MEETING	**PUBLIC BOARD MEETING** **20 January 2021**
Agenda Item **Paper Number**	**4** **CM/01/21/04**
Agenda Title	**Executive Team Report to the Board**
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PURPOSE OF PAPER:

This is a paper for the Board **to note**. Information contained in this report was accurate as of 13 January 2021. Any further developments or amendments since the circulation of this paper, will be brought to the Board's attention in the meeting.

Introduction:

The report this month is structured accordingly:

PART ONE: An update from the Executive Team on the organisational priorities for the first quarter of 2021.

PART TWO: Updates from Executive Team members on the following matters:

Chief Executive's report

1. Updates of Interest to the Board

Chief Inspector of Adult Social Care's report

2. Infection Prevention and Control and Designated Settings Update
3. Closed Cultures Update

Chief Inspector of Hospital's report

4. Hospitals Update

Chief Inspector of Primary Medical Services' report
5. DNACPR Thematic Review
6. Provider Collaboration Reviews

Chief Operating Officer's report
7. Supporting the Vaccination Programmes
8. People Plan Update: Policy Review Programme
9. Performance Report (November 2020)

Chief Digital Officer's report
10. Information and Cyber Security Risk

Engagement, Policy and Strategy Directorate's report
11. Strategy 2021 Update
12. Parliamentary Activity of Interest
13. Recent and Forthcoming Publications

PART ONE: Organisational Priorities for January-March 2021

Throughout the pandemic, our regulatory role has not changed. Our core purpose of providing the public with assurance that health and care services are safe has driven our decisions. As we are now entering a period of sustained and increasing pressures on health and social care services, it is only right that we continue to be flexible in our approach.

At the start of the pandemic, we paused routine inspections and focused our activity only in response to risk. This was the right thing to do and we have kept this decision under review.

In response to the latest position, the core focus of our activities will be on creating capacity to respond to COVID-19 *and* responding to significant risk of harm to the public. Our efforts will therefore be concentrated into three key areas:

- **Proactive:** planned programmes of work to look at specific things that either address ongoing and clear risks or create capacity in the system.
- **Reactive:** work following up on ad hoc risks and concerns raised with us by the public or whistle-blowers.
- **Supportive:** work where we are helping the system to deal with COVID-19 or to help deliver for the future.

Inspectors will continue engaging with external stakeholders to enable them to seek assurance, share outcomes of monitoring/inspection activity and to manage risks across the system. We are continuing to appraise the situation on a geographical basis, conscious of the significant pressures in London, and some of the larger cities. We are currently reviewing the distribution of our resources to concentrate our efforts on supporting the challenges being faced in the capital.

What this means for providers:

For **adult social care** services, in addition to undertaking inspection activity where there is a clear risk to safety, we will:

- Continue to undertake infection, prevention and control (IPC) inspections. This activity supports the establishment of designated sites so that people who have COVID-19 can be discharged from hospital in a timely way, freeing up capacity in the system.
- Inspect services where there is an ability to award a new rating, supporting local authorities to commission care where needed.
- Continue to monitor and assess services where there is a risk of closed cultures developing.

At the request of the Department of Health and Social Care, we have agreed to complete 1200 inspections in adult social care in December 2020 and January 2021 – an increase of 300 over our previously agreed commitment. In future months we aim to complete over 600 inspections per month in these settings.

For **hospital** services, in addition to undertaking inspection activity where there is a clear risk to safety, we will:

- Undertake some focused inspection activity of emergency departments where our monitoring of data and local intelligence indicates that increased pressure is directly impacting on the quality and safety of care.
- Continue to undertake Mental Health Act (MHA) monitoring activities to ensure the rights of vulnerable people are protected.
- Carry out IPC inspections where we have concerns about infection control and Trust oversight of infection risk. This will enable us to highlight where Trusts need to take action to ensure patient safety and support them with the return to non COVID-19 elective services as soon as possible.

For **primary medical** services, in addition to undertaking inspection activity where there is a clear risk to safety, we will:

- Only inspect in response to significant risk of harm – including concerns raised by people working in services and people using them – and when we cannot seek assurances through other routes. If an inspection is necessary, we will carry out as much activity off-site as possible.
- Continue to work jointly with OFSTED to inspect SEND services.

For **registration**, we will:

- Continue to prioritise registration applications that support the systems response to COVID-19.

Any additional NHS inspection activity will only take place where there is clear evidence of risk to safety or human rights and will be reviewed and authorised by the relevant Chief Inspector. ASC inspection activity will be agreed by Heads of Inspection.

By focusing our efforts on these priorities, we believe we are best serving our purpose to ensure that services are providing people with safe, effective, compassionate, high-quality care. Consequently, we have had to make the decision to NOT progress with some planned pieces of work, such as:

- **Review of ratings:** we are aware that our reports and ratings are vital to provide the public, providers and stakeholders with a view of quality in a service. At the start of the pandemic, we paused routine inspections and undertook as much assessment activity as possible without undertaking a site visit. As a result, there are services whose ratings are due to review, and others who have improved and wish to see this reflected in their ratings. It had been our intention to commence a programme to review all ratings, and whilst this objective remains, we are not currently able to commit to the timescales for the programme at the moment. We intend to still proceed with our consultation on creating a more flexible system of regulation which will enable some re-ratings to take place where the opportunity arises.

- **Transitional Monitoring Approach (TMA) calls**: as resources are deployed to undertake proactive priorities, we anticipate that the volume of TMA calls will decrease. This remains a rich source of data and intelligence and we will continue to review how the TMA is being reviewed and how we expect it to evolve into the Future Regulatory Platform. The evolution of the TMA will also address areas of emerging risk (such as access and sedation). In Primary Medical Services we have decided to pause TMA activity with any low-risk services.

- **Provider Collaborative Reviews (PCR)**: the planned fieldwork for the PCR on cancer services was due to commence in January 2021. We have taken the decision to pause this work, though endeavour to be able to commence this again as soon as practicable and are continuing with the development and intelligence aspects of the programme.

- **Provider information return (PIR)**: we have paused the PIR engagement work planned in Adult Social Care

We will continue to support providers and the wider system through this challenging period, sharing information we receive from providers, the public and stakeholders, with the Department of Health and Social Care and others to help shape the national response. Our local inspection teams are providing advice and guidance, sharing good practice and acting as an escalation point should any services face problems getting the support they need. We will be further promoting our Give Feedback on Care service as a mechanism to gather information and intelligence from stakeholders on any issues.

We will also continue to publish information that the public and providers will find useful through our monthly insight reports. We are also supporting the COVID-19 vaccination programme through rapid registration, coordination between sectors and sharing intelligence, helping to ensure it can be delivered quickly and safely.

We will continue to adapt our approach and remain responsive as the situation changes.

PART TWO: Updates from the Executive Team

Chief Executive's report

1. Updates of Interest to the Board

The focus of mine and the Executive Teams time at present is on monitoring the ongoing situation within the health and social care sectors we regulate and how we can ensure that our activities create capacity and respond to risk. We have learnt much from the early stages of the pandemic and are applying these lessons to our approach and engagement.

Later this month I am joining the UK and Ireland health and social care regulatory bodies in a seminar to discuss our experiences during the COVID-19 pandemic, and the learnings arising from these experiences. Departmental sponsors will be in attendance to discuss what issues are likely to persist for regulators in the 'new COVID world'.

Following a change to the law in December 2020, COVID-19 testing has been exempted as a regulated activity under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This means that COVID-19 testing providers no longer need to register with us.

Chief Inspector of Adult Social Care's report

2. Infection Prevention and Control and Designated Settings Update

The Chief Inspector will provide a verbal update to the Board.

3. Closed Cultures Update

The final Prof Glynis Murphy report was published at our Board meeting in December 2020, this was alongside communications activity including a blog and news story. These all emphasised our changing approach in this area towards more observation for high risk services. The policy team are now planning how to implement these recommendations and incorporate into our future way of working.

During 2021 we will be leading a programme that will help identify unacceptable care and use our regulation as a lever to make sure all services are providing care that is meeting people's needs. We have appointed one of our Deputy Chief Inspectors to provide strategic leadership on this work and will oversee the regulation of services that care for people with learning disabilities and autistic people.

We have much more to do to adapt our approach and Prof Murphy's report and research will further help our ability to do this. We will be bringing back to board details of how these will be implemented over the coming months.

Chief Inspector of Hospital's report

4. Hospitals Update

There are no significant updates to report to the Board.

Chief Inspector of Primary Medical Services' report

5. DNACPR Thematic Review

The fieldwork for the Review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions during the COVID-19 pandemic is now complete. Our teams continue to analyse evidence and report drafting has commenced. The final report will be shared with Ministers at the end of February 2021.

6. Provider Collaboration Reviews

The January fieldwork of the Provider Collaboration Review of cancer services was paused given the pressures on external systems. This was the second pause for this fieldwork due to COVID-19 pandemic pressures on systems. The PCR programme effort continues internally, and fieldwork will re-commence as soon as possible pending pressures across systems. The Integration Board will confirm dates and sequencing for the following PCRs: cancer services, services for people with a learning disability and mental health services. PCR work has been included in our systems-based delivery priorities, which will ensure we continue to drive regional and national learning via the sharing of learning, creativity and positive practice of systems approaches to non-COVID provision.

Chief Operating Officer's report

7. Supporting the Vaccination Programme

We recognise the huge endeavour being undertaken by the NHS vaccination programme as it aims to deliver vaccinations to the population through local hospital hubs, GP designated sites/practices, community pharmacy and mass vaccination centres.

We have stood up a cross sector working group to review our regulation, which includes clinical expertise, and we are working closely with the Department of Health and Social Care, NHS England, other regulators (including GPhC, MHRA).

We will not have a specific inspection programme for vaccination sites, but we intend to monitor and inspect based on risk seen through our intelligence reports

8. People Plan Update – Policy Review Programme

In late December we launched three key policies and procedures - Managing Sickness Absence, Critical Illness and Conflict Resolution. Further policies will go live in January 2021. Coaching managers is an integral part of the launch and briefing sessions are planned. External input from Stonewall and Business Disability Forum has been included into the policy review process from the outset; we have now added MIND to this list.

9. Performance Report (November 2020)

Please see Appendix. This update covers the key highlights in month, as well as any measures that were rated amber or red. Amber indicates anything that is within 10% of target (if a set target) or not showing improvement for those measures set to improve within year. Work is ongoing to ensure all measures all captured.

Priority One: Deliver Our Core Business

1.1 Registration applications (simple and complex): At the end of November, simple applications (1,431 processed in November) have taken 24.2 days to process and complex applications (48 processed in November) have taken 114 days. Simple applications are made up of applications processed by the National Customer Service Centre and those which are reduced risk.

1.2 Registration Quality Measures (3&4): During the pandemic we have been inspecting due to risk, utilising our intelligence and have ceased routine inspections. We have placed on hold measures 3 and 4 as without inspecting all newly registered services it was not possible to see a complete picture. We have additional internal measures for registration quality which help to ensure this is constantly reviewed.

1.3 Safeguarding and Whistleblowing: Our year-to-date performance for safeguarding alerts is 97% and for concerns is 94%. The median time taken to record an action for a whistleblowing concern is 4 days.

1.4 Regulatory Action: Between April and the end of November, 3,248 locations have been inspected; 3,029 with a site visit. Those with a site visit include 716 inspections which were conducted as part of an Infection Prevention & Control (IPC) thematic in Adult Social Care and 114 designated settings inspections. Excluding the thematic reviews, 79.5% of inspections

with a site visit were conducted due to risk, the remaining were prioritised due to risk, for example poor previous ratings or breaches of regulation.

Inspections continue to be mainly triggered by information of concern or statutory notifications. 53.7% of inspections with a trigger recorded were triggered by information of concern between April and November. Information of concern includes whistleblowing, safeguarding, concerns and complaints.

As part of our regulatory transition, our transitional monitoring approach (TMA) was launched on 5 October 2020 which is a further development from the Emergency Support Framework which was utilised during the height of wave 1. We will include TMA in our regulatory action reporting in future reports.

1.5 Report Writing: ASC have published reports in an average of 26 days, compared to 27 in 2019/20. PMS have published in an average of 33 days compared to 31 in 2019/20. Hospitals have published in an average of 50 days compared to 52 in 2019/20. The measure looks at the average time taken in month; therefore, it is important to note that the volume of reports produced between April and November are lower than average months over 2019/20 due to COVID-19 and the focus of the majority of inspections is on risk which can add an extra complexity to the report writing process.

Priority Four: Equip Our Organisation and People

1. **Turnover:** Our turnover remains stable at 7.2%. The 12-month turnover rate for those with under 2 years' service is 9.4%.
2. **Sickness:** Sickness remains on track against the target of remaining under 5%, currently at 3.4%.
3. **Finance Revenue:** The revenue budget is forecast to be £10.7m underspent at the end of the year. This includes a potential £1.3m shortfall on provider income.
4. **Finance Capital:** The forecast has improved significantly following a focused review of planned activity. The forecast outturn is now a £0.2m underspend.

Chief Digital Officer's report

10. Information and Cyber Risk Security

There are no significant information or cyber security incidents to report.

Engagement, Policy and Strategy Directorate's report

11. Strategy 2021 Update

As part of the development of the next corporate strategy we are formally consulting on our ambitions and plans. These are the result of over 15 months engagement internally and externally. The formal consultation is running for eight weeks from 7 January and we will publish our response document (and independent analysis) and final strategy in May.

We are also looking to consult on a number of regulatory changes to help us provide flexibility about how we respond to the pandemic. These changes will also help us start to lay the foundations for our next strategy. We are still working on further detail for this consultation, which is anticipated to run for eight weeks.

12. Parliamentary Activity of Interest

Chris Day, Director of Engagement, met with Dr Rosena Allin-Khan MP (Labour, Tooting), in her capacity as Shadow Minister for Mental Health, on 6 January to discuss an overview of our findings on COVID and wider health and care issues.

Parliament has been in recess for the majority of 18 December to 11 January, however we have been keeping parliamentarians updated over Christmas and New Year on key aspects of our work, including briefings on our new Strategy.

13. Recent and Forthcoming Publications

Recent Publications

Because We All Care – Give Feedback on Care (GFOC) Spike 3: Targeting Carers
On 12 January, we launched the third spike of our public campaign 'Because We All Care' focusing on carers.

Because We All Care supports and encourages more people in England to feedback on health or social care services, they, or a loved one, have experienced. The campaign seeks to help services identify and address safety and quality issues, in the context of COVID-19, and to encourage longer-term consumer-behaviour change, by normalising the act of giving feedback after interacting with health or social care services. The spike runs for four weeks ending in February 2021.

Forthcoming Publications

a) **Insight Issue 7 Report**

Our insight reports help everyone involved in health and social care to work together to learn from the pandemic: to share and reflect on what has gone well, understand and learn from the experience of what hasn't, and help health and care systems prepare better for the future.

Issue 7 will share updated data on infection prevention and control work in ASC and deaths of people from black and minority ethnic communities in care homes.

b) **Duty of Candour Guidance**

In 2018/19 we carried out an internal review of our regulatory processes in relation to assessing the Duty of Candour across all sectors. It looked at our training and guidance for staff and guidance for providers, reporting processes, enforcement processes and how we assess at Duty of Candour on inspections.

It also involved direct engagement with providers, key public groups and stakeholders, inspection staff and people using services. Based on the findings of that work we have updated our guidance for providers and inspectors to ensure the requirements of the regulation are clear and greater detail is included regarding the circumstances in which Duty of Candour needs to be applied.

c) **Annual Provider Survey Responses**

Each year we survey a sample of providers to understand their sentiment towards us and experience of being regulated. The responses help shape how we develop and improve our work. We will publish a summary of responses on our website, alongside responses from previous years, early next month.