

<b>MEETING</b>	<b>PUBLIC BOARD MEETING 21 November 2018</b>
<b>Agenda Item Paper Number</b>	<b>5 CM/11/18/05</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. Section 48 request for a thematic exploring segregation and restraint
2. Health and Social Care Select Committee appearance
3. Initial findings from CQC’s “Your Voice” staff survey
4. Update on Allied Healthcare
5. Joint winter communication with NHS providers
6. IR(MER) annual report
7. Update of Equally Outstanding publication

**Chief Executive’s report**
**1. Section 48 request for a thematic exploring segregation and restraint**

The case of Bethany – a 17-year-old inpatient with autism, who was held for about 22 months in a “seclusion room” in St. Andrew’s Hospital - has raised wider concerns about the use of segregation and prolonged seclusion of people with mental health problems, learning difficulties and/or autism. In response to this concern, the Secretary of State has asked CQC to undertake a review of segregation and prolonged seclusion of people with mental health problems, learning difficulties and/or autism in health and care settings. The Secretary of State has also requested that the review look into restraint. We are agreeing the final scope with DHSC.

The work will be undertaken in two stages with an interim report of findings in May 2019 and the final report will be published before the end of financial year 2019.

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

Ian Trenholm, Peter Wyman and the three Chief Inspectors gave oral evidence to the Health and Social Care Select Committee on 30 October 2018 on 'The work of the Care Quality Commission and the State of Care in England'. Topics covered adult social care, NHS and independent hospital inspection findings, ambulance services, mental health and the Mental Health Act (MHA), CQC's engagement with the voluntary sector, and the NHS ten-year plan.

## **3. Initial findings from CQC's "Your Voice" staff survey**

Our employee engagement score has dropped slightly to 61% (down 1 pp from last year) and follows a downward trend from 2016. However, our 3S engagement index which follows a model used across other organisations is comparatively high at 71%. For example, the Civil Service engagement index using the 3S model was 61% in 2017. This reflects our continued high scores on organisational pride, purpose and values.

The results show that colleagues continue to feel positively about their work, teams and managers and have a higher level of personal morale. We have also seen improvements in scores on learning and development, wellbeing and workload.

Colleagues also continue to be less positive about equipment and technology, communications and managing change. While this reinforces the areas we are focused on tackling, it is important to reflect that colleagues are not seeing visible signs of improvement. In addition to this, we have also seen decreases in scores on being clear and committed to our strategic direction

Our Your Voice 2018 Scorecard has been shared with colleagues. A full report of the results and our response will be presented to board in February.

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

## **4. Update on Allied Healthcare**

Through our Market Oversight responsibilities, we have been closely monitoring Allied Healthcare and assessing the future viability of this company's plans to determine whether continuity of care can be maintained for the 9,300 people receiving home care services from this provider in England.

The Board will be aware that on Monday 5 November we made our first ever corporate level Stage Six notification in relation to Allied Healthcare. We did this due to the company being unable to offer adequate assurance that they had secured the necessary ongoing funding, or new investment beyond 30 November that would avoid a credible risk of service disruption, as a consequence of likely business failure, and secure people's continuity of care.

We notified the 84 local authorities affected across the country to advise them of the situation so that they had enough time to enact their statutory duty in making the necessary contingency arrangements to ensure people using services delivered by Allied Healthcare do not suffer disruption to their care needs.

We continue to have close dialogue with the company, local authorities and all of our partners on the next steps. Making sure people using these services experience the continuity of safe, high quality and person-centred care is the number one focus.

#### **5. Hillgreen Care Limited prosecution**

We have prosecuted Hillgreen Care Limited for failing in its duty to protect people in its care, exposing them to the risk of sexual abuse. The provider has been fined £300,000 and we have been awarded full costs. The judge at Highbury Corner Magistrates' Court said: "there was a failure to provide appropriate care and a high level of culpability because the risks were well known to the company". She stated that there was a "woefully inadequate system of care" in place.

We began the process to cancel the registration of the Colne Road service in February 2016. The registration of Hillgreen Care Ltd was cancelled altogether in September 2017.

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

#### **6. Joint winter communication with NHS Providers**

NHS Providers has supported communication of key winter messages to their board level members through a blog published on their [website](#), authored by Professor Ted Baker. The blog acknowledges that concerns remain around the impact of increased demand seen across the health and social care system in winter, despite many local NHS leaders starting their winter planning in May/June.

The blog highlights key messages, good practice and practical solutions from our Under Pressure: safely managing increased demand in emergency departments report, as well as referencing State of Care and our local system reviews.

## **7. IR(MER) annual report**

Our annual report on activity relating to our enforcement of The Ionising Radiation (Medical Exposure) Regulations 2000 in England is scheduled for publication on the 19 November 2018. It is authored by the IR(ME)R inspection team and gives a breakdown of the number and type of notifications we received from healthcare providers when patients received exposures of radiation that were 'much greater than intended' during the 2017 calendar year and the first quarter of 2018. The report also presents the key findings from our inspections of radiology departments, either to follow up on a notification or as part of our programme of planned inspections.

It will report on the new regulations IR(ME)R 2017, which came into force in February this year.

### **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. Update of Equally Outstanding publication**

This good practice resource aims to help providers put equality and human rights at the heart of their improvement work so that the quality of care gets better for everyone. There is growing evidence that equality and human rights for people using services and staff needs to play a central role in improving the quality of care. The resource looks at case studies and identified nine common success factors.