

<b>MEETING</b>	<b>PUBLIC BOARD MEETING 24 February 2021</b>
<b>Agenda Item Paper Number</b>	<b>4 CM/02/21/04</b>
<b>Agenda Title</b>	<b>Executive Team Report to the Board</b>
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**PURPOSE OF PAPER:**

This is a paper for the Board **to note**. Item 5 requires the Boards **approval**. Information contained in this report was accurate as of 17 February 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's report**
**1. Organisational Priorities for January-March 2021**

We outlined at the January 2021 Public Board that the core focus of our activities in the first quarter of the calendar year would be on creating capacity to respond to COVID-19 *and* responding to significant risk of harm to the public. Our efforts were concentrated into three key areas:

- **Proactive:** planned programmes of work to look at specific things that either address ongoing and clear risks or create capacity in the system.
- **Reactive:** work following up on ad hoc risks and concerns raised with us by the public or whistle-blowers.
- **Supportive:** work where we are helping the system to deal with COVID-19 or to help deliver for the future.

The Executive Team has continued to monitor performance against these priorities on a weekly basis. Headlines include:

- We have focused our inspection activity on ensuring residential homes have had their IPC reviewed as part of an inspection. This currently stands at 20.6% of all registered residential homes.
- Since the start of January, we have increased the number of approved 'designated settings' to 155; an increase of 27 settings in the past six weeks.
- An additional twenty adult social care providers have had their ratings improved since the start of the year, which has helped create additional capacity in the system.
- In Primary Medical Services and Hospitals, we have only undertaken inspection activity where there is a clear risk to safety and where we cannot seek assurances through other routes.
- We have used the Transitional Monitoring Approach (TMA) process in a range of settings, such as independent health, and have prioritised any such activity on the basis of risk.

Further information can be found in the Corporate Performance Report (2020/21 - Q3).

## **2. Health and Care Bill**

We are continuing to work with Department for Health and Social Care (DHSC) colleagues on the development of the upcoming Health and Care Bill. The Bill, both directly and indirectly, will have implications for our organisation. We are reviewing the contents of the published document thoroughly and a 'bill project team' has been established to work with DHSC, as well as liaising with colleagues internally on our own programmes related to the Bill. We strongly welcome the Secretary of State's commitment to enhance our role in reviewing system working, as well as looking forward to working with the DHSC and the wider sector to develop the proposals about Local Authority assurance.

### **Chief Inspector of Adult Social Care's report**

## **3. Infection Prevention and Control**

Infection prevention and control (IPC) has always been important but never more so than now. In response to the challenges of the COVID-19 pandemic we introduced IPC inspections to share good practice, uphold high quality care and ensure services are safe.

At the request of DHSC, we agreed to complete 1200 inspections in adult social care in December 2020 and January 2021, with the aim of completing over 600 inspections per month in future months. We have exceeded this commitment with 1474 IPC inspections carried out across December and January.

We will continue to look at IPC on inspections of designated settings for people leaving hospital who have tested positive for COVID-19 and have assured over 150 settings so far on the scheme. Several weeks after we have assured a designated setting, we undertake a supportive phone call with the providers.

The majority of care providers that we have inspected have shown they are responding well to the challenges of IPC during the pandemic and doing everything they can to keep people safe.

However, we have identified a small number of adult social care providers where we have concerns around IPC policy and effective use of personal protective equipment (PPE). Examples include:

- IPC policies - no COVID-19 risk assessments in place or being out of date
- Personal Protective Equipment (PPE) not being used in line with current government guidance

Where we have concerns, we can and will take swift regulatory action, this could include:

- publicly giving a provider actions that they must take
- restricting a service's operation, including by issuing requirement notices, warning notices
- in cases of significant concern, placing conditions on a provider's registration.

#### **4. Closed Cultures**

We are continuing to plan the implementation of the Prof Murphy recommendations and engaging with people who use services on how we can improve our approach in learning disability / autism services.

On 1st February we brought together stakeholders and people who use services to have a conversation about what more intensive inspections for learning disability and autism services might look like in practice.

## **5. Market Oversight Guidance**

We first published provider guidance on Market Oversight in April 2015. In order to update the guidance, we undertook a formal consultation exercise between August and October 2020.

The updated guidance reflects the learnings from operating the scheme for the past five years, further legal advice that has since been obtained, attempts to further strengthen provider cooperation and enhances Market Oversight's ability to disclose information when this is essential to protect service users.

We do not consider the envisaged changes to be unduly onerous for the sector. They will further strengthen the safety net for people using services from the perspective of continuity of care. An abbreviated version of the updated guidance is included in Appendix A; the detailed guidance (88 pages in length) will be published following approval by the Board that this updated guidance be published.

### **Chief Inspector of Hospital's report**

## **6. Update from the Chief Inspector**

Services have remained under immense pressure during the last month. We have continued to deliver against our agreed priorities of only undertaking inspection activity where there is a clear risk to safety, alongside some focused inspection activity where our monitoring of data and local intelligence indicates that increased pressure is directly impacting on the quality and safety of care.

We are continuing to closely monitor regulatory activity and are making good progress towards meeting our ambition to complete all provider TMA by the end of March.

As in previous years we are undertaking a programme of focused inspections to emergency departments for which data and local intelligence suggest patients may be at risk of harm due to safety issues and overcrowding. To date we have inspected ten departments. The issues and challenges facing services that are similar to those experienced in previous years, exacerbated by the pandemic. The key factors affecting services' ability to cope include managing the flow of people through the system, from ambulance handover delays to admissions, and staffing shortages caused by high numbers of people off sick or isolating.

**Chief Inspector of Primary Medical Services' report****7. Children's, Health and Justice – Safe Houses programme**

We have been working closely with the Home Office to consider how we might help them monitor the quality of support offered to people who are in Safe Houses, those people who have been trafficked, or are the victims of modern slavery.

Following co-production with stakeholders representing survivors and service providers, we piloted an independent inspection approach in 2019 and were appointed by the Home Office to begin to inspect these services.

The first two inspections of Safe House outreach services have now been carried out, and the details of our approach, as set out in our inspection framework which has now been approved by the Home Office, was published last month.

The Salvation Army and 12 subcontractors are currently delivering safehouse and outreach support across England and Wales. We will carry out an initial independent inspection programme over an 18-month period, until June 2022. This is the first time, these services have been inspected, anywhere in the world.

**8. Provider Collaboration Review (PCR)**

Earlier this year we paused fieldwork for three planned PCR's which were to look at cancer, learning disabilities and mental health. We have continued to undertake background research for these programmes and aim to commence the fieldwork elements in the coming months.

All phases will see an interim headline report in advance of the full report and the PCR's will also inform our annual State of Care report.

The PCR approach evolves with every phase. We look forward to using our developed approach to understand the experiences of people accessing care from the cancer review, and the continue programme of PCRs this year.

## **9. DNACPR Thematic Review**

We are currently drafting the final report of the thematic review into the use of do not attempt cardiopulmonary resuscitation notices. The final report and recommendations will be shared with DHSC and is expected to be published next month.

### **Chief Operating Officer's report**

## **10. Vaccination Programme**

The Hospitals team have started to monitor Trust mass vaccination centres this month. GP led vaccinations are being monitored as part of routine activity. The COVID-19 Vaccination Programme Working Group continues to collate information, provide advice and will produce intelligence reports on key themes. The group continues to work closely with DHSC and NHSE/I to support how vaccination uptake can be improved and to share information to support effective regulation.

## **11. Annual Report 2019/20**

Our annual report and accounts were laid before Parliament on 11<sup>th</sup> February 2021. These accounts, following an audit conducted by the National Audit Office (NAO), would usually have been published last July. However, due to deadline extensions granted by NAO to auditors, in response to COVID-19, they have been delayed until now.

### **Chief Digital Officer's report**

## **12. Information and Cyber Risk Security**

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

## Engagement, Policy and Strategy Directorate's report

### 13. Strategy 2021 Update

As of 11 February, we have had over two hundred responses to the strategy consultation. In addition to this we held engagement events on each theme with our provider and strategic partner stakeholders, as well as 1-2-1 and focus groups with seldom heard groups. A number of key stakeholders have come out in support of the ambitions in our strategy, and we will continue to monitor sentiment as we develop our thinking based on what we hear from respondents. The consultation is open until 4 March 2021.

### 14. Parliamentary Activity of Interest

A meeting with Alex Norris MP (Labour, Nottingham North), Shadow Minister for Public Health and Patient Safety took place on Tuesday 9 February to discuss concerns related to maternity services at Nottingham University Hospital. Our representatives were joined by the Regional Chief Nurse and Regional Medical Director for NHSE/I. The meeting offered Mr Norris an update on the current improvement process taking place at the trust for him to share with his constituents.

We have written to the Health and Social Care Select Committee to offer a further update on our progress on the closed cultures programme. This highlighted the stronger position we have taken on regulating learning disability / autism services and promotes the core ambitions of the programme. This letter follows a Health and Social Care Select Committee session on ['the Treatment of Autistic People and Individuals with Learning Disabilities'](#), to which people with lived experience and representatives for service users provided oral evidence.