

Summary of CQC board meeting – 27 March 2024

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

Strategic discussion and executive team report

Regulatory insights

Chief inspector's update

- **Local authority assurance and baselining:** Care Quality Commission (CQC) continues to work on the roll out of baselining work. There has been onsite work in Hertfordshire, Hounslow and West Berkshire, with 17 Councils announced for this quarter. Following agreement on local authority reporting and funding arrangements for 2024-2025, recruitment is progressing for 42 roles in the local authority assurance teams.
- **Integrated care system assurance:** Reports have been completed for pilots with Birmingham and Solihull and Dorset integrated care system (ICS). With the completion of the related evaluation report, submission of the proposed methodology, and the publication of the consultation concerning fees for ICS assurance, CQC is now awaiting agreement to proceed into baselining.

Regulation

- **Local authority assurance:** Recruitment to the local authority assurance team continues. The first three site visits have been completed, with reports at draft stage.
- **Regulation 9A:** Protections regarding visiting rights under this regulation will come into force in April 2024. CQC has a legal duty to issue guidance on compliance with fundamental standards and to consult when substantive changes are to be introduced.
- **National maternity programme:** CQC's national maternity inspection programme completed the final onsite inspection work in December 2023. CQC is committed to sharing highlights of findings, whether it be best practice examples or positive innovation within maternity improvement.
- **Urgent and emergency care:** Pressure on urgent and emergency care (UEC) remains. Inspections of services have continued across the winter period with a focus on high risk services. The CQC patient first methodology has recently been refreshed with expert input from medical national professional advisors and special advisors workforce within the CQC. This has also been mapped across to the Single Assessment Framework (SAF). As in previous

winters, CQC will continue to view UEC pressures with a focus on systems to ensure responsive inspection and action that is targeted and proportionate.

- **Independent Care (Education) and Treatment Review:** CQC was asked to jointly take on with NHS England (NHSE) the Independent Care and Treatment Reviews (ICETR's) by ministers in 2023 following the [recommendations made by Baroness Hollins](#). Regulatory leadership began this work programme following the release of Department of Health and Social Care (DHSC) funding in December 2023. NHSE will set the direction of activity, including the recruitment of specialist mental health chairs and outcomes for people to ensure all those currently in long term segregation have at least one ICETR by December 2025. For further detail on ICETR, please click [here](#).
- **Maternity and newborn safety investigation programme:** Since January, the programme has completed in total 3407 investigation reports, with 366 live investigations. The programme is currently recruiting into a variety of roles to support investigations and business services. The programme continues to develop its communication approach. This includes the launch of the [MNSI LinkedIn page](#). A [blog](#) has also been published in support of International Women's Day titled '*Inspiring inclusion*,' reflecting the training undertaken by the team with the UK charity Birthrights.

Organisational matters

People

- **Inclusive leadership pathway:** The 12 month leadership programme for colleagues from ethnic minority backgrounds and disabled colleagues has concluded. The goal was to support and nurture better representation from these diverse groups across all job grades, especially in senior positions. The programme included self-reflection, skills development, and knowledge application in the workplace, with support from peers and sponsorship by senior leaders. The results were positive with 31% of delegates being promoted to higher leadership positions. CQC has benefited from colleagues in this programme working on stretch projects, such as how to improve employee voice.
- **Successful manager pathway:** The academy has now launched the first cohort of the successful manager pathway programme, a flagship development offer for all people managers at CQC. The overarching aim is to support cultural drives, management competency and consistency.
- **Inclusive mentoring:** The inclusive mentoring programme will launch in May 2024. Colleagues from ethnic minority backgrounds and disabled colleagues will be mentors with senior leaders as mentees. The aim is to enhance senior leaders' understanding of the experiences of ethnic minority and disabled colleagues and continue on the journey of building a truly inclusive culture. Both mentors and mentees will receive training in mentoring skills and allyship. This will include reciprocal mentoring and receiving ongoing support throughout such drives.

Colleagues involved will be invited to join the mentoring framework to help increase diversity of mentors available.

- **Race and inclusion learning:** Race and inclusion learning was commissioned to develop CQC's understanding of race, racism and structural racism, in response to the [Listening, Learning and Responding to Concerns \(LLRC\) review](#). A suite of learning is being delivered at all levels of the organisation, beginning with board members and senior leaders. These sessions were designed to develop an understanding of race, racism, and structural racism, and to help leaders build their confidence and understanding of the importance of inclusion. An all colleague programme of learning and development is currently being designed and will launch in autumn 2024.

Future performance reporting

CQC has drafted a new business plan in preparation for the new financial year. Whilst the full draft is finalised internally within the organisation and with stakeholders such as DHSC, CQC has provided the board an update on how the plan will translate into performance reporting for the future. The two business needs for performance reporting would be to:

- provide **assurance on the delivery of the strategy** via CQC's four key performance objectives. This would be measured through the use of composite indicators to evidence the achievement of an outcome.
- greater **understanding of operational delivery** with the use of a balanced scorecard to discuss delivery and report to the board for wider visibility. The board will also be asked to provide any feedback on the proposed performance reporting from 1 April 2024, including whether there are critical measures that are considered to be missing at this stage.

Reporting updates

CQC's Our People Survey 2024 results

CQC's biennial *Our People Survey 2024* ran from 16 January to 6 February. The survey included questions on a wide range of areas, with results providing a broader view of colleagues' experience. The outcomes fed into the formal evaluation of the LLRC, for which an update is due to be shared with the board in May. The data highlighted several areas of concern for colleagues.

Compared to the survey of 2021, almost all indicators showed a decline in opinion, including 11 scores that have decreased by 10 percentage points or more. For a breakdown of survey findings, please access the [presentation report](#) and [cover paper](#).

Culture plan progress update

The focus has been on stage one of the plan. This is specifically relating to the engagement of the organisation in identifying the values and associated priority behaviours, with the organisational strategy in mind. Engagement with all colleagues is primarily being delivered through two-hour workshops designed to help colleagues to visualise the SAF.

Workshops will cover all grades and there will be specific dedicated sessions for staff equality groups, staff forum and trade union groups. The value workshops are planned to run from March to May 2024. Board members are also planned to attend some of the directorate conferences therefore able to see this work progress and hear directly from colleagues on their thoughts on the future values and behaviours.

In support of this, a communications campaign has been launched alongside internal engagement, including a manager's briefing pack that asks all CQC leaders to engage in conversations about values within team meetings ahead of attending the workshops. CQC's colleagues in engagement, policy and strategy have begun to gain insight and organisational learning from external stakeholders including care providers and DHSC. This engagement will also seek views and insight on how current CQC values are received externally.

Policy matters and external environment

Martha's Rule and the role of CQC

The intention of Martha's Rule is to improve patient outcomes. The patient safety commissioner, Dr Henerietta Hughes, was asked to rapidly develop a set of recommendations for the introduction of Martha's Rule in England. In October 2023, Dr Hughes wrote a [letter](#) with the following recommendations:

- Implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least on a daily basis. In the first instance, this will cover all in-patients in acute and specialist trusts.
- All staff in those trusts must have 24/7 access to a rapid review from a critical care outreach team whom they can contact should they have concerns about a patient.
- All patients, their families, carers and advocates must also have access to the same 24/7 rapid review from a critical care outreach team which they can contact via mechanisms advertised around the hospital and more widely if they are worried about the patient's condition.

Martha's Rule will give patients, families, and carers the chance to easily request a clinical review from a multidisciplinary team led by senior doctors in the same hospital, in the event of a suspected deterioration or serious concern.

Critical Care Outreach services exist in most acute hospitals and support the acutely and critically ill patient pathway, including early identification and management of patient deterioration and timely admission to an intensive care bed when required. Many hospitals already have critical care outreach teams, but this is not available in some smaller hospitals. CQC has also identified that it is unclear how many are available 24 hours a day. CQC has acknowledged that the process also needs to be inclusive and accessible. Hospitals will need to publicise and provide advocacy so that all patients, families, or carers, from whatever background or agency, will know who to contact to request and receive a review. CQC intends to assess the implementation of Martha's Rule as part of the SAF and to use its independent voice to outline where services do this well or where they need to improve. Initially, CQC will look to indicate developments on the matter in the *State of Care* report.

Rollout in NHS hospitals

In the first phase from April 2024, at least 100 adult and paediatric acute hospital sites that already offer 24/7 critical care outreach infrastructure will be selected to roll out Martha's Rule, following expressions of interest. NHS trusts will be supported to develop a standardised approach to all three elements of Martha's Rule, prior to scaling up to the remaining sites in England in the following years.

There would be additional funding for project resources and access to specialist implementation support from The Health Innovation Network's Patient Safety Collaboratives. The introduction of Martha's Rule comes alongside other measures to improve the identification of deterioration, including a [new early warning system for staff treating children](#) introduced in November 2023. The long-term plan is to roll out Martha's Rule in phases across all acute hospital sites and adapt the Martha's Rule model across other settings including community and mental health hospitals.

Discussion: CQC's regulatory role in the introduction of Martha's Rule

CQC have been working closely with the patient safety commissioner, DHSC and NHSE on the development of Martha's Rule. CQC will also look to provide a joint statement with the General Medical Council and Nursing and Midwifery Council in its commitment to engaging with professionals, patients, their families and health system, to ensure the successful implementation and effective oversight of Martha's Rule.

As the initial rollout of Martha's Rule begins, CQC intends to gather information regarding the progress of implementation across NHS hospitals and key issues, which will be shared in the *State of Care* report later this year. This work could support the system by reporting publicly on progress across the NHS and identifying any issues arising from implementation.

As Martha's Rule is embedded in the NHS, CQC intends to assess its implementation as part of the SAF. Ahead of beginning this assessment work, CQC will produce supporting guidance for providers. As a regulator, CQC enforces against safety issues under Regulation 12 (Safe Care and Treatment).

CQC will consider any failure to appropriately implement Martha's Rule under this regulation and assess whether this might contribute to a breach of this regulation. It will be for the DHSC to review and consider any changes to regulations to directly enforce under Martha's Rule.