

MEETING	PUBLIC BOARD MEETING 18 September 2019
Agenda Item Paper Number	4 CM/09/19/04
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:

1. Responsible Officer Annual Report
2. Introduction of annual provider information collection in social care
3. Improving regulation in closed environments: Restraint, Segregation and Seclusion thematic and Whorlton Hall response update
4. Upcoming publication: Urgent and Emergency Care Survey
5. Preparing for the UK's exit from the EU
6. Information and cyber security risk

Chief Executive's report
1. 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 2018-19 and the annual organisational comparator report 2018-19.
- To note the Responsible Officer arrangements from 1 October 2019 (a verbal update will be provided at the meeting).

There have been no concerns or fitness to practise issues with any doctors who have a prescribed connection to CQC. As of the end March 2019 all annual appraisals have been completed. The Annual Organisational Audit (AOA) for this year has been submitted, and all actions from last year have been submitted.

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

Chief Inspector of Adult Social Care's report

2. Introduction of annual provider information collection in social care

In August we changed the ASC Provider Information Return (PIR) from a pre-inspection information request to an annual one. This is a major change in how we collect information from ASC providers. Over time it will allow us to use this information to determine whether we need to inspect, rather than it being a tool to support planning of an inspection already scheduled. Removing the link to the inspection planning will not only help us to monitor more effectively, it should also make it easier for providers to prepare and complete the information return as they will know when they will need to provide this to us well in advance.

As well as the change to the timings of the PIR, we have improved the questions making them simpler and more intuitive, based on user research we undertook with providers. We will monitor how well this improves our ability to regulate and continuously improve both the way we ask providers for information and the way we use this in our regulation.

Chief Inspector of Hospital's report

3. Improving regulation in closed environments: Restraint, Segregation and Seclusion thematic and Whorlton Hall response update

Restraint, Seclusion and Segregation thematic: Phase 2

The review is being conducted in two phases. Phase 1 looked at primarily hospital settings, including learning disability and autism wards, as well as children and adolescent mental health wards. Phase 2 of the review is underway and is focused on visits to; rehabilitation and low secure mental health wards, and care services for people with learning disabilities and/or autism. We will be looking at children's secure and residential services with Ofsted.

Recommendations of our interim report on restraint, segregation and seclusion published on 21 May included: individual reviews of 62 people in segregation, convening an expert group to explore a better system of care for those at risk of segregation, strengthening the safeguards and the role of advocates, increased focus on human rights and making improvements to our regulatory approach.

As part of the implementation of these recommendations, an expert working group met for the first time on 13 August and feedback is being gathered online on the proposals of this workshop. Another meeting is being held on 11 November, hosted by the British Institute of Learning Disabilities (BILD) in Bristol.

Strengthening our regulation of ‘closed environments’

The interim RSS report underlined that there is an increased risk of poor care for people with a learning disability or autism who are isolated and kept in inappropriate environments, and the Panorama programme exposed the abusive culture at Whorlton Hall.

Since May we have placed seven hospitals that admit people with a learning disability and/or autism into special measures. We have published enforcement action against three providers with inpatient wards for people with a learning disability or autism.

We have also undertaken a provider level ‘well led’ review of Cygnet Healthcare, the findings of which will be published soon.

We are committed to learning and will act on the findings of the independent reviews. We are urgently exploring and introducing improvements to ensure we can better assess the experience of care of people who are in these types of environments.

Independent Reviews

We have commissioned two independent reviews as part of our work to improve how we regulate similar services in the future:

1. David Noble QSO, is leading a review focusing on our 2015 inspection of Whorlton Hall and the subsequent decision not to publish the inspection report.
2. Prof Glynis Murphy is Chairing a wider independent review of regulation of Whorlton Hall from 2015 to 2019.

Both independent reviews will report in public board when they are finalised.

4. Upcoming publication: Urgent and Emergency Care Survey

The 2018 urgent and emergency care (UEC) 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 runs every two years and is an important independent measure of people’s experiences of major A&E, urgent care centres and minor injury units. The results provide NHS trusts with invaluable insight that they can use to inform service improvements. The survey results also feed into our intelligence about NHS trusts, which directs the focus of our inspections.

Chief Inspector of Primary Medical Services' report

Nil report.

Chief Operating Officer's report

Nil report.

Chief Digital Officer's report

Nil report.

Executive Director of Strategy and Intelligence's report**5. Preparing for the UK's exit from the EU**

The situation regarding the UK leaving the EU remains uncertain. As things currently stand, the government's intention is that the UK will leave the EU with 'no deal' on October 31 2019, or an earlier date if an agreement is reached before then. This is a rapidly evolving picture and timings may change.

Department of Health and Social Care (DHSC) (along with the rest of the civil service) resumed planning and preparation for a 'no deal' EU Exit in August. A dedicated CQC team have continued to work with DHSC and other partners to ensure we are prepared for the impact of the EU exit on our own operations, as well as the impact on our regulatory work with health and social care services.

Our current assessment of our readiness for a 'no deal' EU Exit indicates a low risk for our own staff, processes and data. Our contingency plans are in place and these will be monitored, reviewed and tested on an ongoing basis.

6. Information and cyber security risk

There are no significant incidents to report.