatory improvements based on value and feasibility

## Priority 3:

**Transform registration** into a simpler, faster way for providers to register; enabling us to make accurate and consistent assessments and intelligence-based decisions; to undertake swift action against Unregistered Providers; and build a trusted accurate Register

### Deliverables:

#### *Change portfolio programme or projects*

- Registration Transformation Programme – this programme is planned to run to Q4 2022 and over time will deliver:
  - Digitalisation of registration process
  - Digitalisation of wider registration inspector work
  - Changes to practices and policy
  - Leaning/removing valueless activities from existing registration process and practice
  - Workforce development
  - Organisational structure for registration service
- Specifically, in 19-20 the deliverables will be:
  - Programme funding identified and in place
  - Programme reporting in place
  - Develop outcome targets/measures to underpin delivery and benefits realisation outlined in Programme Business Case
  - First Service Design Minimum Viable Product\* - orientated around registering new providers and new registered managers for Community Care Agencies (layering of additional sector/provider types and or additional functionality subject to beta build and private beta user research/testing);
  - Initiation of a second Service Design lifecycle related to the development of a new service or change;
  - Ongoing Continuous/Quality Improvements to existing processes and practices;
  - Set up and manage additional work strands (e.g. organisational design and/or directing and controlling provider registration work);

*\* The smallest serviceable functionality to deliver the maximum validated learning for the least effort*

- Continuous improvement/ quality
  - Improvements to existing processes and practices will be made in the short term, which will have an immediate impact on service provision. This will be alongside medium and longer-term work.

## Priority 4:

**Enable CQC to become intelligence driven** – develop our culture and invest in processes and technology to deliver a step change in how we use information and how providers, public and partners experience collection of information

### Deliverables:

- Support the intelligence-driven CQC culture shift and supporting processes
- Develop a mixed modes method approach (paper and digital) to the NHS Survey Programme

#### *Change portfolio programme or projects:*

- Monitor Transformation and improvement - to provide users with information that can actively guide decision making. This will be done through redesign and enhancement of current Intelligence products, across the operating model, to provide interactive and intuitive outputs designed around user needs (for both internal and external audiences)
  - Share your experience - a simple and consistent way for people to submit information about the quality of services and help them understand what action has been taken as a result
  - A series of projects will be delivered including data science, exploratory analysis and new products to enable us to use our information from the public and providers more effectively to target our resources where the risk to quality of care provided is greatest and to check where quality is improving



## Priority 5:

Deliver our programme of user-focused digital technology that drives efficiency and improves effectiveness throughout CQC; and improvements to our digital architecture

### Deliverables:

*Change portfolio programme or projects:*

- Future IT services Programme (including disaster recovery). This will establish our future service provider and IT services provision. By Q4
- Future NCSC telephony solution – this work will enable greater innovation in our customer interface. Concludes Q3 20-21
- Digital 'architecture'
  - CRM – replace this fundamental underpinning system. Concludes in 20-21
  - Business Information technology upgrade – this critical service is currently operating beyond current capacity - upgrade will address this. Concludes Q4
  - Reporting and analysis capability – improvements will enhance capability and maximise insight. Concludes Q1
  - Hosting – this technology platform supports new services and systems developed by CQC. Concludes Q4
- Office 365 – introducing this in CQC by Q3 will enable dispersed teams to come together in a virtual workspace.
- User experience
  - Improved network connectivity for homeworkers. Concludes Q1
  - Audio Visual conference rooms
  - Unified Wi-Fi. Concludes Q1
  - Mobile device management. Enables Office 365. Concludes Q1
  - Blackberry replacement
  - Express route
- Enabling technology for MHA operations – this will replace an existing database that is now obsolete. Concludes Q2
- CQC Intranet development.

## Priority 6:

Pilot and test new ways of working including approaches to efficiency and evolving our operating model

### Deliverables:

*Change portfolio programme or projects*

- Evolving how we regulate in the future (Service re-design programme) – this work will create and design CQC's future regulatory operating model.
  - Create Evidence base for change through pilot activity and discovery activity
  - Build transformation priorities for 20/21 and beyond(Also includes work on Priority 4)
- Using robotics in Customer service centre – test possible automation of repeatable standard processes (Q1)
- Online channel development, crowd sourcing and webinar platforms – to improve user experience
- Operational systems
  - Regulatory history – project to ensure regulatory history and quality ratings are transferred when provider makes changes to service (Q1)
  - Use of resources ratings – incorporate NHSI use of resources assessments into ratings approval process (Q1)
  - Retire/ Inactive inspection areas and ratings – solution to retire inactive hospital services and ratings from digital systems (Q1)
- Website guidance – improving guidance for providers
- Aligning/simplifying regulatory methodology

## Priority 7:

**Develop our regulation to support innovative and tech-enabled care provision, and complex cross-sector providers**

### Deliverables:

- Ensure that we can give consistent assessments of the impact of new technology on quality of care. Ensure that we are not seen as barriers to innovation by providers by:
  - developing a set of principles that can be used to assess how well health and social care providers develop and implement innovations (with a particular focus on technology) by Q1
  - developing options and recommendations for testing the implementation of technology against the regulations in a controlled way, to ensure that regulation achieves the best outcome for people using services by Q1
  - Test the recommendations by Q4
  - Implement recommendations from 20-21
- Develop our approach so that we can effectively assess and rate existing complex providers and those that are likely to evolve in the future (Future Provider Assessment), potentially delivering this through Service re-design programme (see Priority 6).

## Priority 8:

**Deliver our role in whole system regulation.** Put greater emphasis on partnership working and system-wide quality in our regulatory activity, to ensure that providers are held to account for what they are doing to improve quality across their local area

### Deliverables:

- We will Increase the focus of our regulatory activity on partnership working and develop better intelligence on local areas:
  - testing this throughout 19/20, particularly in the two established test sites in Greater Manchester and Frimley, evaluating and, where successful, rolled-out elsewhere in 19/20 and beyond

## Priority 9:

**Strengthen partnerships and collaboration with our partners** to achieve our strategic priorities and ambition, including a shared view of quality

### Deliverables:

- Work closely with NHSE/I as they develop and implement their new operating model to ensure effective joint working
- Work with partners to deliver Quality Matters year two deliverables; Lead the work to agree a plan to implement a shared view of quality and common dataset for ASC and gain approval for this from the Quality Matters Board.
- Continued involvement at regional and national level to support the delivery of the NHS long-term plan.

## Priority 10:

**Deliver an effective financial planning approach** be financially resilient and have a robust income and expenditure plan that delivers value for money

### Deliverables:

- Refine and embed the 5-year financial model and funding strategy
- Manage budgets and resources at Directorate level through business and financial planning; efficiency projects; and determining allocation of resources between core activities
- Continue the rollout of our estates strategy, including a future fit for purpose London base; better working environment for people at Citygate office and more efficient estate in North West

# Section 6 - strategic and high-level risks



CQC manages and reports on the Strategic and high-level risks to the delivery of its Strategy. These reports and the risk register are published on our website. The table below sets out these risks and a summary of the mitigations, alongside the business plan priorities to which they relate.

	Strategic and high-level Risk	Mitigation	Business plan priority
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.	Programme of transformational change, and embedding a quality improvement approach	2 <b>Building capacity and capability to deliver change and improvement effectively</b>  6 <b>Pilot and test new ways of working</b>  3 <b>Transform registration</b>
R1	<b>If we do not have impact in encouraging improvement innovation and sustainability in care</b> , then <ul style="list-style-type: none"> <li>• People who use services are at risk because poor quality care does not improve</li> <li>• The development of Innovative or Technology based care is hampered by inconsistent regulation</li> <li>• There is increased risk to people receiving innovative or technology based care because of ineffective regulation</li> </ul>	Development activity relating to innovation; whole system regulation; engagement nationally, locally and with provider groups	<b>Deliver our role to Register; Monitor, Inspect and rate; Enforce; Independent voice</b>  9 <b>Strengthen partnerships and collaboration with our partners</b>  7 <b>Develop our regulation to support innovative and tech-enabled care provision, and complex cross-sector providers</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.	Horizon scanning and our testing and piloting activity. Engagement with DHSC.	Manage our organisation
R16	<b>If EU exit</b> affects access of EU nationals to UK employment; and Government resourcing, then this could: <ul style="list-style-type: none"> <li>impact on providers' ability to provide good quality care, due to recruitment issues;</li> <li>impact on CQC's ability to recruit people</li> <li>impact on the ability of CQC to obtain capital funding for our change programme</li> </ul>	Dedicated SRO and planning team in place, leading on engagement, preparation and potential response to EU exit related changes, working closely with DHSC and national stakeholders	Manage our organisation
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 in identifying risk and ensuring the quality of care	Testing approaches and encouraging local integration activity	8 <b>Deliver our role in whole system regulation</b>
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.	Market oversight function	<b>Deliver our role to Register; Monitor, Inspect and rate; Enforce; Independent voice</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	Deliver key priorities in our people programme: changing nature of our work; attraction and retention; workforce Strategy; workload and wellbeing; diversity and inclusion; learning and development; equipment and technology; and quality improvement autonomy and empowerment	1 Improve the experience of our people
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.		
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; they will not be delivered to budget; or will cause uncontrolled risks and issues. Improvement will not be supported by staff or will not be coordinated. In particular there is a risk of not taking a holistic approach to change and improvement methodologies – i.e.: fragmenting them in an unhelpful way.	Strong compelling change narrative. Design and deliver quality improvement (QI) capability building for teams across CQC; Implement a partnership approach with experts that will support QI building and the transfer of knowledge at all levels within CQC. Establish Change Operating model that integrates change methodologies and ways of working (Service Design, QI and Agile) to ensure coherence and optimum resource utilisation across the portfolio.	2 Building capacity and capability to deliver change and improvement effectively
R5	<b>If the changes in our Strategy are not well supported by IT technologies/ systems</b> , then critical products will be delivered late; will not be effective; or be over budget.	Digital programme activity re-prioritisation and planning within the wider scope of improving how we manage change activity.	5 Deliver our programme of user-focused digital technology
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.	Recruit key leadership roles; procurement of a design partner; rework financial model and revise business case.	
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.	Intelligence driven change programme scoping planning and delivery.	4 Enable CQC to become intelligence driven
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.	Resource modelling, resource recording activity; regulatory risk predictive activity.	Manage our organisation
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.	Effective planning, efficiency programmes and debt management. Engagement with DHSC.	10 Deliver an effective financial planning approach
R14	<b>If we are unable to deliver our IT technologies and systems due to stability issues or Cyber security attacks</b> , then critical work will not be delivered or data security breached.	System service optimisation; Cyber security testing, planning, engagement and training.	Manage our organisation
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.	Information management systems policies; training; management assurance standards. Information governance group oversight.	Manage our organisation

- Annexes



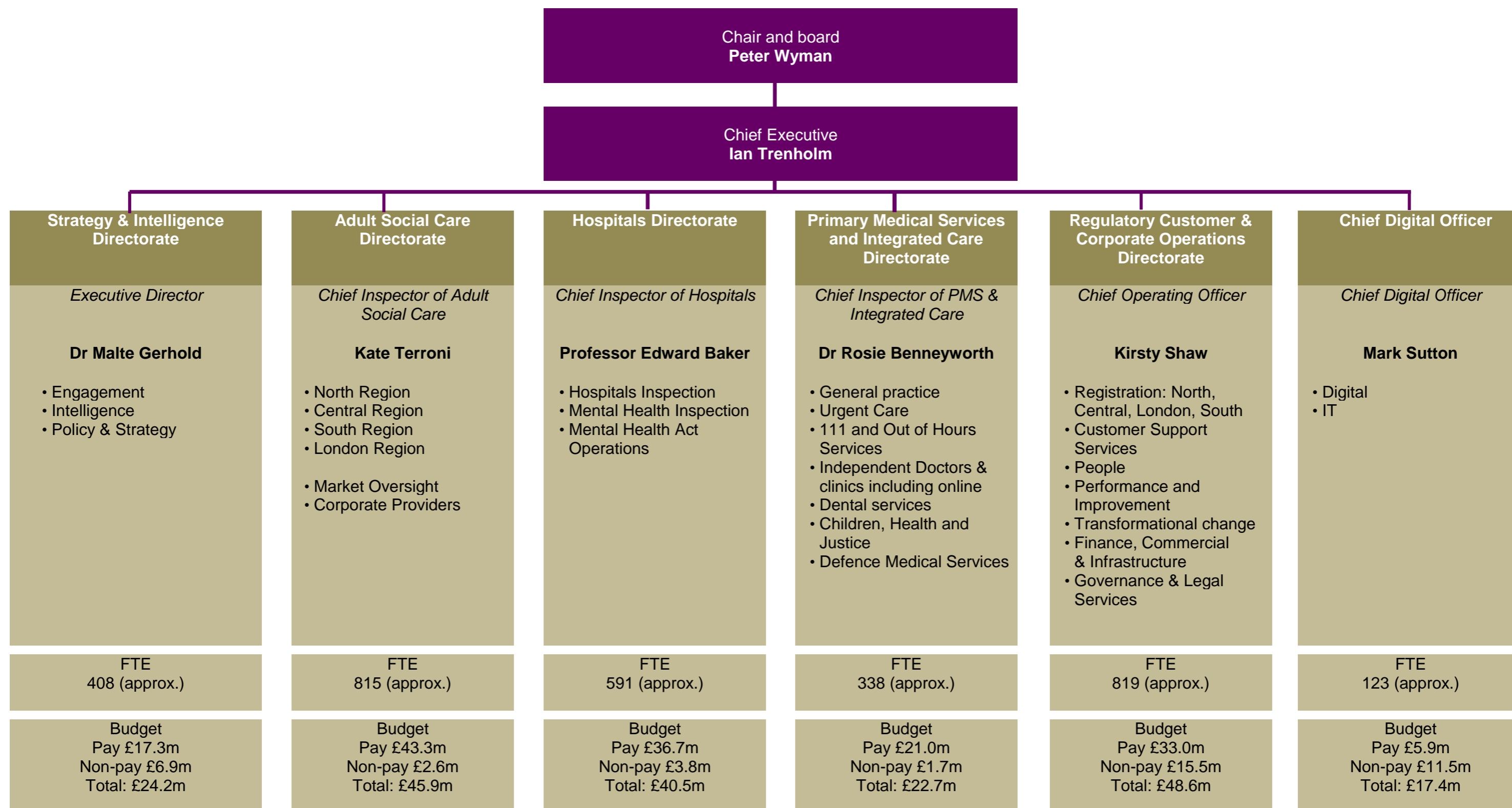
# Annex 1: Budget



	Budget 2019/20 £m	Budget 2018/19 £m	Budget 2017/18 £m
Pay	171	173	174
Non-pay	53	50	52
<b>Expenditure</b>	<b>224</b>	<b>223</b>	<b>226</b>
Depreciation	11	8	9
<b>Total net expenditure</b>	<b>235</b>	<b>231</b>	<b>235</b>
Fee income	-208	-201	-196
Grant in Aid	-26	-27	-34
Non-cash	-1	-3	-5
<b>Total funding</b>	<b>-235</b>	<b>-231</b>	<b>-235</b>
<b>Capital expenditure</b>	<b>15</b>	<b>13</b>	<b>10</b>



# Annex 2: The CQC Board, Executive Team and Directorates



Excludes Healthwatch England, Chair/CE, and central budgets of £12.9m, and change budget of £11.8m

# Annex 3: Key performance indicators

CSF/ Measures	Target
<b>People and Services - We enable the public to make informed choices and services to improve</b>	
<b>CSF - Effective and efficient Registration service in place</b>	
<ul style="list-style-type: none"> <li>Improve the performance of our overall registration timeliness compared with our 2018/19 benchmark</li> </ul>	> 2018/19 Benchmark will be improved by 5% for new, 5% refuse 5% Variation and Cancellations ^
<ul style="list-style-type: none"> <li>Improve time taken for action to be taken on unregistered services</li> </ul>	> 2018/19 Benchmark will be developed and aim to decide action on 90% within 50 days
<ul style="list-style-type: none"> <li>Provider satisfaction rates with the registration process will show incremental improvement</li> </ul>	> 80% positive
<ul style="list-style-type: none"> <li>Costs per application (weighted average by type of application)</li> </ul>	Set baseline* and target improvements in 2020/21
*These baselines will be set based on Q4 performance ^ over a 12-month period	
<b>CSF - Risk based inspections are undertaken and we use enforcement when we need to keep people safe</b>	
<ul style="list-style-type: none"> <li>Inspections undertaken in response to risk – (we currently use the most recent rating as well as up to date information about services but we will consult about how we can improve this)</li> </ul>	ASC-80-95% dependent on rating PMS 90% Hospitals 90% or 80% if good or outstanding.
<ul style="list-style-type: none"> <li>% of inspections undertaken based on new information and the outcome of our interventions</li> </ul>	No target – monitor outcomes (rating) of inspection and change from previous rating
<ul style="list-style-type: none"> <li>We target services rated RI or Inadequate improve and where they don't we use our enforcement powers to keep people safe</li> </ul>	Monitor variance and outliers
<ul style="list-style-type: none"> <li>Where necessary undertake urgent action within 3 days of raising an issue or breach</li> </ul>	70% minimum and improving
<ul style="list-style-type: none"> <li>Monitor the outcomes of our enforcement action - aim for a high and improving success rate by undertaking system learning where intervention is unsuccessful</li> </ul>	No target in 19/20 but we will use this to set one for 2020/21
<ul style="list-style-type: none"> <li>Whistleblowing and responding to concerns – we will take timely action meeting 95% of high priority notifications</li> </ul>	95%
<ul style="list-style-type: none"> <li>Providers state in surveys prospect of enforcement action encourages compliance with CQC regulations</li> </ul>	> 67% (18/19 benchmark)
<b>CSF - Timely reports that are useful for the public and providers</b>	
<ul style="list-style-type: none"> <li>Inspection reports published within specified time periods - we will aim for improvement in each quarter of 19/20</li> </ul>	ASC and PMS 90% within 50 days / Hospitals > 3 core services 90% in 65 days / 1-2 core services 90% in 50 days
<ul style="list-style-type: none"> <li>Website users accessing reports and other information saying information is easy to find (new measure baseline in 19-20 / information is useful 18/19 benchmark)</li> </ul>	> baseline* > 93% (info useful)
<b>CSF - We are trusted by people and work effectively with partners across Health and Social Care</b>	
<ul style="list-style-type: none"> <li>People say CQC is trusted to be on the side of people using services</li> </ul>	> 81%
<ul style="list-style-type: none"> <li>Providers tell us CQC helped them improve what they do</li> </ul>	> 60%

## Processes - We improve our processes so that they are more efficient and effective

### CSF – Improved, effective digital services in place

- |   |                                 |
|---|---------------------------------|
| • CQC colleagues tell us that technology we use is effective. | > 30% (average of 18-19 scores) |
| • Decreased time and cost lost to IT issues                   | < baseline*                     |

### CSF - Embed a QI approach in CQC that empowers our people to make improvements

- |   |       |
|---|-------|
| • Colleagues can make improvements happen in their area of work (people survey) | > 55% |
|---|-------|

### CSF - We invest in programmes and projects that enable us to deliver our strategy and plans

- |   |                |
|---|----------------|
| • Programme delivery on track                               | > 75% on track |
| • Deliver agreed business benefits realisation plans        | TBC            |
| • I believe that changes are effectively implemented in CQC | >32%           |

### CSF- We adapt to the system we regulate and improve the consistency of what we do

- |  |                            |
|--|----------------------------|
| • Inspection teams and providers say in surveys they have confidence in the consistency of our work and judgements                             | > 52% (i.t.)<br>> 48% (pr) |
| • Providers say CQC's approach to inspection was flexible enough to accommodate new and complex models of care. *Establish a baseline in 19-20 | > baseline*                |

## Resources - We demonstrate value for money and reduce the burden on providers

### CSF - Robust budget planning and monitoring in place

- |  |                               |
|--|-------------------------------|
| • Revenue                                | On budget or variance of < 2% |
| • Capital                                | On budget or variance of < 2% |
| • Strategic Change (revenue and capital) | On budget or variance of < 2% |

### CSF - We will have people in the right place to respond to risk and deliver our priorities

#### Measures

- |   |        |
|---|--------|
| • Maintain a turnover range between   | 10-12% |
| • Reduce vacancy factor to less than  | < 5%   |
| • Sickness absence target and variance between directorates and areas monitored and improvements in place (use the Bradford factor) | < 4%   |

### CSF Benchmark cost of regulation on providers and decrease the costs for the providers we regulate

- |  |                      |
|--|----------------------|
| • The cost of regulation for providers is benchmarked in 2019/20 | Benchmarked in 19/20 |
|--|----------------------|

## People and learning - We attract and retain the right people and enable them to grow

### CSF – People want to work at CQC

- |   |  |
|---|--|
| • (Turnover, Vacancy factor and sickness measures as above)   |  |
| • CQC supports the wellbeing of colleagues  | > 57%  |
| • CQC colleagues feel they have a manageable workload   | > 51%  |
| • Our annual people survey engagement score improves  | > 62%  |
| • Holder for diversity indicator – being discussed with diversity networks  | TBC  |
| • Improve the understanding of CQC's workforce diversity by increasing the % of declarations from colleagues on ESR. To achieve and               | 90% declaration for sexual orientation,<br>95% declaration for disability and ethnicity. |
| • Improve recruitment outcomes for underrepresented groups by narrowing the difference in shortlisting outcomes between BME and White candidates. | < baseline   |



<ul style="list-style-type: none"> <li>Improve career and development opportunities for underrepresented groups and increase perception of equal opportunities in the people survey:</li> </ul>	<p>reduce the difference in perceptions:  between BME and White respondents by 2%  between Disabled and Not disabled respondents by 2%  between LGB and Heterosexual respondents reduce to 0%</p>
<p><b>CSF - We have a high-quality learning and development programme</b></p>	
<ul style="list-style-type: none"> <li>Uptake of L+D</li> </ul>	<p>&gt;90%</p>
<ul style="list-style-type: none"> <li>Agree or strongly agree L+D is relevant and useful</li> </ul>	<p>&gt; 48%</p>

**Annex 4: Portfolio timeline – 2019-2022**