



Board Reporting

Quarter 3 – 2023/2024

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The table below summarises the scoring of each key result from Q1 to the present. Any results in green denote a target was met or baseline improved, amber if the target is close or red is target was not met. Some key results do not have targets and are monitored.

Measure	Figures	Q1	Q2	Q3
95% of safeguarding alerts and priority 1 whistleblowing will have action recorded within 1 day, priority 2 whistleblowing will have action recorded with 3 days and safeguarding concerns and priority 3 and 4 whistleblowing concerns have action within 5 days.	Priority 1 Whistleblowing	91%	52%	53%
	Priority 2 Whistleblowing	95%	85%	77%
	Priority 3 & 4 Whistleblowing	97%	87%	82%
	Priority 1 Safeguarding (Alerts)	95%	73%	75%
	Priority 2 Safeguarding (Concerns)	95%	93%	97%
Monitor % of assessment triggered by people's experience and feedback.	% Triggered by Information of Concern	16%	17%	15%
Achieve a 60-80% response rate on NCSC call lines.	General Enquiries Response Rate	76%	78%	74%
	Registration Response Rate	78%	72%	68%
	Safeguarding Response Rate	78%	79%	78%
	Mental Health Response Rate	75%	78%	75%
Increase % of inspections triggered by risk.	% Triggered by Risk	85%	91%	89%
Increase % of site visits out of hours to 10% by September 2023.	% Inspections Out of Hours	10.5%	10.7%	10.8%
We will reduce the volume of applications pending completion that are over 10 weeks old.	% Applications Over 10 Weeks Old	29.8%	35.3%	46.3%

The table below summarises the scoring of each key result from Q1 to the present. Any results in green denote a target was met or baseline improved, amber if the target is close or red is target was not met. Some key results do not have targets and are monitored.

Measure	Figures	Q1	Q2	Q3
Monitor % of services that require enforcement action following regulatory activity.	% Inspections Resulting in Enforcement Action	6.7%	7.7%	8.1%
Increase of % of colleagues with protected characteristics at all grades.	Disability – Grade A & Above	11.2%	9.4%	10.9%
	Disability – Grade B - G	11.8%	10.5%	12.1%
	Ethnicity – Grade A & Above	13.2%	13.2%	13.6%
	Ethnicity – Grade B - G	15.3%	21.1%	15.7%
	Sexual Orientation – Grade A & Above	7.6%	10.4%	8.1%
	Sexual Orientation – Grade B - G	6.6%	5.3%	6.9%
Within 1% of our available fee funded envelope.	Favourable Variance	0.7%	0.8%	5.3%
Within our available Grant in Aid funded envelope.	GIA Overspend/Underspend (denoted by -)	18.9%	22.8%	5.7%
Monitor % of recommendations with progress and on track.	% Recommendations With Status	34%	60%	73%

Key Result 1

95% of safeguarding alerts and priority 1 whistleblowing will have action recorded within 1 day, priority 2 whistleblowing will have action recorded with 3 days and safeguarding concerns and priority 3 and 4 whistleblowing concerns have action within 5 days.

By the end of December 2023, 75% of our **safeguarding** alerts had action recorded within one day and concerns were actioned within KPI in 97% of cases. Our target for both metrics is 95%. For **whistleblowing**, 53% of priority 1 enquiries were actioned within KPI, 77% of priority 2 and 82% of priority 3 and 4. The target is 95% for all types of whistleblowing enquiries.

After transitioning to our new Regulatory Platform in July 2023, there was initially a decrease in our responsiveness to alerts, concerns and whistleblowing, falling below our intended targets. However, there has been a notable improvement since then with concerns now exceeding the 95% target. We will continue to monitor the outcomes across Q4.

Chart 1: % Whistleblowing Within KPI

April 2023 to December 2023

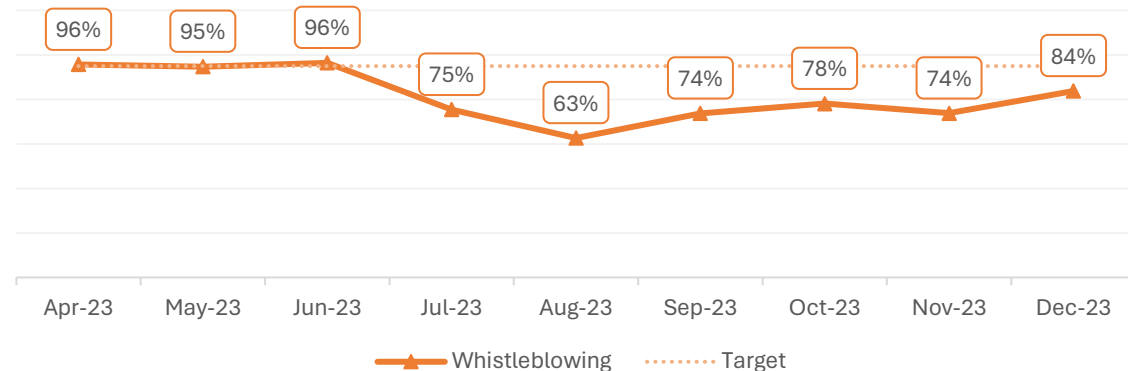
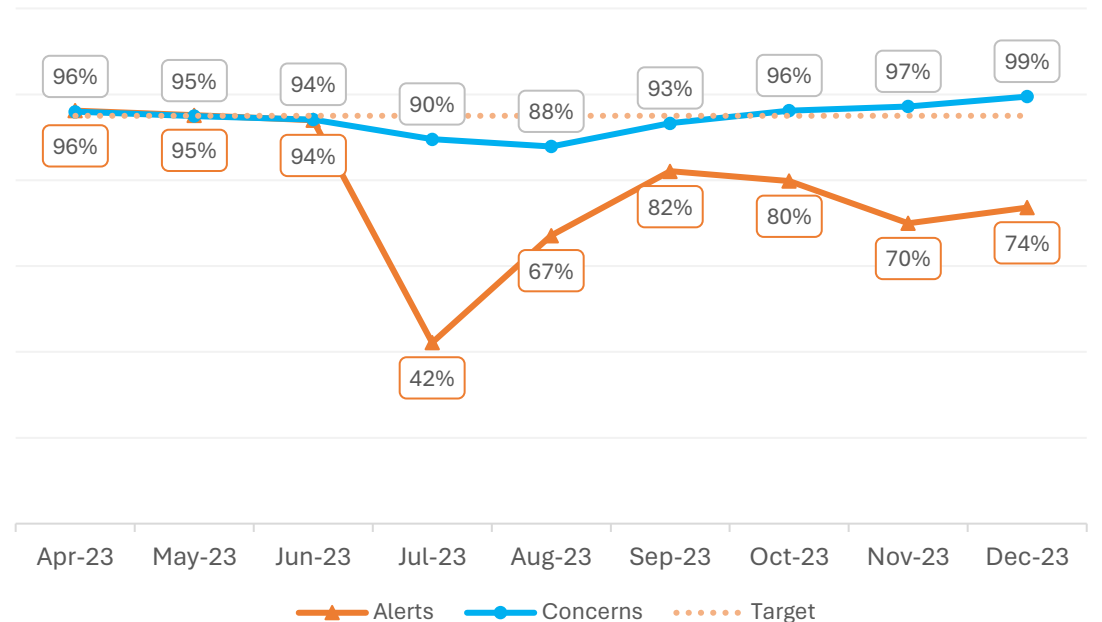


Chart 2: % Safeguarding Alerts and Concerns Within KPI

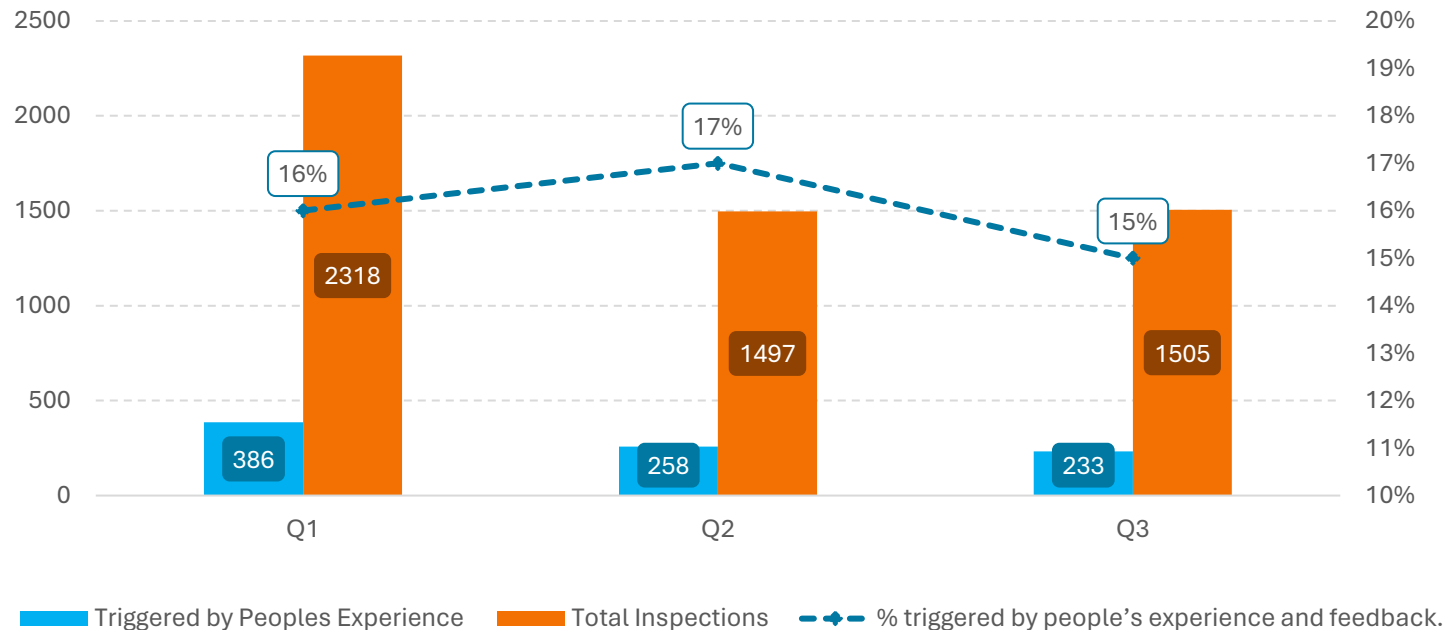


Key Result 2

Monitor % of assessment triggered by people’s experience and feedback.

Chart 3: Percentage of assessments triggered by people’s experience and feedback.

April 2023 to December 2023



During scheduling, inspectors will record the reason for undertaking that inspection. This data allows us to analyse the volume and percentage of inspections initiated based on people's experience and feedback.

In Q3, 15% of inspections were directly triggered by people's experience and feedback, compared to 17% in Q2. Additional inspection triggers, such as intelligence risk scoring, may have been indirectly triggered by people’s experience. We will continue in to track this metric to prioritise incorporating people's voices and feedback into our regulatory assessment process.

Key Result 3

Achieve a 60-80% response rate on NCSC call lines.

From April to December, with the exception of the General Enquiries line, the response rates on NCSC call lines have achieved just below target.

The General Enquiries line has a target of 70% which it has exceeded by 4%. Registration has a target of 70% and Safeguarding Mental Health 80%.

Since the previous quarter, the Registration line has had a decline in delivery, dropping from 72.4% in Q2 to 67.9% in Q3. However, there is only a 2% variance against the target YTD. Both Safeguarding and Mental Health response rate decreased too, with Safeguarding dropping 1% and Mental Health 2.1%.

Operational leadership colleagues have acknowledged these challenges and are actively working towards addressing and improving the performance in these critical domains.

Chart 4: General Enquiries

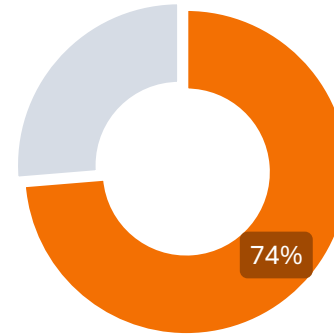


Chart 5: Registration

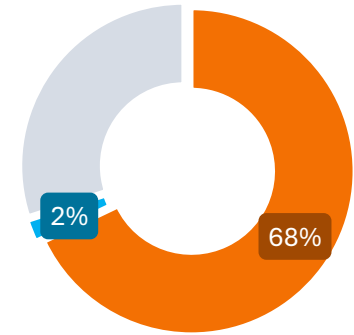


Chart 6: Safeguarding

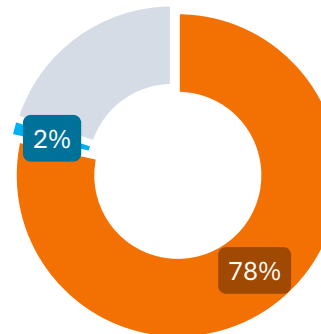
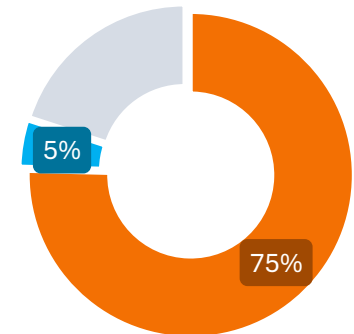


Chart 7: Mental Health



Key for charts: Orange = Response Rate, Blue = Distance to Target

Key Result 4

Increase % of inspections triggered by risk.

Until the end of December 2023, 89% of our inspections year-to-date were initiated due to risk. Last year 86% of inspections were triggered by risk, which is our baseline to improve on.

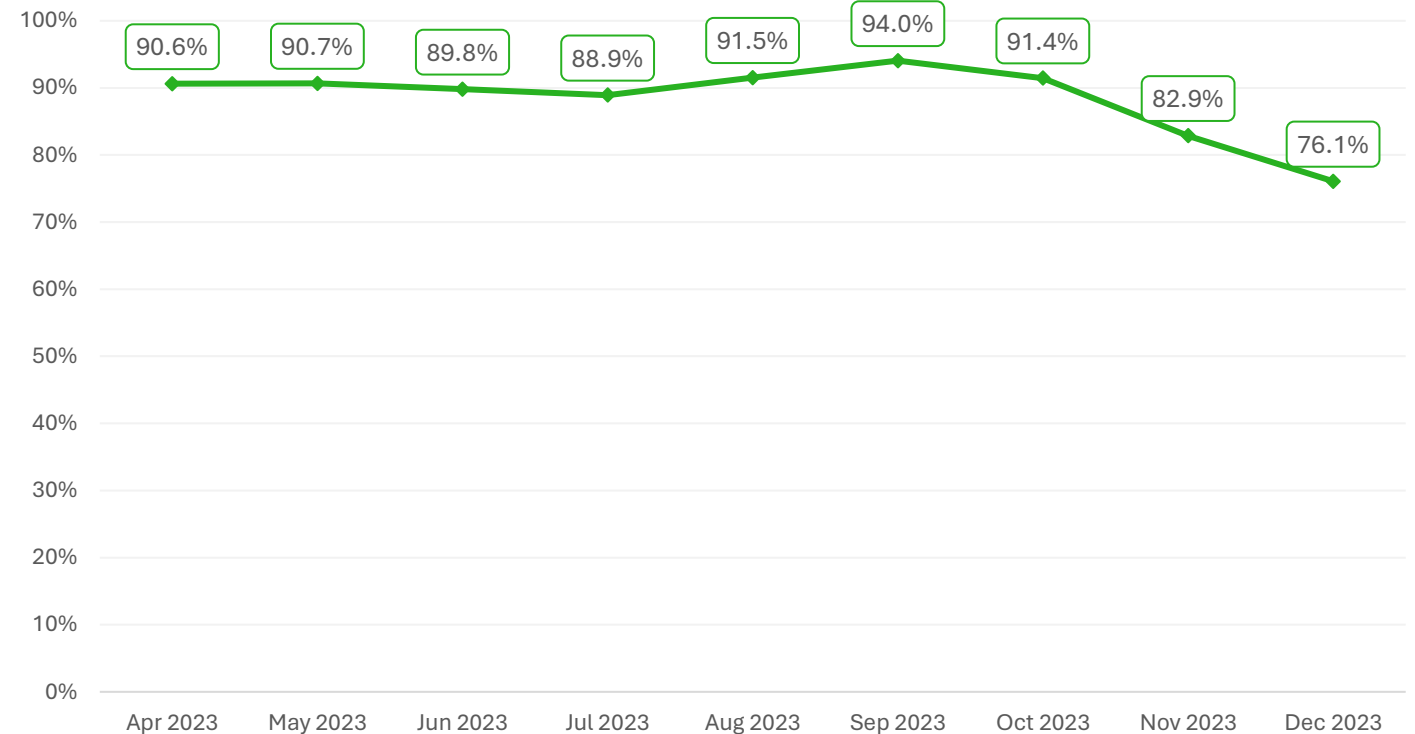
Despite an overall increase of 3% year-to-date, it should be noted that this is a drop of 2% on the previous quarter which stood at 91%.

This has been largely due to our thematic work around evaluating the equity in access at GP Practices. These are largely deemed non-risk inspections.

We use insight to measure risk at services and national level and use this to prioritise our activities.

Please note that Oral Health is excluded from this key result due to the specific way they record risk inspections.

Chart 8: Percentage of Inspections Undertaken due to Risk



Key Result 5

Increase % of site visits out of hours to 10% by September 2023.

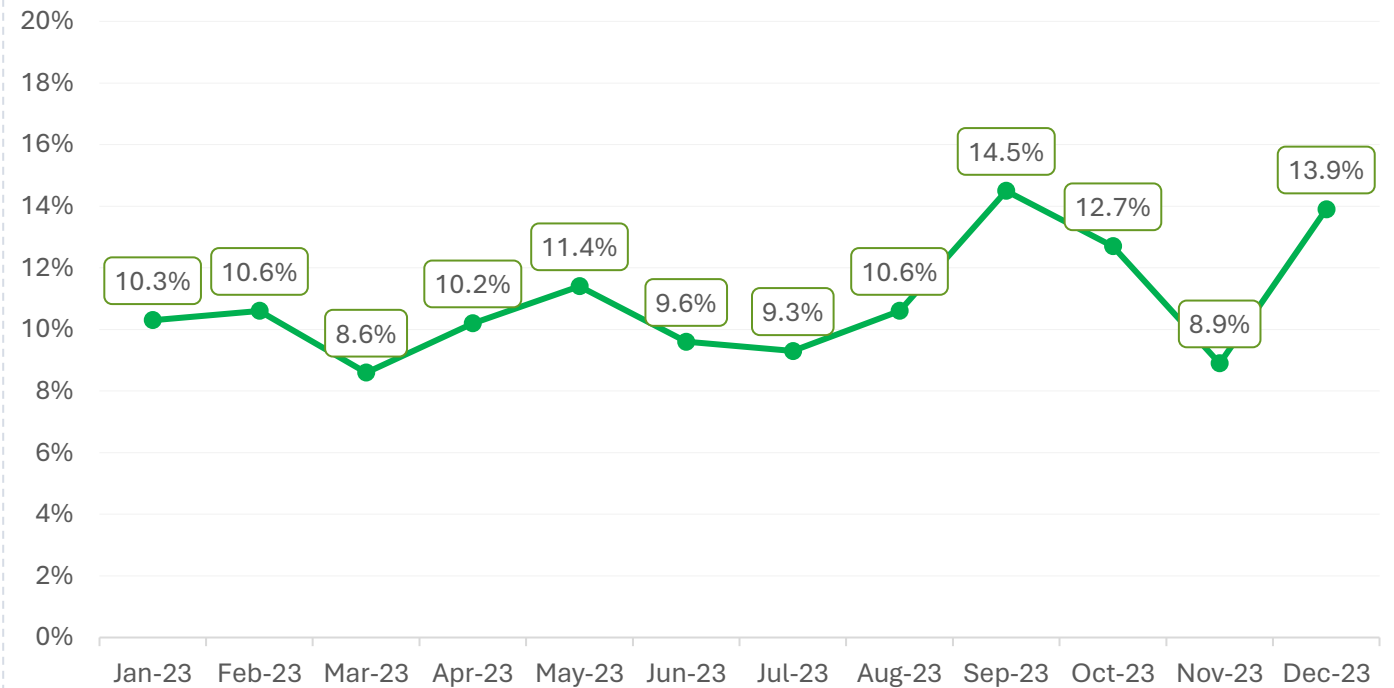
In the previous financial year, 9.2% of inspections were conducted out of regular hours.

In this financial year so far, 10.8% of inspections have been undertaken out of hours and during Q3 alone, it rose to 11.2%. We have successfully achieved our goal to increase the percentage of site visits outside regular hours, to 10%, before the September 2023 deadline and continue to deliver above our target. There continues to be important work undertaken to understand how out of hours visits impacts the outcome of our inspections.

What is the definition of Out of Hours?

This is any inspection undertaken before 8:30am or finishing after 6:30pm, and/or is on a weekend or bank holiday and/or is greater than in 10 hours in length. We are currently undertaking a review into the definition of Out of Hours and enhancing our processes.

Chart 9: Percentage of Inspections Undertaken Out of Hours January 2023 - December 2023



Key Result 6

We will reduce the volume of applications pending completion that are over 10 weeks old.

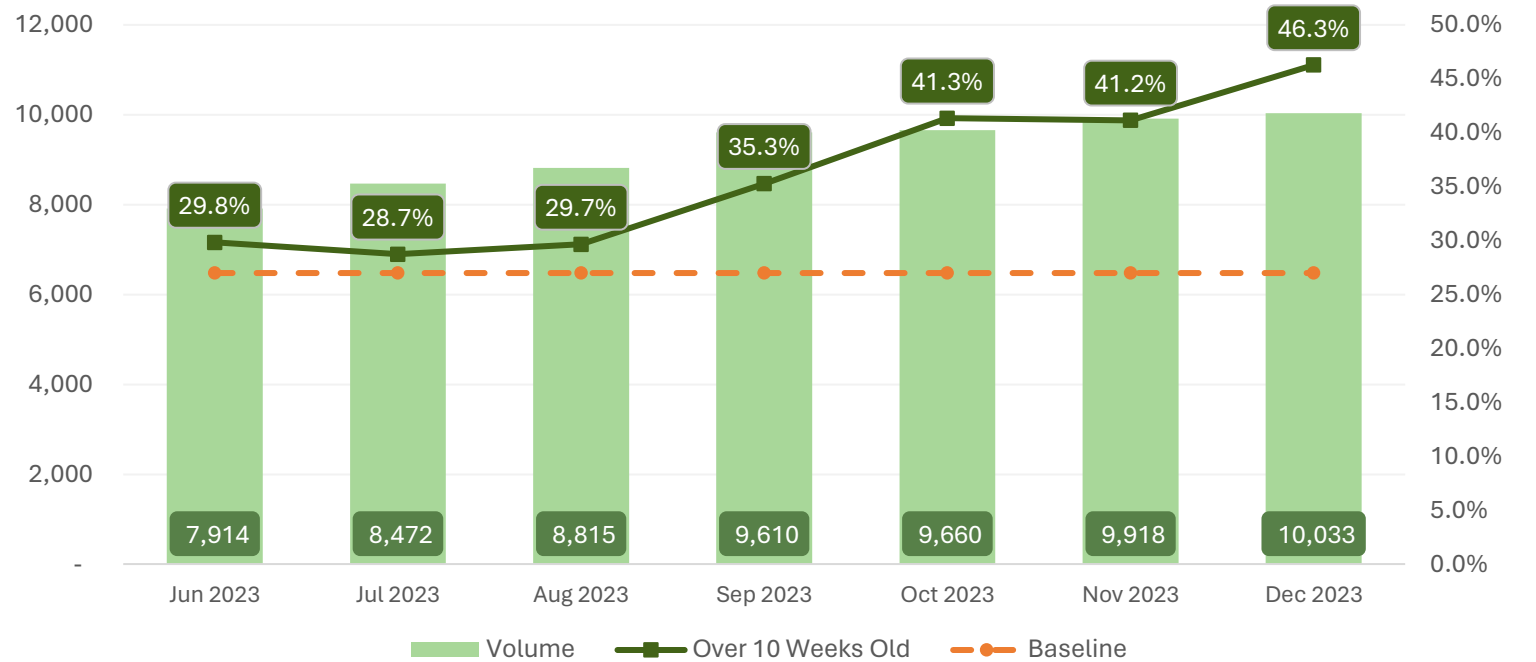
In the previous financial year, on average, over 22% of applications were over 10 weeks old.

However, this year has seen the percentage of applications surpassing the 10-week mark steadily increase from 29.8% in June, to 46.3% in December.

In addition, the volume of outstanding applications has also risen during this time, from 7,914 in June 2023 to 10,033 in December 2023.

Several initiatives have been put in place to help improve the delivery on registration. We also indicate priority applications whereby they may add capacity to the sector. Our registration service is launching in regulatory transformation in February 2024 which will bring increase efficiencies.

Chart 10: Volume of Outstanding Applications and Percentage of Applications over 10 Weeks Old



Key Result 7

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

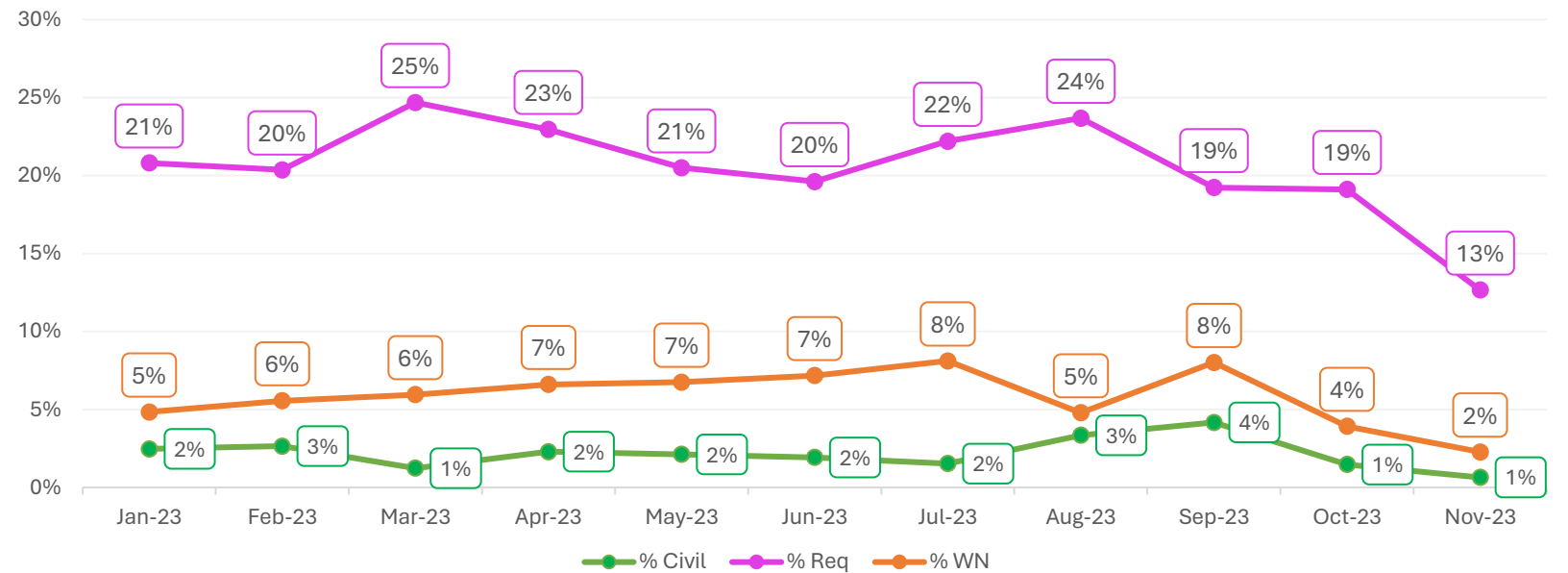
By the end of December 2023, we have undertaken and published a total of 6,839 inspections.

Of these, 2.12% of inspections led to civil enforcement, and an additional 6% resulted in the issuance of a Warning Notice (WN).

Together, 8.12% of inspections resulted in enforcement action following regulatory activity, reflecting a 0.38% increase compared to Q2.

Additionally, during this period, 30% of inspections identified breaches of regulations.

Chart 11: Percentage of Enforcement Action following regulatory Activity
January 2023 to December 2023



It is important to note that enforcement activity can only be published after the right to appeal has passed, therefore we tend to see a 3-month lag in seeing an accurate view of activity undertaken.

Key Result 8

Increase of % of colleagues with protected characteristics at all grades.

As part of this measure, we report on three main protected characteristics: disability, ethnicity, and sexual orientation.

As of December 2023, the overall workforce diversity at CQC indicates that 15% of colleagues, across all grades, belong to minority ethnic groups, an increase of 0.6% on the previous quarter. Additionally, 11.6% of colleagues reported having a disability in Q3 which is a 2% increase on the previous quarter.

For lower grades, we saw a decrease in those stating they were from ethnic minority backgrounds by 5.4%. For those Grade A and above, there was a reduction of 2.3% of colleagues stating their sexual orientation was LGBT+.

In addition, the percentage of colleagues not declaring as to whether they have a protected characteristic has dropped, increasing the accuracy of our reporting.

For this quarter we have also added reporting for Maternity and Newborn Safety Investigation (MNSI) colleagues who joined us in October 2023.

Disability	Yes	No	Not Declared
Grade A & Above	10.9%	83.7%	5.4%
Grade B - G	12.1%	82.6%	5.3%
MNSI	7.2%	20%	72.8%

Ethnicity	Minority Ethnic Origin	Not Minority Ethnic Origin	Not Declared
Grade A & Above	13.6%	79.1%	7.3%
Grade B - G	15.7%	77.4%	6.8%
MNSI	10.6%	10.0%	79.4%

Sexual Orientation	Heterosexual	LGBT+	Not Stated
Grade A & Above	80.3%	8.1%	11.6%
Grade B - G	78.3%	6.9%	13.8%
MNSI	79.4%	3.9%	16.7%

Key Results 9 and 10

Within 1% of our available fee funded envelope & within our available Grant in Aid funded envelope.

Year to 31st Dec 2023	Expenditure	Income	Variance	KPI – Target	KPI - Actual
Fee Funded Activity	£171.5m	£181.1m	£9.6m	1% Variance	5.3%

Additional Information	Actual YTD	Budget YTD	Variance YTD
Healthwatch England	£2.3m	£2.6m	£0.2m
National Guardian Office	£1.0m	£1.0m	£0.0m

To ensure we are making sound financial decisions we will ensure we manage our budget within our fee funded envelope. As of the end of December we had a 5.3% favourable variance, an increase of 4.5% on the quarter before, meaning our income is higher than expenditure ('favourable variance').

Amber

Declining

Year to 31st Dec 2023	Expenditure	Income	Variance	KPI – Target	KPI - Actual
GIA – Revenue	£24.7m	£23.5m	£(1.1)m		-4.9%
GIA – Capital	£19.1m	£17.9m	£(1.2)m		-6.7%
GIA Total	£43.8m	£41.4m	£(2.4)m	Within Funding	-5.7%

To ensure we are making sound financial decisions we will ensure we manage our budget within our available Grant in Aid funded envelope.

The total GIA overspend at 31st December 2023 is £2.4m (5.7%). Capital GIA is forecast to break-even at the end of the financial year.

Amber

Improving

Key Result 11

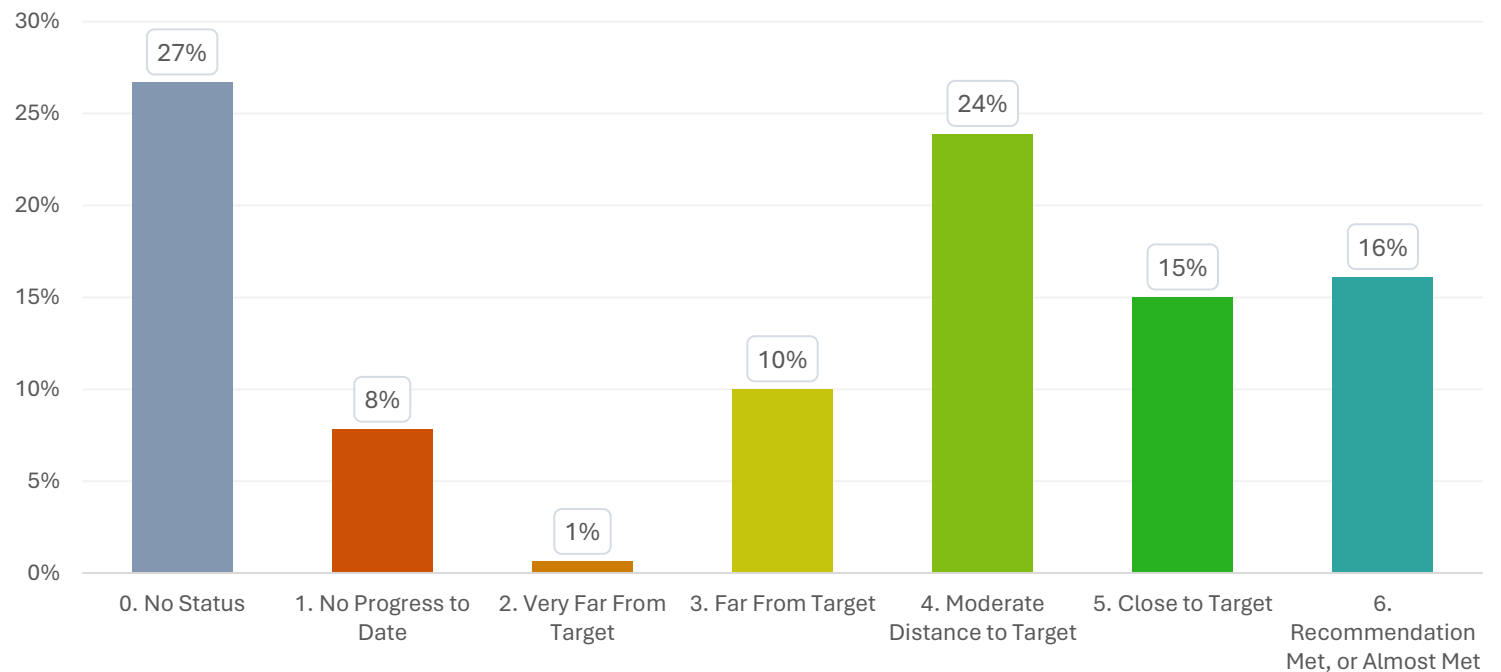
Monitor % of recommendations with progress and on track.

Of the 232 recommendations made to us, either internally or externally, 73% have a progress score. The tracking process is new for 2023/24 and we have seen the volume of recommendations with a status, and those in progress, improve and increase over the year.

Of those with a status provided, 92% have some progress towards the target, with 16% either complete or almost complete.

There is a separate paper to board on the recommendations that were made as part of the Listening, Learning, Responding to Concerns review which has a greater progress score with 98% of recommendations with a status update.

Chart 12: Percentage of Recommendations by Status



Maternity Referrals: Summary

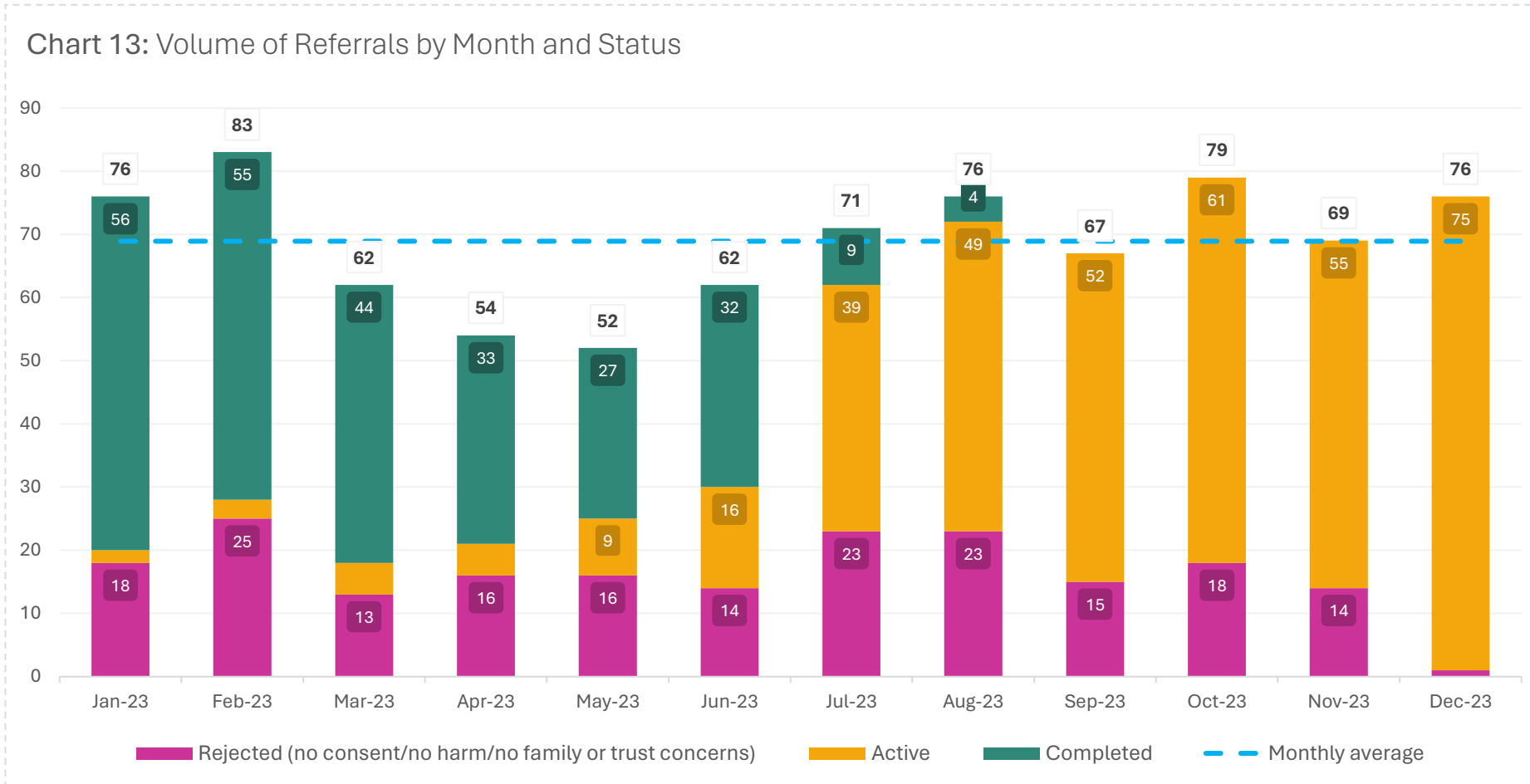
01 April 2018 – 31 December 2023

Status	Referrals Submitted	Rejected	Progressed to Investigation	Reports Completed in Period
Programme to Date	5,778	2,047	3,731	3,358
Year to Date	705	239	466	407

Financial Year		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Referrals Submitted	Referrals that met criteria	395	963	1014	978	907	606	4863
	Referrals that did not meet criteria	47	207	255	144	163	99	915
Referrals that met criteria	Referrals that were progressed to investigation	354	807	741	712	651	466	3731
	Referrals rejected due to 'no family consent' or 'no harm or trust/family concerns'	41	156	273	266	256	140	1132
Referrals that progressed to investigation	Investigations ongoing	0	0	0	0	12	361	373
	Investigations completed (by month referred)	354	807	741	712	639	105	3358

Maternity Referrals: Breakdown

Rolling 12 Months: 01 January 2023 – 31 December 2023



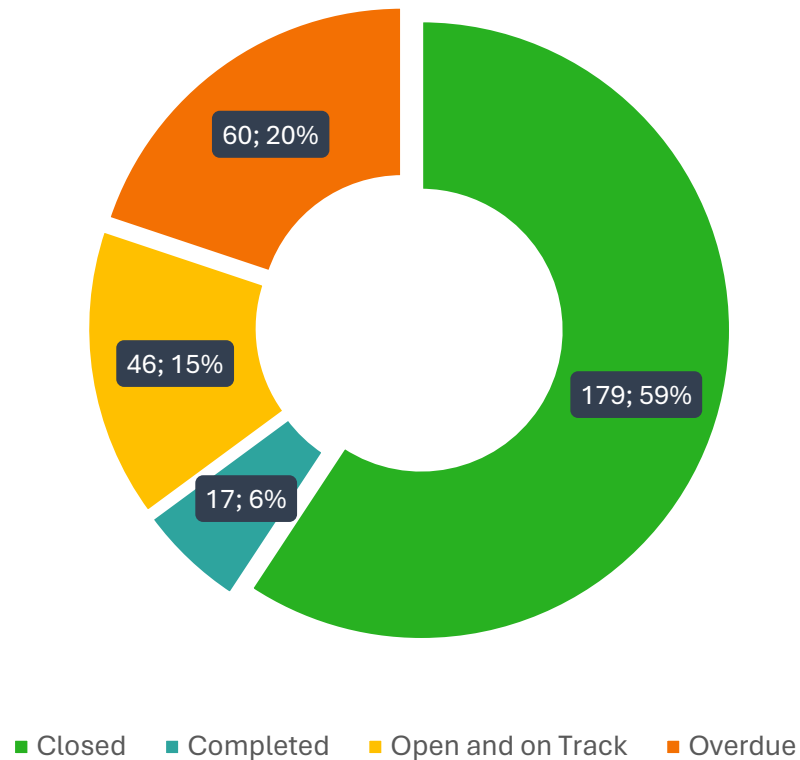
Note: There are two active investigations greater than 12 months old:

- London (Central) maternal death (referred Oct-22) was put on hold due to a delay in obtaining family consent. It is currently at the ‘Family Factual Accuracy Check’ milestone.
- South (West) early neonatal death (referred Dec-22) was put on hold due to a post-mortem examination. It is currently at the ‘Report Panel (Complex)’ milestone.

Risk	Risk Score	Appetite	Tolerance	Risk Status
S1. Our strategy does not match the current needs of the sector.	12	10	15	Exceeds Appetite, Within Tolerance
S2. We do not have an effective governance framework in place.	12	10	15	Exceeds Appetite, Within Tolerance
S3. We do not deliver our organisation transformation effectively.	12	10	15	Exceeds Appetite, Within Tolerance
S4. We do not obtain enough feedback from people to ensure that user voice is central to our regulatory activity.	12	10	15	Exceeds Appetite, Within Tolerance
S5. We are unable to obtain the right data from external stakeholders to accurately assess the risk in services we regulate.	12	10	15	Exceeds Appetite, Within Tolerance
S6. We do not have enough quality data to be an intelligence-based regulator that shares information with others so they can act.	12	10	15	Exceeds Appetite, Within Tolerance
S7. We are unable to drive improvement and therefore do not add value to the health and social care sector	12	10	15	Exceeds Appetite, Within Tolerance
S8. We do not have an effective enterprise risk management framework in place	9	10	15	Within Appetite
C1. Interruption to our technology systems due to ransomware or other malign attacks.	12	8	12	Exceeds Appetite, Within Tolerance
C2. Unauthorised access to our systems and misuse of information we hold.	12	8	12	Exceeds Appetite, Within Tolerance
E1. We do not have a productive relationship with key stakeholders.	6	8	12	Within Appetite
E2. The current legislation is inappropriate to cope with innovations.	9	8	12	Exceeds Appetite, Within Tolerance

Risk	Risk Score	Appetite	Tolerance	Risk Status
P1. We cannot attract and retain our workforce.	9	10	15	Within Appetite
P2. Our colleagues don't have the appropriate skills (including clinical skills).	12	10	15	Exceeds Appetite, Within Tolerance
P3. Our colleagues are insufficiently engaged in our culture change and ways of working.	16	10	15	Exceeds Tolerance
O1. Our operational workforce is not as productive as it should be.	12	8	12	Exceeds Appetite, Within Tolerance
O2. We do not make an accurate and timely assessment on the quality of care or risk for people using services.	16	8	12	Exceeds Tolerance
O3. Our operational workforce do not comply with policies and procedures.	12	8	12	Exceeds Appetite, Within Tolerance
O4. Our operational processes and controls are not flexible enough to respond to changing demands and priorities.	12	8	12	Exceeds Appetite, Within Tolerance
O5. Disruption to business continuity	4	8	12	Within Appetite
O5.1. Siebel CRM recovery	15	8	12	Exceeds Tolerance
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	12	8	12	Exceeds Appetite, Within Tolerance
F1. The fees we charge are considered to be excessive by those we regulate.	6	5	8	Exceeds Appetite, Within Tolerance
F2. We do not get appropriate funding to deliver our commitments.	6	5	8	Exceeds Appetite, Within Tolerance
F3. We do not have appropriate departmental controls and financial oversight.	6	5	8	Exceeds Appetite, Within Tolerance

Chart 14: Internal Audit Actions by Status



CQC is currently tracking active audit reports with outstanding actions, of which there are 302 actions in total. 59% or 179 are of those actions closed, 60 are overdue. Of those 60, 17 are completed, evidence has been submitted and are awaiting auditor review before closing, 46 are open and on track and 9 of those open actions are awaiting evidence to be loaded for the auditor's review.

All overdue actions have been followed up and further evidence is being gathered and submitted to the auditors.

The oldest actions, dating back to 2021, have been submitted and are awaiting review from the auditors.

Our KPI is 90% of audit actions met within the timescales given. At present, 27% year-to-date of actions have been complete by agreed deadlines and we are tracking overdue actions on a weekly basis with that figure expected to decrease significantly in Q4.