

MEETING	PUBLIC BOARD MEETING 19 September 2018
Agenda Item Paper Number	4 CM/09/18/04
Agenda Title	Executive Team's 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. Review of safeguarding alerts
2. Responsible Officer Annual Report
3. Forthcoming publication: State of Care 2017/18
4. Professional Care Workers Day
5. Live Music in Care Homes
6. Market Oversight
7. Recent publication: Sexual safety in mental health wards
8. Recent publication: Quality Improvement in Hospitals
9. Online Primary Care

Chief Executive's report**1. Review of safeguarding alerts**

On Wednesday 18 July 2018, we identified a technical issue within our data management system that may have delayed or prevented the timely referral of some safeguarding information to local authorities. The issue related to 121 concerns which were shared with the 56 local authorities affected within a week of the issue being identified.

The system and process error has now been corrected and we will be carrying out an independent investigation into the root cause of this situation. We are currently finalising the details of the independent investigation which will be reported publicly.

2. Responsible Officer Annual Report

The purpose of this item is

- To note that the Responsible Officer has carried out the responsibilities in line with the Responsible Officer Regulations to assure the Board that all doctors with a prescribed connection to CQC for revalidation are up to date, that they remain fit to practise and without concerns.
- To note that the Responsible Officer met with the CQC Chief Executive to discuss and formally agree the annual Responsible Officer report, the Annual Organisational Audit 2017-18 and the annual organisational comparator report 2017-18.

Medical revalidation is a legal requirement which applies to all licensed doctors, listed on the General Medical Council (GMC) register, in both the public and independent sectors.

The Responsible Officer Regulations designate categories of organisations (“designated bodies”), which have a duty to nominate or appoint a responsible officer to ensure that all licensed medical practitioners who are employed by or in contract with that organisation are safe to practise. We became a designated body in 2013. Professor Nigel Sparrow was appointed as Responsible Officer for CQC on 1 April 2014.

The Annual Organisational Audit report for year ending 31st March 2018 was formally agreed with the CQC Chief Executive. The report details our role and activity as a designated body. The annual organisational comparator report compares CQC with designated bodies similar to ours. The report indicates that we are one of the few Designated Bodies that have achieved 100% appraisal rate with no missed or incomplete appraisals.

In late 2016 it was determined through the Whitehall Responsible Officer Group that all doctors working in a medical capacity will need a licence to practise. In CQC, clinical or medical knowledge or experience is an essential requirement in the job description of specialist advisors who are doctors, therefore from 1 April 2017 it became a requirement for all doctors working as specialist advisors for us to have a licence to practise, and specifically to either be in current clinical practice or within two years of clinical practice.

There are no concerns to date with any doctors that are employed by us. As of the end March 2018 all annual appraisals have been completed.

As agreed in last year's report, in late 2016 we undertook an external Peer Review with the Chief Medical Officer and Responsible Officer at the Foreign and Commonwealth Office (FCO).

We have implemented the recommendations from the review by the FCO in that Dr Aroop Mozumder has been appointed as the Deputy Responsible Officer and Appraisal Lead. A second appraiser has been appointed and trained. We have also implemented a quality assurance process for appraisals as well as revalidation.

All the information is reviewed, collated and stored securely and anonymously.

The full report and appendices are available for Board members on request.

3. Forthcoming publication: State of Care 2017/18

This is our annual report to Parliament about the state of health and adult social care in England. The report will reflect on our ratings of health and adult social care service providers, and it will share our insights about where we have found improvements and deterioration in the quality of care people receive. This year, we will also consider what we have seen in local health and social care systems and describe people's experiences of care.

Chief Inspector of Adult Social Care's report

4. Professional Care Workers Day

Tuesday 4 September marked the first national day to celebrate the contribution care and support workers make in the adult social care sector. The day was organised by the National Association of Care and Support Workers and was supported by providers, including the National Care Forum and others. We supported the initiative highlighting that over 90% of adult social care services are rated Good for Caring with a further 3% Outstanding demonstrating the commitment and dedication of thousands of staff across the country.

5. Live Music in Care Homes

In association with Live Music Now and to coincide with the Last Night of the Proms, we promoted a live music in care home challenge to highlight the

importance of music and meaningful, participative activities in care settings. The campaign was a tremendous success with lots of engagement from providers across the country and also helped to raise the profile of CQC and our role in the regulation of care homes.

6. Market Oversight

Since July's Board the Market Oversight quarterly governance meeting has been held with the Chairman and Chief Executive to ensure appropriate oversight and scrutiny of our work. A review of the Market Oversight published guidance, specifically the stage 6 notification process, has also commenced. Also, good progress continues to be made in recruiting to the increased establishment headcount that was agreed earlier this year owing to both an increase in the volume of names in the scheme as well as the deterioration in the overall risk profile across the Market Oversight portfolio.

Chief Inspector of Hospital's report

7. Recent publication: Sexual safety in mental health wards

On Tuesday 11 September we published a report on the sexual safety of mental health wards. This follows our concern around safety issues in mental health wards in our 'State of Care in Mental Health Services 2014-17', report published in 2017.

The report includes analysis of more than 58,000 incident reports submitted by NHS mental health trusts over a three-month period. We identified reports of more than 1000 incidents of a sexual nature; more than a third of which could be categorised as sexual assault or sexual harassment directed at patients or staff.

We concluded that the problem of sexual safety was not confined to providers that admitted men and women to the same ward and that staff as well of patients could be the target of sexual violence. We have consulted widely with people who have used services, clinicians and managers, the professional bodies and with other arms-length bodies.

Our report recommends the development of guidance on this complex issue and emphasised the importance of leadership and training to enable staff to promote sexual safety. It also called for factors in the cultural as well as physical environment of wards that put people at risk to be addressed and for reporting to be strengthened.

8. Recent publication: Quality Improvement in Hospitals

On Wednesday 12 September we published “Quality Improvement in hospital trusts” which looks at how a number of trusts across the country have employed systematic quality improvement (QI) processes to drive improvements in the quality of patient care and overall performance.

The report is based on interviews with inspectors, staff from a sample of 19 acute, community and mental health trusts and site visits to six trusts to see their QI in action. It is hoped that the case studies and examples of successful initiatives that are featured in the report will share good practice among trust leadership teams more widely and inspire healthcare organisations who are considering adopting a QI approach.

Chief Inspector of Primary Medical Services’ report

9. Online Primary Care

Our programme of inspections of independent online primary care services raised concerns about the limits of the current regime of regulatory oversight. Our jurisdiction only extends to England, and there is a lack of regulatory equivalence both within the UK and more widely. In addition, there are limits to the extent to which other regulators such as the General Medical Council (GMC) and the General Pharmaceutical Council (GPhC) operate effectively in this sector.

A number of providers are currently out of CQC’s scope or have removed themselves from our scope by employing non-medical prescribing practitioners, for example pharmacist prescribers. Providers can also operate outside our remit by either using EEA prescribing doctors or subcontracting the regulated activities to a company with an address outside England.

Jointly with Legal Services we have sought further advice from external legal counsel on our interpretation of the aspects of the regulations that impact on our ability to regulate online primary care effectively. These primarily relate to our approach to the geographical location of providers or those carrying on the regulated activity as well as the regulation of ‘apps’ where they are an integral part of the patient pathway in primary care.

We have summarised these issues for the Department of Health and Social Care (DHSC) who have convened a group to look at the regulatory oversight in totality. We need to further consider whether we wish to extend our interpretation of the regulations and the potential impact on our scope if we do so.

Chief Operating Officer's report

Nil report.

Executive Director of Strategy and Intelligence's report

Nil report.