

## REPORT TO THE PUBLIC TRUST BOARD

<b>REPORT TITLE</b>	Care Quality Commission (CQC) new monitoring approach
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<b>DATE OF MEETING</b>	12 <sup>th</sup> October 2021
<b>PRESENTED FOR</b>	Information
<b>ITEM PREVIOUSLY CONSIDERED BY</b>	Executive Directors meeting – 1 <sup>st</sup> September 2021 Quality Assurance Committee – 28 <sup>th</sup> September 2021

**Presented For: Definitions**

Information	For information only. Not to be discussed at meeting unless members have specific questions.
Discussion	For discussion and possibly future decision. This includes items presented for assurance.
Decision	For approval and/or when any other decision is required

### PURPOSE OF THE REPORT

For the Trust Board to note the information presented.

### RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
N/A	

### RISK APPETITE RELEVANT TO THE PAPER (insert relevant section from Risk Appetite Statement)

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Quality Outcomes	<b>Cautious</b> – preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Tolerance for risk taking limited to those events where there is little chance of any significant negative impact on quality or safety of care. Decision making authority generally held by senior clinicians.

### THE EXECUTIVE DIRECTORS ARE ASKED TO:

1. Note the information presented.



**STRATEGIC GOALS THIS REPORT SUPPORTS** *(Check all that apply)*

Delivering outstanding care and experience	<input checked="" type="checkbox"/>
Recruiting developing and retaining our workforce	<input type="checkbox"/>
Improving and developing our services and infrastructure	<input type="checkbox"/>
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

**OTHER IMPLICATIONS OF THE PAPER**

<b>Legal/ Regulatory Relevance:</b>	Care Quality Commission – Fundamental Standards
<b>NHS Constitution Delivery</b>	Working together for patients Commitment to quality of care
<b>Freedom of Information Release</b>	This report can be released under the Freedom of information Act 2000

**Equality and Diversity Implications** *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

## **CQC Risk Monitoring Approach - launched July 2021**

### **1) What to expect**

- 1.1 As the country moves into the next phase of the COVID-19 pandemic, the CQC are moving on from their transitional monitoring approach.
- 1.2 From July 2021 the CQC has introduced a monthly review of the information they have on most of the services they regulate. To start with, this will not include primary care dental services or NHS trusts.
- 1.3 This approach will:
  - help them to prioritise their activity
  - involve publishing a statement on their website for lower risk services. This will let providers and the public know that they have not found any evidence that tells them they need to re-assess the rating or quality of care at that service at that time.
- 1.4 For all the services they regulate, including primary care dental services and NHS trusts, they will continue to:
  - focus on safety and how effectively a service is led
  - have structured conversations with providers, with a focus on safety and leadership
  - use their specific existing key lines of enquiry (KLOEs) to monitor a service
  - use digital methods and local relationships to have better direct contact with people who are using services, their families and staff in services
  - target inspection activity where they have concerns.

### **2) How they prioritise risk**

- 2.1 Since July 2021, a monthly review has commenced of the information the CQC have on most of the services they regulate. This will not include primary care dental providers or NHS trusts at first. The monthly review will help them to prioritise their activity and guide how they respond.
- 2.2 Where their review indicates that a service may be lower risk, they will publish a statement on their website. These services will:
  - be rated as either good or outstanding
  - be meeting all the regulations
  - not be subject to any regulatory activity
  - show no evidence that tells them they need to re-assess the rating or quality at that time.
- 2.3 Where their review indicates there may be higher risk, they will make additional checks. This will include gathering people's experiences of care and contacting the providers. For services that they consider to be very high risk, they will carry out an inspection.
- 2.4 They will continue to prioritise and respond to risk and changes in the quality or safety of care in NHS trusts and primary care dental providers. To assure themselves that their approach is working, they will inspect a random sample of services with a public statement published.

### **3) Public statements**

- 3.1 They will publish a statement on the CQC website for those services they consider to be lower risk at the time of the review. The statements will appear on the reports tab for each service. They will refresh the statements every month, provided that their information review does not find any risks or concerns.
- 3.2 The public statement will tell providers and people who use services that they have not found evidence that tells them they need to re-assess the rating or quality of care at that service at that time. This will give the public a more up-to-date view of quality. The CQC will send an email to providers to confirm when a public statement is published and refreshed.
- 3.3 Where they do find risks or concerns, they will not publish the statement and they will respond appropriately depending on the level of risk indicated by their review. This could include contacting the provider or carrying out an inspection.
- 3.4 Although they will refresh statements every month, they will continue to monitor all services. The CQC may take urgent action if they receive information about serious risk. If this happens, they can remove a public statement in exceptional cases. Similarly, if a service has a public statement one month, there is no guarantee that will remain in place the following month as new information may indicate higher risk.

### **4) Information the CQC have about our services**

- 4.1 For all services, the CQC consider:
  - the current rating
  - any ongoing or planned regulatory activities
  - information about safeguarding, whistleblowing, incident reports (they call those statutory notifications) and whether the service has a registered manager
  - feedback from people who use services and their family and friends
  - national data sources where available
  - other contextual information.
- 4.2 The type of data they use will change over time as it develops, and as clinical priorities change. They may also change the type of data they use as they learn about its effectiveness in helping them to identify where to take regulatory action.
- 4.3 In general practice the national data sources are ones that they use and publish after an inspection in evidence tables. They use them to identify variation (or outliers) from national average or target values.

#### **4.4 People's experience of care**

- 4.4.1 They also consider the views of people who have used the service. Examples of where they get this information from include:
  - responses to the CQC online 'give feedback on care' service
  - enquiries to CQC
  - information they receive from other agencies such as Healthwatch or local authorities.

4.4.2 If the CQC don't have up-to-date feedback, they will ask providers for further information. For example, they may ask if Trusts have a patient or user group they could contact or use their Experts by Experience programme to contact people or local groups.

4.4.3 The CQC consider this information for all the services they regulate. For certain types of service, there are additional information sources.

## **5) Gathering and recording information**

5.1 If their review suggests they need to gather more information, they may arrange to call providers to gather more evidence about the quality of care in our service.

5.2 This is not an inspection and they will not rate services following a call. This will help them to decide whether they need to take further regulatory action at this time, for example an inspection.

### **5.3 What the call will cover**

5.3.1 The inspector would be looking for specific evidence to gain assurance of the quality of our service and will therefore focus on the specific key lines of enquiry for our type of service.

5.3.2 During the call, the inspector will note details of:

- the discussion around the questions raised within the key lines of enquiry
- specific risks identified
- examples of good practice and improvements to the service.

5.3.3 After the call, the inspector will prepare an overall monitoring summary of their findings.

### **5.4 Requests for evidence**

5.4.1 During the call, the inspector may need to ask for evidence about specific issues – this may be during the call or following via email within 24 hours of the call.

## **6) What happens next?**

6.1 This depends on what the monitoring activity shows. If it indicates that there may be a risk to the safety of people using the service, further regulatory action will be taken

6.2 If the CQC's monitoring activity has provided assurance of the quality of care, then the service may be eligible to have a public statement published in the next monthly information review. If the service is not eligible (for example, it is not currently rated as good or outstanding) but the inspector has been assured by the monitoring activity, this will be kept on record for three months and prevent further calls providing there is no new information that indicates serious risk.

### 6.3 Regulatory action

This could include:

- help to find additional sources of support for the service
- inspection
- enforcement processes.

The CQC will continue to review this process to ensure they are prioritising it's decisions correctly.

6.3.1 Monitoring summary record - This record is not an inspection report, and there is no rating as a result. This means that usual steps such as the factual accuracy process do not apply.

6.3.2 The CQC will not publish summary records on it's website.

### 7) Monitoring approach in detail

7.1 During the monitoring call the inspector will focus on these specific key lines of enquiry.

KLOE		Monitoring detail
Safe	S1	How do systems, processes and practices keep people safe and safeguarded from abuse?
		<ul style="list-style-type: none"> <li>• What is the trust's process for COVID-19 testing for patients?</li> </ul>
		<ul style="list-style-type: none"> <li>• Was there anything key from the findings of the infection prevention and control board assurance framework?</li> </ul>
		<ul style="list-style-type: none"> <li>• How have safeguarding arrangements changed over the COVID-19 pandemic?</li> </ul>
		<ul style="list-style-type: none"> <li>• What are the themes and trends from recent safeguarding incidents and what action is being taken in response?</li> </ul>
	S2	How are risks to people assessed, and their safety monitored and managed, so they are supported to stay safe?
		<ul style="list-style-type: none"> <li>• Are there realistic and workable plans for managing staff and skill levels if the pandemic leads to shortfalls and emergencies?</li> <li>• How is the trust performing against mandatory training targets?</li> </ul>
Effective	E4	How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
		<ul style="list-style-type: none"> <li>• How is the trust working with partners in response to, during and rehabilitation from the crisis? Are there plans for ICP/STP phase 3 system working? What are the challenges and what oversight is in place to ensure that partnership/system working is effective?</li> </ul>

		<ul style="list-style-type: none"> <li>How is the trust assuring itself that there are protocols in place for how and in what circumstances multidisciplinary team meetings are held, and that they are effective? For example, specifically in relation to cancer services</li> </ul>
Caring	C1	How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
		<ul style="list-style-type: none"> <li>How is the trust supporting and engaging with patients and their families/loved ones?</li> </ul>
		<ul style="list-style-type: none"> <li>How does the trust ensure itself that the care delivered is compassionate and upholds people's human rights? Can you give examples?</li> </ul>
		<ul style="list-style-type: none"> <li>What are the themes and trends from recent complaints? What action are you taking in response?</li> </ul>
		<ul style="list-style-type: none"> <li>Does the trust provide suitable accurate information on infections, in a timely way, to people using services, their visitors and any person concerned with providing further support or nursing/medical care?</li> </ul>
Responsive	R2	Do services take account of the particular needs and choices of different people?
		<ul style="list-style-type: none"> <li>How has the trust ensured compliance with equality and human rights legal requirements for patients during the pandemic?</li> </ul>
		<ul style="list-style-type: none"> <li>How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances? This may include: <ul style="list-style-type: none"> <li>ensuring that each patient's information and communication needs are identified, recorded, flagged, shared and met</li> <li>identifying and making other reasonable adjustments for disabled people</li> <li>Where new protocols for admission are being used, how are these being communicated to staff and how are they reviewed to ensure they are non-discriminatory?</li> <li>Are datasets complete and timely, to underpin an understanding of and response to inequalities?</li> </ul> </li> </ul>
	R3	Can people access care and treatment in a timely way?
		<ul style="list-style-type: none"> <li>How is the trust managing ongoing access to services and restarting planned procedures and services in an inclusive way to reduce health inequalities and to ensure that high-risk patients/pathways are identified and prioritised appropriately, including re-instating services and handling backlogs of activity?</li> </ul>
		<ul style="list-style-type: none"> <li>How is the trust developing digitally enabled care pathways in ways that increase inclusion?</li> </ul>

Well led	W1	Is there leadership capacity and capability to deliver high-quality, sustainable care?
		<ul style="list-style-type: none"> <li>Has there been any impact on leadership capacity as a result of the COVID-19 crisis? Are there plans and mitigations in place should it be affected?</li> </ul>
		<ul style="list-style-type: none"> <li>Do leaders understand the challenges to quality and sustainability during this period, and can they identify the actions needed to address them?</li> </ul>
		<ul style="list-style-type: none"> <li>Is there a named executive Board member responsible for tackling health inequalities?</li> </ul>
		<ul style="list-style-type: none"> <li>Is there a named executive board member responsible for IPC?</li> </ul>
		<ul style="list-style-type: none"> <li>How stable is board leadership?</li> </ul>
	W3	Is there a culture of high-quality, sustainable care?
		<ul style="list-style-type: none"> <li>How are you protecting the health, safety and wellbeing of all staff?</li> </ul>
		<ul style="list-style-type: none"> <li>How are you supporting staff to raise concerns? (FTSU)</li> </ul>
		<ul style="list-style-type: none"> <li>How do you make sure you comply with equality and human rights legal requirements for staff during the pandemic?</li> </ul>
		<ul style="list-style-type: none"> <li>Has there been any impact on the culture of the trust in response to the pandemic?</li> </ul>
		<ul style="list-style-type: none"> <li>How are you progressing your action plan to work towards board and senior staffing to at least match the overall ethnic group composition of the workforce or local community?</li> </ul>
	W4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
		<ul style="list-style-type: none"> <li>Is there a systematic approach to ensuring that actions from National Patient Safety Alerts have been implemented?</li> </ul>
		<ul style="list-style-type: none"> <li>How is the trust maintaining oversight, quality, and governance for sub-contracted services?</li> </ul>
	W5	Are there clear and effective processes for managing risks, issues and performance?
		<ul style="list-style-type: none"> <li>How has risk management and governance changed as a result of COVID-19?</li> </ul>
		<ul style="list-style-type: none"> <li>How will the trust ensure that effective performance management processes are in place to manage and reduce backlogs of elective and cancer patients?</li> </ul>

		<ul style="list-style-type: none"> <li>How has the trust followed up on issues, learning and actions following CQC's emergency support framework (ESF) call about infection prevention and control (IPC)?</li> </ul>
		<ul style="list-style-type: none"> <li>How is the trust progressing its review to ensure the completeness of patient ethnicity data by no later 31 December?</li> </ul>
	W7	Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?
		<ul style="list-style-type: none"> <li>How is the trust supporting patients and their loved ones/carers to give feedback? How is this feedback used for continuous improvement?</li> </ul>
		<ul style="list-style-type: none"> <li>How is the trust working with partners in response to or during the COVID-19 crisis?</li> </ul>
		<ul style="list-style-type: none"> <li>What community engagement is the trust carrying out to mitigate risks of COVID-19 for people in particular high-risk groups – such as different ethnic groups, people with long term conditions, older people and people in lower socio-economic groups?</li> </ul>
	W8	Are there robust systems and processes for learning, continuous improvement, and innovation?
		<ul style="list-style-type: none"> <li>How does the trust assure itself that learning is shared and embedded?</li> </ul>
		<ul style="list-style-type: none"> <li>Are there any examples of learning in response to a crisis, and beyond, that you would like to share?</li> </ul>
		<ul style="list-style-type: none"> <li>Are there any examples of innovation?</li> </ul>

7.2 The above framework was used as discussion points during the regular engagement meeting with the CQC Relationship Manager, the Chief Nurse and Care Quality Support Manager on 20<sup>th</sup> August.

7.3 Further information is to be sought from colleagues on a number of key lines of enquiry which will be sent onto the CQC Relationship Manager upon completion.

7.4 The framework will then form an established part of the engagement meetings moving forward.

End of Report.