Care Quality Commission

MEETING	PUBLIC BOARD MEETING 24 March 2021
Agenda Item Paper Number	4 CM/03/21/04
Agenda Title	Executive Team Report to the Board
Sponsor	Ian Trenholm, Chief Executive
Author	Laura Ottery, Advisor to the Chief Executive

PURPOSE OF PAPER:

This is a paper for the Board **to note**. Item 5 requires the Boards **approval**. Information contained in this report was accurate as of 18 March 2021. Any further developments or amendments since the circulation of this paper, will be brought to the Board's attention in the meeting.

Chief Executive's report

1. Organisational Priorities

In January we set out to the Board the details of our organisational priorities for the period January-March 2021. These were arrived at in recognition of the sustained and increasing pressures on health and care services, and the need for us to continue to be flexible in our approach. The core focus of our activities during this time was on creating capacity to respond to COVID-19 and responding to significant risk of harm to the public.

We have continued to monitor the impact of our approach and have remained responsive as the situation changes. As the pressures on health and social care systems begins to ease, it is incumbent upon us to consider our role in supporting providers in developing recovery plans, taking into account the needs of teams in recovering from the pandemic, and patients waiting for treatment. It is essential that any recovery plan includes both factors.

Our efforts will therefore be focused into the following key areas:

- Encouraging system recovery – using our convening power and having an active voice
- Proactively managing and responding to risk – seeking out and addressing safety and quality problems
- Ensuring a strong future – delivering change and improvement

What this means for providers:

We will continue to undertake inspection activity that either helps create capacity to respond to COVID-19 or that responds to significant risk of harm to the public. From April 2021, we anticipate that our activities will therefore be concentrated into the following areas.

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. In care homes to ensure people are receiving safe care. 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. We will also adapt our care home IPC methodology to be used in community settings such as living and extra care.
- Rapidly inspect potential designated sites so that people who have COVID-19 can be discharged from hospital in a timely way, freeing up capacity in acute care.
- Inspect and re-rate services where appropriate and where it creates additional capacity in the system (including those services registered and not yet rated), supporting local authorities to commission care where needed.

For **hospital** services (including independent health and mental health services), in addition to continuing with our current risk-based approach to regulation undertaking inspection activity where there is a clear risk to safety, we will:

- Undertake focused inspection activity in emergency departments where our monitoring of data and local intelligence indicates that increased pressure is having a direct impact 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.

- Closely monitor how hospitals are ensuring robust infection prevention and control and to carry out focused IPC inspections where we have concerns about a provider's oversight of infection risk.
- Return to inspect and rate NHS trusts and independent healthcare services that are rated inadequate or requires improvement or where new risks have come to light and develop plans to review ratings for all hospital providers to make sure they are still appropriate based upon our latest assessment of risk.
- Carry out some core service with well-led inspections of mental health trusts and independent mental health providers.
- Prioritise high risk independent healthcare services for inspection. These include, for example, cosmetics surgery services, independent ambulances, and those where closed cultures may exist.
- Support improvement in urgent and emergency care and maternity. This will include the roll out a programme of focused inspections of safety in NHS maternity services where data and local intelligence identifies concerns about the quality of care. These inspections will look closely at issues such as teamworking and culture, staff and patient experience.

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

- Work jointly with Ofsted to deliver multi-agency inspections of children's services and review our approaches.
- Work jointly with HM Inspectorate of Prisons (HMIP) and other inspectorates to inspect health and social care in secure settings.
- Resume inspections of independent primary care providers focusing on high\medium risk providers who have never been inspected or where no rated inspection has taken place.
- Resume inspections of GP services rated Requires Improvement. These will be focused inspections looking at three key questions (safe, effective and well-led), as well as any other key questions rated as requires improvement/inadequate and any other areas identified as a concern from previous inspection.
- Commence a programme of focused inspections for oral health providers exploring an increased use of technology.
- Continue to develop the transitional monitoring approach (TMA).

For **registration**, we will:

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

- Focus on making improvements to our registration service so providers experience a faster and more efficient process.

Across all services, we will monitor and assess where there is a risk of closed cultures developing, including monitoring and acting on information of concern about blanket bans on visiting. We will also review our approach to inspections of services for people with a learning disability and autistic people – this is part of our work on transforming the way we regulate these services.

By focusing our efforts on these priorities, we are serving our purpose to ensure that services are providing people with safe, effective, compassionate, high-quality care. In addition to the sector specific activities outlined above, we will also over the period April-June 2021:

- Continue to deliver the Provider Collaborative Review programme, with the focus of the next reviews on cancer and learning disabilities and mental health.
- Transform how we regulate Learning Disability in-patient services.
- Continue to deliver transformation programmes, alongside research and development, quality improvement and evaluation to improve the way we regulate continuing to engage with people who use services, providers and colleagues.
- Continue to develop a new assessment approach to delivers on our strategic aim to be a flexible and responsive regulator.
- Deliver our new corporate strategy.
- Engage with stakeholders on our evolving role as outlined in the Health & Care White Paper; namely our approach to reviewing system working and assessing local authorities' delivery of their adult social care duties.
- Continue to share 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.
- Continue to publish information that the public and providers will find useful through our monthly insight reports and other independent voice products.
- Continue to monitor and support the COVID-19 vaccination programme, helping to ensure it can be delivered quickly and safely.

We will continue to keep the Board appraised of our performance against these priorities.

Chief Inspector of Adult Social Care's report

2. Infection Prevention and Control

We have continued to undertake infection prevention and control (IPC) inspections to share good practice, uphold high quality care and ensure services are safe.

We committed to the Department for Health and Social Care (DHSC) to deliver 600 inspections per month in adult social care. For the third month in succession, we exceeded this commitment, delivering 968 in the month of February.

We continue to update our website weekly with information including the number of:

- inspections (including IPC inspections) which we have undertaken since October 2020;
- assured designated settings;
- approved bed numbers.

We are continuing to look at IPC on inspections of designated settings for people leaving hospital who have tested positive for COVID-19 and have assured 157 settings so far on the scheme, equating to 2191 beds. In February we commenced a process of assurance for previously approved designated settings. In the first two weeks, we completed calls with over 30% of locations, discussing their approach to infection prevention and control.

3. Closed Cultures

We will be piloting our Quality-of-Life tool on several inspections for the first time in March. This is a tool to better identify when good care planning and delivery is taking place in learning disability and autism services.

We are updating the closed cultures guidance following feedback from inspectors about how it has been used on the frontline to improve its accessibility.

The COVID-19 pandemic and infection control issues mean the Talking Mat pilot remains paused as the mats need to be passed back and forth between people. In the interim, we are trialling an online version of Talking Mats, and our inspectors will continue to speak to people in our monitoring and inspection activity via our usual routes.

We are exploring how to produce guidance on surveillance for our inspectors, in line with changes we make in our future strategy. Any guidance will be produced in collaboration with external stakeholders.

Chief Inspector of Hospital's report

4. Updates from the Chief Inspector

Services have remained under immense pressure during the last month, and so colleagues in the Hospitals directorate have continued to only undertake inspection activity where there is a clear risk to safety, alongside some focused inspection activity where our monitoring of data and local intelligence indicates that increased pressure is directly impacting on the quality and safety of care. We continue to publish our reports in a timely way with reports largely being issued within KPI; any delay tends to be in response to providers requesting more time to provide factual accuracy comments.

Our IPC inspection framework is being used for ongoing, focused IPC inspections. Trusts are being identified for inspection based on a review of national nosocomial data and other local intelligence. We have completed seven of these focused inspections so far, with reports detailing the full findings to be published over the coming weeks.

We have also developed a specific maternity inspection approach and have supported inspections in providers based upon risk. Further inspections are planned with a plan for publication of the collated findings later in the year.
More broadly, and in line with our priority focus on system recovery and proactive management of risk, we are developing our approach to support providers in developing their recovery plans. Discussions have commenced with external partners in NHSE/I to inform our approach working alongside other regulators and system partners.

Chief Inspector of Primary Medical Services' report

5. Inspection of Secure Schools

The Minister of State for Justice and the Minister of State for Health have asked us to work collaboratively with Ofsted to develop an inspection framework for the inspection of Secure Schools, the first of which is to open in 2022.

Following the publication in, December 2016, of the "Review of the Youth Justice System in England and Wales", by Charlie Taylor, the Government agreed to implement a number of recommendations. One of these recommendations was the establishment of Secure Schools, which would eventually replace Secure Training Centres. It is intended that the Secure School model would more closely align with the 'secure children's home model' than a 'custodial model'.

Currently, we inspect Secure Training Centres (STC) jointly with Ofsted, as the lead inspectorate, and HMIP. Ofsted will be the lead inspectorate for the inspection of secure schools and will develop a framework based on 16-19 Academies and Secure children's Homes frameworks, with our involvement. There will be no formal role for HMIP although they have offered to help in a consultative capacity if required.

We are engaging in discussions with NHSE in relation to the commissioning arrangements for health provision. It is anticipated that this provision will require registration with CQC. It is anticipated there will be no additional resource implications, as we already inspect STCs.

6. Provider Collaboration Review (PCR)

Arrangements for March field work on the learning disabilities and cancer reviews are underway. One Sustainability and Transformation Partnership (STP) system declined to support the learning disabilities review, and several GP practices have raised concerns about supporting the sampling approaches. Teams continue to support arrangements to be in place.

We are finalising the scope and approach for the May mental health review for sign off and assurance via March Integration Board.

7. DNACPR Thematic Review Final Report

In October 2020 we were commissioned by DHSC, under section 48 of the Health and Social Care Act 2008, to conduct a special review of do not attempt cardiopulmonary resuscitation (DNACPR) decisions taken during the COVID-19 pandemic. Our interim report (published in December 2020) was based on intelligence received from people sharing their experiences, information from stakeholders, and a review of the existing guidance.

The final report and recommendations were published on 18 March 2021. The report supports good practice that protects people's human rights and makes recommendations on how people can be properly supported in this area. The full report can be viewed on this webpage.

Chief Operating Officer's report

8. Vaccination Programme

The Covid-19 Vaccination Programme Working Group continues to maintain regulatory oversight of the vaccination programme as well as providing colleagues with advice, guidance and insight regarding emerging trends and themes. We have adopted a risk-based approach to vaccination delivery in Primary Medical Services via the TMA process. The Hospitals directorate have sought assurance from 43 of 57 eligible trust providers of mass vaccination centres via the bespoke Vaccine Monitoring Activity (VMA) – no areas of regulatory concern have been identified and the programme is on track to schedule all reviews by 26th March.

The Working Group continues to engage with DHSC and NHSE/I to support vaccination uptake and the effective regulation of the service, including the proposed mandatory vaccination of staff working in social care settings. We have used intelligence to share emerging themes regarding access, stock supply, difficulties with the booking system and improving communication with providers.

9. Performance Report (January 2021)

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 are captured.

Effective and efficient registration service

1.1 Registration response to COVID-19: We continue to prioritise applications that help support the systems response to COVID-19, including settings that support discharge of positive patients from acute settings, or services which increase overall capacity to provide care in relation to COVID-19.

1.2 Registration applications (simple and complex): At the end of January, simple applications (1,105 processed in January) have taken 20 days to process and complex applications (29 processed in January) have taken 113.3 days. Simple applications are made up of applications processed by NCSC and those which are reduced risk.

We use intelligence to regulate registered services

1.3 Safeguarding and Whistleblowing: Our performance to the end of January 2021 for safeguarding alerts is 97% and for concerns is 94% against a target of 95%. The median time taken to record an action for a whistleblowing concern is 4 days. We continue to see an increase in the volume of whistleblowing enquiries received each month compared to the same time periods last year.

1.4 Using information of concern: Safeguarding and Whistleblowing continue to be key intelligence in identified risk. As of 9 March 2021, 54.93% of inspections that are triggered by risk are triggered by information of concern. We categorise information of concern as enquiries related to safeguarding, whistleblowing, concerns and complaints.

1.5 Regulatory Action: Whilst routine inspections were paused, we continued to inspect due to risk and concerns raised. Up to 9 March 2021, 6,217 locations have been inspected, 5,977 with a site visit. Those with a site visit include 1934 inspections which were conducted as part of an Infection Prevention & Control (IPC) thematic in Adult Social Care and 174 designated settings inspections.

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 (ESF) which was utilised during the height of wave 1. To the 9 March 2021, 48.3% of active locations have had either an inspection, ESF or TMA call since April 2020.

Priority Four: Equip Our Organisation and People

2.1 Turnover: Our turnover remains stable at 7.58%. The 12-month turnover rate for those with under 2 years' service is 10.2%.

2.2 Sickness: Sickness remains on track against the target of remaining under 5%, currently at 3.21%.

2.3 Finance Revenue: The revenue budget is forecast to be £12.8m underspent by the end of the financial year. This includes a potential £0.9m shortfall on provider income.

2.4 Finance Capital: The capital budget is now forecast to be £1.7m underspent by the end of the financial year.

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. Parliamentary Activity of Interest

We have submitted written evidence to the Health and Social Care Select Committee for their inquiry on children and young people's mental health. The written evidence, sent as a letter, outlines our approach to this work and highlights our 2018 'Are We Listening?' publication. The evidence will be published by the committee shortly.

We will also be submitting written evidence to the Health and Social Care Select Committee for their inquiry on the government's White Paper for health and social care. The evidence will outline our position on key aspects of the paper for our organisation and how future legislation might impact on our work.