Summary of CQC board meeting – 24 July 2024

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

Opening matters and interim chief executive's update

- The chair welcomed the new interim chief executive, Kate Terroni, who was previously the deputy chief executive at the Care Quality Commission (CQC).
- Kate Terroni expressed the CQC's commitment to becoming a strong regulator, with the organisation looking to be better informed by the voices of providers, people and staff.

Strategic discussion and executive team report

Regulatory insights

Chief inspector's update

- **Integrated care systems assessment:** CQC is engaging with the government to obtain the approvals required to begin its integrated care system (ICS) assessments as soon as possible. CQC recently ran a workshop with ICSs and other sector stakeholders to continue developing the organisation's approach to reporting, so that assessment reports are as meaningful as possible. As a regulator, CQC charges a fee for any new regulatory activity undertaken. A consultation was run on a proposed approach to recovering the regulatory costs of ICS assessments. CQC has published a [response](#) to this consultation.
- **Adult social care workforce strategy publication:** On 18 July 2024, Skills for Care published a _[Workforce strategy for the adult social care workforce](#)_, considered to be the first of its kind. The strategy is focused on what is needed now and over the next 15 years to ensure the social care sector has the right number of staff and mix of skills to provide the best possible care. The strategy has been developed and shaped by a number of key stakeholders including the Department of Health and Social Care (DHSC), providers, trade associations, unions, NHS England (NHSE) and professional regulators. There is an opportunity for CQC to use its powers, regulatory framework and independent voice to influence the development of further policy and guidance and share good practice.

Regulation

- **Urgent and emergency care:** The pressure on urgent and emergency care (UEC) services has persisted beyond the winter period. CQC inspections during the winter had focused on high-risk services. Regulatory leadership at CQC is now collaborating with operational colleagues to shape its regulatory response starting from autumn 2024. This approach will prioritise systems to ensure that inspections are both responsive and proportionate. On 17 July 2024, CQC hosted an external workshop with senior system leads to consider the regulatory approach for the UEC pathway, with increased pressure likely as we move into winter 2024.

- **National maternity programme:** Following the maternity inspection programme's conclusion in December 2023, CQC will be looking to disseminate examples of good practice and positive innovation to enable learning and help drive improvements at a national level. In March 2024, CQC hosted a maternity improvement workshop, bringing together around 100 providers and stakeholders to discuss the early findings from inspections and identify practical actions that can be taken to support the safe delivery of care. Insights from this workshop are informing the content of a thematic report on the findings from CQC's national maternity inspection programme. This includes the development of an additional resource for trusts to guide safe, high-quality care and support improvement. The end of programme report and the accompanying improvement resource are scheduled for release later this year.

- **Maternity and newborn safety investigation programme:** The programme has completed 3,614 investigation reports, with 350 live investigations ongoing since May. The programme has completed recruitment to help ensure the investigatory team vacancies are filled in September, alongside clinical advisory and essential support roles. The programme's KPI's are for contact to be made with the trust within two working days and with the family within five working days. This is currently exceeding the 60% target across the two indicators. The KPI in relation to six month completion is currently below the 60% requirement and further work is being undertaken to understand the delays and support improvement.

- **Person-centred care:** A community autism support service working group has been established to plan and oversee actions CQC will need to undertake in response. This is likely to include regulation, data collection and stakeholder engagement.

Organisational matters

People

- **Culture change – values, refresh and leadership strategy:** CQC is currently going through a values refresh exercise, which is progressing in line with its cultural plan. There will be a final proposal of values and 'I' statements to the executive team and board for final approval in September 2024. For further information on this work, please click on the link provided here.

- **Inclusive mentoring programme:** The programme launched in June 2024, with 136 colleagues in attendance. Leaders of CQC were mentored by colleagues from ethnic minority backgrounds and disabled colleagues across grades. Each mentoring partnership discussion is guided by a list of specific topics, with feedback shared with CQC's equity, diversity, and inclusion (EDI) team. The topics support the organisation's EDI Strategy 2024-2027 and the listening, learning, and responding to concerns (LLRC) actions. The programme provides mentoring training for mentors and allyship workshops for mentees.
- **Workplace adjustments:** The recent introduction of workplace passports and the updated workplace adjustments policy will look to support line managers in having open conversations with all colleagues about potential reasonable adjustments. Recording and reporting on adjustments is a priority for CQC in supporting the needs of the organisation's workforce.
- **Leadership and management development :** The leadership development programme brings in external expertise and is based upon a diagnostic 360-degree feedback process which all executive grades will complete. Separately, the successful manager pathway, launched in February 2024, has delivered content across a wide range of topics from inclusion and psychological safety to holding effective management conversations.

Reporting updates

- **Second annual research report:** CQC's strategy for the changing world of health and social care committed to investing in research, using external evidence to inform its approach to regulation, and embedding a culture of learning and evaluation across the organisation. The second annual report demonstrates how CQC is delivering against the success criteria set for the programme. Research is having a growing impact on CQC regulation and providing evidence that can help inform the improvement of services and systems. For example, some of the quality statements in the single assessment framework (SAF) are now underpinned by robust research evidence developed through the programme. The research programme annual report can be accessed here.
- **Listening learning and responding to concerns review:** The 12 month evaluation for the LLRC review has been completed. The LLRC review set out to achieve 10 aims, with recommendations across the five key areas (workstreams). The 10 aims of the review should be fully integrated into how CQC works and its culture to ensure outcomes and impact are achieved and embedded. Work to complete the recommendations for the LLRC review has taken place concurrently with widespread transformation across CQC including ways of working, people structures, and technology. The impact of this transformation has affected the amount and pace of change delivered in response to the LLRC review and as such the overall

progress and impact of changes made is not where CQC intended to be. CQC has provided a comprehensive evaluation overview of LLRC, which can be accessed here.

Policy matters and external environment

- **Rapid review update**: Following the conviction of Valdo Calocane in January 2024, the Secretary of State for Health and Social Care commissioned CQC to carry out a rapid review (section 48) of Nottinghamshire Healthcare NHS Foundation Trust (NHFT), where Calocane was treated for paranoid schizophrenia. The requested report was published in March 2024. CQC made an agreement with the Secretary of State that the first workstream would be separate from the other two, to enable adequate time to fully review that particular workstream. Findings from workstream two and three can be found here. High level findings from workstream one are not due to be published until the end of July 2024.

  The board was asked to note the following information regarding the Section 48 review and the two recommendations to:

  o look in depth at the standard of care in community mental health across the country, given CQC continues to see issues with quality and issues with patient and public safety,
  o continue developing and embedding CQC's work around observing and understanding cultures where there is a risk of people receiving poor treatment and or care, as a result of factors associated with a closed culture.

    Section 48 review recommendations for NHFT and NHSE can be found here.

- **Local outreach pilot projects:** Over the past three months CQC ran inequalities local outreach pilot projects, in which the organisation has been speaking to people from different ethnic backgrounds with long term health conditions about their experiences of health and social care. The findings of the national pilots will be presented in this year's *State of Care* report and considered in CQC's regulation of local services.
- **Provider and internal engagement:** In recent months, CQC has received feedback from stakeholders, including providers and internal staff, raising various issues around the new assessment approach. Trade associations and some large providers have responded positively to CQC's recent messaging. Some stakeholders and parliamentarians have suggested that CQC has work to do to build back trust and confidence. All the insights received have been collated and shared with leadership colleagues. CQC has been responding to these points to build confidence in its approach. CQC has looked to do this through face-to-face discussions, letters and social media. CQC will continue to engage with providers and act on feedback.

Board and committee matters

Changes to handling information of concern policy: The 'handling of and responding to information of concern' policy clarifies the roles, responsibilities, and expectations of CQC staff when handling and responding to information relating to a provider or service that raises concerns. This may include safeguarding risks, protected disclosures (whistleblowing) and/or regulation breaches. This is the 'umbrella' policy underneath which other policies, guidance and procedures sit.

The policy incorporates and replaces the 'responding to individuals about their experience of care' policy. It is intended to be read in conjunction with the safeguarding policy. The considered and upgraded policy can be accessed here.

Regulatory Governance Committee: The Regulatory Governance Committee's purpose is to provide assurance to the board on the effectiveness of the design, delivery, and impact of CQC's regulatory model. A summary report of a meeting held on the 10 July was shared with the board.

The committee took the opportunity to walk through the performance exception report which highlighted progress in addressing the issues around operational delivery that had been reviewed at previous meetings. Some of the points that were highlighted were:

- Completion of report publications is still well behind target, with a wide variance across the sectors regulated. This needs to be brought in line with plans.

- National Care Standards Commission's (NCSC) call line performance is back within service levels. The committee continued to focus on the answer rate for safeguarding and mental health calls and pushed to see higher target answer rates for those vital calls, particularly given that the averages masked what was likely to be considerable variance at peak times. The committee also asked about techniques to better manage and direct these calls and whether resourcing levels are sufficient in what is a dedicated and specialised team.

While the registration backlog has been improving, there are still a significant percentage of applications over ten weeks old. Management shared a projection to clear the backlog and transition to the regulatory platform by December 2024. The Committee noted the slow progress in shifting from the old system to the new regulatory platform. The committee discussed the integrity of the current rejection rates and the need to ensure that applications are being rejected for the right reasons.

Notifications: The committee were pleased to see that NCSC had processed the bulk of the backlog into the regulatory platform, with the remainder projected to be processed and closed by August. The committee were assured that no notifications had been lost and that the backlog had been triaged to identify and prioritise higher risk notifications. The committee asked about disaster

recovery arrangements in relation to the portal and how providers will be able to submit notifications if the portal is not available for more than a short period. The committee questioned the adverse impact or reputational risk arising from the backlog of notifications, some of which were from October 2023. It was noted that silver command had been invoked.

Provider portal: The portal is now considered to be fully functional for submission of registration forms and notifications for the majority of users. The committee asked about the management of the flow of information from providers through other channels, noting that less than half of providers are currently signed up. There was recognition that many providers had not found it easy to register on the portal, and there are challenges for larger, more complex providers. There was confirmation that new registrations would be submitted through the portal.

An update on the SAF implementation and actions highlighted plans to simplify some areas of the framework to allow for more efficient data collection. It is vital that providers are appropriately consulted and informed about any changes. The committee noted the information surrounding internal and external views and heard feedback on providers' experiences with the regulatory platform. The need to establish real time, empirical measures to track and monitor internal and external views and how that changes was identified. An action to include this data in the weekly performance dashboard was taken.

Other points that were raised included:

- The need to refresh the risks listed in the risk register that were considered to be overlapping. The risk register structure that had been developed over the last two years was considered to be sound, but the executive team needed to revisit this.

- The committee reviewed data around the average age of ratings and the implications. Steps to improve productivity were discussed.