

<b>MEETING</b>	<b>PUBLIC BOARD MEETING 15 December 2020</b>
<b>Agenda Item Paper Number</b>	<b>5 CM/12/20/05</b>
<b>Agenda Title</b>	<b>Executive Team Report to the Board</b>
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**PURPOSE OF PAPER:**

This is a paper for the Board **to note**. Information contained in this report was accurate as of 10 December 2020. Any further developments or amendments since the circulation of this paper, will be brought to the Board attention in the meeting.

**Introduction:**

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

**Chief Executive's report**

1. Managing COVID-19 risks
2. Preparing for Exiting the EU

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

3. Infection Prevention Control, Designated Settings and System Pressures
4. Closed Cultures Update

**Chief Inspector of Hospital's report**

5. Infection Prevention Control
6. Emergency Departments

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

7. DNACPR Thematic Review
8. Joint Targeted Area Inspection: 'Feeling heard'
9. Special Educational Needs and Disability Inspection Programme

**Chief Operating Officer's report**

10. COVID-19 vaccination programme

- 11. Performance Report (October 2020)
- 12. Success Profiles and My Performance
- 13. Diversity and Inclusion
- 14. 2019-20 Annual Reports

**Chief Digital Officer's report**

- 15. Information and Cyber Security Risk

**Engagement, Policy and Strategy Directorate's report**

- 16. Strategy 2021 Update
- 17. Parliamentary Activity of Interest
- 18. Recent and Forthcoming Publications

APPENDIX: Performance Report

**Chief Executive's report****1. Managing COVID-19 risks**

Since the last Board meeting, the Department for Health and Social Care have agreed that our inspectors and other colleagues carrying out inspections, can be tested as part of the COVID-19 test programme. The programme requires all those participating to test at home on an on-going weekly basis. This programme will give assurance to providers that as well as managing the COVID-19 risk through the use of individual risk assessments, PPE and appropriate guidance and training, we will now be able to monitor colleagues through regular testing for COVID-19. We are currently compiling the definitive list of those who will need to be part of the programme and a ten-week supply of test kits have started arriving at our Newcastle Citygate office.

To alleviate the concerns from some colleagues of using their own clothing on inspections, we have also decided to provide scrubs as workwear for any colleagues undertaking onsite visits who wish to use them.

**2. Preparing for Exiting the EU**

This will be the last Board meeting before the EU Exit transition period ends and there are new rules for businesses and citizens. We have continued to liaise with colleagues in the Department of Health and Social Care to ensure we have completed the necessary assurance steps and are confident that we are prepared for the implications of the changes. We

also have continued to offer colleagues in the Department for Health and Social Care any views on impacts on the sectors we regulate after the end of the transition period.

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

#### **3. Infection Prevention Control, Designated Settings and System Pressures**

Our inspection teams have continued to use our infection prevention control (IPC) tool on all care home inspections. We delivered our commitment to carry out 500 stand-alone IPC inspections during October and November 2020, with 521 stand-alone IPC inspections taking place. This included three different kinds of inspection as outlined below.

- Inspections of proposed designated facilities.
- Inspections to look at and learn from good IPC practice.
- Inspections in response to risk and information of concern.

As of early December 2020, inspection teams had assured the IPC practice in 112 designated care homes which have been nominated by local authorities to accept people who are discharged from hospital with a Covid-19 positive test result.

We have agreed with the Department for Health and Social Care that 900 inspections will take place over December and January. Although we will continue to use the IPC tool in all our care home inspections, we will now stop undertaking IPC thematic inspection of 'Good' rated providers as we already have a lot of helpful information which was shared in the last insight report. We will continue to focus our inspectors on targeting outbreaks and risk.

Over the past month we have provided Ministers with a weekly narrative that covers the latest information and data on our IPC framework to inspect all care homes, as well as on the performance and assessment of new designated settings. Also covered in this weekly narrative is background information about COVID system pressures that may impact on these inspections. One week later a public version of this narrative is published on our website. Further information is contained within the latest COVID-19 Insight Report.

#### **4. Closed Cultures update**

We delivered our third Expert Advisory Group in November on closed cultures and brought together people to talk about surveillance and how this is used in health and care settings.

There was a parliamentary event held on 1<sup>st</sup> December to update parliamentarians on our Out of Sight report and recommendations. There was a good discussion about how best to create changes in the way care is delivered for people with a learning disability and autistic people, and how commissioning community services is key to this. We are working with the Government and strategic partners to ensure that the report's recommendations are delivered.

The final part of Professor Glynis Murphy's report is considered by the Board under item 4.

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

#### **5. Infection Prevention Control**

We have developed a specific IPC inspection framework based on the Well Led inspection framework. This means that we will inspect and report at a provider level, but the theme and content will be infection prevention control. We have resources this programme for up to 20 inspections based on risk, which will take place in the early part of 2021. Trusts will be identified through national nosocomial data and other local intelligence.

#### **6. Emergency Departments**

Our winter programme of focused inspections of emergency department has commenced. The first inspection took place on 30 November 2020. The model has been updated to consider the impact of the COVID pandemic and as in previous years emergency departments are selected following review of data and local intelligence.

We are aware departments are very challenged with providing care in an environment compliant with social distancing and managing the increased demand associated with winter and the COVID pandemic. We have held calls with executive staff at every trust with a type 1 emergency department to understand the winter plans, the support they provide and the challenges they face. Similar calls are now taking place with the ten ambulance trusts. We have fortnightly calls with a group of

clinicians from emergency departments which enables to hear first-hand the challenges they face as well as possible solutions.

We also continue to work proactively with partner organisations and have recently spoken to a Royal College of Emergency Medicine meeting and Emergency Care Intensive Support Team virtual conference to encourage improvement. Our National Professional Advisors also continues to proactively engage with the sector and our Specialist Advisor colleagues. We continue to strengthen our alignment across ambulances, acute hospitals and PMS, given the current challenges.

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

#### **7. DNACPR Thematic Review**

The interim report from our review into the application of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the COVID-19 pandemic was published on 3 December 2020. The report identifies that a combination of increasing pressures on care providers and rapidly developing guidance may have contributed to decisions concerning DNACPR being incorrectly conflated with other clinical assessments around critical care.

The DNACPR thematic review fieldwork is underway and the final report will be published in early 2021. We are focusing on seven Clinical Commissioning Groups areas, and interviews with front line staff and managers are underway. We are also engaging with people who have been affected by DNACPR and other stakeholders, such as voluntary and community organisations, who are sharing experiences and insight with us, on this topic. Any areas of concern we find will be followed up as part of business-as-usual regulatory work. The Expert Advisory Group have now met twice, and the next meeting is scheduled for January 2021.

#### **8. Joint Targeted Area Inspection: 'Feeling heard'**

Published this month is an overview report of the thematic review carried out as part of the Joint Targeted Area Inspection Programme, a partnership with Oftsed, Her Majesty's Inspectorate of Probation, and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. This review looked at the effectiveness of multi-agency arrangements to support children and young people with mental health issues and looked at services across six local authority areas.

The key findings were:

- When partners work together effectively, prioritise children's mental health and build a skilled and knowledgeable workforce, this improves children's access to support with their mental health.
- Good knowledge of the local community together with consultation with children, and wide partnership engagement is leading to a better understanding of children's need for support with mental ill health.
- Some children have to wait too long for their mental health needs to be identified and to access a specialist service.
- Individual professionals across a range of agencies can, and do, make a real difference to children with mental health needs.
- Some health professionals focus too much on presenting issues, problems and behaviours and do not ask the right questions in order to identify children's mental ill health.
- In only half of the areas visited did we feel confident that school nursing services had systems and capacity to identify children with mental ill health.
- Children value the role that schools play in supporting their mental health. In order to do this, schools need support from partner agencies and we found that children are benefiting from this joined-up approach.
- Children attending youth offending teams receive skilled and detailed assessments so that their needs, including need for support with mental ill health, are understood.
- Police forces need to share good practice to drive improvements across areas so that all children get the response and care that they need.

## 9. Special Educational Needs and Disability Inspection Programme

We have been commissioned by the Department for Education to deliver a joint-programme with Ofsted, evaluating how well the education, health and social care system is working to support children and young people with special educational needs and/or disability, and to share good practice. The programme commenced with interim visits in the autumn term 2020.

The initial findings to date are:

- Many families struggling with COVID restrictions and the impact on the mental health of children and carers.
- Those who remained in education throughout, were reported to have benefited from the experience and often flourished with smaller class sizes and more support.
- Families in all six areas spoke about the benefits of bringing multi-agency practitioners together online.

- Some services, such as physiotherapy and occupational therapy, were more difficult or impossible to deliver at distance. There were also concerns that not all families were able to access online provision equally because they did not have the technology or because English was not their first language.
- Effectiveness of support was directly linked to quality of relationships pre-COVID.

The visits will continue across spring term 2021. We are expecting a second set of interim findings in January 2021 and a final report in March 2021.

### **Chief Operating Officer's report**

#### **10. COVID-19 vaccination programme**

Throughout the coronavirus pandemic we worked with providers to respond and adapt to pressures they are facing, and we recognise the scale of the challenge in delivering the vaccination programme. We have set up a COVID-19 vaccination group which includes representatives from across CQC and the clinical expertise of our national professional advisers. Joyce Frederick (Deputy Chief Inspector, Registration & Regulatory Assurance) is leading this programme of work.

In terms of our regulation, we do not intend to run a specific inspection programme of COVID-19 vaccination sites and have informed the Department of Health and Social Care of our approach. Our activity will be in line with our transitional regulatory approach and will be based around potential risk. For most providers there will not be any registration changes, they will simply notify us of any new sites. However, we will want to have the assurance that the right procedures are being followed at sites, for example, to manage medicines, train and supervise staff, for infection prevention and control, safeguarding, consent and adverse reactions. We will do this through our transitional monitoring approach and relationship management, and only inspect if there is a risk-based decision to do so. We are working on developing our systems so we can produce intelligence on assurance, monitoring activity, inspection, our actions and key themes.

Our regulatory approach to the COVID-19 vaccination programme will be kept under review. It will be updated as appropriate during the roll out of the vaccination programme. We will continue to engage with key stakeholders, clinical professional groups and other regulators, to provide joined up assurance and oversight of the COVID-19 vaccination programme.

## 11. Performance Report (October 2020)

Please see Appendix. This update covers the key highlights in month, as well as any measures that were rated amber or red. Amber indicates anything that is within 10% of target (if a set target) or not showing improvement for those measures set to improve within year. Work is ongoing to ensure all measures all captured.

### **Priority One: Deliver Our Core Business**

**1.1 Registration applications** (simple and complex): At the end of October, simple applications (1,351 processed in October) have taken 18.6 days to process and complex applications (36 processed in October) have taken 114.4 days. Simple applications are made up of applications processed by the National Customer Service Centre and those which are reduced risk.

**1.2 Registration Quality Measures (3&4):** During the pandemic we have been inspecting due to risk, utilising our intelligence and have ceased routine inspections. We have placed on hold measures 3 and 4 as without inspecting all newly registered services it was not possible to see a complete picture. We have additional internal measures for registration quality which help to ensure this is constantly reviewed.

**1.3 Safeguarding and Whistleblowing:** Our year-to-date performance for safeguarding alerts is 96% and for concerns is 94%. The median time taken to record an action for a whistleblowing concern is 4 days.

**1.4 Regulatory Action:** Between April and the end of October, 2080 locations have been inspected; 1,884 with a site visit. Those with a site visit include 449 inspections which were conducted as part of an Infection Prevention & Control (IPC) thematic in Adult Social Care and 71 designated settings inspections. Excluding the thematic reviews, 75% of inspections with a site visit were conducted due to risk. Including thematic inspections, 59.5% of inspections were triggered by risk between April and October.

Inspections continue to be mainly triggered by information of concern or statutory notifications. 54.5% of inspections with a trigger recorded were triggered by information of concern between April and October. Information of concern includes whistleblowing, safeguarding, concerns and complaints.

As part of our regulatory transition our transitional monitoring approach (TMA) was launched on 5 October 2020 which is a further development from the Emergency Support Framework which was utilised during the height of wave 1. We will include TMA in our regulatory action reporting in future reports.

**1.5 Report Writing:** ASC have published reports in an average of 27 days, the same as in 2019/20. PMS have published in an average of 33 days compared to 31 in 2019/20. Hospitals have published in an average of 50 days compared to 52 in 2019/20. The measure looks at the average time taken in month; therefore, it is important to note that the volume of reports produced between April and October are lower than average months over 2019/20 due to COVID-19 and the focus of the majority of inspections is on risk which can add an extra complexity to the report writing process.

#### **Priority Four: Equip Our Organisation and People**

- 1. Turnover:** Our turnover remains stable at 7.5%. The 12-month turnover rate for those with under 2 years' service is 10.89%.
- 2. Sickness:** Sickness remains on track against the target of remaining under 5%, currently at 3.5%.
- 3. Finance Revenue:** The revenue budget is forecast to be £8.1m underspent at the end of the year. This includes a potential £1.5m shortfall on provider income.
- 4. Finance Capital:** The forecast has improved significantly following a focused review of planned activity. The forecast outturn is now a £0.2m underspend.

## **12. Success Profiles and My Performance**

We have hit a key milestone in both the launch of Success Profiles and the new My Performance section of our learning system. We have shaped our future approach to performance and development through the use of Success Profiles which will deliver one of the priorities in our People Plan to introduce a more frequent and regular feedback culture. My Performance now focuses on agreeing both task-based alongside new behavioural objectives linked to Success Profiles. It is also a space to document regular check-in discussions and support effective two-way collaborative conversations.

Success Profiles are also integral to the development of our new talent approach which will launch initially for Exec and Grade As in the final quarter of 20/21 and will focus on inclusion and succession planning. The approach will then be rolled out to the rest of the organisation in the new financial year.

### **13. Diversity and Inclusion**

To support UK Disability History Month, the People Directorate and Disability Equality Network have designed a month of workshops providing colleagues with the opportunity to learn more, raise awareness of disabilities and ultimately improve the experiences of our disabled colleagues. The first workshops of our cultural intelligence programme also started this month with leaders focusing on emotional intelligence through a cultural lens. The feedback has been extremely positive and will support delivery of our ambitions within the Diversity and Inclusion Strategy.

### **14. 2019-20 Annual Reports**

We are still awaiting an agreed laying date for our 2019-20 annual reports. This has been delayed as the National Audit Office are yet to receive the assurance required from local government auditors relating to the valuation of our pension assets and liabilities. The impact of the pandemic on pension valuations and subsequent extensions to local government reporting deadlines has resulted in this work being completed significantly later than anticipated. We will keep the board apprised of progress.

### **Chief Digital Officer's report**

#### **15. Information and Cyber Risk Security**

There are no significant information or cyber security incidents to report.

### **Engagement, Policy and Strategy Directorate's report**

#### **16. Strategy 2021 Update**

As part of the development of the next corporate strategy we are formally consulting on our ambitions and plans in early 2021. The proposed strategy is the result of over 15 months engagement internally and externally.

We have gathered insight between September and November from public stakeholders, providers of health and social care and other Parliamentary and national stakeholders on the key themes of the strategy. This insight has been used to influence and shape the direction ahead of formal consultation.

The formal consultation will run for eight weeks, we are planning to publish our response document (and independent analysis) and final strategy in mid-May.

### **17. Parliamentary Activity of Interest**

We have submitted written evidence as part of the joint Science and Technology and Health and Social Care Select Committee inquiry into '[Coronavirus: Lessons Learnt](#)'. The evidence covers our role during the pandemic and our findings from our regulation during this period. It is due to be published on the Parliament website in due course.

Kate Terroni and Ted Baker appeared at the All Party Parliamentary Group (APPG) on Learning Disability on 18 November 2020 on '[The Future of Transforming Care](#)', speaking alongside the Minister of State for Care, NHS England/NHS Improvement, families and parliamentarians.

### **18. Recent and Forthcoming Publications**

#### **Recent 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. These are Official Statistics. 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 our 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 Second Opinion Appointed Doctors (SOAD) visits, deaths of detained patients, monitoring visits and complaints for 2019/20.

**Forthcoming Publications****a) Because We All Care – Give Feedback on Care (GFOC) Spike 3: Targeting Carers**

In January 2021 we'll launch the third spike of 'Because We All Care' focusing on carers. 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. 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 spike runs for four weeks ending in February 2021.