

Meeting	PUBLIC BOARD MEETING
Date	18 October 2017
Agenda item Paper Number	4 CM/10/17/04
Item title	Chief Executive'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:

Standing items:

1. Performance report

Further items:

2. Publications
3. NHS Provider reports published since last Board meeting
4. General Data Protection Regulation
5. State of Care
6. National Audit Office report
7. Review of Children and Young People's Mental Health Services
8. Visit from Bermuda Health Council

1. Performance report August 2017

The attached annex is a summary of the key operational indicators that are tracked monthly. Board are reminded that this report is a snapshot of performance across our *core* business plan performance indicators. The monthly report will be presented in this consistent style from this month on. Our quarterly performance report is a comprehensive and detailed view of performance indicators from both our Business Plan and our strategy measures. Both reports align with information that is presented to our Executive Team.

Registration timeliness stood at 86% in August, a significant improvement from 82% in July and 79% last year. The number of application activities also marginally increased in August compared with July and remains high when compared with previous years.

In August, 95% of registration applications were processed by the National Customer Service Centre (NCSC) within 5 days compared with a target of 90%. This is continued improvement from that seen in Q1, when performance ranged from 56% to 84%, and is in line with the expectations following colleagues joining new teams and undertaking training at the beginning of the year. Furthermore in August, 100% of Safeguarding Alerts received were processed by NCSC within

1 day, and processing of Safeguarding Concerns stood at 98% compared with a target of 90%. This is a substantial improvement compared to 61% in April, 87% in May and 92% in June.

Our 2017/18 Business Plan has a commitment to inspect providers at a frequency in line with their ratings. The annex summarised inspection activity against resource plans. Year to date there have been 5,586 Adult Social Care (ASC) and 1,791 Primary Medical Services (PMS) inspections. Of these 85% of ASC's and 92% of PMS's inspections have been undertaken within the published commitments compared with a target of 90%.

Year to date there have been 697 Hospital 'units' of inspection undertaken (a unit is equivalent to a core service). The Hospitals directorate plans to undertake more inspections in the second part of the year in line with the Next Phase. Below is the total number of inspections delivered that count towards our commitments (location level):

- Refractive Eye 35/90 (39%)
- Dialysis 73/74 (99%)
- Ambulance 116/317 (37%)

Across the directorates and regions there are peaks of high turnover and sickness levels as well as recruitment difficulties that have affected capacity. Return inspections to services rated Inadequate and Requires Improvement are being prioritised, as well as inspections in response to identified risk.

In 2017/18, there have been 428 enforcement actions published or completed. While there has been a decline in month-on-month published or completed enforcement activity, there has also been an increase in enforcement actions in progress, standing at 2,661 at the end of August, over 300 more than at the end of July. In the same period last year there were 994 actions in progress. It should be noted however that we have changed our approach to monitoring enforcement actions in line with our work to improve enforcement and these figures should not be directly compared. We are currently testing the enforcement data with inspection directorates to ascertain the reason for the decline in publications. It is anticipated based on early work that completion of systems may be a significant driver. Progress will be reported to the Board in November.

Our Business Plan commitment is to publish 90% of inspection reports within 50 working days (65 for Hospitals reports with three or more core services). There was a slight decline in performance in August but overall there has been strong improvement this year. Adult Social Care and Primary Medical Services performance for reports published within this commitment stands at 86% and 79% respectively for 2017/18, a significant improvement when compared to last year's average for PMS in particular.

For Hospitals, reports with 2 or fewer core services, performance was consistent with last month's at 29% and for reports with 3 or more core services, performance was 36% though is based on eleven trusts. This is expected to improve in line with the new report process as part of Next Phase Inspections.

The CQC revenue budget is underspent by £3.7m for the year to 31st August, but due to an under recovery on income of £0.8m results in a total surplus of

£2.9m. Potential underspend on the full year revenue budget continues to increase, with directorates forecasting £10.2 million underspend.

2. Publications

State of Hospices report

On 13 October 2017 the State of Hospices report was published sharing the outcome of the first round of comprehensive inspections of hospice services. This demonstrated the very positive performance of this sector with 25% of services rated as Outstanding and 70% as Good. The report was released to coincide with Hospice Week. The publication of the report marks the transition of the hospice sector from the Adult Social Care directorate to the Hospitals directorate as in future hospices will be monitored, inspected and rated under the health assessment framework.

Quality of Care in a Place reports

On 5 October 2017 we published our reports on quality of care in a place for Cornwall and the London Borough of Sutton. The aim of this work was to test an approach that could be used by local inspection teams to look at a risk or priority in an area. This work follows our previous work on quality in a place published in 2016, and is distinct from our local system review work.

The report on Cornwall reflects challenges to partnership working although agencies were working together to bring about improvements. There was however a lack of confidence in the system that the plans for inter-agency working would be successful. We found that the experience of people moving out of hospital was poor. The report on Sutton reflects there was a clear framework and approach to collaborative working, with a commitment to partnership working. People, who used services told us that they felt valued, listened to and included.

Local system reviews

The programme of 20 targeted reviews in local authority areas we were asked to undertake by Secretaries of State is progressing well. Three reviews have been completed; Halton, Bracknell Forest and Stoke on Trent, with Halton's report due for publication on 13 October 2017. The remaining two reports are in the factual accuracy process.

The review of Hartlepool begins on 9 October 2017 with Manchester and Trafford beginning 16 October 2017.

All 12 announced reviews are scheduled and we will be informed of the remaining 8 sites for review in November 2017.

3. NHS Provider reports published since last Board meeting

Publication Date	Trust	Type	Rating
07/09/2017	Kettering General Hospital NHS Foundation Trust	Focused	Not formally rated
20/09/2017	Airedale NHS Foundation Trust	Focused	Requires improvement
03/10/2017	Stockport NHS Foundation Trust	Focused	Requires improvement
03/10/2017	Avon and Wiltshire Mental Health Partnership NHS Trust	Comprehensive	Requires improvement
04/10/2017	Surrey and Borders Partnership NHS Foundation Trust	Focused	Good
05/10/2017	Royal Cornwall Hospitals NHS Trust	Comprehensive	Inadequate
05/10/2017	Alder Hey Children's NHS Foundation Trust	Focused	Not formally rated
05/10/2017	South East Coast Ambulance Service NHS Foundation Trust	Comprehensive	Inadequate

4. General Data Protection Regulation (GDPR)

GDPR comes into force in May 2018 and will replace much of the current Data Protection Act 1998. The GDPR aims to enhance the rights of data subjects and increase privacy protection by placing additional responsibilities on data controllers.

CQC has a project underway to implement GDPR compliance. Many of the requirements place current best practice onto a statutory footing, but there are a number of steps that CQC is required to take.

One of those steps is to appoint a Data Protection Officer (DPO), who has a range of roles in monitoring, advising and reporting on data protection matters. The DPO must be free to report directly to the Board and Executive team on such matters, whenever they consider it appropriate to do so.

This role will fit best within the remit of one of the two Heads of Governance and Legal. They will line manage, and have access to, the expertise and support of the Information Rights Team, along with support from other information governance professionals within CQC. As a matter of priority, we will ensure that the individual receives any training that they require for the role

5. State of Care

On 10 October 2017, CQC published its report on the state of health care and adult social care for 2016/17, following its laying before Parliament.

The report is CQC's annual assessment of health and adult social care in England, based on almost 29,000 inspections of services, as well as external evidence, including public and staff surveys, performance and financial data, and focus group

discussions. It presented trends, highlighted examples of good and outstanding care, and identified factors that make high-quality care possible.

Overall, this year's report explained that the quality of care has been maintained, that most people are receiving good and safe care, and that many services that were previously rated as inadequate have made the necessary changes and improved. It stated that the fact that this has been delivered despite the very real challenges facing the system is a testament to the hard work and dedication of staff and leaders and that the sectors continue to struggle with increasingly complex demand, access and cost.

This means that future quality is precarious and so, long-term solutions are needed, particularly around adult social care and mental healthcare reform, alongside better coordination of services, in order to secure a sustainable and effective health and care system.

Generally, the report was well-received by journalists and stakeholders, with it being the leading health and care story of the day of its publication across national media, positive commentary and reactions on social media, as well as strong attendance at the launch event.

6. National Audit Office report

Board members will be aware that the National Audit Office (NAO) recently published its report into CQC.

The Head of the NAO, Amyas Morse commented that "the Commission has improved as an organisation. Value for money is getting better and the Commission can secure further improvement, if it continues its current direction of travel."

He also rightly flagged that our main challenge "was to develop digital systems and capabilities to support a move to a more intelligence driven and risk based approach to regulation." This is something we recognise and are working hard to deliver. Indeed a paper on the Intelligence and Digital strategy and the priorities for delivery are being discussed by Board today.

Overall this is a strong and encouraging endorsement and recognition of our collective work and energy to improve delivery of CQC's core purpose. I would like to thank those members of staff and members of the Board who have supported the NAO in their work, and of course the wider organisation for its work that has led to a positive report.

The next steps will be to agree the action plan for improvement in response to the NAO's five recommendations. We intend to bring that back to the Board in December for agreement, and have a more detailed conversation with Audit and Corporate Governance Committee on progress in the new year.

7. Review of Children and Young People's Mental Health Services

The Board is aware that CQC has been asked to review the quality and accessibility of mental health services for children and young people. Phase one of this review has brought together existing knowledge and evidence through:

- a review of policy and research
- a qualitative analysis of CQC's inspection reports of child and adolescent mental health services, and
- engagement with children, young people and other experts in the field.

This has culminated in a report, which the Board has reviewed and informed, and which I have formally signed-off. This report will be published on 19 October.

Phase two of this work is underway. This has involved fieldwork in ten local areas across England, looking at how different agencies across the whole system each make their contribution and work together to ensure that children and young people have timely access to high-quality mental health care.

The evidence generated by this fieldwork is now being collated and it will be analysed in preparation for a national report, which will be published in spring 2018. An early draft of this report will be shared with the Board in the new year.

8. Visit from Bermuda Health Council

CQC have been approached directly by the Bermuda Health Council (BHC) to deliver a learning programme for them and were keen to engage CQC as the Bermudan Government are set to debate giving similar legislative power to BHC that are contained in the Health and Social Care Act. BHC recognising CQC as a world leader in this area wanted to gain greater insight into our approach. The training programme commenced delivery on 9 October and concludes on 18 October with a combination of Inspection staff (primarily from PMS) and Academy staff and includes a mix of classroom training to gain appropriate underpinning knowledge and the opportunity for the five person delegation to shadow inspections. Following discussions between the Academy and Finance a fee of £4,000 was proposed as payment for this programme and agreed by the BHC.

The Board is asked to **note** these items.

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Date: 11 October 2017