

<b>MEETING</b>	<b>PUBLIC BOARD MEETING 20 May 2020</b>
<b>Agenda Item Paper Number</b>	<b>7 CM/05/20/07</b>
<b>Agenda Title</b>	<b>Executive Team Report to the Board</b>
<b>Sponsor</b>	<b>Ian Trenholm, Chief Executive</b>
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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:

**Chief Executive's report**

1. Activity of Interest since the last meeting
2. Upcoming activity of interest
3. Covid -19 response update - with annex

**Chief Inspector of Adult Social Care's report**

4. Covid -19 response in ASC
5. Paper on closed cultures - with annex
6. Restraint, Segregation and Seclusion update

**Chief Inspector of Hospital's report**

7. Infection control
8. Mental health

**Chief Inspector of Primary Medical Services' report**
**Chief Operating Officer's report**

9. Annual Report & Accounts
10. People Directorate Report

**Executive Lead of Engagement, Policy and Strategy Directorate's report**

11. Parliamentary activity of

12. Media report

**Chief Digital Officer's report**

13. Information and cyber security risk

**Chief Executive's report**

**1. Activity of interest since the last meeting: focus on Covid-19 planning and support**

Over the last month, the Leadership team have been working closely together on an integrated approach to the Covid 19 response across all sectors, and support for colleagues to work effectively and flexibly in fast moving times. We continue with our weekly Board meetings and our Gold and Silver command structure, working collaboratively across the organisation and with stakeholders to support the Health and Social Care system.

During this emergency, we have worked closely with system partners and have stepped in to support national operational activity with technology support, access to our information and support for the booking of tests in Adult social care. I have been inspired and impressed by how colleagues have responded and contributed to this work. We have now concluded our involvement in work on national testing and will focus on our regulatory role over the coming months. Our fieldwork will of necessity continue to be limited and we do not currently have any plans to restart routine inspections. We will of course continue, as we have done over recent months, to carry out inspections where risks are apparent.

Our Independent voice is a key aspect of our role as regulator. Our data, alongside that collated by system partners, gives a unique perspective on the current situation. Over the last month we have been developing an approach to use that information effectively and share it with providers and the public. Last week, we launched the first of our regular insight communications, providing key public information through our unique lense.

**2. Upcoming activity of interest**

As activity starts to increase across the country and people start returning to work, interaction with health and social care services will start to change. We will need to understand the impact in both Covid and non-Covid areas and will work strategically and locally to do this.

We will liaise with providers and our stakeholder groups to ensure our work is relevant and supportive and we will look at risk more closely to ensure the safety of people. We will act wherever necessary, where we believe that safety is compromised in any way. The newly introduced Emergency Support Framework will support this both in how it is implemented – safely, with social distancing measures in place - and with the information we collect in using it. We will report on our early data in more detail elsewhere on the agenda.

We continue our core work in several areas such as the Strategy, State of Care, regulatory work, international learning, data collation and digital innovation

### **Chief Inspector of Adult Social Care's report**

#### **3. Response to Covid-19 in Adult social care.**

Kate Terroni Chief Inspector of Adult Social Care will give a verbal update at the meeting.

#### **4. Closed Environments paper - with annex**

Please see the Closed Cultures paper, an annex to this report.

Kate Terroni will give a verbal update at the meeting.

#### **5. Restraint, Segregation and Seclusion report update**

Our review of restrictive practices is an extremely important piece of work, and we want to launch our final report when the system has the ability to act on, and deliver, the hard-hitting recommendations in our final report.

Engaging with our stakeholders is at the heart of this review and will be central to the development of the report and of the recommendations that will flow from it. Our ability to do this, and crucially the ability of stakeholders to engage with this work, is currently extremely limited due to the pressures being put on the health and care system by the unprecedented COVID-19 pandemic.

We do not want to do this in a rushed way, that could result in people not being able to feed in properly. However, we are constantly reviewing this approach and are working towards re-starting the work for Summer/Autumn 2020.

### **Chief Inspector of Hospital's report**

#### **6. Infection Control**

As the health sector seek to re-establish services for patients with conditions other than Covid-19, effective infection control will be essential to protect patients from acquiring Covid-19 infection while they are undergoing care.

NHS England has recently issued guidance on infection protection and control (IPC) for health services during the Covid-19 epidemic. The guidance which, includes a self-assessment assurance tool, is there to enable Trusts to provide Board level assurance around the effectiveness of their IPC arrangements. CQC will shortly be exploring with individual providers how they have addressed the risks of cross-infection and ensuring they consistently meet the standards set out in the guidance.

We are setting up a national panel internally to review the responses received, assessing any themes that emerge nationally. We will share good practice where we find it and seek further assurance where that is necessary, including the potential for targeted inspections and enforcement action where needed. Guidance is being prepared in readiness for our Inspectors to have conversations with providers and some of the prompts we have developed will inform the Emergency Support Framework (ESF) work that is ongoing for Hospitals.

We will have initial conversations with Trusts w/c 18th May. We will ensure (CQC) Board is kept informed of the progress we are making in assessing the effectiveness of infection control across Trusts.

#### **7. Mental Health**

We have published data of deaths of patients detained under the Mental Health Act, which shows that the number has doubled since 1<sup>st</sup> March. This is in line with the increase in numbers published by the ONS. We are also investigating an apparent increase in deaths of patients receiving treatment for opiate addiction. We believe this may be a result of some services stopping all daily dispensing of opiates. We have taken enforcement action against a large national provider of

Substance Misuse Services who have stopped all daily dispensing. We are undertaking risk based focussed visits to high risk providers on the basis of some whistleblowing we have received.

### **Chief Inspector of Primary Medical Services' report**

Dr Benneyworth is our lead on Covid-19 and will provide a verbal update at the meeting.

### **Chief Operating Officer's report**

#### **8. Annual Reports & Accounts**

As anticipated, our external auditors NAO have notified us that COVID-19 has had an impact on timescales by which Local Government Pension Schemes and their auditors can provide valuation and assurance on pension assets. This will therefore delay when NAO can complete the statutory audit of CQC accounts, and the subsequent signing and laying of our Annual Report and Accounts before Parliament. This is out of the control of both CQC and NAO. We usually lay our accounts in July and anticipate that this will now be September. CQC and NAO will continue to work to timetable for all elements of our Annual Report and Accounts excluding pensions. We are in regular contact with NAO and DHSC on this and await laying guidance and deadlines from DHSC.

#### **9. People Directorate Report**

Alongside the Covid-19 people response, we have continued to deliver on the activities within the People Plan which are outlined within the Change Paper. We ask the Board to note progress in delivering what is an ambitious transformation and people agenda alongside our organisational response to Covid 19. In the coming quarter we will focus on:

- Launching the transformation vision and brand by May 2020.
- Establishing our recovery programme by end May 2020.
- Testing and then launching Success Profiles.
- Launching our cultural inquiry.

Please see more detail about our People strategy in the Change paper

A brief verbal update on the work being undertaken on Culture at CQC will be provided at the meeting.

### **Executive Lead of Engagement, Policy and Strategy Directorate's report**

#### **10. Parliamentary activity of interest**

Update of Parliamentary activity for the board is as follows:

- Due to coronavirus, Parliament has been in recess for most of this month. However, we have continued to engage with parliamentarians on our response to the COVID-19 outbreak and we have briefed senior parliamentarians (including the shadow health team and relevant select committee chairs) on all of our engagement activity so far.
- On 17 April, Ian Trenholm and Peter Wyman held a virtual meeting with Liz Kendall MP (Labour, Leicester West), new Shadow Minister for Social Care to brief her on CQC's role and purpose and our approach to regulation during the pandemic.
- On 22 April, Chris Day held a virtual meeting with Liz Kendall MP (Labour, Leicester West), new Shadow Minister for Social Care to brief her on deaths in care homes and our approach to regulation during the pandemic.
- On 23 April, Kate Terroni held a virtual meeting with Liz Kendall MP (Labour, Leicester West), new Shadow Minister for Social Care to brief her on social care data and our approach to social care regulation during the pandemic.
- As part of the Joint Committee on Human Rights inquiry into 'Human rights implications of COVID-19', Kate Terroni and Dr Kevin Cleary will give oral evidence on 18 May. The request for evidence relates to services caring for people with learning disabilities and/or autism. Kate and Kevin will give evidence alongside colleagues from NHS England.
- We have received a request for data from the National Audit Office for their study 'Readying the NHS and social care for the COVID-19 peak'. This will be a factual report examining the key actions taken by DHSC, MCHLG, NHSE&I and other health, social care and local government bodies in recent weeks. The foundation for the work will be updating Sir Simon Stevens's letter to the NHS of 17 March and the DHSC action plan for social care published on 15 April. We are providing data on ASC deaths, the Homecare tracker, notifications and registrations and market oversight.

#### **11. Media update**

## **Emergency Support Framework**

Rolling out from 4 May, and starting in adult social care, The Emergency Support Framework (ESF) is part of our regulatory approach during the coronavirus (Covid-19) pandemic.

It provides a structured framework for the regular conversations that inspectors are having with providers. It is not an inspection, and we are not rating providers. The information that we gather through this route is a further source of intelligence that we are using to monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care which protects people's human rights.

The framework aids our understanding of the impact of Coronavirus on staff and people using services, and where we may need to follow up directly with an inspection or escalate concerns to regional and national system partners where they are best placed to address concerns. These conversations also provide a forum for providers to talk through any tough decisions they need to take and for inspectors to offer targeted local advice where appropriate.

## **Give Feedback on Care Year-Long Campaign**

It is more vital than ever that we hear people's experiences of care during the COVID-19 emergency, and we have seen a significant drop in people using our Give feedback on care service. From June, we will be launching a public campaign as part of our Emergency Support Framework to encourage people to feedback on care, working with Healthwatch, TLAP, Experts by Experience, people who use services and voluntary and community organisations.

We want to encourage people who use services and those working in health and care to report poor care to give us their insight into what people are actually experiencing during this time. We want to hear about all types of experience – whether they're to do with coronavirus or not. We want to hear about good care too so we can celebrate it and share good practice. Mid-May we will be testing some small-scale digital advertising to encourage people to feed back.

<https://www.cqc.org.uk/get-involved/share-your-experience/give-feedback-care-during-coronavirus-covid-19-emergency>

## **QC Emergency Support Framework (ESF) Webinars**

To support the ESF, we have used this series of webinars to provide information on what this new approach means in adult social care and to answer any questions that providers had. The series of six webinars runs 12 May – 21 May, led by a CQC deputy chief inspector of adult social care.

### **COVID-19 Insight**

We will have published the first of what will be a regular series of insight documents aimed at highlighting COVID-19 related pressures on the sectors that CQC regulates. It draws on information gathered through feedback from staff and people receiving care, our regular data collection from domiciliary care services, insight from our regular conversations with providers and partners, and information from the NHS Capacity Tracker.

The information from these sources is being used to understand the wider impact of COVID-19, to share regular updates with local, regional, and national system partners and the Department of Health and Social Care, and to highlight any emerging trends and issues.

This first insight document focuses on adult social care: reviewing data on outbreaks, deaths and availability of PPE, and in particular highlighting the impact of COVID-19 on staff wellbeing and the financial viability of adult social care services.

### **Innovation and Good Practice in Responding to Covid-19: Case Studies**

We have published a collection of short case studies online on 19 May, showing ways in which providers across all sectors have innovated and demonstrate good practice in meeting the challenges provided by Covid-19.

The case studies highlight the adaptability and lengths to which providers have gone to provide safe, effective and caring care – and look after the well-being of staff. The case studies will be updated regularly. They have come largely from providers themselves, answering a call for examples.

### **Chief Digital Officer's report**

CDO will give verbal update

## 12. Information and cyber security risk

Mark Sutton is Senior Information Risk Owner for CQC. There are no significant incidents to report.