

MEETING	PUBLIC BOARD MEETING 19 June 2019
Agenda Item Paper Number	5 CM/06/19/05
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: April 2019
2. Recent publication: 'Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability or autism' Interim Report
3. Recent publication: Driving improvement – eight case studies from independent hospitals
4. Upcoming publication: Monitoring the MHA report
5. Upcoming publication: 2018 Inpatient survey results
6. Upcoming publication: Effective staffing report
7. Upcoming publication: Defence medical services annual report
8. Mental Capacity Amendment Act 2019
9. Recent publication: CQC Equality Objectives
10. Recent publication: Medicines in health and adult social care: learning from risks and sharing good practice for better outcomes
11. Information and cyber security risk

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

This is the first month of reporting against the 2019/20 business plan indicators. It is also the first month using *powerbi* for the annex report, which although is still in development has been shared with Board members. While it is being developed a pdf version of the annex covering the key measures has also been shared.

Each board member will have a Skype session scheduled to receive a demonstration of the system and support in accessing/navigating for the first time.

The development of the 2019/20 indicators and 'shadow' indicators agreed by SLT30 in *powerbi* will happen throughout Q1. The report will therefore have some gaps, but most indicators have data in place.

Overview of Performance for the year to date

Public and Providers

- a. Overall registration performance in April was good. Performance of new and variation applications has improved, and cancellations is above the target for the period. Performance of refusals however has declined from 37% last year to 32% in the first month of the year.
- b. In addition to the activity reported here, in April Registration undertook 26 notices of proposal (an 8% increase on the 12-month average) and 103 unregistered provider investigations (a 29% decrease on the same average).
- c. Performance of re-inspections at locations has started the year well. In April:
 - i. PMS and Hospitals achieved over 90% of inspections undertaken in line with our commitments. Both directorates performed well against this indicator in 2018/19 although sustaining this performance will be a challenge, as 2020 is characterised by a significant increase in demand.
 - ii. ASC are also meeting re-inspection targets, undertaking at least 90% of re-inspections at inadequate, RI and good locations. Outstanding locations are below plan but considered low risk and closely monitored. This performance follows a focus and significant effort by ASC Inspection teams on clearing the backlog of inspections in Q4 last year.
- d. In April Safeguarding alerts stood at 100% on target, this maintains a good positive trend from Q4.
- e. There are known issues with report writing performance data that is being urgently investigated by Digital colleagues. Although these may change, current performance is:
 - i. 91% of ASC and 93% of PMS reports were published within our business plan commitments.
 - ii. Hospitals (where there is more likely to be an issue with the data) had 48% of services with up to two core services on target, and 43% of larger services, on target.
- f. Our bi-monthly website survey tracks the ease and usefulness of our information (including inspection reports). The most recent survey data is consistent with previous periods, overall 85% of people using our website tell us that the information is easy to find and 92% tell us they find it useful. The Executive Team will undertake a performance 'deep dive' of the annual provider survey in July that will contain more information about the quality and impact of our inspection reports.

- g. Of those enforcement actions that were finalised in April 83% were considered to have a successful outcome (a ruling in favour of CQC, fine or improvements by the provider for example). This is consistent with the 2018/19 overall position of 82%.
- h. In addition to volume, type and outcomes of enforcement activity we have included a new indicator this year targeting the responsiveness of CQC where urgent enforcement action is needed. We aim to respond to 70% of urgent actions within 3 days. In the first month reporting on this, it is significantly under plan at 20% compared with 33% last year. As a new KPI early indications are that the figures reflect that the processes are not being consistently applied. Operational Support and the Performance teams have been working with the enforcement oversight board to ensure inspection teams know how to update this, comms will go out via the bulletin on the process and how to get help this week.

Resources

- i. Sickness levels remains low. Included in the annex report is a new analysis of sickness information using the 'Bradford factor'. This demonstrates that although the overall sickness level does not raise concern we could improve how we monitor sickness and support colleagues at the far end of the Bradford scale (high number of days and incidences of illness).
- j. IT downtime has stayed still below the average of last year but there was a small increase in downtime recorded, this is due to be down to S+I and RCCO colleagues using time recording on Cygnum more. We will continue to monitor.

ET performance 'deep dives' Board update

- k. The May performance 'deep dive' covered productivity, specifically a new indicator covering a much broader bundle of measures to help us assess our relative productivity. ET reviewed the approach and output and how the new measure will be used to assess the impact of improvement interventions. The net phase of development for this work will cover Registration.

Finance Update – April 2019

- l. Our revenue expenditure is over spent at the end of April by £0.8m. The main overspends relate to Hospitals pay budget (£0.3m) and Chief Digital Officer non-pay budget (£0.3m) which reflect potential early pressures against the budget set for 2019-20 and are being monitored.
- m. Whilst it is too early to provide an accurate forecast at month 1, an initial assessment shows a potential CQC revenue overspend of £3.7m for the financial year. This however requires further work, including a final assessment of the expenditure derived from the change budget and the potential capital/revenue split expected in June.

- n. Capital expenditure to date is on track at £0.9m, against a full year budget of £15m pending the further work mentioned above.

2. Oral evidence to the Joint Committee on Human Rights

On Wednesday 12 June, Ian Trenholm and Dr Paul Lelliott gave evidence to the Joint Committee on Human Rights (JCHR) inquiry: [*The detention of young people with learning disabilities and autism*](#).

Chief Inspector of Adult Social Care's report

Nil report.

Chief Inspector of Hospital's report

3. Recent publication: 'Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability or autism' Interim Report

On Tuesday 21 May, we published the interim report for the 'Review of restraint, prolonged seclusion and segregation (RSS) for people with a mental health problem, a learning disability or autism'. It shares our key findings from the visits undertaken so far and focuses exclusively on the experience of those people cared for in segregation on a mental health ward for children and young people or on a ward for people with a learning disability and/or autism. In the report we make several recommendations for the health and care system, as well as for CQC itself.

The next phase of the review will look at the use of restrictive practices in a wider group of settings, including low secure and rehabilitation mental health wards and adult social care services. We will make further recommendations to the Department of Health and Social Care and the wider system in our full report in March 2020.

4. Recent publication: Driving improvement – eight case studies from independent hospitals

This publication is the fifth in the 'driving improvement' series and aims to help encourage wider improvement across the independent hospital sector by showcasing good and outstanding practice and celebrating where services have made improvements upon re-inspection. It consists of eight individual case studies of independent hospitals informed by interviews with staff at each location.

5. Upcoming publication: Monitoring the MHA report

In this report, evaluate how well the MHA Code of Practice ('the Code') is being used across mental health services since it was updated in 2015, looking for the enablers and barriers that services have found in using the guidance, and what impact this has on people's experience of detention, care and treatment.

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. We also analysed 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). We are working towards a June publication.

6. Upcoming publication: 2018 Inpatient survey results

The adult inpatient survey is part of the NHS Patient Survey Programme delivered by CQC on behalf of NHS England and the Department of Health and Social Care. The survey is an important independent measure of people's experiences as an inpatient and provides NHS trusts with invaluable insight into the experiences of the people they are delivering services. The results also feed into our intelligence about NHS trusts, which directs the focus of our inspections.

7. Upcoming publication: Effective staffing report

We are developing a report on effective hospital staffing, using a range of case studies showcasing different approaches to staffing and improvement, 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. We are working towards a June publication.

Chief Inspector of Primary Medical Services' report

8. Upcoming publication: Defence medical services annual report

CQC was commissioned by the Surgeon General (Defence Medical Services (DMS)) to carry out a programme of inspections of primary care services for military personnel and their families starting in 2017/18. This is a report of the second year of the programme (2018/19) and shows performance over that time, and any improvement or deterioration over the previous year. We will publish this report in early July.

Chief Operating Officer's report

Nil report.

Chief Digital Officer's report

Nil report.

Executive Director of Strategy and Intelligence's report

9. Mental Capacity Amendment Act 2019

The Mental Capacity Amendment Act 2019 became law on the 16 May 2019. The Act replaces the Deprivation of Liberty Safeguards (DoLS) with the new Liberty Protection Safeguards (LPS). The Department of Health and Social Care (DHSC) have announced their intention for the new Liberty Protection Safeguards system to come into force on 1st October 2020. A CQC project team was established in April 2019 to identify the impact on our existing statutory responsibilities to monitor and report on the DoLS and in due course the LPS in settings including Adult Social Care and Hospitals. The team are working closely with DHSC, who are responsible for implementing the legislation and updating the supporting Code of Practice, to assess the impact of the changes – including costs, resources, training and methodology - and prepare CQC for implementation.

Impact assessments are looking at the implications of the changed scope the LPS brings – the new system will include 16/17 year-olds and social care services not previously covered by DoLS (which only covers adults in care homes and hospitals), such as domiciliary care and supported living services. Other changes will need to be considered across our hospitals and ASC methodology including new powers for NHS hospitals and CCG's to be the “responsible body” and authorise LPS for their patients; currently only local authorities can take this role. The Act also empowers CCGs and local authorities to choose to delegate part of the LPS process to care home managers where applicable, for example the organising of assessments and consulting with the person/carers – there is a need to consider implications for the sector and CQC's approach in light of this.

10. Recent publication: CQC Equality Objectives

We are legally required under the Equality Act 2010 to set equality objectives for ourselves at least every four years. We have chosen to set objectives every two years to reflect the pace of development within CQC and the health and social care sector, and because we are ambitious to work for change on equality.

Despite progress on equality, people from some groups are still less likely to receive good quality health and social care than others. Our objectives for 2019-21 build on our previous equality objectives. They focus on our regulatory role to improve equality for everyone and for CQC staff. The objectives are:

- Confident with difference – person-centred care and equality
- Accessible information and communication
- Equality and the well-led provider
- Equal access to care and equity of outcomes in local areas
- Continue to develop a diverse workforce with equal opportunities for everyone and a culture of inclusion

11. Recent publication: Medicines in health and adult social care: learning from risks and sharing good practice for better outcomes

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. There are six key areas of risk. The report 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 share some examples of good practice and innovative ways of working, and where providers have improved their practice relating to medicines.

12. Information and cyber security risk

There are no significant incidents to report.