

MEETING	PUBLIC BOARD MEETING 17 June 2020
Agenda Item	4
Paper Number	CM/06/20/04
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:

Chief Executive's report

1. Activity of Interest since the last meeting
2. Upcoming activity of interest
3. Covid -19 response update
4. Re-opening of Services

Chief Inspector of Adult Social Care's report

5. Covid -19 response in ASC
6. Restraint, Segregation and Seclusion/Closed Cultures update

Chief Inspector of Hospital's report

7. Inspections

Chief Inspector of Primary Medical Services' report

8. Special Educational Needs and Disability (SEND)
9. Local Systems work

Chief Operating Officer's report

10. Performance Report

11. People Plan

Chief Digital Officer's report

12. Information and cyber security risk

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

13. Strategy update

14. Parliamentary activity of Interest

Recent and Forthcoming Publications

15. Recent Publications

16. Forthcoming Publications

Chief Executive's report

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

The Leadership team have continued to work closely together over the last month, supporting colleagues across CQC in all aspects of our work. As the Country starts to transition from crisis back to some semblance of normality, we have been evaluating our own response to the crisis and exploring how we can sustain positive changes into the future. Our central purpose of keeping people safe through high-quality care remains, and we have spent this month focusing on our regulatory activity, exploring how we will need to evolve to keep pace with the accelerating changes in health and social care as a result of Covid.

We have continued to provide an independent commentary on the impacts of Covid. This month publishing a report highlighting innovative and inspiring ways that providers have responded to coronavirus across sectors, as well as our regular Insight report focusing on the impact of Covid-19 across sectors and at a regional level.

CQC continues to collate important information through our Emergency Support Framework (ESF) conversations with providers. This has enabled us to identify good practice as well as identify those services that need help and support coping with the challenges of Covid-19. We are continuing to carry out Regulatory activity, undertaking a greater number of responsive visits where our intelligence indicates there may be a concern around the safety and quality of service provision. We continue to be active in our role as a strategic system partner at national level and were called on to give evidence at the House of Lords this month. Kate Terroni represented CQC and spoke of our learning and response to Covid 19 in Adult social care. She spoke about how lessons from the pandemic can be used to inform public services reform.

I am delighted with our recent pulse survey results. We have worked hard as a community to support one another during this time and keep people informed and up to date about decisions we have made in response to Covid. It is clear from the survey results that this has been well received. We will take time to evaluate what colleagues have told us and look to take the learning forward so that we can continue to build on this positive experience and ensure that CQC remains an organisation people are proud to work for.

2. Upcoming activity of interest

In the coming month, as we ease out of lockdown, we will be planning to step up our regulatory activity, crossing thresholds where we have concerns, carrying out focused inspections, and holding structured conversations with providers to evaluate the safety and quality of care being provided. We will also be undertaking Provider Collaboration Reviews to understand how local systems have worked together during the crisis, with a view to sharing stories of best practice in our insight reports.

Our work on transformation continues at pace, with workshops being held across the organisation to discuss the development of our new strategy, facilitate the design of our new target operating model and to explore our culture. We have also commenced a programme of work to support the transition of the organisation from our current Covid focus to a return to business as usual operations. Building on our learning from Covid to support a flexible and responsive interim methodology.

Members of the Leadership team will participate in organisation-wide calls in the coming month focusing on the disproportionate impact of Covid 19 on Black and minority ethnic colleagues, and to ensure support is in place for all who need it. Please see the update later in this report under item 11 for more information.

3. Covid 19 Response update

We have been rolling out the Emergency Support Framework (ESF) in Adult social care over the last few months and continue to collate information. We are continuing to use ESF with more subsectors in ASC and have been testing in Hospitals in readiness to roll out in Hospitals, Independent learning disability & autism services and Independent Ambulance services.

Communications are being developed to reiterate the importance of care homes following the PHE guidance on infection control.

The development of ESF continues to evolve as we get feedback from Inspectors.

4. Re-opening of services

Chief Inspectors will provide a verbal update at the meeting

Chief Inspector of Adult Social Care's report

5. Covid-19 Response in Adult social care update

Kate Terroni, Chief Inspector of Adult Social Care will give a verbal update

6. Restraint, Segregation and Seclusion/Closed Cultures update

- We are publishing an update to our supporting information for inspectors on closed cultures in June. We have developed this using feedback from people who use services, families, voluntary sector stakeholders, and other health and care bodies. We will be rolling out mandatory training from the 22 June to support our regulatory colleagues to use this guidance to inform their inspection activity in the coming months with all Inspectors needing to complete this by the end August.
- We are developing other learning for all inspectors on relevant topics: in May we launched mandatory online learning about equality and human rights for all staff. Further learning including on important issues in the care and support of people with a learning disability and autistic people is in development.
- We are working in collaboration with Warwick University to develop a tool for inspectors to assess how well Positive Behaviour approaches are used in a range of health and social care services. This will be developed in collaboration with an Expert by Experience. The requirements for the tool will have been gathered by the end of August.

- We are creating data-driven briefings for inspectors to help them monitor whether a closed culture is developing in a service. The briefing is a thematic analysis of information from enquiries and other sources of information such as whistleblowing, complaints and feedback from care those who use services and those who work in service. Fifty Briefings are ready to upload into the Emergency Support Framework from week commencing 22nd June. Services are selected based on being risk rated as medium, with a higher volume of whistleblowing and concerns raised. This is to help inspectors see whether services should move to a high-risk rating and then to plan any regulatory action required.

Chief Inspector of Hospital's report

7. Inspections

Edward Baker, Chief Inspector of Hospitals will provide a verbal update

Chief Inspector of Primary Medical Services' report

8. Special Educational Needs and Disability (SEND) – Joint Inspectorate programme Ofsted - CQC

The Special Educational Needs and Disability Inspection programme (SEND) is delivered jointly by CQC and Ofsted. This work is funded by the Department for Education (DfE) and looks at how education, health and social care work together in a local authority area to identify, assess and meet the needs of children and young people with SEND. The current programme arrangements are to go into every local authority area in England. This is a vulnerable group of people and the inspection programme has been widely welcomed by the sector, and particularly by children, young people and their families.

DfE have now commissioned Ofsted and CQC to review the current arrangements and develop a new inspection framework to run from April 2022. As with the current programme, DfE will provide additional funding to resource the programme. We are asked to:

- Ensure the inspection programme focusses on the views and experiences of children and young people
- Place a greater emphasis on the quality, integration and commissioning of education, health and social care on a local area
- Implement a continuous inspection cycle.

At the same time, DfE have commissioned Ofsted and CQC to develop and undertake a series of SEND ‘Support visits’ to local areas to identify weaknesses in the system and to aid recovery from Covid-19 disruption. CQC is working with Ofsted, DfE, the Department for Health and Social Care (DHSC) and NHS England / NHS Improvement to develop the framework for these visits.

9. Local Systems work

We have big ambitions to think systems, review systems and progress how we regulate providers within systems. To ensure visibility and pace through governance, the agenda is owned by integration board, with elements accounting to regulatory transition board and informing transforming our organisation.

Board should note four current high priorities as:

- **Timely messages about approaches and impact of provider collaboration in response to the pandemic via COVID-19 insight**

We have and continue to hold conversations with senior leaders within systems, exploring the approaches and impact of provider collaboration efforts in response to COVID-19. Analysis of the data we hold alongside the outputs of those conversations presents the platform for us to build on the findings from Beyond Barriers. Through insight 2 we outline the link between collaboration efforts, partnerships and outcomes for those accessing care. Future releases will present greater detail, including highlighting the learning from where fragmentation and disconnects across partners has contributed to poorer outcomes and experiences.

- **Provider Collaboration Reviews (PCR)**

In greater detail than the insight approach, we will commence a PCR programme with a focus on the interface between health and adult social care for the over 65 population group. This will include a focus on their access to and experiences of urgent and emergency care services. We’re taking this approach because of the risks that have emerged between health and social care, supporting the providers and people living in care homes and/or in receipt of domiciliary care. Our ambition is to look at provider collaboration in all ICS/STP areas. We will be undertaking a phased approach (between June and

August 2020) to introduce PCRs (across providers in an ICS/STP area) and following our first series of reviews we will produce an interim report for publication externally that draws together the learning. This timeline ensures we share key messages ahead of any subsequent COVID-19 peaks and pre winter. We will use the first phase approach to refine our methodology for the next series of reviews from September onwards. We intend to rapidly develop the first phase approach to also focus on pathways, experiences and outcomes of partnerships across providers of urgent and emergency care services.

Chief Operating Officer's report

10. Performance Report for April 2020

Annex 1 provides a summary of month one performance.

This paper 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 all captured. Where targets have set delivery dates, data will be included in advance of the target date to demonstrate if we are on track to deliver.

Priority One: Deliver Our Core Business

Registration applications: Work has been ongoing to understand and model registration applications, with the intention being that application timeliness will be assessed in accordance with complexity. The target for 2020/21 is to improve the processing time taken for each application type (simple and complex).

At present there are some application types that are yet to be categorised. These are being measured as a third group until all modelling is complete. In April, simple applications were processed in 21 working days (on average) with complex applications in 103 days (on average). April's processing time will be used as a baseline to monitor monthly improvements.

First rating following registration: 72% of locations have been rated good or outstanding at their first inspections over the last 12 months, against a target of 80%

Registration representations: 83 registration representations were received over the previous 12 months. 82% of the notice of proposals have been adopted following representations, compared to the 90% target.

Inspections in response to intelligence and risk: A system change from the end of March has allowed us to better understand how intelligence impacts our inspection delivery and schedule. We can now measure when a location is inspected due to intelligence received, rather than inspection frequency. This will form a key part of our monitoring for the year.

Safeguarding: 100% of alerts had been referred within 1 day throughout April. 98% of safeguarding concerns had mandatory actions recorded within 5 days. Both are above the 95% target.

Whistleblowing: There had been a 5.4% increase in whistleblowing volumes from March to April 2020. The Median time to complete outcomes in relation to whistleblowing enquiries over the last 12 months was four days - this includes, in some cases, liaising with the whistle-blower or having contact with the provider or other key stakeholders.

Report writing: Each stage of our report writing process has now been mapped out and our performance over the next 12 months will be to improve the time taken at each stage of the report writing process. As of 1 June 2020, there were 30 inspection reports that were in draft, of which 19 were outside our previous report writing KPI.

Priority Four: Equip Our Organisation and People

Turnover: Our turnover remains stable at 10.55%

Sickness: Sickness is currently at 3.67%, against the target of remaining under 5%.

Finance: The outbreak of Covid19 has impacted our ability fully understand the predicted outturn position for the end of the year at this stage as much of our regulatory activity would normally involve 'crossing the threshold', which in itself drives a proportion of our costs.

Finance are currently working with operational colleagues to understand the recovery plan and what returning to normal looks like from a financial perspective.

2020/21 sees CQC investing in its transformation programmes; investment is being made to improve user's technology and around managing provider data as well as our key organisational transformation programme.

Emergency Support Framework (ESF):

The ESF was launched on 4 May, initially in Adult Social Care. It provides a framework for the conversation's inspectors are having with providers and covers four areas: Safe care and treatment, staffing arrangements, Protection from abuse and Assurance processes, monitoring and risk management. ESF will become part of our regular performance reporting. Up to 28 May 2020, 12.66% of Adult Social Care locations have received a call using the support framework.

11. People Plan

We continue to make good progress with delivering on our people plan.

Inclusion

Diversity and Inclusion Strategy:

CQC's Diversity and Inclusion Strategy was launched on 4 June. The three-year strategy sets out our ambition of being a truly inclusive organisation where all our people are valued and make a difference. Four interactive virtual events are planned throughout July, with input from national Diversity and Inclusion experts. The events focus on the four overarching strategic priorities; Inclusive Culture, Inclusive Engagement, Inclusive Leadership and Accountability and Inclusion Policies & Practices.

CQC response to Covid-19 impact on BAME colleagues:

Following the publication of the PHE report highlighting the disproportionate impact of Covid-19 on people from BAME groups, we are considering our risk assessment for operational colleagues who may need to cross the threshold of a provider setting. The health, safety and wellbeing of all our colleagues remains our highest priority. In addition, a listening event was held on 5 June jointly led by the Race Equality Network Chairs and Sue Howard, Deputy Chief Inspector - ASC and Gill Nicholson, Director of People to discuss the impact of COVID-19 on our BAME colleagues and other concerns colleagues may have on the current global situation on race inequalities.

Cultural Inquiry

Kiran Prashar, Head of Organisational Development, updated the Board last month on the plans for our cultural inquiry, which will develop a baseline view of our current culture. Through a series of online workshops in June we will be working with colleagues to observe and highlight key aspects of our ways of working and organisational behaviours. We have seen a high level of engagement with these events - all places were booked up immediately by colleagues from right across the organisation. The outputs of this work will inform the ongoing work across the People Plan, the Transforming our Organisation programme and Our Shared Direction future strategy.

People Policies

The review of policies and procedures continues; the managing sickness absence policy, critical illness policy and disciplinary policy have undergone extensive consultation on changes and will be presented to ET this month June. Work is in hand with the three new Speak Up Guardians to review the freedom to speak up policy. The grievance policy has been re-drafted as a new dispute resolution policy and will go out for consultation early July. Feedback on the capability policy has been gathered from colleagues to inform the new draft, which is now being developed.

Employee Insights - People Surveys

The first pulse survey of 2020 was open from 15-29 May 2020 and responses have been analysed swiftly in preparation for Resources Committee, ET and Board discussions this month. The results are very positive and show significant shifts in perceptions of senior leadership, communication and managing change, all of which were key priorities from the autumn People Survey. Initial discussions have focused on the need to sustain this as we move into the next phase for CQC. The move to more regular Pulse Surveys from 2020 will provide more frequent data to monitor trends and performance across the year to support a focus on what colleagues feel the organisation is doing well and what action is needed to drive improvements and make CQC a great place to work.

The results of this Pulse Survey are discussed in item xx on the agenda.

Learning and Development

The Academy has designed and launched a suite of mandatory training at pace relating to Covid-19 infection control as well as personal safety on site visits and donning and doffing of PPE in health and care settings for inspection colleagues.

Chief Digital Officer's report

12. Nothing further to report. There are no significant information or cyber security incidents to report.

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

13. Strategy 2021 update

Following numerous seminar sessions with the Board over recent months, the next stage of the development of our new strategy is to focus on those areas which require clarification, continue our internal engagement and the start of external engagement with key stakeholders.

14. Parliamentary activity of interest

Update of Parliamentary activity for the board is as follows:

- During coronavirus, 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 our key regulatory and engagement activity so far.
- We submitted written evidence to the Health and Social Care Committee inquiry, 'Delivering Core NHS and Care Services during the Pandemic and Beyond', on 20 May. Our evidence detailed CQC's regulatory role and how this developed throughout the pandemic.

- As part of the Joint Committee on Human Rights inquiry into ‘Human rights implications of COVID-19’, and following Kate Terroni and Dr Kevin Cleary’s oral evidence to the committee on 18 May, we have written a letter to the Chair of the committee to further set out our position on services caring for people with learning disabilities and/or autism. Further written evidence will be submitted in July.
- As part of the Public Services Committee inquiry into ‘Public services: lessons from coronavirus’, Kate Terroni gave oral evidence on 10 June. The request for evidence related to how the crisis has encouraged collaboration among health, care and community services. Kate gave evidence alongside colleagues from NHS Providers and the Local Government Association. Further written evidence will be submitted in late June.
- We are submitting written evidence to the Health and Social Care Committee for their inquiry on ‘Adult Social Care: Funding and Workforce’. This evidence will reflect on previous narratives on ASC workforce and a long-term funding solution, particularly in the light of the COVID-19 pandemic.
- We are writing to the members of the Health and Social Care Select Committee individually to offer to meet with them virtually, giving them the opportunity to ask any questions they might have about our response during the COVID-19 pandemic. We also used this opportunity to offer the new members of the Committee a briefing on how CQC works to engage with MPs and with their Committee.

Recent and Forthcoming Publications

15. Recent Publications

Innovation and Good Practice in Responding to COVID-19: Case Studies

We published a collection of examples online on 4 June, showing ways in which providers across all sectors have innovated and demonstrated good practice in meeting the challenges provided by COVID-19. The examples 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 web site will be updated regularly with further examples. They have come largely from providers themselves, answering a call for examples.

16. Forthcoming Publications

COVID-19 Insight – issue 2

After the 17 June Board meeting, we will publish the second of what is 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, and insight from our regular conversations with providers and partners.

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

This second issue has some early feedback on the collaboration that is taking place at pace among providers and local organisations in response to the pandemic. It also references the significant changes being seen in the way primary care is being delivered.

Controlled Drugs Annual Report 2019

The Controlled Drugs Annual Report is CQC's annual update on our regulatory oversight of the Controlled Drugs Regulations for the calendar year 2019. It looks at levels of prescribing of controlled drugs in primary care in England, and reports on national trends and issues that are reported by NHS England Controlled Drugs Accountable Officers at their regional meetings, as well as the National Group on Controlled drugs and the devolved administrations.

Defence Medical Services Report

The Defence Medical Services (DMS) annual report of our Year 3 (2019/20) programme of inspections of medical centres, regional rehabilitation units, community mental health services and dental services. This gives an overview of our findings and ratings for these services. The Director General DMS, Defence Medical Services Regulator and CQC continue to be committed to ensuring that armed forces personnel and their families have access to the same high-quality care as the rest of society.

DMS inspections are paused due to the COVID-19 response. We are exploring opportunities with DMS Regulator to recommence some form of assurance work aligned to our ESF and complete desk top follow-up inspections when and where it is appropriate to do so. We remain in constant contact with DMS-R.

Give Feedback on Care year-long campaign - Public Launch

We are launching a new campaign with Healthwatch England to support and encourage more people in England to feedback on health or social care services they or a loved one have experienced. The campaign seeks to help services identify and address safety and quality issues, in the context of COVID-19, and to encourage longer-term consumer behaviour change, by normalising the act of giving feedback after interacting with health or social care services.

Adult Inpatient Survey

The adult inpatient survey is part of the NHS Patient Survey Programme delivered by CQC on behalf of NHS England and the DHSC. The survey is an important independent measure of people's experiences as an inpatient and provides NHS trusts with insight into the experiences of the people to whom they deliver services. It is carried out annually and the results feed into our intelligence about NHS trusts, which directs the focus of our inspections.

17. Appendix

Performance Report for April 2020.