

<b>MEETING</b>	<b>PUBLIC BOARD MEETING 17 October 2018</b>
<b>Agenda Item Paper Number</b>	<b>4 CM/10/18/04</b>
<b>Agenda Title</b>	<b>Executive Team’s report to the Board</b>
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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. Performance report: August 2018
2. Health and Social Care Select Committee Session
3. Learning from safety incidents
4. Quality Matters
5. Registration update
6. Market Oversight Update
7. Evidence to Paterson Inquiry
8. Launch of the area-level exploration map (alexMap)
9. Forthcoming publication: CQC fees consultation 2019/20
10. Local system profiles to be published on website

**Chief Executive’s report**
**1. Performance report: August 2018**

The attached annex is a summary of the key operational indicators that are tracked monthly. Board is reminded that this monthly report is a snapshot of performance across our *core* business plan performance indicators. Strategic Measures, Risks and Business Plan updates are available through the quarterly reports to the Board. We continue to work with Board members to improve our reporting.

### On Plan Performance

We are on plan against our staffing and National Customer Service Centre responsiveness indicators. Primary Medical Services (PMS) has undertaken 1,515 inspections, achieving its timeliness target overall, while Hospitals has undertaken 284 inspections in the first 5 months of the year.

### Under Plan Performance

Year to date, registration assessment timeliness stands at 68% for New applications, an improvement from 65% in April and compared with a target of 80%. Applications for Variations or Cancellations stands at 89% to date against a target of 90%, an improvement from 87% in April. Performance continues to be impacted by an increase in risk work related to unregistered providers.

In August, our target for Safeguarding Alerts referred to a Local Authority was met (97% against a target of 95%). Year to date performance is slightly under KPI at 94%. For other Safeguarding Alerts and Concerns that require a mandatory action, performance continues to increase to 91%, compared to 87% in April and against a target of 95%. The Safeguarding Committee is undertaking an audit of all referrals that missed the target this year as part of the broader investigation into the issues raised in July.

Year to date there have been 4,492 Adult Social Care (ASC) inspections. Of these 87% of 1,674 inspections of Good or Outstanding services were inspected within agreed timescales, against a target of 80%; 57% of 1,581 Requires Improvement or Inadequate services were inspected within agreed timescales against a target of 90%; and 36% of 1,075 first inspections undertaken were within the agreed 12 months, against a target of 80%. ASC senior leadership are reviewing newly registered locations to ensure that we are targeting our inspections to those with risk. Recruitment is ongoing, with current actual strength at 86%. However, ASC is carrying a backlog of inspections that are being worked through as capacity increases, which will continue to affect timeliness performance.

### Executive Team (ET) Performance Focus – Board Update

At its June performance meeting, the ET agreed to undertake a monthly cycle of “deep-dives” on CQC’s performance priorities: report publication, consistency, registration, enforcement and managing change and improvement in CQC. At its September meetings, ET focused on the Business Planning for 2019/20 building on the recent Strategy Review work was shared with Board in July.

It also revisited our report publication performance, the directorate improvements to timeliness and quality of our report-writing activity and the

ambitions for the impact of this work. While performance in the first 5 months of 2018/19 has seen underperformance in all three sectors, overall we have seen a sustained improvement trend, with 84% of August reports published within our targets, compared with 79% in April. The Report Timeliness Cross-Sector Steering Group, which consists of Quality Improvement experts and leadership from all inspection directorates, is coordinating cross-sector and directorate-level improvement activity. This includes streamlining of the factual accuracy process, improving our Digital Publisher system, leveraging our report writing coaches across all inspection directorates, and improving the consistency and reliability of planning and scheduling.

While these and other improvements have some dependency on IT improvements, the replacement of or investment in legacy system, and appropriate resourcing of improvement activity, we continue to progress with our planned activity. The ambition is for ASC and PMS to reach 90% performance, and for Hospitals to reach 70% performance against our targets by March 2019. We further expect this to improve to 95% for ASC and PMS and 80% for Hospitals by October 2019.

Over the next few months, ET will be reviewing “deep dive” reports focusing on enforcement and 2019/20 business planning. The Board will be updated on this work as the information becomes available.

## **2. Health and Social Care Select Committee Session**

The Health and Social Care Committee will be holding an evidence session with the Chair and Chief Executive to discuss our annual State of Health and Adult Social Care Services report. The date will be confirmed in due course.

### **Chief Inspector of Adult Social Care’s report**

## **3. Learning from safety incidents**

In June 2018 CQC launched the ‘Learning from safety incidents’ series on the website with the first five briefings. Each briefing describes an incident, the impact on people, what CQC and the provider have done about it, and steps other providers can take to ensure it does not happen to them. The briefings were coproduced with providers and other stakeholders to help spread the learning from our enforcement activity in the most accessible and direct way.

The first five issues described incidents resulting from the misuse of shower chairs, bedrails, emollient creams, radiators and medicines.

The briefings were well received by providers and the public. Within a week, over 3,000 people had clicked through to the issues via our adult social care provider bulletin, making it by far the most popular item. It was also the most popular item in our cross-sector public bulletin.

Issue 6, about caring for people at risk of choking, was shared in our September bulletins. Not only was this new briefing viewed over 2,000 times on the day of launch, but it also prompted people to look back at the previous issues, which received over 3,000 views. It is worth noting that, although these incidents have to date focused on enforcement in adult social care, there was considerable interest in them via the bulletin for healthcare providers.

All the issues signpost providers to relevant best practice guidance. We plan to publish a new issue every two months with the next one looking at falls from heights, including unsafe windows.

#### **4. Quality Matters**

##### **Celebrating the successes of Quality Matters, year 1**

On 27 September, Dave James, Head of Adult Social Care Policy represented CQC at the Quality Matters Board attended by Caroline Dinenege, Minister of State for Care to review the first year of the initiative and celebrate the progress made. The commitment shown from across the sector was recognised, progress had been made on some aspects of the action plan but more needed to be done in certain areas.

We shared the success of our “Driving Improvement” publications, focusing on the Adult Social Care case studies. We were able to point to what we had learned about providers’ improvement journeys and how we had shared this with the sector to help others to improve.

The Board also celebrated how the action on improving how the sector acts on feedback, concerns and compliments has been successfully delivered in year one. In year two, this will be built on by considering the recommendations made in the Competition and Markets Authority’s report on access to advocacy and best practice in consumer protection.

##### **Update on CQC’s priority action and the plans for year 2**

CQC and Skills for Care (SfC) are the co-ordinating organisations for Quality Matters Priority 2, ‘Measuring, collecting and using data more effectively’. We have carried out user engagement to test a single portal for sharing information - using our Provider Information Collection (PIC) and SfC’s National Minimum Data Set–Social Care (NMDS-SC). A roundtable was held on 20 September to explore the issues and barriers in more depth.

The current position is that there is insufficient evidence to pursue a unified social care portal and the benefit of sharing data between the PIC and NMDS-SC is not as significant as initially assumed. The discussion at the Board continued this conversation and there was general agreement amongst Board members that the best way to achieve a common dataset in ASC would be through the development and implementation of the single shared view of quality. This would ensure performance and outcome measures can be shared between regulators and commissioners to reduce duplication on providers and make better sense of what is happening in services for the public. As such, it would also underpin any work on commissioning for better outcomes.

This focus aligns with CQC's strategic priority to encourage a shared view of quality and will hopefully be underpinned by plans to be set out in the Government's forthcoming Green Paper for adult social care.

## **5. Registration update**

### **CMG V CQC Cherry Trees First-tier Tribunal win**

CQC won an Important Tribunal decision related to our use of Registering the Right Support (RTRS) guidance.

CMG applied to CQC in April 2017 to increase the number of places for its Cherry Tree setting in Essex that was already situated on a rural site known as Lilliputs with three other services and a day centre. There were 26 people on the site which included adults and children living areas. Services were for people with a learning disability and/or autism and behaviour that challenges. CMG wanted to increase one location which provided services for 7 people to accommodate 10 people

We refused CMG's application on the basis it failed to demonstrate regard for current and nationally recognised best-practice in relation to supporting people with a learning disability as set out in CQC's updated statutory guidance, 'Registering the Right Support', published last year. Specifically, that the service model should not be within a campus and congregate setting and appropriate consultation had not taken place with those who use the Lilliputs site, their families and advocates, or with local commissioners to identify local need.

In dismissing the appeal, the Tribunal had some key and important findings. The Tribunal identified that campus and congregate settings were accurately defined and there was no evidence of inconsistent registration decision making by the CQC. The tribunal identified that Registration at CQC had a proper focus to use best practice to protect and promote the health and welfare of people who use services and to provide the best potential for better

outcomes. This was an important judgment that will assist the Registration team when assessing similar applications in future or responding to challenges.

### **Successful prosecution of an unregistered provider.**

The registration team successfully prosecuted a company director who illegally provided domiciliary care services from three different north London addresses. The director was fined more than £3,500 at Highbury Corner Magistrates' Court.

It has taken over two years for Mr Jowaheer to be located, and brought to justice and gives some indication of the work of the Registration team in dealing with unregistered providers, including prosecution when that is warranted.

## **6. Market Oversight Update**

The Market Oversight team has had another busy month. There are several situations, all of which have been briefed to the Board. Owing to confidentiality and commercial sensitivity specific updates will continue to be provided to the Board as the situation allows and requires. In the meantime, the team, supported by the Chief Inspector and Chief Executive, continues to be fully engaged and is discharging its regulatory responsibilities.

Although not formally part of Market Oversight, the team have been in contact with BMI Hospitals. A financial restructure of this business has finally concluded (subject to documentation) with the annual rent charge being significantly reduced, a substantial cash injection to support the ongoing capital expenditure programme and a change in structures.

### **Chief Inspector of Hospital's report**

#### **7. Evidence to Paterson Inquiry**

Ted Baker has been asked to give evidence to the Independent Inquiry into issues raised by Patterson on behalf of the CQC. The evidence will be drawn from our report into the State of Care in Independent Acute Hospitals published in April 2018. In addition, an internal working group has been established to develop our approach to medical governance in independent hospitals, building on our inspection findings, the learning from the Paterson case and others.

### **Chief Inspector of Primary Medical Services' report**

Nil report.

**Chief Operating Officer's report**

Nil report.

**Executive Director of Strategy and Intelligence's report**

**8. Launch of the area-level exploration map (alexMap)**

On Wednesday 3rd October was the internal launch of the area-level exploration map (alexMap); a map-based tool providing CQC colleagues with multi-sector organisation information, alongside links to existing intelligence products including the newly updated local system profiles, current ratings, insight profiles, relationship owner and inspection team.

alexMap provides:

- Organisational mapping (with details of relationship owners) to facilitate cross-sector communication and working.
- Access to location, provider and area level analytical products to give a comprehensive view of the intelligence we can provide across an area, supporting an intelligence led model of regulation.

The team behind the tool have provided guidance for all staff and will continue to attend a range of cross-sector risk and planning meetings to introduce the tool, enabling inspection teams to access the information they need.

**9. CQC fees consultation 2019/20**

We will be publishing our consultation on the fees that we propose to charge providers in 2019/20, in line with the requirements of the Health and Social Care Act 2008 (the HSCA).

We are aiming to publish the consultation in mid-October, accompanied by a regulatory impact assessment and draft fees scheme. Our engagement plan includes messages to teams, all registered providers, the media and other stakeholders.

The consultation will last for 12 weeks. We will then analyse the feedback from this consultation to prepare a response and a final fees scheme to recommend to the Secretary of State, whose consent is required to implement the scheme from 1 April 2019.

**11. Local system profiles to be published on website**

To support local health and care systems to work together more effectively and plan for winter pressures we are publishing data profiles at local authority

level. The profiles will feature a range of cross-sector indicators and information centred around the pathway of care into and out of acute hospitals for older people (aged 65+).