

MEETING	PUBLIC BOARD MEETING 15 July 2020
Agenda Item Paper Number	4 CM/07/20/04
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

Chief Inspector of Adult Social Care's report

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

Chief Inspector of Hospital's report

6. Inspections

Chief Inspector of Primary Medical Services' report

7. Local systems work

Chief Operating Officer's report

- 8. Performance Report
- 9. People Plan

Chief Digital Officer's report

- 10. Information and cyber security risk

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

- 11. Strategy update
- 12. Parliamentary activity of interest

Recent and Forthcoming Publications

- 13. Recent Publications
- 14. Forthcoming Publications

Chief Executive's report

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

Over the last month the country has tried to return to a degree of 'normality' as we emerge from Covid 19 with shops, services, schools re-opening and people allowed to interact again, albeit with restriction. It is however clear that COVID19 does still exist in a number of the setting we regulate, and the risk of transmission due to the nature of the procedures carried out remains high enough to continue to need very active management.

It is important to acknowledge the great work providers and their teams have done over the last few months keeping people safe – In Adult Social care alone we have been in touch with over 20,000 providers to offer support. I thought now was a good point to update the board and public about our thinking on how we take forward our contribution to the regulation of health and social care services.

I know from my conversations with other regulators and the DHSC that there is a widespread recognition and support for the fact that innovation has got some real momentum, and we must all do everything we can to help build that momentum, whilst being true to our purpose of giving the public assurance that the health and care services they use are safe, and promoting wider improvement.

We have seen a lot of great practice being forged which has undoubtedly saved lives. We have captured some examples of the great work being done and continue to publish them on our website. We pulled these examples together because we recognised that many front-line people have been incredibly busy and not able to look around at what friends and neighbours were doing to improve their practice. This web resource is part celebration, part contribution to improvement efforts. None of it is a prescription for change, nor do we pretend it is the complete picture, but we hope it will offer a catalyst for improvement thinking on the run in to winter planning.

Over the last year we have made some significant changes to our technical architecture and were able to bring forward some developments during the COVID19 emergency. Whilst not finished yet we do now have technical capabilities we didn't have at the start of the year. Probably more importantly we have built on our relationships with others within the health and social care system to enable us to access data in new ways, which avoid duplication of requests for information and give us opportunities to publish new insights more frequently.

I view our work over the coming year as being broadly in three phases; *Now, Next and Future*

Now, during the height of the COVID19 period our new technology enabled us to support testing of staff and residents in social care; to canvas how some parts of social care were coping; and underpins our Emergency Support Framework. The framework has enabled us to have rapid structured conversations with providers and in a small number of cases bring in additional support when they needed it. We will continue this risk assessment process until September.

The ESF is helping us identify providers who are at higher risk, perhaps by virtue of their regulatory history, the type of services they offer, or we have had information from the public or whistle-blowers.

We continue to capture information from the public and whistle-blowers and will continue to talk to providers about what this means for their services. There have been cases when we have taken formal action, or brought in local commissioners, if we think patients have been harmed, or at significant risk. Our focus has always been to enable a service to take action to improve safety and continue to operate if that is safe for the public. We launched the #Becauseweallcare campaign last week, in partnership with Healthwatch. It is worth noting that around 50% of our physical inspections have been informed by whistle-blowers during this COVID19 period.

It has been fantastic to see examples of personal heroism, providers trying new things, and groups of providers coming together to deliver services in different ways – we are committed to continuing to have constructive conversations with those

who are ambitious for their patients, and those in their care. We have commenced a short programme of Provider Collaboration Reviews to capture some of the attributes of success to feed into provider and government planning for the coming winter. To that end these reviews will be very rapid, and we would aim to report back to the board on results in September.

Next, from September we will be introducing a transitional methodology. This will draw from the 5 key questions we have asked previously but will be much shorter. It will involve some visits and some remote assessment of data. This methodology will make use of the new technology platform we created during COVID19.

We will run this framework until early 2021 by which time we expect to have developed an early version of our *Future* regulatory approach. I expect this will look quite different from the traditional inspection methodology. There will be some themes carried forward, but our intention is to reduce the burden of things such as data provision, and focus more on things which matter to people who use services. We will also want to share back with providers data and information which they will find useful in benchmarking and their wider improvement efforts. This future regulatory platform will be the practical means by which we deliver much of our new strategy.

In the longer term technology such as: a new digital platform for all provider engagement; mobile apps for regulatory activities supporting inspection and enforcement; digital engagement with the NCSC; and AI in our risk and intelligence services will all be available. This gives us the capability to rethink the whole idea of an 'inspection' and enhances our ability to recycle knowledge and insight into the sectors we regulate to support improvement.

There are questions about things like frequency, ratings and so on which we have not yet decided. We would hope to be able to explore these issues with public and provider groups over the autumn.

Developing the CQC 2021 Strategy continues at pace as we decide on the substance of our key themes and prepare to engage with colleagues and stakeholders to have a collaborative and clear steer on our future priorities.

The Leadership team attended listening events held across the organisation to hear about the experiences of our Black, Asian and minority ethnic colleagues. These were moving and powerful and gave pause for thought about how we improve as an organisation to tackle discrimination in all forms, and how we build on our human rights approach in our wider regulatory work. I have asked senior leads in the organisation to form a visible and representative working group to

understand wider issues and find solutions to progress race equality at CQC. This group will report directly to the Executive Team.

2. Upcoming activity of interest

Work will continue at pace over the next two months on stepping up our regulatory activity, organisational transformation and setting our priorities for the future.

We will be engaging with key stakeholders on the key aims and messages in our Strategy 2021 through August and July, talking to our Expert Advisory Group. We hope to make our regulatory approach something that is widely understood and contributes to the improvement of services.

Transformation across CQC continues at pace as our Dynamics platform supports: our transitional methodology; emerging priorities in the strategy; design of our new target operating model; and changes in our future regulatory approach.

We will be undertaking a detailed exploration of our culture in the coming two months, holding workshops across the organisation to understand better how we work, how we want to work and how to ensure that we are a positive and progressive place to work.

3. Covid 19 Response update

We are slowly returning to business as usual in all aspects of our work. This will take time as we also consider the accelerated pace of change and where we are now, for example with colleagues all working from home, and how that will impact our future work.

We are also looking at how we react to future Covid situations. Currently localised spikes in Covid infection rates will mean local lockdowns in specific areas. We will continue to support local providers and systems at these times and are currently looking at specific processes to support our inspectors.

Chief Inspector of Adult Social Care's report

4. Covid-19 Response in Adult social care update

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

5. Restraint, Segregation and Seclusion/Closed Cultures update

- The Guidance for CQC staff on closed cultures was published on the 23rd June. This will help inspectors better identify closed cultures and act when we gather information. We are currently delivering training on this for all regulatory staff. As of the 1 July 2020 804 colleagues have completed this training. All staff will have completed this training by the end of August 2020. We will be arranging follow up sessions for staff on this throughout the year.
- We are currently in the process of recruiting for an Expert Advisory Group to support the closed cultures work. We are looking for people with lived and professional experience of specific closed culture services, including mental health hospitals, and learning disability and autism wards, as well as some social care services that may be at risk of being closed.
- We will be doing further engagement work on closed cultures from October with people with lived experience through partners that have networks and reach with people and links with their communities
- We are reviewing our policy position across the organisation on covert and overt surveillance in June and July, from how we regulate providers who use surveillance, to how we as an organisation use surveillance to collect information, this work will be then informed by international best practice as recommended by the Glynis Murphy review. Once we have scoped what changes are possible within legislation, we will be co-producing our policy position with people with lived experience and families for their views on this later in the year to discuss how CQC might change its approach to this. This is part of our delivery of the Glynis Murphy review recommendations.

6. Inspections

In June Hospital inspection teams undertook 12 onsite risk-based inspections and published 17 inspection reports. There are currently 4 onsite inspections planned for July although more are expected to be agreed over the next week. The below 6 reports are due to be published in July with a further 9 reports expected to be published in August.

1. Royal Hospital for Neuro-Disability
2. HATS Group Ltd
3. East Kent Hospitals University NHS Foundation Trust
4. Torbay and South Devon NHS Foundation Trust
5. Associated Wellbeing Limited
6. Cygnet NW Limited

7. Learning from Covid and resetting emergency care - blogs

On 12 June we published a [blog from Ted](#) discussing how emergency departments have responded to the coronavirus pandemic, highlighting some of the challenges they face, and calling for the positive transformational changes we have seen in recent weeks to be locked in as we move beyond the peak of the pandemic. The next blog will be from Heidi Smoult and will talk about good practice in Emergency Departments during Covid peak and what action we think needs to happen now to prepare for what is inevitably going to be a challenging winter. We aim to follow this with a podcast which will involve consultants discussing first-hand the challenges their EDs have faced and the potential solutions to managing demand for emergency care that the Covid crisis has helped identify.

8. 2019 adult inpatients survey

The results of the 2019 adult inpatient survey were published on 2 July. The survey involved 143 NHS acute and NHS foundation trusts in England, who deliver adult inpatient services. All patients aged 16 years or over at the time of their hospital stay were eligible to take part if they were treated in the trust during July 2019. In total, completed questionnaires were received from 76,915 people, a response rate of 45.3 per cent. At a national level the survey results show that overall most people had a good experience of inpatient care. Confidence and trust in doctors remained high and more people said they were treated with dignity and respect during their hospital stay. Most people also reported positively when asked about the cleanliness of the hospital environment, the choice of food available to them and if they were given enough to drink. Disappointingly however, the results show that people's experience of accessing services and of coordination with additional health and social care services after leaving hospital remain poor. There has also been an increase in people reporting delayed discharges, poor communication and insufficient information and guidance when they are ready to return home – particularly for those who self-reported as being frail. The survey was reported on by several regional media and trade outlets and in national print media.

Chief Inspector of Primary Medical Services' report

Rosie Benneyworth, Chief Inspector of Primary Medical services will give a verbal update

9. Local Systems work

Please see agenda item below.

Chief Operating Officer's report**10. Performance Report for April 2020****Performance Report for May 2020**

Annex 1 provides a summary of the full business plan and 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. It is to be noted that some are targets of delivery against a set date and therefore will be included the month prior to the target to understand if we are on track to deliver.

A. Priority One: Deliver Our Core Business

- a. Registration applications** (simple and complex): - At the end of May simple applications (1345 processed in May) have taken 26 days to process and complex applications (10 processed in May) have taken 107 days. Simple applications are made up of applications processed by NCSC and those which are reduced risk. The applications processed by NCSC have been processed in 6 days compared to a KPI of 20 days. There are some application types that are yet to be categorised, they are being measured in a third group (normal) until all modelling is complete. There were 1038 normal applications processed in May.
- b. First rating following registration:** 66% of new providers have a rating of good or outstanding when inspected within 12 months, against a KPI of 80%. However, there is a small percent of new registered services inspected within the 12-month period.
- c. Registration representations:** 79 registration representations were received over the previous 12 months. 82% of the notices have been adopted following representations, compared to the target of 90% target.
- d. Inspections and Emergency Support Framework (ESF) undertaken:** In the month of May we completed seven inspections due to intelligence indicating risk, including whistleblowing, safeguarding and complaints. In addition, we launched our ESF on 4 May and had conversations with 3575 registered locations by the end of the month.
- e. Report writing:** ASC have published reports in an average of 30 days compared to 29 in 2019/20. PMS have published in an average of 32 days compared to 31 in 2019/20. Hospitals have published in an average of 51 days compared to 52 in 2019/20. The measure looks at the average time taken in month, therefore it is important to note

that the volume of reports produced in April and May are lower than average months over 19/20 due to COVID-19 and the reduction in routine inspections.

- f. Annual Report and Accounts:** The Annual Report and Accounts is now due to be published in October / November. The certification by the audit and controller general will now take place in autumn.

B. Priority Four: Equip Our Organisation and People

- a. Turnover:** Our turnover remains stable at 9.57%
- b. Sickness:** Sickness remains on track against the target of remaining under 5%, currently at 3.64%
- c. Finance:** As in April the outbreak of Covid19 has impacted our ability to 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. At the end of May our forecasts assumed inspection activity ramping up and returning to pre-Covid plans around the mid-year point.
- d.** The Regulatory Transition Programme is being launched as CQC responds to the impacts of the Covid-19 pandemic. Finance are working with the Programme, including operational colleagues, to understand the recovery plan and what post-Covid regulatory activity looks like from a financial perspective. CQC Executive Team are about to undertake the first of its quarterly Finance and Performance reviews in July.
- e.** 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

11. People Plan

The People Plan was launched on our intranet on 25th June 2020. Dedicated webpages will provide regular updates for colleagues with involvement from our People Plan champions.

- **Employee Insights - CQC People Analytics & Insight Hub**

The people analytics and insight hub will launch across the organisation in the coming month. This will monitor organisational health and inform decision making for leaders.

- **Leadership and Change - Success Profiles**

We are at the end of our testing phase; further consultation with key stakeholders during July and August, to include testing workshops with the Senior Leadership Team (SLT30) and the Leadership Group, our diversity networks, trade unions and staff forum will prepare for launch in October 2020.

- **Employee Experience - Policy Review Work**

The first tranche of the policy review work continues to progress well; 2 of the 5 policies have now been ratified by ET; the remaining are progressing through the review process ready to be ratified by the end of September 2020.

- **Inclusion - Wellbeing Strategy**

A proposal for managing the potential longer-term psychological impact of the pandemic will be discussed with CQC's National Health, Safety and Wellbeing Committee at the end of July.

- **Academy - Professionalising regulatory services programme**

The first virtual cohort of the Professionalising Regulatory Services Programme (the qualification programme for Inspectors) has launched and was successfully delivered last week.

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**

The next stage of the development of our new strategy continues with a focus on areas which require further exploration. Internal engagement is progressing well, and we have started to socialise our draft ambitions as part of our 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 of our key regulatory and engagement activity so far.
- To support the initial public conversations on the future of CQC as a regulator, Ian Trenholm will participate in a virtual roundtable event with parliamentarians on 16 July. The event will focus on the broad areas of thinking emerging for the Our Shared Direction programme and give MPs and Peers an opportunity to share their views more generally with us on our approach.
- As part of the Women and Equalities Select Committee inquiry into 'Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics', Kate Terroni will give oral evidence on 22 July. The request for evidence related to disabilities and access to services. Kate will give evidence alongside colleagues from NICE, NHSE/I and a local authority. Further written evidence relating to the impact of Covid on BAME communities will be submitted to the inquiry in August.
- Following a request from the Independent Inquiry into Child Sexual Abuse (IICSA), we have submitted a written witness statement for their investigation into 'Institutional responses to the sexual exploitation of children by organised networks'. The statement covers our remit in relation to safeguarding and looked after children, how we inspect services, our findings on child sexual exploitation and recommendations for improvements in the system. Dr Rosie Benneyworth will give oral evidence to the Inquiry on 1 October.

Recent and Forthcoming Publications**15. Recent Publications****A. 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 (DMS-R) 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.

B. 'Give Feedback on Care' year-long campaign - Public Launch

We have launched 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.

C. 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.

16. Forthcoming Publications

A. 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.