

MEETING	PUBLIC BOARD MEETING April 22 2020
Agenda Item Paper Number	5 CM/04/20/05
Agenda Title	CQC response to COVID 19 - update
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PURPOSE OF PAPER:

Actions required by the Board

- This is a paper for Board to **note**

1. Summary

Our purpose during the Covid19 Emergency remains tied to our values and ethos as an organisation and is centred around providing the public with reassurance that the health and care services they use are safe; and to promote improvement in those services and the wider health and social care sectors.

As a leadership team, our focus in the last month has continued to be on internal and external support and planning to ensure a proportionate and effective response to Covid-19 for colleagues and for our external partners and stakeholders. We continue to plan in a fast-changing environment and have established ourselves as having operational capability to support providers and stakeholders.

We are actively involved in the wider response in various ways, and increasingly playing a leadership role:

- Supporting Nightingale Hospitals in London, Birmingham and Manchester and supporting colleagues to volunteer with system partners and back to the frontline as clinicians
- Altering our approach to Registration to enable fast-track Covid-19 related registrations

- Working closely with Adult social care providers and stakeholders as a key link for the sector to government and partners.
- Using innovative technology to find solutions at pace such as the Interim Assessment tool
- Support the organisation to change working patterns effectively with a smooth and supported shift to homeworking
- Provide an online service to enable drive in testing of all key workers, including health and social care

We have met weekly as a team and discussed and commissioned further work through our Gold and Silver Command structures which allow information to be gathered and decisions to be made in a timely, efficient and impactful way. We have been able to utilise our innovative and exploratory approaches to technology in regulation, working with leading partners in the field to make a real difference. This was especially highlighted in during the Easter weekend where we supported testing of care workers in Adult social care, standing up a digital service over the course of the weekend which was then extended to include all key workers during the following week.

2. Internal response and changes

An internal review identified two key workstreams:

- **Workforce**
- **Regulation**

Both are underpinned by use of new technology, data collection and engagement with internal and external colleagues and stakeholders.

Workforce

We have several key workstreams which allow us to:

- **Understand our workforce**, managing work priorities, sickness, skills, support to staff and increased and changing asks in a new and fast changing environment.
- **Ensure we are communicating effectively** with our colleagues and designing solutions with their input, for example with guidance for homeworking and wellbeing initiatives

- **Support all colleagues who wish to volunteer** across the health and social care system and in the frontlines
- **Identify high risk and vulnerable colleagues** promoting their safety and dignity

Regulation

We have key workstreams which enable us to focus on our core purpose whilst also innovating at pace. This has enabled us to focus on:

- **Registration** to ensure we can continue to support providers, new registrants (fast-tracking where necessary), increased volume of queries, registered managers applications and responses to Covid-19, and explore how to use new technology effectively
- **ASC Providers:** We are taking the lead on ASC data collation and will communicate that to wider sector. This involves work with leading industry partners to develop and test new ways of collating information quickly and accurately
- **Interim Regulatory response:** Our interim Assessment framework has been drafted with stakeholders
- **A proportionate approach to Enforcement:** We have developed a decision-making framework, put enforcement principles and panels in place to discuss and agree on which Enforcement activity should continue, and assess any new enforcement that may come in during this time
- **A system to nationally escalate issues of concern:** All our senior national leads have linked in with regional leads and incident centres to ensure we pick up local information of concern and escalate it where necessary
- **Mental Health Act monitoring visits:** our reviewers will still be conducting checks remotely and may still complete site visits if they identify concerns. They will be working with local advocates, and groups to reach people and families on the phone, online and via online feedback

3. Response to Covid-19 in Adult social care

CQC is leading the coordination of testing care workers in Adult social care. Over the Easter bank holiday, we worked with partners to support the testing of social care workers and those in their households with symptoms consistent with Covid-19.

Using our national infrastructure, our colleagues enabled the overseeing of 4775 emails, along with 40 conversations with corporate providers, 491 phone calls to chase referrals and 499 referrals. Our colleagues in Digital were able to change and utilise our technology systems to allow us to increase the volume of communication and the number of people being tested. Soon staff will also be able to use this service to order a kit to test at home.

We are working closely with local decision makers, including the Association of Directors of Adult Social Services (ADASS), and alongside national bodies, such as Public Health England (PHE) to ensure we prioritise access to testing based on local need. This means that those who test negative can return to work and help relieve the pressures services are facing. This is also being provided to staff at mental health services and learning disability and autism services.

We are working with the Office of National Statistics (ONS) and PHE to look at how to provide a more detailed and more timely picture of the impact of COVID-19 on adult social care. From this week, the death notifications we collect from providers will allow them to report whether the death was of a person with suspected or confirmed COVID-19. As well as giving a fuller picture of deaths in care settings, this will provide a regional view which allows an assessment of which areas are most impacted and may need additional support as a result. We will be reporting this data publicly and are working closely with ONS to explore the best way to include the new notifications as part of their weekly reporting.

This week we've also launched a regular data collection on COVID-19 related pressures – such as shortages of PPE – from services who provide care for people in their own homes. This information will be combined with information already gathered from residential and nursing homes to give a much more complete picture of how coronavirus is affecting people who use adult social care services and those who care for them.

This information will be shared across organisations who can help mobilise support as well as CQC's own inspection teams. The more information we have, the greater our ability to drive action will be.

Those who work in social care have never had a more crucial – or a more challenging – role to play. We are here to support them so they can continue to keep people safe during this global emergency."

CQC and Think Local, Act Personal (TLAP) are also working on monitoring of impact of Care Act easements and COVID-19 more widely on people with care and support needs. The aim is to strengthen the voice of people with lived experience, provide transparency, and help lessons to be learnt.

4. Further external work with stakeholders

Our teams are working collaboratively with wider system partners and providers. Whilst we continue to focus on our core purpose, we will use our independent voice and subject matter experience on various issues to inform activity. A few have also been involved in:

- **Nightingale Hospitals:** Professor Ted Baker, Chief Inspector Hospitals, visited the London Nightingale hospital before it opened to support and speak to staff and volunteers. We have worked closely with the leads to ensure that it has been developed quickly and still works to fundamental standards of health and care quality, with its supporting Trust having regulatory responsibility for the way it operates. We have supported our colleagues to volunteer and work in all three Nightingale Hospitals through NHS England (NHSE).
- **Collaborative work with systems partners**, including PHE, NHSE and ONS, on various issues through regular discussions and meetings with subject matter experts within CQC.
- **Liaising with providers** across Hospitals, Primary Medical Services, Community Health and Adult Social Care and other sector stakeholders. We continue work closely through our local operational relationship holders and through effective engagement and communication channels at national level with regular contact and a flexible approach.

5. Conclusion and Next Steps

We will continue to update in detail on our Covid-19 Response to Board weekly and monthly. We are improving our collecting data collation methods and will continue to refine our way of working, to support our colleagues to work well and safely.