MEETING	**PUBLIC BOARD MEETING** **18 November 2020**
Agenda Item **Paper Number**	**4** **CM/11/20/04**
Agenda Title	**Executive Team Report to the Board**
Sponsor	**Ian Trenholm, Chief Executive**
Author	**Laura Ottery, Advisor to the Chief Executive**

PURPOSE OF PAPER:

This is a paper for the Board **to note**. Item 3 is for the Board **to approve**.

Introduction

The report this month provides an update on the following matters:

Chief Executive's report

1. Activity of interest
2. Upcoming activity of interest
3. Responsible Officer Annual Report - ***Board to approve***

Chief Inspector of Adult Social Care's report

4. Infection Prevention Control

Chief Inspector of Hospital's report

5. Inspections
6. TMA update
7. Patient FIRST

Chief Inspector of Primary Medical Services' report

8. PMS update

Chief Operating Officer's report

9. Increase in Living Wage

Chief Digital Officer's report

10. Information and cyber security risk

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

11. Strategy 2021 update
12. Parliamentary activity of interest

Recent and Forthcoming Publications

13. Recent Publications
14. Forthcoming Publications

Chief Executive's report

1. **Activity of interest since the last meeting**
   COVID-19 has continued to dominate our activities over the past month. Our broader operational focus remains Infection Prevention and Control across all settings and on site work with higher risk services. We have continued the pause all routine activity.

   Following the government's announcement of new national restrictions from 5 November, Gold Command reached the decision to pause the Provider Collaboration Review (PCR) programme by 4-6 weeks, and to defer the onset of cancer fieldwork from 23 November to early January. We felt this was the appropriate response to support systems under pressure from the rising cases of COVID-19.

   We have received confirmation from the Department of Health and Social Care that we will undertake a special review under s.48 of the Health and Social Care Act 2008 of Do not attempt cardiopulmonary resuscitation (DNACPR) issues during the pandemic. Interim findings will be provided later this month, with a final report published in February 2021.

   Executive team colleagues and I have held a series of web-based events and spoken at conferences as part of the discussion process for our new strategy. There has been some useful detailed feedback, and widespread support for our direction of travel. The next key point in the strategy development will be the start of formal consultation in early 2021.

2. **Upcoming activity of interest**
   Continued external stakeholder discussions will take place on the 20/21 Strategy.

We will work to deliver assurance to the public and government on the safety and quality of health and social care as we enter the next phase of Covid. This will include a focus on Infection Prevention and Control alongside risk based inspections and the inspection of designated locations (those places capable of looking after people who are fit for discharge from hospital but still have Covid-19). This work is progressing at pace and Kate Terroni will provide a detailed update on the very latest position on this work in the meeting.

Our work differs from the first wave in so far as we now have a clearly development methodology which is being deployed both on and off site. We also better understand how to operate safely and at scale during field work.

We are working closely with DHSC to ensure we can play our part in setting up the mass Covid vaccination programme.

3. **Responsible Officer Annual Report - *Board to approve***
   Nigel Acheson, Deputy Chief Inspector of Hospitals, is the Responsible Officer for the CQC. The Responsible Officer is required to annually assure the Board that they have carried out their responsibilities in line with the Responsible Officer Regulations. The Responsible Officer Annual Report for 2019/20 confirms that all doctors' revalidations are up to date, that they remain fit to practice and there are no concerns to date with any doctors that are employed by us. The full report and appendices are available for Board members on request.

   As a Designated Body, we are required to submit an Annual Board Report to NHS England affirming our statement of compliance. See Appendix A. The Board is asked **to approve** this return.

Chief Inspector of Adult Social Care's report

4. **Infection Prevention Control**
   Kate Terroni Chief Inspector for Adult Social Care will give a verbal update.

Chief Inspector of Hospital's report

5. **Inspections**
   In October the Hospital inspection teams scheduled 30 inspections. 19 were of independent providers and 11 NHS providers. 11 urgent enforcement action notices were served. A third of the inspections taking place in October were of

mental health providers and two thirds of those planned for November are for mental health providers. The below 9 reports are due to be published in November.

1. Basildon University Hospital
2. Manor Hospital
3. Medical Response Services
4. John Munroe Hospital - Rudyard
5. Broomhill
6. The Priory Hospital Hayes Grove
7. The Priory Hospital Middleton St George
8. The Priory Hospital Bristol
9. Cedar House

A further 34 reports are expected to be published in December, half of which will be for mental health providers.

6. **TMA update**
The transitional monitoring app (TMA) phase 2 went live for hospitals on Monday 2 November. This means we can now carry out TMA activity for:

- All Independent Health service types (except for Hospices) at both location and core service level
- All NHS core services

Also included in the TMA is the guidance for our Winter pressures activity.

Training in the use of the new app continues and we have set a completion date of the 30 November 2020. Support sessions are being provided now and throughout November which are being well received.

7. **Patient FIRST**
Published on 5 October 2020, Patient FIRST, is an online resource aimed at helping ED staff, hospital trusts and the wider system to build on the positive changes brought in during the peak of the pandemic. Produced in partnership with clinicians, it presents practical examples that hospitals can apply now in their preparations for the winter ahead and is a valuable quality assurance tool for trust leaders.

Chief Inspector of Primary Medical Services' report

8. **PMS update**
   There are no significant updates to report to the Board.

Chief Operating Officer's report

9. **Increase in Living Wage**
   The Living Wage Foundation have this morning announced that they have increased the living wage to £9.50 per hour. Our band G is currently at the old rate of £9.30, which is £17,943 annually on the national framework. Applying the new rate will lead to an annual salary of £18,329. The London framework will go from £22,961 to £23,347. We agreed at the recent pay negotiations as soon as we received details of the revised amount, we would amend salaries accordingly. This currently is cost neutral as we have no colleagues on a grade G pay band.

Chief Digital Officer's report

10. **Information and Cyber risk security**
    There are no significant information or cyber security incidents to report.

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

11. **Strategy 2021 update**
    Engagement has continued on our draft strategy. Highlights include our internal all colleague conference and external 'critical friends' event, where we held workshops on the themes of our future strategy and how we might deliver them. Planning continues for our formal consultation in the New Year.

12. **Parliamentary Activity of Interest**
    Update of Parliamentary activity for the board is as follows:

- As part of the Health and Social Care Select Committee inquiry into 'Workforce burnout and resilience in the NHS and social care', three Deputy Chief Inspectors from across the inspection directorates met with the Clerks of the committee to share their experiences from our regulatory activities.

- Ian Trenholm and other members of the Executive Team continue to engage with the Department of Health and Social Care on the upcoming Health Bill, in the context of the ambitions of our next strategy.

- As part of our wider parliamentary engagement approach following the General Election last year and the ongoing pandemic, Ian Trenholm has continued to hold meetings 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

13. **Recent Publications**

a) RSS Thematic Final Report

We published our report on restraint, seclusion and segregation (RSS) on 22 October 2020. The report looked at the use of these practices in care services for people with a mental health condition, a learning disability or autistic people.

We found that the need to receive care and support in the community started at a young age, and that this lack of support often led to people becoming increasingly distressed and, in some cases, suicidal or violent. When people reached this 'crisis point', hospital was often the only option left. We found the majority of mental health hospitals were not therapeutic environments. For people at crisis point, hospital should be a temporary solution that helps people to get well enough to leave quickly.

We have made several recommendations for national and local level change. Primarily, we are calling for increased oversight and accountability in this policy area, in the form of a national commissioner for complex care, and a minister who will have oversight to ensure the change to community first care is delivered.

b) IR(ME)R Annual Report

CQC is the enforcement authority under the Ionising Radiation (Medical Exposure) Regulations 2017. The report for 2019/20, published on 22 October, gives an overview of the types of notifications we received of incidents involving significant accidental and unintended exposures of ionising radiation.

It provides key findings from our investigations of incidents and our wider inspections, so that providers can learn and improve safety. It is aimed at a professional readership. This year we also focus on how providers responded to changes to practice because of COVID-19, and the impact of this.

c) Giving Feedback on Care Campaign: Targeting Older People Spike

We have launched the second spike of Because We All Care - targeting older people, which will run until 25 November. Because We All Care supports and encourages more people in England to feedback on health or social care services, they, or a loved one, have experienced.

Our research shows that over 55s are most likely to believe providing feedback on care makes a difference. However, this age group is also less likely to think care has improved during the pandemic. With over 55s usually accessing care more frequently, as well as providing support to family and friends, now more than ever we want to continue to hear about experiences of care.

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.

Future spikes:

- Carers in January 2021
- People with a learning disability and autism in March 2021
- BAME men (led through HWE) March 2021

d) Insight Report Issue 5

Our insight reports help everyone involved in health and social care to work together to learn from the pandemic: to share and reflect on what has gone well, understand and learn from the experience of what hasn't, and help health and care systems prepare better for the future. Issue 5 is the vehicle for launching the other reports launched on 18 November.

e) Infection, prevention and control in care homes during the pandemic

In our September edition of the COVID-19 Insight report, we published analysis of infection prevention and control (IPC) in 59 high-risk inspections of care homes that took place during the first half of August 2020. We will follow this up in our November Insight report, summarising the analysis from a special programme of IPC inspections in 301 care homes selected as potential examples of good practice.

We published this full report on 18 November, to provide more detail from the IPC programme, as well as other information about the challenges and response of care homes to the pandemic. By sharing this good practice, we aim to support services to prepare for the winter.

f) COVID-19 Inpatient Survey

We carried 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. The survey 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.

14. **Forthcoming Publications**

a) Community Mental Health Survey

The Community Mental Health Survey has been running annually since 2004 and is part of a wider programme of NHS patient surveys, which covers a range of services including adult inpatient, children's inpatient and day-cases, urgent and emergency care services and maternity. People aged 18 and over are eligible for the survey if they received specialist care or treatment for a mental health condition and had been seen by an NHS trust.

b) Mental Health Act Annual Report 2019/20

This is our statutory annual report to parliament on CQC's Mental Health Act (MHA) monitoring activities in 2019/20. This year, due to the COVID-19 pandemic, the report will focus on how services have responded to the pandemic, and the impact on patients detained under the MHA. We will then include an appendix of data including SOAD visits, deaths of detained patients, monitoring visits and complaints for 2019/20.

c) Principles for enabling successful innovation and adoption in health and social care

Innovation can be powerful in improving the health and social care that people receive, and we want to support the system to take full advantage of innovation. This short report is led by CQC, with NHSE/I and NHS Digital, and it offers six principles about innovation agreed by a collection of organisations, plus some examples of good innovation and adoption across health and adult social care.

d) Joint Targeted Area Inspections (JTAI) Mental Health Report

We carry out these inspections of local authority areas in partnership with Ofsted, HM Inspectorate of Constabulary, HM Inspectorate of Probation and, where relevant, HM Inspectorate of Prisons. They look at the effectiveness of front-line safeguarding and how well the different agencies work together.

Each set of six JTAIs focuses in depth on a particular issue and concludes with an overview report on the most significant learning from six inspections of local authority areas. In this case, the inspections have looked at mental health services for children and young people – this was one of our commitments as part of the CYPMH review requested in January 2017 by the then Prime Minister.

APPENDIX A: Designated Body Annual Board Report

Section 1 – General:

The board of the Care Quality Commission can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.
   Date of AOA submission: Professor Stephen Powis, National Medical Director, NHS England and NHS Improvement wrote to all Responsible Officers and Medical Directors in England on 3 September 2020 that as a result of the COVID pandemic the 2019/20 Annual Organisation Audit (AOA) has been cancelled for this year.
   Action from last year: following the retirement of Professor Nigel Sparrow a full handover was given and there are no outstanding actions from last year.
   Comments: Deputy Responsible Officer and Appraisal Lead retired in January 2019. We did not recruit and currently feel that this is not necessary.
   Action for next year: Maintain 100% appraisal rates and monitor quality assurance.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.
   Yes
   Comments: I am a member of the Whitehall Responsible Officer Group. My higher level RO is Professor Chris Whitty, Chief Medical Officer at DHSC.
   Action for next year: To maintain the high quality of the RO function through the changes that have been made and described above.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.
   Yes
   Action from last year:
   Comments: I continue to be funded appropriately and NHSEI will invoice us for any appraisals conducted.
   Action for next year: Maintain RO and administrative support in line with Responsible Officer regulations.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.
   Yes

Action from last year:
Comments: Joanna Green has overall responsibility for this and I can confirm that our record is correct and up to date. We now only have two prescribed connections to the CQC. Both from the hospitals directorate and their appraisals are arranged by NHSEI.
Action for next year: to maintain an accurate record.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.
   Yes Continued quality assurance of appraisal and revalidation processes
   Action from last year:
   Comments: Policies are in line with NHSEI and signed off by CQC Board.
   Action for next year:

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.
   Yes
   Action from last year:
   Comments: External Peer Review took place in October 2016 with the Chief Medical Officer and Responsible Officer at the Foreign and Commonwealth Office (FCO).
   Action for next year:

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.
   Yes. As Responsible Officer, I liaise with the GMC for all doctors who work for CQC
   Action from last year:
   Comments:
   Action for next year:

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Yes. All doctors with a prescribed connection to CQC have an annual revalidation appraisal with a trained appraiser
Action from last year: Our appraisals are in the process of being moved to NHSEI.
Comments: Joanna Green works together with the Medical Directorate team to ensure the appraisal process is carried out in a timely manner and keeps our records up to date.
Action for next year:

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.
Action from last year:
Comments: 100% achievement of annual appraisal of all doctors with a prescribed connection to CQC
Action for next year: Maintain 100% achievement

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).
Yes
Comments: Policies are in line with NHSE and signed off by CQC Board.
Action for next year:

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.
Yes
Comments: as previously stated we have moved our appraisals to NHSEI and appraisers are now appointed from their pool.
Action for next year: To continue to quality assure the appraisal and revalidation process

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).
Action from last year:
Comments:
Action for next year:

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:
Comments: From 2017 following discussions in the Whitehall Responsible Officer Group we have introduced a RO Appraisal Review Template that I complete after every appraisal and also a Responsible Officer template review for revalidation recommendation that I complete before revalidation. We also have an appraisee feedback form that is anonymised. This will ensure that we quality assure our processes. The CQC Board approved these as part of the annual RO report two years ago.
Action for next year:

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year:
Comments: We have strong relationships with the GMC and have 2 monthly formal meetings with Andy Lewis of the Employer Liaison Service at the GMC.
Action for next year:

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: All recommendations to the GMC are completed and the doctors are informed.
Comments:
Action for next year:

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:
Comments: The Responding to Concerns and appraisal policies outline the governance arrangements
Action for next year:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

Comments: This is covered in the Responding to Concerns policy and conduct issues are discussed as part of the revalidation appraisal
Action for next year:

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:
Comments: The process for managing fitness to practise and concerns are described in the responding to Concerns policy
Action for next year:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[2].

Action from last year:
Comments: There have been no concerns or fitness to practise issues with any doctors who have a prescribed connection to CQC. However, if this occurred there is a process to follow which includes discussion with the GMC
Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[3].

Action from last year:
Comments: As Responsible Officer, I am a member of the Whitehall Responsible Officer group and the NHSE responsible Officer group This ensures rapid communication systems are in place.
Action for next year:

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:
Comments: Doctors with a prescribed connection to CQC are appraised by an appraiser from NHSEI to avoid any conflicts of interest. Action for next year:

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:
Comments: This is conducted by the Flexible Workforce Office
Action for next year: