

MEETING	PUBLIC BOARD MEETING 24 April 2019
Agenda Item Paper Number	4 CM/04/19/04
Agenda Title	Executive Team report to the Board
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PURPOSE OF PAPER:

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

Introduction

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

1. Performance report: February 2019
2. Parliamentary activity
3. Recent publications
4. Upcoming publications
5. Information and cyber security risk

Chief Executive's report
1. Performance report: February 2019

Board are asked to note performance in respect of February. There will be one more report using the current measures and format for 2018/19 presented in April. In May new measures and reports will be in place for our 2019/20 business plan.

On Plan Performance

- a. **Indicators covering sickness, our National Customer Services Centre (NCSC) performance and, information access (Fol requests etc.)** are all within or exceeding benchmarks and targets.
- b. **Year to date PMS has published 91% of reports within 50 days**, the first directorate to meet this target.
- c. **All Hospital re-inspection targets** are being met or exceeded.
- d. **Ninety three percent of PMS locations and 92% of ASC locations in breach for more than 4 quarters** have an action in place as at the end of January, this information will be reported a month in arrears to ensure accuracy.

Under Plan Performance

- e. **Year to date timeliness for registration** stands at 69% for new applications against a target of 80%. Q3 (71%) showed a slight and continuing improvement from Q2 and Q1 (70% and 67% respectively). Performance against variations and cancellations remains consistent at 89% against a target of 90%.
- f. **The National Customer Service Centre has been undertaking work in the past couple of months to target and reduce overall registration rejection rates** . Based on a review of the data about key drivers of rejections the team are developing an approach for improvement with two linked improvement projects. One will tackle 'failure demand' (getting the first interaction with providers right through better forms and guidance to reduce errors) and the other will focus on 'first time resolution' (improving how providers are supported better when they are submitting application with errors). These are in the early stages of development and will be underpinned by measures which are being worked up and will be included in future performance reports.
- g. Figures relating to the average **number of hours lost to IT Issues** each month per member of staff have been included in the annex (slide 10). This data suggests that hours lost to IT issues has been consistently decreasing since October following the roll out of new hardware and recent changes to support more consistent and stable running of systems. There is a programme of digital improvements in place and this is only one measure which although providing some assurance, should be seen in the context of a major programme of work.
- h. Year to date performance stands at 94% for **Safeguarding Alerts** referred to a Local Authority within one-day compared with a target of 95%. In February all 30 alerts referred were within one day. Where a mandatory action should be taken within 5 days in response to a Safeguarding Alert or Concern year to date performance stands at 90%, against a target of 95%. The Safeguarding and Responding to Concerns Committee continue to implement process improvements (N.B. this data relates to all three inspection directorates).
- i. This year there have been 10,971 **ASC inspections**, of which 73% of 4,983 Good or Outstanding services were undertaken within agreed timescales, against a target of 80%. Sixty two percent of 3,398 inspections of Requires Improvement or Inadequate services were undertaken within the agreed timescales, against a target of 90% (up from 57% at the end of Q2).
- j. Breaking this down further illustrates that, year to date, 84% of Inadequate locations and 56% of locations rated Requires Improvement have been inspected within the KPI. For the first two months of Q4 65% of RI and 92% of inadequate locations were within target, overall the improvement trajectory has been positive for both indicators. It should also be noted that a further 48% of RI locations are inspected within 4-6 weeks of the KPI. Of those out of KPI this may be because enforcement action was being taken; the service was dormant; a new registration was imminent; or the inspection was reprioritised as we had received information to suggest the service was improving. Throughout this time there is continued monitoring of the service and working with partner agencies. The backlog of overdue Inadequate and RI locations that have not had an inspection will be cleared by the end of March, at time of writing (15th April) there were just 50 remaining on the backlog, a verbal update will be given at the Board about progress.

- k. Year to date, 3,505 **PMS inspections** have been undertaken, with performance overall at 89%, just below the frequency commitments of 90%. This is mainly caused by challenges in migration to annual regulatory review which is due to begin from April.
- l. Our **inspection reports** commitment is to publish 90% within 50 working days (65 for Hospitals NHS reports with 3 or more core services). Year to date, CQC performance stands at 85%. February performance declined slightly at 87% in target compared with 91% in January. Year to date ASC has published 86% of reports within 50 days hitting the 90% target for the first time this year in December and increasing to 91% in January but reducing to 88% in February. The median days has been steadily reducing throughout the year within ASC from 35 days in April to 27 in February, an improvement on 28 days in January (see 3.11). For Hospitals, 57% of all reports have been published within their respective timescales: 55% within 50 days (for inspections with two core services or less) and 70% within 65 days (for inspections involving 3 or more core services). Although performance in Hospitals timeliness declined in February compared with January it should be noted that 12% of reports published in February had enforcement, this was twice the 2017/18 average and significantly higher than any month to date.
- m. Analysis of the **backlog of inspection reports**, (or 'In Progress' reports) has been undertaken and shows a notable decrease in the volumes across all sectors. Annex 1, Slide 13 indicates that backlog volumes are being cleared, with a continuing positive trend since the beginning of Q1 with an overall reduction of 14% (over 300 reports) since the start of the financial year which equates to less than two reports per inspector awaiting publication. There was a minor issue affecting ASC performance in February and marginally reduced performance, this has since been corrected and revised figures will be reported in the Q4 report.

Appendices Annex 1: Performance Report – February

Chief Inspector of Adult Social Care's report

Nil report

Chief Inspector of Hospital's report

Nil report.

Chief Inspector of Primary Medical Services' report

Nil report.

Chief Operating Officer's report

Nil report.

Executive Director of Strategy and Intelligence's report

2. Parliamentary activity

Education Select Committee: Professor Ursula Gallagher, Deputy Chief Inspector for Primary Medical Services, and Nigel Thompson, Head of Inspection for Justice and Children's Health will be giving evidence alongside colleagues from Ofsted at the Education Select Committee in Parliament on 24 April, as part of an inquiry into '[special educational needs and disabilities](#)'. Their evidence will focus on our approach to joint inspections with Ofsted, and the findings that the programme has made.

3. Recent publications

Independent doctors and clinics providing primary medical services – learning from good practice

Published 28 March, this report shares findings from our unrated inspection programme of independent consulting doctors and clinics that provide primary medical services (private GP services, travel clinics, slimming clinics, allergy clinics etc). Through the publication of this report, and through the introduction of ratings (from 1 April 2019), we expect to see standards continue to improve, particularly in areas such as sharing information appropriately, clinical record keeping, and safe and effective prescribing where we know that the sector needs to do better.

CQC fees scheme and response to our consultation

On 27 March we published our legal scheme that confirms the fees that we will charge providers in 2019/20, alongside our response to the consultation.

4. Upcoming publications

Pre-election period for local elections began on Thursday 11 April and will run until 2 May. Please note the below publication dates are dependent on potential extension of the pre-election period due to participation in the European Union elections (Thursday 23 May).

Effective staffing

We are planning to use a range of case studies showcasing innovative approaches to staffing and improvement in the area of safe staffing without relying on deploying staff from other wards.

The resulting product has a dual purpose of sharing innovative practice with providers, and informing the Secretary of State of our position on this issue. It will be shared in a number of formats to maximise impact and include: long-read blog; web content; a podcast with stakeholders; and a briefing for the Secretary of State.

Mental Health Act Code of Practice report

In this report, we analyse the extent to which the revised Mental Health Act (MHA) Code of Practice (the Code) met its objectives when it was published in April 2015.

Over the last year, we carried out a range of activities to evaluate the effectiveness of the Code, including analysing the issues raised by MHA monitoring visits, and how well the Code has been embedded in practice; the extent to which patients are supported to be involved in their care, and whether local areas are effectively implementing section 140 of the MHA (and the supporting guidance in chapter 14 of the Code). Engagement events, including webinars and workshops with our Service User Reference Panel, professionals and stakeholders, have supported this work.

Safer maternity report

Maternity safety is increasingly prominent, with maternity care a key focus of the NHS Long Term Plan. CQC has unique insight from our monitoring and inspection activity, which may be used to drive improvement and help services to meet the Secretary of State's ambition to halve stillbirth, neonatal and maternal death by 2030.

This report will draw attention to the areas of greatest concern – including poor multidisciplinary team working, a lack of staff training, and the quality of leadership and culture in an organisation – as well as showcase good practice, and highlight changes to our maternity inspection framework. The report will be based on analysis of ratings data, a thematic analysis of inspection reports for maternity services rated as 'inadequate' and 'outstanding', and case studies of services that have improved from 'inadequate' to 'good'.

Medicines optimisation in health and adult social care

Awareness of medicines optimisation and good medicines management is vital across all services. This report presents a cross-sector picture of the risks associated with medicines in different types of services and identifies six key areas of risk. It also presents the different aspects of how these risks appear through four 'sector' chapters: mental health care, primary medical care, adult social care and acute hospital care.

There are recommendations for action that providers can take to reduce risks and how they can share examples of good practice and innovative ways of working, where providers have improved their practice relating to medicines.

5. Information and cyber security risk

At the end of March, we submitted our Data Security and Protection toolkit assessment for 2018/19 (an assessment for all NHS bodies against information governance and security standards) to NHS Digital with all 'standards met'.

There are no significant incidents to report.