

CQC board meeting summary September 2024

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

Corporate performance report

Quarter one (Q1) performance metrics

People's experience and quality of care

- 96% of assessments have evidence of including people's experiences, sitting above the 85% target.
- In the Care Quality Commission's (CQC) most recent annual survey 77% of respondents were positive that the organisation uses experiences of people within their judgements. This is compared to 75% in the previous survey.
- CQC would like to receive more feedback on care homes, care agencies, hospitals or GPs through the website.
- CQC's aim is to have 75% of services with a rating less than five years old. At the end of Q1 this was 65.8%.

Safety of care and health inequalities

- CQC is using the quality statement within the single assessment framework to understand where learning, improvement and innovation has been reviewed as part of assessments. In Q1 this statement was reviewed as part of 142 assessments.
- CQC has also undertaken 331 assessments including the equity of access quality statement.

Corporate balance scorecard

- CQC's corporate balance scorecard is updated and reviewed monthly within the organisation.
- A critical priority for CQC is to increase the delivery of published assessments. At the end of month four 1,323 assessments were published, which falls below expectations.
- 49.5% of registration applications are over 10 weeks old. CQC is working to improve this through increasing the volume of staff within the registration function and reviewing processes and systems.
- So far this financial year CQC has received an average of 9,460 calls per month, with 5,864 giving feedback on care. 57,046 emails and 10,234 notifications are also received through the provider portal each month.

- In August, the provider portal and registration portal identified that customer satisfaction on systems had dropped.
- At the end of August, CQC had a staff turnover of 9.3%, a vacancy rate of 10.9% and an overall sickness rate of 4.7%.

Finance

- At the end of July, there was a £0.6m deficit on revenue expenditure. This is forecast to be a £5.8m surplus by the end of the financial year.
- This is broken down to £4.3m on fee funded activity and £1.5m on grant in aid funded activity.
- CQC's capital budget was £1.4m underspent at the end of July, however this is anticipated to be on budget for the financial year.

Risk

- The corporate risk register currently contains 27 risks across six categories – financial, operational, strategy, reputational, security and people.
- The corporate risks operating outside of tolerance are:
 - S9. We may not transition to our new ways of working safely and effectively.
 - E3. We may not meet stakeholders expectations.
 - P3. We may not receive or fail to act on feedback from colleagues regarding our culture change and ways of working.
 - O1. Our operational workforce may not be supported to be as productive as it should be.
 - O2. We may not make accurate and timely assessments on the quality of care or risk for people using services.
- All risks outside of tolerance are being reviewed as part of recovery work and an ongoing review of organisational risk.

Executive team report

Organisational matters

People

- Plans for work on induction and training covers the immediate learning requirements to enable inspectors to carry out a higher number of inspections, effectively and efficiently. It also covers longer term plans to ensure there is a learning programme in place for new assessors and inspectors.

- There will be a learning programme in place for existing inspectors based on identified gaps in knowledge and skills.
- CQC is contacting recent leavers to gauge interest in returning to CQC as well as launching a new recruitment campaign for inspectors.

Technology, data and insight

- The next set of improvements to the regulatory platform went live on 23 September and will contribute to improved productivity and wellbeing for CQC employees.
- Three new data products have been released that should improve operational employees' ability to plan and gather information for their inspections and get a cross-sector view of risk.

Regulatory insights

Regulation

- The Independent Care (Education) Treatment Review external oversight panel met on 4 September 2024. They discussed the terms of reference and the expectations of the two year programme to influence market shaping and develop a preventative agenda focused on delivering the right support at the right time to reduce hospital admissions.
- Enabling people with learning disabilities and autism to lead healthy lives, reducing inequalities and reducing mortality rates continue to be priority areas. Literature research and co-production has taken place to support the next steps for assessment across these services in Q4 2024/25.
- In response to the Dash review, CQC is meeting with NHS England primary care colleagues, the British Medical Association and Royal College of General Practitioners to build credibility and keep them on board with developments.
- Regulatory leadership is collaborating with operational colleagues to shape their winter response starting from autumn 2024. As part of this, they are exploring how to prioritise regulatory intervention to ensure inspections are responsive, proportionate and highlight good practice.
- In July CQC hosted an external workshop with senior system leads to consider the regulatory approach to the urgent and emergency care pathway ahead of winter and increased system pressures. The findings of this are being further developed with colleagues from across CQC.

Communication and engagement

- CQC is continuing to engage with stakeholders and providers on the response to the interim Dash report. Providers want to see CQC's full plan, with a clear timetable for how the organisation will return to acceptable operational performance.

- They have begun delivery of recovery campaign activity, which includes a regular flow of communication to ensure all audiences are updated with actions and a full programme of co-design opportunities.

Culture change – values review

- During a values review (March – June 2024), CQC engaged with 1,402 colleagues through workshops. The data from these workshops showed three clear leading values – caring, integrity and collaboration/teamwork.
- Collaboration was chosen to replace teamwork as there was a preference for this in the data. Feedback from the workshops has also led to 'inclusion' becoming the fourth leading value.
- A fifth value 'curiosity' was proposed.
- Some colleagues from the people and culture committee requested a pause in the work. This was due to capacity and to enable a new chief executive to influence this work.
- However, the executive team decided the work should continue as a refreshed set of values and associated behaviours is an important part of supporting the culture needed for CQCs recovery.
- The final proposed values and behaviours will be presented to the board in November, following a range of engagement activities.

National maternity inspection end of programme report and supporting improvement resource

- The maternity end of programme [report](#) and resource to support [improvement](#) for NHS trusts was published on 19 September 2024.
- The report presents analysis of CQC's national programme of maternity inspections, where 131 maternity locations were inspected between August 2022 and December 2023.
- The report sets out main themes from the inspection programme, draws on feedback from families about their experience and points to examples of good care while also highlighting common areas of concern.

Key findings

- 48% of services were rated requires improvement or inadequate overall, while 35% rated good for safety.
- There was significant variation between trusts in key areas such as learning from patient events. While some services managed patient safety events well, incidents of serious harm were not always

reported or were graded inappropriately, leading to missed opportunities to investigate and learn from these events.

- Maternity triage was a particular area of concern, with issues around staffing and the triage environment leading to delays.
- In some trusts, the maternity estate was not fit for purpose, lacking space and facilities and, in a small number of cases, appropriate levels of potentially life-saving equipment.
- The way trusts collected and used demographic data to identify and address health inequalities varied significantly. At some trusts, staff and people using the service experienced discrimination because of their ethnic background, or issues associated with having English as a second language.
- Communication with families was not always good enough. More work is needed to ensure all women are given the information they need, in a way they understand it, to make informed decisions and consent to treatment.

- CQC has made some recommendations for NHS trusts, wider systems and national bodies to support improvements. These included:
 - Calling for assurance from the government that ring-fenced money to improve the safety of maternity environments will be spent where it is intended.
- CQC is also publishing a [maternity improvement resource](#) which aims to support trusts in improving services and highlighting the good practice found during inspections.
- This resource focuses on triage, health inequalities, safety incidents and culture and leadership.