

PUBLIC BOARD, 15 December 2021

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 9 December 2021. 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. Our regulatory approach

Given the exceptional pressure services are experiencing as we head into winter, we are re-stating how we intend to regulate over the coming months. Outlined in the appendix is a statement from our Chief Inspectors to providers on our regulatory approach.

Chief Inspector of Adult Social Care's report

2. People at the Heart of Care: Adult Social Care Reform White Paper

We welcome the long-awaited white paper which lays out the Department of Health and Social Care's (DHSC) ambitions for reform of the Social Care system. The focus now needs to be on delivering the ambitions in the White Paper and ensuring that all people have access to high quality, person centred care.

We know that a happy, well trained and consistent workforce is a key contributor to people receiving high quality care. In State of Care we showed increasing vacancies rates in care homes rising from 6% in April to 10.2% in September 2021. Therefore, we welcome the initial commitment on funding to recruit and retain more staff - working in care should be a career to aspire to, with clear career development pathways and better pay and terms and conditions. It is critical that the funding promised to social care reaches the front line in a timely way and is not diverted to other areas. The minister confirmed this white paper is the start of the process of building adult social care system the country needs.

3. Out of Sight – one year on progress

On 2 December 2021, we published a [progress update](#) to the 2020 Out of Sight review into Restraint, Segregation and Seclusion. It provides an update on whether things have improved in terms of meeting recommendations from the 2020 review. The update was accompanied by a [blog](#) by Debbie Ivanova, Deputy Chief Inspector for Learning Disabilities and Autistic People and Jemima Burnage, Deputy Chief Inspector Mental Health and a fuller update will be available in Spring 2022.

General findings include:

1. Rates of restraint, segregation and seclusion are not reducing yet and more work needs to be done in this area.
2. However, there is work under way which shows some positive change and a step in the right direction, both at CQC and with partner organisations.

4. Adult Social Care Workforce

In our State of Care report, we highlighted concerns about staffing pressures within the Adult Social Care sector. We are monitoring these pressures and the impact they have on the people who access care services. At present, the data on voluntary cancellation of registration, or a regulated activity in ASC services does not show a marked month on month increase. Similarly, we are not receiving significant numbers of notifications about staffing shortages impacting on a provider's ability to deliver a regulated activity. We will continue to monitor and analyse the data over the coming months in order to identify any developing themes or trends.

During the week commencing 13 December 2021 we will be launching a workforce survey tool. This provides inspectors with structured questions and prompts to help understand the workforce challenges at a location level as well as capture the actions the

provider is taking to mitigate risks to the quality of care people receive. It will be used on all Adult Social Care inspections (both care homes and care at home services) as well as on Direct Monitoring Activity (DMA) calls.

5. Closed Cultures

An evaluation of the impact of the project is underway. The emerging findings show that we are improving how we tackle closed cultures. There will be a fuller update to Board in January.

The pilot of the Quality of Life tool has been widened as part of the roll out of the enhanced inspection methodology for inspecting services for people with learning disability and autistic people. This tool aims to get at the heart of an individual's experience of the care they are receiving and the life they are leading.

The pilot of the use of Talking Mats has shown they are a powerful tool in helping us to engage with people. Consideration is being given to how to continue this and also whether there would be a value in developing bespoke signs and symbols for inspection.

Chief Inspector of Hospital's report

6. Update from the Chief Inspector

The Hospitals directorate has continued its priority programme of inspections of services where we have identified risk or services previously rated inadequate. In November we undertook 67 inspections and published 58 reports. We have a further 67 inspections planned for December and 124 for January. We continue to review our capacity to ensure we are covering the services at high risk in a timely way.

Our programme of system focused urgent and emergency care inspection is ongoing with inspections in the Gloucester and North east London systems underway. Urgent and emergency care services remain under severe pressure nationally. These are covered in a separate report to the board.

Our latest survey of patients' experiences of community mental health services was published earlier this month. The report shows that people are consistently reporting poor experiences of NHS community mental health services, with few positive results. Many

people reported that their mental health had deteriorated as a result of changes made to their care and treatment due to the pandemic. The feedback was the most negative we have seen for several years.

Chief Inspector of Primary Medical Service's report

There are no significant updates to report to the Board.

Chief Operating Officer's report

7. Performance Report for October 2021

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 October 2021, as well as an update on the CQC financial position as at Month 7.

Delivering Our Regulatory Business

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. 2.0% of registered services had **regulatory activity** in October 2021. 14.1% have had activity YTD. Through our regulatory activity and published statements, we have made judgement on 60% of registered services this financial year.
- Of those inspections that have a **recorded risk trigger** (not regulatory history), 53.42% are triggered by information of concern.
- In July 2021 we built on our learning over the previous year and further developed our monitoring approach. We carry out regular reviews that help support our ability to monitor risk. 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 1 December, 191 **QA sample inspections** and **26 QA clinical reviews and monitoring calls** have been undertaken.

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

- Simple (-7.4%), Normal (-12.0%) and Complex (-4.3%) **registration applications** are progressing well to meet the 15% reduction target by year end. Year to date 19,467 registration applications have been complete and processed.

Respond to risks in a way to keep people safe

- YTD we have seen a 65% increase in **GFOC** from the same period last year, equating to an additional 13,977 enquiries in this period. A driving factor is the increase in PMS, in particular the General Practice sector which has seen a 161% increase.
- From April 2021 to 16 November 2021 we have undertaken 3074 inspections in **response to risk**, 2425 are published of which over 45% were rated requires improvement or inadequate.
- As part of our quarterly engagement survey (with services) we are now asking services if they are confident that we use the experiences of people effectively in our regulatory activities, decisions, and judgements. The next survey goes live this month (December 2021).

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 18 new approach inspections and 56% included some out of hours inspection activity.

Deliver our independent voice and key publications

- Of those services completing the **quarterly engagement survey**, 42% said our independent voice products supported them to make changes to improve quality of care. The next survey will be live across December 2021.
- 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 14000 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 4888 and 3125 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. There was a delay in the Fees Calculator work which was due to go live in October and has now gone live in December, and the Data and Insight Unit go live expected in January is now scheduled for March 2021. Mitigations and focussed reporting are in place in both areas to minimise any further risks and/or delays.

Managing our people and resources

Deliver our people plan

- In our people pulse survey in July 2021 61% of colleagues said they would recommend CQC as a good place to work

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

- In our people pulse survey in July 2021, 59% of colleagues said CQC supports the wellbeing of colleagues.
- The overall sickness rate is currently 3.7%, across the 12 months. The rate of sickness for stress or mental health is 1.3%.

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

- 13.8% of all employees are **minority ethnic groups**, whilst 8.4% of colleagues have declared a **disability**.
- 100% of recruitment panels for executive and grade A roles have an independent panel member.

Manage our finances and resources effectively

- **Revenue:** at the end of October, the revenue budget is underspent by £9.3m and this is forecast to increase to £11.3m 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. We continue to review plans with the aim of accelerating work into this financial year where possible, to maximise our future benefits.
- **Capital:** at the end of October the capital budget is underspent by £2.9m. At present this is forecast to increase to £3.5m for the 2012-21 financial year, however work is underway to assess if this gap can be closed.

Executive Director of Operation's report

8. Update from the Executive Director, Operations

At its last meeting I briefed the Board on the decision that I should become accountable to the Board and the Executive Team for the operational performance of the inspection teams from 1 December. This has now happened.

We have made good progress on the revised ways of working I also set out last time. These include changes to the way in which we undertake the Direct Monitoring Approach (DMA) for Band Two providers, alongside greater use of Bank Inspectors and overtime to increase our regulatory footprint. These steps have been taken in response to teams' feedback about the weight of their workloads.

I have also been working with the operational leadership teams on re-defining our operational priorities, given the need to adapt to the pressures being placed on the sectors we regulate, whilst maintaining our sharp focus on ensuring that people are receiving safe care.

Finally, I have continued my front-line visits observing inspections. This month these have been focused on Supported Living and Oral Health.

Chief Digital Officer's report

9. Information and Cyber Security Risk

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

Engagement, Policy and Strategy Directorate's report

10. Update of Parliamentary activity

We have [written](#) to the **Joint Committee on Human Rights on 'care home visitations'**, to respond to a [letter](#) from the JCHR asking for further updates after our appearance at the committee in July 2021. The letter includes our approach to monitoring care home visiting guidance and our findings to date. Our response has been published on our website.

We are submitting written evidence to **the Health and Social Care Select Committee** as part of their [inquiry](#) into 'the future of General Practice'. Our evidence outlines our findings in the sector and key challenge for GPs in the future.

The Health and Care Bill has now completed all stages in the House of Commons and moves to the House of Lords. We have provided a [written briefing](#) ahead of Second Reading to relevant Peers and are offering further conversations with Peers that have regularly engaged with us on related topics.

11. Engagement updates

Public Behaviour Change Campaign Launch - January will see the return of our 'Because We All Care' campaign with the national launch of the year-long, multi-channel, behaviour change campaign. 'Because We All Care' seeks to drive people to share experiences of care with CQC to increase the support for our effective and smarter regulation of services. Feedback is essential to the NHS and social care system – and people's experiences of care are fundamental to understanding and improving services. Throughout the year we will focus on and target specific audiences: carers, long term conditions, over 55s, people with a learning disability and autistic people – a thread across all of these audiences is reaching people from marginalised groups.

Author: Laura Ottery, Advisor to the Chief Executive

APPENDIX: Update to providers from our Chief Inspectors on our regulatory approach

CQC continues to deliver a risk-based approach to inspection, while taking action to increase system capacity.

Services are under exceptional pressure as we head into winter, and this is compounded by new variants of COVID-19. This is inevitably putting the safety and quality of services at risk. Here we update on how we plan to regulate over the next few months.

Our focus will always be on supporting services to ensure people receive safe care. But we also recognise we need to respond to the severe pressures under which many parts of the health and social care system are working.

We want to ensure that our approach remains appropriate and proportionate. We will continue to focus inspections where there is evidence that people are at risk of harm, where we can support increasing capacity across the system and identifying good practice that we can share to drive improvement.

We recognise that the priority for all providers is to deliver safe, good quality care to people who use their services. We will support providers that are taking balanced, risk-based decisions in partnership with people who use health and social care to maintain access to services and keep them as safe as possible in response to system pressures.

We do not currently plan to return to routine frequency-based inspections.

We are also aware that in some circumstances re-rating services can support providers to deliver more capacity across the system and address wider pressures they're facing. We will use our ongoing monitoring to identify services that may have improved and where appropriate inspect to identify improvements and re-rate.

Alongside our risk-based inspection activity we will continue our [ongoing monitoring of services](#). We'll use this to identify risk and signal where we may need to take further action to ensure that people are receiving safe care and offer support for providers. Most of our inspection activity throughout the pandemic has been driven by feedback from people who use services and concerns shared by people who work in health and social care. So it remains as important as ever to [share](#) any concerns or examples of good practice you have about services you work in and encourage people who access your service to share feedback with us.

Many of the challenges that health and social care providers face need a response from the whole system. So we are continuing to work with organisations that represent the public, care providers, and our partners to identify concerns across individual sectors and systems so we can provide support and guidance. For example, issues about workforce capacity, access to services, and rising demand.

We'll keep our approach under review and respond as the situation across the health and social care system changes.

What this means for providers

Across all services we will:

- Continue ongoing monitoring of services, including a monthly review of the information we hold about a service to identify any risk to quality and safety.
- Use our independent voice to amplify the urgency for immediate support for services under pressure and for the development of new models of care. Making the case for services designed around local need so that people get the right service in the right place at the right time. Delivered by a workforce who are valued and supported.
- Prioritise registration activity where we can support the creation of extra capacity in the system.
- Use information to determine where registration activity needs to be focused.
- Deliver a more co-ordinated approach to inspecting urgent and emergency care pathways this winter. Where we identify risk we will look at how services across a system are working together. To identify improvements that could benefit people using services and staff delivering care.
- Monitor and assess where there is a risk of a closed culture developing. This includes monitoring and acting on information of concern about blanket bans on visiting. Our monitoring will also show us where we need to look at services we've had limited or no contact or information from over a period of time.

Primary medical and dental services

We will:

- Pause our monitoring calls with GP providers where there is the lowest level of risk.
- Inspect only where there is a clear risk to safety, including access to GP, out of hours and urgent care services. A risk-based inspection that focuses on access will not lead to a change in rating but if additional risks are identified, we will expand our focus which could lead to a change in rating.
- Continue to develop our approach to reviewing GP records [through digital access](#).

- Follow up inspections to those GP services currently rated as inadequate.
- Use our monitoring and inspection activity to understand where different approaches to system working could reduce pressure on primary care.
- Work with Ofsted to deliver multi-agency inspections of children's services and review our approach.
- Work with HM Inspectorate of Prisons (HMIP) and other inspectorates to inspect health and social care in secure settings.

Hospital services

These include independent health and mental health services. We will:

- Inspect services in NHS Trusts and independent health providers where there is a clear risk to safety.
- Conduct Mental Health Act (MHA) monitoring visits to ensure the rights of people are protected.
- Prioritise high risk independent healthcare services for inspection. For example, cosmetic surgery services, independent ambulance services, and those where closed cultures may exist.

Adult social care services

We will:

- Inspect where there is a clear risk to safety. Using appropriate [focused and targeted](#) inspection methodologies.
- Monitor to identify services currently rated as Requires Improvement who may have improved.
- And from January, begin a programme of activity to inspect providers currently rated as Requires Improvement. To identify where improvement has taken place and where possible re-rate. Supporting the creation of additional capacity in the system.
- Activity to support the system over winter. Including supporting the establishment of new designated settings and delivering infection, prevention and control inspections. Helping to ensure people can be supported to be discharged from hospital when they are medically fit to leave.

Developing our future regulatory approach

We also recognise that the health and social system has and continues to change. And we need to change as well. In May we launched [our new strategy](#) which set out our ambitions for the future of regulation.

Since then, we have been working in collaboration with people who use services, health and social care providers and professionals and other partners to develop our future regulatory approach.

This includes work on:

- a new assessment framework.
- approaches to how we use people's experiences of care.
- developing our assessments of quality in systems and our assurance of how local authorities deliver their duties under the Care Act.
- how our teams interact with providers and other stakeholders.

We want to thank the tens of thousands of people who have been involved in this work to date. Your feedback has supported the development of a regulatory model fit for the future of health and social care. And will support us to assure people receive safe, effective high-quality care and drive improvement.

We will continue to engage widely as we co-produce our future approaches. If you would like to be involved or for more information, sign up to [our digital engagement platform](#). Also look out for our regular [email bulletins](#), [podcasts](#), [blogs](#) and [videos](#).

We are committed to continuing to address unsafe and poor-quality care, work in partnership with people who receive care and all parts of the system to drive improvement and use our independent voice to highlight issues of concern. Our regulatory approach enables us to do this.

Finally, we want to end this message with a thank you to everyone who works across health and social care. Your hard work and commitment during the pandemic has meant that people are still receiving good quality health and social care under the most demanding of circumstances.