

Meeting	PUBLIC BOARD MEETING
Date	21 January 2015
Agenda item Paper Number	4 CM/01/15/04 Revised
Item title	Chief Executive's report to the Board
Sponsor	Chief Executive
Author	Naomi Paterson

PURPOSE OF PAPER:

This is a paper for the Board to **note**.

Introduction

The report this month provides an update on the following matters:

1. Update on recruitment
2. Update on Staff Development and the Academy
3. Update from the Adult Social Care Directorate
4. Update from the Primary Medical Services and Integration Directorate
5. Update from the Hospitals Directorate
6. Safeguarding children from sexual exploitation and sexual abuse
7. Health and Social Care Information Centre - Code of Practice on confidential information
8. Counter terrorism and security bill
9. One year on from "Hard Truths"
10. Working with Healthwatch England

1. Update on recruitment

We are making good progress against our recruitment targets of 300 new Inspection colleagues by end April and a further 300 by end of December 2015. We have a strong pipeline of candidates in all sectors and have assessment centres scheduled for every day in January and February. At the time of writing we have selected 106 successful candidates.

Advertising for Inspection Managers begins week commencing 19 January 2015, with a fast track process for internal applicants. Other campaigns will follow, to

maintain a strong pipeline in all areas whilst ensuring candidates are progressed through with minimal delay.

Finally, we will be launching campaigns this month for key roles in Research and Intelligence.

2. Update on Staff Development and the Academy

CQC's new learning management system, "ED" (Education & Development), has now been operational for seven weeks. The system acts as a central hub where all staff can access learning materials, register for events and manage their individual learning records. At time of writing 59% (1813) of registered users have accessed the system; with over 5,500 instances of staff completing e-Learning, registering for online or face-to-face training sessions or reading guidance documents. The majority of all inspection staff have received methodology training tailored to their specific methodology. Currently 38 inspectors (18 as part of pilot, further 20 scheduled for March) are undertaking dental methodology training in line with the "fresh start" work within the Primary Medical Services Directorate. A total of 99 new inspectors have completed the new six week role specific induction programme designed to equip inspection staff with the skills to effectively undertake inspections for the Care Quality Commission

The Academy are currently providing two major learning programmes: Enforcement and Mental Capacity. In addition the Fit and Proper Person Requirement e-Learning and Duty of Candour e-Learning are continuing to be delivered.

- **Mental Capacity Act Level 2**

454 regulatory staff have received face to face training in the Mental Capacity Act. The training provides delegates with upskilled knowledge to use specific to their roles.

- **Enforcement Level 2**

775 regulatory staff have registered for face to face training to support the changes in enforcement. This training is due to commence during the week of 19 January 2015 and continue until April 2015. Approximately 1400 staff are due to be trained as part of the programme.

- **Fit and Proper Person Requirement E-Learning**

82 staff from the Hospitals Directorate and a further 37 staff from across the Commission have completed the e-Learning module, while a further 112 from the Hospitals Directorate and 373 from other Directorates are yet to complete the training.

- **Duty of Candour E-Learning**

117 staff from the Hospitals Directorate and a further 57 staff from across the commission have completed the e-Learning module, while a further 77 from the Hospitals Directorate and 353 from other Directorates are yet to complete the training.

3. Update from the Adult Social Care Directorate

Adult Social Care Inspections & Ratings

As at Friday 9 January 2015, CQC has awarded ratings to 400 adult social care services, with 274 judged as “*Good*”, 98 as “*Requires Improvement*” and 25 as “*Inadequate*”. In addition, we have awarded three “*Outstanding*” ratings to Prince of Wales House (Ipswich) along with two home care companies – Home Instead Senior Care (West Lancashire and Chorley) and Robert Owen Communities (Domiciliary Care East Devon, Exeter). These ratings follow on from the launch of our new style inspections and ratings system in October 2014 assessing whether people using the services are receiving services that are safe, caring, effective, responsive and well-led. As at the end of November 2014, the Adult Social Care Directorate had carried out a total of 1,911 new approach inspections, with reports and ratings to be published in due course.

Surveillance Update

Information for all health and adult social care **providers** who may be considering or already using hidden (covert) and open (overt) surveillance in their service was published on 16 December 2014, following CQC Board approval in November. The information sets out some of the key issues providers should take into account to help ensure any decisions about the potential use of surveillance are informed, appropriate and lawful.

The leaflet for the wider **public** on covert surveillance for families, carers and people who use health and adult social care has been redrafted to reflect the comments made at the November Board meeting.

CQC has subsequently shared the public leaflet with the Information Commissioner’s Office, experts by experience at a workshop in December, and through our online forums, to seek further feedback. The comments received to date have been broadly positive. An overwhelming majority of the online forum respondents found the information clear and easy to understand, and found that the information would certainly help them make a clear decision whether to use a hidden camera or other equipment to monitor care.

The document has now been shared with the Plain English Campaign with the intention of obtaining their crystal mark before sign off and publication later this month.

Special Measures

In July 2014, the Secretary of State announced the intention to introduce a special measures framework for adult social care.

CQC has been developing our special measures approach in co-production with people who use services, their carers and families, providers, commissioners, our staff and other stakeholders. We have listened to a range of views at internal and external co-production workshops, including those of providers, other regulatory bodies, national organisations that offer support to the adult social care sector, and

representative organisations for people who use services, and their families and carers.

As a result of this co-production work, a proposed framework has been developed for our special measures approach for adult social care. A consultation process has begun on this and the proposed framework has been shared on CQC's website so that we can gain wider public views. The deadline for this consultation process is 30 January 2015.

4. Update from the Hospitals Directorate

We have now inspected more than half of the acute trusts (87 of 161) in England and a significant proportion of the mental health and community service trusts. We are currently inspecting our third (of 10) large ambulance trusts. During Quarter 3, October – December 2014, we have piloted inspections of independent sector hospitals, though we are not rating these as yet.

A+E departments across the country are clearly experiencing very heavy demand at present. We will take this into account when assessing their responsiveness. Clearly we take a view across the whole previous year when looking at the 4 hour target. However, we will also look closely at how A+E departments are responding to the increased demand both in terms of safety and leadership. We have now put a total of 19 acute trusts into special measures, of which six have now been removed from special measures (one following acquisition from Frimley Park NHS FT). The most recent trust for which we have recommended special measures is Hinchingsbrooke. We continue to keep a very close watch on two trusts which have been struggling to improve performance within their A+E departments (Medway and Colchester).

5. Update from the Primary Medical Services and Integration Directorate

PMS continue with their inspection programme. During Quarter 3, 728 comprehensive general ratings inspections were conducted and 56 in Quarter 4 to date. We have published 69 ratings reports, three of which were outstanding, 56 were good and 10 required improvement. We expect to publish our first inadequate ratings reports and identify three practices that will move into special measures on 22 January 2015; we are working closely with local NHS England teams, who will provide support for the practices concerned. We continue to pilot new inspection methodologies for dentistry and will publish our first reports in February 2015. We are working with HM Inspectorate of Prisons on developing our new approach to Health and Justice are expecting to be ready to consult on the handbook in March 2015. Early work has started to develop our proposals for an integrated approach to our child safeguarding inspection activity.

6. Safeguarding children from sexual exploitation and sexual abuse

The Board will be aware of the concerning findings of the Alexis Jay report and wider emerging picture that children are being sexually exploited and abused in communities across the country. The Secretary of State wrote on 19 December

2014 asking that we consider the recommendations of the Rotherham and Manchester reports, their implications for our safeguarding responsibilities, and how those recommendations may be brought to the attention of commissioners, public health colleagues and other relevant colleagues.

I responded to the Secretary of State on 8 January 2015, covering the following points:

- The Alexis Jay report did not examine the role and responsibilities on health services in any detail, due to the specific terms of reference of that work. CQC believes that health services have a key role to play in the early identification of child sexual exploitation and triggering the response that leads to intervention and protection of children from further harm. School nurses, sexual health clinics, urgent care services, GPs and maternity services are all examples of front line contacts where it is crucial that healthcare professionals are aware of the indicators and equipped to respond. Good practice guidance exists in this area and the importance of partnership working to achieve a raised awareness and a skilled workforce able to consistently act to prevent harm is the basis of our approach. There are also significant implications for the services people require when they have “survived” such an experience.
- CQC is conducting an internal review of current guidance and recent findings, to make recommendations for the application of CQC’s regulatory approach and associated training of CQC inspectors.
- CQC has met with Professor Jay to talk through their findings from a health service perspective. In addition, Mike Richards and I met with Kate Lampard, whose work on the key these emerging from the Saville investigations will need to be incorporated into CQC’s thinking and planning for this area of regulatory work.
- CQC is working in partnership with NHS England regarding child sexual exploitation, and is liaising with Ofsted, HMI Constabulary, HMI Probation and HMI Prisons on multi agency approaches to inspection and the potential for future work in this area.

7. Health and Social Care Information Centre - Code of Practice on confidential information

On 23 December 2014, the Health and Social Care Information Centre (HSCIC) published their *Code of Practice on Confidential Information*. Under the Health and Social Care Act 2012, the HSCIC is required to publish a Code of Practice, and organisations that handle confidential information about the provision of health and adult social care in England are required to have regard to it. The Code therefore applies to any organisation that collects, analyses, publishes or disseminates confidential information. The Code provides good practice guidance to those responsible for setting and meeting organisational policy relating to the handling of confidential health and care information, and sits alongside the HSCIC’s *Guide to Confidentiality in Health and Social Care* (published in September 2013), which

provides patients and health and care staff with clear, accessible guidance on the handling of confidential information.

We are currently reviewing and revising our own *Code of Practice on Confidential Personal Information* and we will ensure that our own Code, and our practices for obtaining and handling confidential personal information, are consistent with the HSCIC code. We do not anticipate that we will be required to make significant changes to our practices in order to comply with the guidance provided in the HSCIC Code, but we recognise the need to continuously develop and improve our information governance processes and ensure that they are robust. This work is being undertaken as part of the Information Governance workstream of the Knowledge and Information Strategy, which was approved by the Board in November.

The *Code of Practice on Confidential Information* is available on the HSCIC website at www.hscic.gov.uk/cop and the *Guide to Confidentiality in Health and Social Care* is available at www.hscic.gov.uk/confguide

8. Counter terrorism and security bill

A proposed new statutory duty, set out in the Counter-Terrorism and Security Bill currently before Parliament, requires certain bodies to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions (“the Prevent duty”). The purpose of this duty is to ensure that the bodies serving the public play a full part in work to prevent people from being drawn into terrorism, including non-violent extremism which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

The draft guidance includes specific consultation questions and is available at: <https://www.gov.uk/government/consultations/prevent-duty>.

NHS Trusts and NHS Foundation Trusts are listed as specified authorities that the duty will apply to. Amongst the consultation questions is whether the duty should apply to other bodies.

CQC will respond to this consultation before the deadline of 30 January 2015.

9. One year on from “Hard Truths”

The Government’s one year on update from their response to the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (*Hard Truths: the journey towards putting patients first* report) is due to be published in February at a date to be determined. We have provided a full update on CQC progress against the recommendations to the Department of Health to inform the publication.

10. Working with Healthwatch England

On 14 January 2015 the Chair and I attended the Healthwatch England Committee Workshop to discuss the working relationship between Healthwatch England (HWE) and CQC.

What was evident is that good progress is being made in establishing the working relationship between the two organisations. Whilst there is more to be done, what has been achieved includes the following.

What's working well locally

- Each sector methodology has embedded working with Local Healthwatch (LHW) as part of each inspection process (set out in the inspection handbooks).
- All LHW are informed of announced hospital inspections (Acute, MH, Community) and are invited to discuss sharing information about people's views through phone calls / meetings.
- LHW are often invited to Quality Summits following Acute inspections.
- HWE and CQC have jointly published a guide on working together. Inspection Managers in the Primary Medical Services Directorate lead the relationship overall, and this is being rolled out to internal staff and across the Healthwatch network.
- LHW receive a regular targeted newsletter from CQC, are informed of recent inspection reports in their areas, and are informed of major press releases which relate to them.

What's working well nationally

- Quarterly Memorandum of Understanding meetings are held between CQC and HWE.
- There are good constructive national relationships.
- HWE and the CQC public engagement team meet regularly to embed a better working relationship between CQC, HWE and LHW including:
 - pilot work has been undertaken together in five areas, to use as learning case studies;
 - attendance and organisation of joint events;
 - providing regular opportunities for LHW to feed into CQC policy making, including through quarterly events;
 - monitoring the local relationship - a joint survey of all LHW and CQC inspectors is planned for March 2015, followed by a joint event in April 2015; and
 - HWE LHW conference in July 2015 will establish an award for the best joint working with CQC.
- There is real enthusiasm from the LHW network to work with CQC.

What needs to improve at a local level

- Consistency in LHW and CQC approach to local relationship – some local relationships include little contact, in part due to ongoing staffing issues within local CQC teams.
- There is still some confusion about the relationship between inspection and 'Enter & View', which is something that is being discussed further.
- LHW has suggested that CQC could reinstate regional cross sector reports on quality of care.

- It is difficult for CQC to report on the use of each piece of information provided by LHW.

What needs to improve at a national level

- An escalation policy is not yet fully agreed.
- Better joint working that demonstrates that we work towards the same aim of improving people's experiences of care.
- Better processes for information received from LHW by CQC. CQC is picking this up as part of the work of the public engagement strategy.

The Board is asked to **note** these items.

Name: David Behan
Title: Chief Executive
Date: 12 January 2015