

Summary of CQC board meeting – 22 May 2024

For more detail on any of the items outlined in this summary, please find the full agenda and papers [here](#).

Executive team report

Organisational matters

- As part of CQC's culture change programme, 1200 employees attended value workshops to discuss the organisation CQC aspires to be, and the values needed to get there.
- CQC board members have taken part in two race and inclusion sessions focusing on clarifying concepts of race and inclusion and outlining actionable steps within the organisation. Their next session will be on race and inclusion in regulation.
- There have been improvement works on the new regulatory platform and changes to the Provider Portal that has addressed access issues: 10,500 users are now signed up.
- A national report will be published in July featuring analysis from the National Maternity inspection programme reports.

Regulatory insights

Local authority assessment

- CQC have completed six site visits and **three reports** have been published. These were received positively with few accuracy challenges.

Integrated Care System assessments

- Following discussion with the Department for Health and Social Care (DHSC), CQC are delaying the start of ICS assessments so that they can refine their approach.
- They will publish pilot reports, pilot evaluations and updated guidance before starting any assessments.

National Maternity inspection programme

- The programme's final on-site inspection was carried out in December 2023 and analysis of the service reports is underway. This will inform their end of programme report to pinpoint systemic challenges and highlight good practice.

- CQC are working with stakeholders to develop an improvement toolkit to support improvement in maternity services.

UEC inspections

- Inspections prioritised high-risk services as they continued through winter.
- Their 'Patient First' methodology underwent refinement and has been aligned to the Single Assessment Framework.
- CQC focused on urgent and emergency care pressures and engaged with systems to ensure targeted and proportionate actions.

Maternity and Newborn Safety Investigations

- A total of 3548 investigation reports had been completed at the end of April with 365 investigations still ongoing.
- Programme performance will now be reported using KPIs that relate to completion of investigations within a six-month time frame and time taken to contact trusts and families are now in place.
- Following the success of their learning report '[Factors affecting the delivery of safe care in midwife units](#)', CQC are releasing information videos for staff and families.

Corporate performance report (2023/24 year end)

Business plan 2023/24 - year end performance

- Across the financial year, they carried out 6,970 inspections and assessments.
- 19% of inspections in Q4 were triggered by people's feedback, an increase from other quarters.
- They had a below target response rate on their National Customer Service Centre which is due to the transitional period for staff adjusting to the new 'Regulatory Transformation' systems.
- 11% of inspections/assessments that were carried out involved out of hours activity, up from 9.2% at the end of the last financial year.
- 30% of inspections resulted in a breach of regulations. Only 8.59% of all inspections resulted in enforcement, and the rest resulted in requirement notices.

Finance

- CQC ended the year with a £0.5m surplus in revenue expenditure, which is an improvement on their previous forecast.

- This consists of a variance on fee incomes of £2.1m which is down to variation of actual billed income compared to planned income. This is partially offset by a deficit on grant in aid of activity of £1.6m due to their unfunded work on the covid-19 inquiry.
- Their capital budget ended the year with a £0.3m underspend.

Risk

- Their corporate risk register contains 28 risks across 6 categories – financial, operational, strategy, reputational, security and people.

New risks that were added to the risk register

- Meeting government mandatory standards for the management of counter fraud, bribery and corruption.
- They do not transition to their new ways of working safely and effectively.
- They do not deliver the finance transformation programme within timescale.
- They do not meet stakeholder expectations.

Risks that have improved

- Fees they charge are considered to be excessive by those who they regulate.
 - Fees have been frozen for the past six years.
- The current legislation is inappropriate to cope with innovations.

Risks that have deteriorated

- Their operational workforce is not as productive as it should be.
- Their colleagues are insufficiently engaged in their culture change and ways of working.
- Their operational workforce is not as productive as it should be.
- They do not make an accurate and timely assessment on the quality of care or risk for people using services.

Cabinet Office/DHSC review into CQC's operational effectiveness

- The Cabinet Office and DHSC informed CQC it was going to undertake a review into their effectiveness in December 2023. Its purpose is to "examine the suitability of CQC's new single assessment framework methodology for inspections and ratings of CQC".

- There is a particular focus in the ToR on whether CQC's approach supports efficient, effective, and economic provision of health and care services.
- This includes:
 - The single assessment framework and the methodology for its use,
 - Whether they are set up appropriately in both leadership and staffing to ensure the new statutory role of local authority and integrated case system assessment is effective,
 - And the impact of their regulatory activity and whether it prompts the right response from providers to support improvement, innovation and productivity.
- The review was launched on 6 May 2024 and findings will conclude in Autumn 2024.

Equality, diversity, and inclusion strategy

CQC's equality, diversity and inclusion (EDI) strategy builds upon their 2020-23 diversity and inclusion strategy and includes direction on where and how they should focus improvement. They have focused on people data and acknowledged their transformative changes and transition to predominately homeworking.

Priorities

CQC's EDI priorities for 2024-27 are:

- 1** Foster inclusion and belonging for all colleagues: they respect, value and recognise the contributions of all their colleagues.
 - 2** Recruit talented colleagues: they make better decisions informed by colleagues who represent the communities we serve.
 - 3** Invest in their colleagues: they empower and grow colleagues.
- Each priority is evidenced based and includes individual and manager actions under it.
 - An accompanying 2024-25 action plan provides a framework so that they can review activity using timely evidence.

The [strategy](#) was launch on 22 May 2024.

Modern slavery and unethical international recruitment

- In late 2022, CQC identified examples of labour exploitation within the health care sector following news from UK Visas and Immigration (UKVI) that sponsor licenses were starting to be suspended or

- revoked. CQC began to receive notifications when a license of a health and care worker had been suspended or revoked.
- Since December 2022 to date (14 May 2024) CQC has received 502 UKVI notifications, 220 of these have been sponsor licence revocations.
 - Once a licence is revoked, the migrant worker must find a new sponsor within 60 days or leave the UK.
 - In March 2023, a plan was agreed to scope modern slavery and unethical international recruitment so they could fully understand the issue.
 - In November 2023, CQC published a [regulatory policy position](#) and an updated [statement](#) that recognised the importance of overseas recruitment but highlighted concerns around the mistreatment of the existing workforce and international recruited staff due to staff shortages and changes to immigration visas. This included an increased risk of modern slavery and unethical recruitment practices.
 - New visa laws that came into force on 11 March 2024 which meant that in the care sector, migrant workers applying for a sponsor licence must be registered with CQC.
 - CQC have committed to monitor registration applications to check for warning signs of potential exploitation of migrant workers.
 - CQC do not have the powers to investigate concerns relating to modern slavery and unethical international recruitment directly but will refer identified cases to relevant agencies or first responders, such as the police, the Home Office or the Gangmasters and Labour Abuse Authority (GLAA).
 - They will investigate whether there have been any breaches of their regulations and whether they can identify any risks to the safety and welfare of those who use the service.

Martha's Rule update and role of CQC

Context

Martha Mills died in 2021 after developing sepsis. Martha's family's concerns about her deteriorating condition were not responded to promptly and a coroner ruled that Martha would have likely survived had she been moved to intensive care.

The patient safety commissioner, Dr Henerietta Hughes, wrote a [letter](#) with recommendations leading to the creation of Martha's rule. Martha's rule will give patients, families and carers the chance to easily request a clinical review if they suspect deterioration or serious concern.

CQC intended to assess the implementation of Martha's Rule as part of their single assessment framework.

Role out in NHS hospitals

- Following expressions of interest, the first phase of at least 100 adult and paediatric acute hospital sites that already offer 24/7 critical care outreach will be selected from April 2024.
- They will be supported to develop a standardised approach to all three elements of Martha's Rule, before implementing to the remaining sites in England.
- There will be funding for the projects and access to specialist support from the Health Innovation Network's Patient Safety Collaboratives.
- The long-term plan is to roll out Martha's rule across all acute hospitals and adapt the model across other settings such as community and mental health

CQC's regulatory role in the introduction of Martha's rule

- Having worked closely on the development of Martha's rule, CQC will provide a joint statement with the General Medical Council and Nursing and Midwifery Council, which gives their commitment to engage with professionals, people they care for and their families as well as the health system to ensure the successful implementation and effective oversight of Martha's rule.
- CQC will gather information from the initial roll out regarding its implementation progress and share this in their State of Care report later in the year.
- The report can support systems by including examples of good progress and identifying any issues systems should be aware of.
- Martha's rule will be included in their Single Assessment Framework. Guidance will be provided to providers prior to the assessment work.
- CQC will consider any failures to appropriately implement Martha's rule under Regulation 12 (safe care and treatment) and assess whether it is a breach of regulation.