**PUBLIC BOARD, 23 March 2022**

**TITLE:** Executive Team Report to the Board

**Executive Sponsor:** Ian Trenholm - Chief Executive

**PURPOSE:** FOR ASSURANCE

This paper is provided to enable the Board to fulfil their duties in relation to:

* Holding the Executive to account for performance and the proper running of the organisation

**PROPOSAL OR RECOMMENDATION**

This is a paper for the Board **to note**. Information contained in this report was accurate as of 16 March 2022. Any further developments or amendments since the circulation of this paper, will be brought to the Board’s attention in the meeting.

**Chief Executive Officer’s report**

**1. Confirmation of appointments**

The Secretary of State has appointed Ian Dilks OBE as the Chair of the CQC following a Health and Social Care Select Committee hearing. Following a long and distinguished career at PricewaterhouseCoopers, Ian has more recently been the Chair of NHS Resolution. He will assume the three-year role from 1 April 2022 and will chair the next Board meeting in April 2022.

Dr Sean O’Kelly has been appointed as the new Chief Inspector of Hospitals. Sean is currently Medical Director and Chief Clinical Information Officer for NHS England and Improvement East of England and has previously held several clinical leadership positions across provider, commissioning and regulatory organisations in both America and the UK. Sean will take up the post later in the year.

**2. Equality Objectives progress update**

Following the publication of our [Equality Objectives](https://www.cqc.org.uk/about-us/our-strategy-plans/our-equality-objectives-2021-2025) in July 2022, we have received and discussed a six month update on the four regulatory objectives:

* Amplifying the voices of people more likely to have a poor experience of care or difficulty accessing care
* Using data to understand and respond to equality risks
* Working with others to improve equality of access, experience and outcomes
* Using our independent voice to reduce inequalities

All are currently rated green as good progress has been made on each objective in the first six months. We have also agreed the priorities for 2022/23 delivery of each objective, aligning with development of our new regulatory model and transformation programme. A year-end report will be provided to the Board later in the year.

**3. Recent engagements**

The Chief Inspectors and I have met with General Sir Gordon Messenger and Dame Linda Pollard to discuss the review of health and social care leadership in England. We welcome the scope and focus of the review and the opportunity to discuss the role of leadership and management in delivering quality of care.

I have recently joined Rosie Benneyworth in visits and calls with Integrated Care Systems leaders, with further engagements planned for the remainder of the year. These have provided an excellent opportunity to speak with the leadership teams and gain an insight on their views on opportunities, challenges and priorities.

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

**4. Visiting**

Government guidance linked to visiting and care homes was updated on 24 February 2022. The updated changes on 24 February 2022 clearly stated that there are now no nationally set direct restrictions on visiting, in residential care homes. In this updated guidance providers are directed to facilitate visits wherever possible in a risk-managed way. Some measures are still in place to facilitate visiting happening safely. These include providers having good infection control measures in place, individual risk assessments, testing arrangements for visitors and isolation on return from some high-risk activities out of the home. Arrangements for visiting during outbreaks remain, as does the essential care giver role.

We expect that providers are following government guidance and that they have now ‘opened up’ their care homes to visitors in line with the above referenced updated guidance. In doing so we expect that providers have followed excellent Infection Prevention Control (IPC) practices. When concerns about visiting are reported to us, we will continue to take action, including speaking with the person who has raised the concern, their family, the provider, other residents in the home and we may undertake an inspection to seek the necessary assurances. We will continue to proactively look at how visiting is being enabled on our inspections of care homes.

We continue to communicate our expectations to the sector on visiting and our most recent statement of 10 February highlights the action we will take to ensure visiting is happening.

**5. Vaccinations as a Condition of Deployment (VCOD)**

From 15 March 2022 we will no longer assess compliance with VCOD at registration nor in monitoring or inspection. This is due to the removal by the government of the legal requirement for staff deployed in care homes to be fully vaccinated against COVID-19. Where an assessment of compliance has begun before 15 March but has not been completed, VCOD will not be taken into account in the final judgement. Where non-compliance with VCOD formed part of enforcement action, this will be reviewed on a case by case basis.

**6. Workforce**

Updated analysis of our provider information returns shows that, although care home staff vacancy rates remain high (at 11.4% at the end of February 2022), they have not increased in the last two months (December 2021: 11.5%; January 2022: 11.4%). Care home staff turnover rates remain high at 38.2% at the end of February 2022.

**Chief Inspector of Hospital’s report**

**7. Continuing pressure on acute services**

The severe pressures I have reported to the board in previous months in acute services, particularly ambulance and emergency medicine and acute inpatient services are continuing. Ambulance handover delays have deteriorated further as have delays in accident and emergency departments. NHS trusts have told us that the single biggest driver of delays in their services is the number of patients who are fit for discharge but cannot leave hospital as support in the community is not available.

We have continued our programme of integrated inspections of urgent and emergency pathways. We published the first of these covering services in North East London on 3rd March. We reported on the emergency department at Queen’s Hospital, part of Barking, Havering and Redbridge University Hospitals NHS Trust and London Ambulance Service NHS Trust, visiting the emergency operation centre, ambulance service and NHS111 service. Inspectors also visited the Partnership of East London Co-operatives (PELC) Limited (which provide urgent care at four treatment centres) as well as liaising with local GP surgeries and care services in the area.

Despite the pressure on these services we found some examples of staff working in partnership, with good engagement between service leaders to understand the impact of demand on different services. However, we found that the health and social care system in the area needed to work in a more integrated way to reduce the pressure and risks to patient safety. While we are observing instances of good partnership working, such as these, in other services we are inspecting, the lack of overall improvement nationally is a major concern. We are continuing to find significant risk to patients on our current inspections brought about by delays in their treatment, reflecting concerns raised by ambulance trust chief executives.

**8. Care for people with learning disabilities and autism in acute hospitals**

The death of Oliver McGowan in 2016 highlighted concerns about the care of people with learning disabilities and autism in acute hospitals. The multiagency review into his care recommended that we should review how acute hospital services are delivered to people who have a learning disability or autism. This review in underway with the development of a framework to support our forthcoming inspections of NHS acute trusts, although fieldwork has been slightly delayed by recent surge in COVID and the winter pressures experienced by NHS trusts.

**Chief Inspector of Primary Medical Service’s report**

**9. Remote searches to support GP practice inspections**

PMS National Clinical Advisors and Medicine Optimisation Specialists have developed a suite of clinical searches that are routinely used to gather evidence in our GP inspections. These searches are available for EMIS and SystmOne (TPP) clinical IT systems which cover at least 95% of practices in England. They have been invaluable in providing objective evidence regarding clinical outcomes particularly in relation to the safety and effectiveness of clinical care. The searches have been developed in-house by expert clinicians who have extensive knowledge of clinical searches but who may not have specialist knowledge of each system’s technical functionality. The searches have been used successfully in GP, Health and Justice, Defence Medical Services inspections, as well as Thematic and Provider Collaboration Reviews. As well as providing evidence that clinical care is good, the searches have also supported us to identify risk.

In order to provide assurance around the searches we develop and maintain, we are seeking validation from experts familiar with the relevant IT systems. Although the searches have been tested and refined, we are seeking external support to make sure that the current search criteria fully identify the required population and are free from inaccuracies. Therefore, from April 2022 we will enter a 12-month pilot partnership with Ardens, a system provider, to do this on our behalf. Ardens already provide an extensive range of prebuilt searches and templates to support data collection and quality improvement for both clinical systems for providers who have purchased their services. They have offered to validate and include our searches within their extensive portfolio of resources available to current customers, in addition to allowing access to our searches free of charge to other providers through a portal on their website. Ardens has also agreed to produce a set of business rules for each search, allowing Vision practices to build their own equivalent searches.

We will regularly meet with Ardens and other stakeholders (for example NICE, MHRA) to review current guidance and patient safety information which may lead to additional searches or changes to current searches, again authored by the system providers.

**Executive Director of Operation’s report**

**10. Update from the Executive Director of Operations**

As I have discussed with the Board previously, our operational priorities have changed a number of times, sometimes at very short notice, as a result of the pandemic and, more recently, the focus on the vaccination Booster programme over Christmas and the New Year. The desire now is to set a more stable medium-term direction if at all possible.

At the beginning of December, we made a commitment to focus our winter operational delivery on priority one registration applications and improvement and Infection Protection and Control (IPC) inspections in the Adult Social Care sector, whilst inspecting due to risk across all sectors. Across December and January, we undertook **1851 inspections** and completed **5200 registration applications**.

In February, we reduced our risk threshold and have increased our inspection activity across all sectors. We undertook **1414 inspection during the month** **and completed 2797 registration applications, whilst also having regulatory contact with 358 services through our direct monitoring (DMA) calls**.

In the first week of March we have already undertaken **327 DMA calls and over 250 inspections** across the sectors. The overall number of inspections is likely to be reduced in March because of the different profile of the work. For example, there will be more risk and fewer IPC inspections in Adult Social Care, and we will have scheduled more complex Acute Trust inspections in hospitals.

**Chief Operating Officer’s report**

**11. Performance Report for January 2022**

Our business plan for 2021-24 was published in August 2021 which is a 3-year rolling plan for 2021-24, with a firm set of objectives for the first period to March 2022. This update summarises the key delivery areas against our business plan and public commitments at the end of January 2022, as well as an update on the CQC financial position as at Month 10.

**Delivering Our Regulatory Business**

1. Manage risk to people – We will analyse data we capture and interpret it to identify risk

* We undertake both inspections and provider calls (our monitoring approach) to undertake regulatory activity. 21.4% of registered services had **regulatory activity** for the year to January 2022 which is an increasing position.
* Whilst our business plan focuses on regulatory contact in the form of monitoring call or inspection. We also have a high volume of engagement with providers through our ongoing monitoring and enquiry management. When we factor in all services which have been applicable for a public statement during the financial year, and also received information of concern (as we know our policy is to engage with providers) we have had regulatory contact with 75% of services up to 11 March 2022.
* Of those inspections that have a **recorded risk trigger,** due to new intelligence/information triggering our inspection, 50.84% are triggered by information of concern.
* Where the information we have does not find evidence that we need to re-assess the rating or quality at a service, we now publish a short statement on the profile page on our website for these services. We are undertaking some sample inspections of these services. As of 31 January 2022, 236 **QA sample inspections** and **37 QA clinical reviews and monitoring calls** have been undertaken which helps to inform our learning and future approach.

1. Ensure we offer a timely registration service which meets the needs of public and providers

* There has been a reduction in delivery in registration year to date. All application types had an in month increase in timeliness from December to January. Our target is to reduce timeliness of all applications by 15%, the year to date position is: 1.3% reduction for complex, 4.2% reduction for normal and 6.2% increase in timeliness for simple applications.
* We continue to ensure that priority applications – specifically in relation to response to Covid-19 or where the application may add capacity to the sector.

1. Respond to risks in a way to keep people safe

* YTD we have seen a 50% increase in **GFOC** from the same period last year. A driving factor is the increase in PMS, in particular the General Practice sector which has seen a 121% increase.
* From April 2021 to the end of January we have undertaken 4271 inspections in **response to risk**, 3917 are published of which over 57% were rated requires improvement or inadequate.

1. Transform regulation of learning disability and autism

* Currently 86% of services for people with learning disabilities and autistic people are rated good or outstanding. We will continue to monitor the variance in ratings across sectors and regionally.
* In response to the findings of the ‘out of sight’ report and the Glynis Murphy reviews we are testing out a new approach to the inspection of services for people with learning disabilities and autistic people. This includes a multidisciplinary team approach to the new inspection, new tools and an expectation that site visits are planned to look at key times during the day, including out of hours. To date we have undertaken 35 new approach inspections and 31% included some out of hours inspection activity.

1. Deliver our independent voice and key publications

* We are monitoring the number of report views on our **independent voice report publications**. Since State of Care was published in October 2021 it has received over 23,735 views. ‘Successful community support for people with a learning disability, a mental health need and autistic people’ and ‘Safety, equity and engagement in maternity services’ have both been well received with 5351 and 4283 views respectively since publication.

**Transformation to deliver our strategy**

* Most milestones documented in our business plan, from our **change programmes,** are currently on track for delivery or complete. The Fees Calculator work has now gone live and the Data and Insight Unit go live is now scheduled for March 2022. Mitigations and focussed reporting are in place in both areas to minimise any risks and/or delays.

**Managing our people and resources**

1. Deliver our people plan

* In our people survey in December 2021, 57% of colleagues said they would recommend CQC as a good place to work

1. Demonstrate a visible commitment to good mental health and equip managers to regularly engage, monitor and respond well.

* In our people survey in December 2021, 66% of colleagues said CQC supports the wellbeing of colleagues.
* The overall sickness rate is currently 3.9%, across the 12 months. The rate of sickness for stress or mental health is 1.5%.

1. Develop a diverse CQC workforce with equal opportunities for everyone and a culture of inclusion

* 14.2% of all employees are **minority ethnic groups,** whilst 8.8% of colleagues have declared a **disability**.
* 100% of recruitment panels for executive and grade A roles have an independent panel member.

1. Manage our finances and resources effectively
   * **Revenue:** at the end of January, the revenue budget is underspent by £13.0m and this is forecast to increase to £11.7m for the 2021-22 financial year. This is across pay and non-pay and reflects a combination of ongoing reduced travel and timing of delivery of our activity.
   * **Capital:** at the end of January the capital budget is underspent by £2.6m, however this is forecast to reduce to a £0.4m underspend for the 2021-22 financial year

**Chief Digital Officer’s report**

**12. Information and Cyber Security Risk**

There are no significant Cyber or Information Security issues to report.

We continue to monitor the guidance from the National Cyber Security Centre very closely and take action on all measures advised. Our Cyber Security continuous improvement programme continues as planned.  We've recently launched our Cyber security education & awareness programme for 2022.

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

**13. Parliamentary Update**

* On 8 March, Rosie Benneyworth gave oral evidence alongside Chief Inspectors from relevant justice organisation to the Justice Committee inquiry on ‘[The work of the Criminal Justice Inspectorates’](https://committees.parliament.uk/work/6565/the-work-of-the-criminal-justice-inspectorates/). Key areas of questioning included the quality of service provided to people with mental health issues and how services share information on individuals’ needs.
* On 9 March, Ian Trenholm, Rosie Benneyworth, Kate Terroni and Chris Day led a parliamentary event to discuss our transformation work, with a particular focus on our future approach to assessing local systems. Parliamentarians raised questions around the role of people’s experiences of care in our approach, as well as the potential part that technology will play.
* On the day of the board meeting, 23 March, CQC witnesses will be giving oral evidence at the Joint Committee on Human Rights as part of the their inquiry into ‘[Protecting human rights in care settings’](https://committees.parliament.uk/work/1495/protecting-human-rights-in-care-settings/). We expect to be questioned on how we uphold human rights through our regulation, as well as our role in data monitoring, DOLS/LPS, and the complaints process across health and care settings.
* The [Health and Care Bill](https://bills.parliament.uk/bills/3022) has now completed all stages in the House of Commons, and has completed Report Stage in the House of Lords. The Bill is now progressing to the Third Reading stage in the House of Lords scheduled for 23 March. At present, there have been no further amendments made to the Bill during the House of Lords stages which will impact on our proposed additional responsibilities. We continue to engage with Peers and the Department of Health and Social Care accordingly, as well as monitoring the progress of amendments. We expect the Bill to complete the parliamentary process and become law before the end of April.
* We are also monitoring the progress of the [Down Syndrome Bill](https://publications.parliament.uk/pa/bills/cbill/58-02/0240/210240.pdf), a Private Member’s Bill tabled by Rt Hon Dr Liam Fox MP (Conservative, North Somerset) and supported by the Government. The Bill seeks ‘to make provision about meeting the needs of persons with Down syndrome; and for connected purposes’, meaning that the Government must set guidance on how health, social care, local authorities, education and housing meet the needs of people with Down syndrome.

**14. Engagement Update**

**Out of Sight Progress Report** –This is the final and full progress report for the Out of Sight review into the use of restraint, seclusion and segregation in care services for people with mental ill health, a learning disability or autistic people which will follow on from our December 2021 overview of progress. The report will provide full details around progress against all the recommendations in the report and will be discussed at the April Public Board meeting in further detail.

**Author:** Laura Ottery, Advisor to the Chief Executive