

MEETING	PUBLIC BOARD MEETING 16 September 2020
Agenda Item Paper Number	4 CM/09/20/04
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 Activity of Interest since the last meeting

1. Activity of interest
2. Upcoming activity of interest

Chief Inspector of Adult Social Care's report

3. Covid -19 response in ASC: Market Oversight
4. Restraint, Segregation and Seclusion/Closed Cultures update

Chief Inspector of Hospital's report

5. Inspections

Chief Inspector of Primary Medical Services' report
Chief Operating Officer's report

6. Performance Report
7. People Plan

Chief Digital Officer's report

8. Information and cyber security risk

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

9. Strategy update

- 10. Parliamentary activity of Interest
- Recent and Forthcoming Publications**
- 11. Recent Publications
- 12. Forthcoming Publications

Chief Executive's report

1. Activity of interest since the last meeting

The summer period has, as expected been dominated by Covid-19. The last month in particular has been characterised by attempts across the country to open up the economy, daily life, and health and social care. Our actions and those of many others going into the crisis period were sweeping and easy to see. However, coming out of the crisis into an environment where Covid-19 is still present has been more complex, as individual relaxations and changes take effect.

Our overall approach has been to continue to regulate and look for different ways to assess risk. We are visiting providers when we see risks occurring. We are particularly grateful to the public and people who work in services who are continuing to talk to us about what is going on across the country. We set out later in the agenda in more detail how we will be carrying out our work over the coming months.

Our intent remains that we want to be as effective a regulator as we can possibly be, providing the public with assurance around health and social care services by focusing on risk. However, recognising that circumstances are changing constantly and even at the time of writing some areas of the country are subject to local restrictions.

Our teams have undergone training, been issued with PPE and there are individual and provider level risk assessments in place to ensure that when we carry out site visits, we can; keep people using services; those who work in services; and our own teams safe. I am aware that Department of Health and Social Care are being asked to allow our inspectors to be regularly tested on top of these precautions.

The Chief Medical Officer has said that he does not feel this is necessary at this stage as we are not providing hands on care to people using services. In response, in some cases, providers have tried to restrict our access to services on the basis that they would like our inspectors to be tested. We have been clear that we will not allow providers to place

restrictions on our ability to carry out our job especially as, at present we will only be visiting sites where we think there are potential risks.

I continue to admire and applaud the work of my colleagues, who impact on many facets of our organisation and wider society. In my weekly All Colleague Calls we highlight some of the incredible work done internally and externally; including community outreach, returning to volunteer in clinical practice and working to help Premier League teams play safely.

2. Upcoming activity of interest

Last Board meeting I set out our broad phased approach over the coming year, *Now, Next and Future*. This continues as planned as outlined later on the agenda.

We will be working closely with all partners to ensure clarity of understanding as it evolves into the early version of our future regulatory model in early 2021.

We will finalise the State of Care report 2019/20 for publication in early October. It will provide an important focus on what has been going well and where we need to focus improvement.

Engagement and consultation with a wide range of key stakeholders on the key themes for our Strategy 2021 is a key priority and this will enable initial ideas and themes to be discussed and developed further.

Our internal change process continues to ensure our effectiveness as a regulator and impact on service provision. This means our organisation is looking at our own best practice, our efficiency and caring for our people through our People plan. We talked to our colleagues about this change over summer and will be incorporating their challenge and ideas into our design for the future.

3. Covid-19 Response in Adult social care update: Market Oversight

State of the Market

Background

The challenge that Covid presented to the adult social care sector was extreme and rapid. CQC Market Oversight (MO) played an instrumental role in verifying the impact and communicating this across Government.

Care Homes - The greatest impact has been seen in care homes as exceptionally high mortality, limited, if any admissions, high PPE expenditure (as a result of both increased cost and usage) forced home lock downs and high absenteeism all combined to adversely impact profitability and cash generation. The **typical fall in occupancy was 10%** and, if no structural change to the market occurs, then it will take at least 12 months for this to recover. High winter flu deaths or a second wave of Covid will only serve to lengthen this recovery period whilst a greater proportion of public funded residents will continue to depress profitability.

Home Care - Whilst home care was still impacted by high absenteeism and PPE expenditure, the overall impact was less pronounced. This was because commissioners typically continued to pay in line with forecast commissioned hours. Thus, whilst hours of care delivered remain c. 5% adrift of pre Covid levels, this has not entirely converted into lower cash generation. This does mean however that **home care providers are at particular risk of claw back** from LAs who choose to recover money where commissioned hours exceeded the actual amount of care delivered.

The sector benefited from targeted LA support as well as specific sector support in the form of the infection control fund. Additionally, providers frequently took advantage of being able to defer certain PAYE/NI contributions as well as using the furlough scheme for non-care staff.

Next Steps

Going forward, it will be critical to understand the extent to which this support unwinds over coming months, something that the MO team remain very focussed on in their ongoing discussions with providers.

To date, two pieces of sector insight have been produced by MO using anonymised information obtained from provider returns and discussions, which have been shared both internally and externally (CQC Board, DHSC and MS(C)). A further piece of analysis is currently being prepared

4. Restraint, Segregation and Seclusion/Closed Cultures update

For over a year we have been focused on how we can improve regulation of closed culture. During the COVID-19 pandemic, there has been a greater likelihood that Inherent risk factors of a closed culture will be present in more services.

Key insights

- 100% of front-line operational staff have completed Closed Cultures supporting guidance training.
- We are working with our newly established Expert Advisory Group to create a care planning resource to help inspectors better identify good care planning and delivery for people with complex needs.
- Data relating to abuse, safeguarding alerts and whistleblowing will be included in the new Transition Monitoring App for Adult Social Care services and for Independent Health Learning Disability services
- The final updated version of Right support, Right Care, Right Culture guidance is ready for publication and will publish in the autumn. The training to improve consistency in the application of this guidance is being rolled out by the end of October.
- The publication of our final report into restraint, segregation and seclusion will be in the Autumn and will have recommendations to improve the system of care for people with the most complex needs.

Chief Inspector of Hospital's report

5. Inspections

In July & August Hospital inspection teams undertook 41 onsite risk-based inspections and published 34 inspection reports. There are currently 11 onsite inspections planned for September although more are expected to be agreed over the next week. The below 10 reports are due to be published in September with a further 31 reports expected to be published in October.

1. MS Watford
2. Duncan House

3. Portsmouth Hospitals University NHS Trust
4. Transsecure NW Ltd
5. The Brightmet Centre for Autism
6. Halton
7. The Priory Hospital Heathfield (x2 location reports)
8. Thornford Park
9. Surrey and Borders Partnership NHS Foundation Trust

Infection prevention and control practices

During July and August, 190 calls were placed with NHS trusts to discuss their own assurance with regard to infection prevention and control practices in place during the Covid-19 pandemic. This splits as 140 acute and specialist trusts and 50 mental health and community.

Of these, 88% of acute and specialist trusts said that they were assured and 94% of mental health and community trusts, with 5% and 2% responded that they were not assured respectively (note the figures won't total 100% as the last data run includes the deregistered organisations, and trusts where the IPC EFS system hasn't been completed).

- A national publication has been drafted identifying high level themes, with further work taking place in Hospitals to review the wealth of information captured. Some high level examples of themes identified so far include;
- Most organisations saw the BAF as a useful document to help improvement.
- There was variability in the availability of PPE, in particular PPE that was a good fit for all staff.
- Some trusts carried on with IPC audits throughout while others paused some or all IPC audits (including hand hygiene and environmental audits) during the height of the pandemic.

We are currently evaluating the responses and developing a focused IPC inspection methodology to follow up on risks identified from this process and other information available to the teams.

Emergency departments

We will be publishing an online document as resource to help providers improve the safety in emergency departments, particularly ahead of activity increasing in winter. This will be supported by a series of podcasts on areas key to delivering safe services. This work stems from ongoing engagement with a group of senior emergency department clinicians (predominantly consultants and lead nurses for emergency departments) that is being led by ED national professional advisor Prem Premachandran. It builds on blogs previously done by Ted Baker, Chief Inspector and Heidi Smoult, Deputy Chief Inspector in Hospitals.

Chief Inspector of Primary Medical Services' report

Dr Rosie Benneyworth Chief Inspector for Primary Medical Services will give a verbal update

Chief Operating Officer's report**6. Performance Report**

Please see item 5 in the agenda for the detailed quarterly update.

7. People plan

Please see the detailed quarterly update on the People Plan within the Change item later in the agenda

Chief Digital Officer's report**8. Information and Cyber risk security**

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**9. Strategy 2021 update**

Our draft ambitions are taking shape and have received positive feedback from the engagement we have been undertaking over the Summer. Our next stage is to refine these further, engaging with key stakeholders as we do so and to develop our plans for how we will implement the strategy prior to formal consultation in January.

10. Parliamentary Activity of Interest

We have submitted written evidence regarding the impact of Covid-19 on BAME groups to the Women and Equalities Select Committee. This submission feeds into the committee's inquiry on 'Unequal impact? Coronavirus and BAME people'. In addition to our written evidence, we also arranged a briefing session with the inquiry lead to discuss our broader concerns around barriers to accessing healthcare for BAME people and the poor quality of data relating to BAME groups, particularly in ASC.

We have submitted written evidence to the Health and Social Care Select Committee inquiry into 'Safety of Maternity Services in England'. The request for evidence relates to: the impact of the work which has already taken place to improve maternity safety and the work of Trusts, Government and its arm's length bodies; training and guidance; litigation; and the role of HSIB. Our response sets out our concerns and a number of work streams that are underway with our system partners. We expect to be called to provide oral evidence in the coming months.

Over the last month, and as part of our wider parliamentary engagement approach following the General Election last year and the ongoing pandemic, Ian Trenholm has been meeting with members of the Health and Social Care Select Committee to discuss our role and purpose, future direction, response to COVID-19 and how CQC engages with Parliament.

Recent and Forthcoming Publications

11. Recent Publications

Because We All Care' Give Feedback on Care (GFOC) Campaign Spike 1 – Targeting People with a Long-Term Condition (LTC)

Because We All Care supports and encourages more people in England to feedback on the health or social care services that 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.

The long-term condition spike runs for 4 weeks, starting 16 September and ending week commencing 12 October.

Insight Report - Issue 4

We publish these insight reports to help everyone involved in health and social care to work together to learn from the COVID-19 pandemic. This includes sharing and reflecting on what has gone well, understanding and learning from the experience of what hasn't, and helping health and care systems prepare better for the future.

Issue 4 focuses on two items:

- Provider Collaboration Reviews: Highlighting the emerging findings and sharing some examples of good collaboration.
- Infection prevention and control: What we have learned so far on good practice and challenges in acute hospitals, care home and GP surgeries.

12. Forthcoming Publications

September Publication

Emergency Departments: Patient First

We are publishing an online resource to help providers improve safety in emergency departments, particularly ahead of activity increasing in winter. This work stems from ongoing engagement with a group of senior emergency department clinicians (predominantly consultants and lead nurses from emergency departments across the country) that is being led by CQC's National Professional Advisor for Urgent and Emergency care.

Principles for Enabling Successful Innovation and Adoption in Health and Social Care

The purpose of the publication is to provide support for innovation across health and social care and suggest some principles that providers should consider when they are considering innovative practices.

October publication

Right Support, Right Care, Right Culture

CQC published 'Registering the right support' in June 2017. This guidance set out our policy position on how providers of health and adult social care should meet the fundamental standards in line with best practice when developing services for autistic people and people with a learning disability. Last year, we decided to review this guidance, so carried out an engagement exercise to explore with a wide range of people how we can make improvements. We are now revising the guidance to better reflect personalised care and outcomes for people.

RSS Thematic Final Report

Concerns about the high and widely varying use of restraint and inconsistent reporting were highlighted in CQC's 'State of Care' report in 2017 and again in 2019. The Secretary of State asked CQC to review and to make recommendations about the use of force and restrictive interventions in settings that provide inpatient and residential care for people with mental health problems, a learning disability and/or autism. We published our interim report in May 2019.

COVID-19 Inpatient Survey

CQC is carrying out a survey of adults who spent one or more night as an inpatient in an acute hospital in England and were discharged in April and May 2020. It aims to compare the experiences of people receiving inpatient treatment for COVID-19 in comparison to those with a non-COVID diagnosis and to capture insight that can contribute to the NHS response during any second subsequent COVID-19 spike, as well as supporting the on-going care of those continuing to be admitted with the virus.

Draft strategy content for conversation Oct-Dec

By 16 September we will have a draft strategy document 'signed off' for the next phase of engagement. We want to take this content and publicly set out our emerging strategic themes and what we mean by each, posing a number of questions as we look to refine our thinking.

It will act as the launchpad for our engagement during the next phase across all audiences and will be supplemented by other materials.

State of Care Annual Report 2019/20

CQC publishes an annual State of Care report to fulfil a statutory duty. The report informs Parliament about the state of health and adult social care in England in the preceding year. We hope to influence policy makers and influencers and use our independent voice to improve services for people who need care. Using multiple intelligence sources and insight, we focus on our inspection ratings and the themes that have shaped the quality of care in the past year, and we provide our thoughts about the year ahead.

The following reports will publish in October alongside State of Care 2019/20:**Follow up report to Children and Young People's Mental Health thematic review**

This report describes the findings of our independent review of how health and wellbeing board areas in England have progressed with implementing the recommendations we set out in our 2018 report *Are We Listening?*

The report, published in March 2018, was the culmination of a review of children and young people's mental health services commissioned by the Prime Minister in January 2017. It included recommendations for national, regional and local action. We contacted Health and Wellbeing Boards (HWBs) in England asking them to complete a self-assessment questionnaire outlining how they had implemented the recommendations made in the *Are We Listening* report.

Mental Health in Rehabilitation Report

Our report, *The State of Care in Mental Health Services 2014 to 2017*² raised concerns about the high number of inpatient beds across England provided in 'locked rehabilitation' wards.

We were concerned that, too often, these facilities did not seem to be providing active rehabilitation or working towards community discharge proactively. To further investigate these concerns, we sent a data request to all providers of inpatient rehabilitation services in England in 2017.

In March 2018 we published our findings and recommendations in a Briefing – mental health rehabilitation inpatient services. We recommended that the Department of Health and Social Care, NHS England (NHSE) and NHS Improvement (NHSI) agree a plan to engage local health and care systems in a programme of work to reduce the number of patients receiving inpatient mental health rehabilitation outside their home area.

This latest report presents the results of a second data collection we conducted in 2019 to review progress made on the recommendations in the 2018 briefing.

Assessment of Mental Health Services in Acute Trusts (AMSAT)

As an organisation, CQC is committed to ensuring a person receives high-quality mental health support. Between September 2017 and March 2019, mental health inspectors provided specialist support on 105 acute inspections to look at how well the mental health care needs of patients were being met across NHS hospital trusts in emergency departments, acute medical wards, maternity wards, and children and young people's services.

This report looks at the findings from these inspections and identifies areas where acute trusts, and the wider system, need to improve in order to meet the mental health needs of patients.