

Adult Social Care Trade Association meeting

Wednesday 31 March 2021 10:00 – 12:00



Agenda

No.	Agenda item	Lead	Time
1	Welcome and Introductions	Rob Assall	10.00
2	Do not attempt cardiopulmonary resuscitation (DNACPR) report	Carolyn Jenkinson	10:05
3	Market Oversight guidance	Stuart Dean	10:30
4	NHSX Digital social care records project	Peter Skinner and Natalie James	10:50
	Break	All	11:05
5	Health and social care equality objectives	Helen Ketcher	11.10
6	Operational update with Q&A	Alison Murray	11:30
7	CQC Engagement Insight	Latoya Tawodzera	11:55
8	AOB	All	11.57
	Close - Next meeting: 28 April 2021		12:00

Do not attempt cardiopulmonary resuscitation (DNACPR) report

Carolyn Jenkinson Head of Inspection – Provider Collaboration Reviews

Summary of findings

- Increased pressure on staff time and resource meant that conversations about people's care were often taking place at a much faster pace in busier settings
- Generally, people were involved in decision making but there was evidence that they were not always supported or given the right information to have meaningful conversations. This risked breaching their human rights.
- While most providers we spoke with were unaware of inappropriate DNACPR decisions or DNACPR decisions being applied to groups of people, we heard evidence from people that there had been 'blanket' DNACPR decisions in place.
- It is concerning that some people across a range of equality groups, including older people, people with dementia and people with a learning disability, told us that they were not supported to the extent they needed to be in advance care planning conversations, or given the information they needed in an accessible way.
- There was a general lack of awareness and confidence among people, families and care workers about what a DNACPR decision meant, and how to challenge this.

Recommendations



- People, their families and representatives need to be supported, as partners in personalised care, to understand what good practice looks like for DNACPR decisions
- Clinicians, professionals and workers must have the knowledge, skills and confidence to speak with people (and their families) about, and support them in, making DNACPR
- There must be comprehensive records of conversations with, and decisions agreed with, people, their families and representatives that support them to move around the system well
- Integrated care systems need to be able to monitor and assure themselves of the quality and safety of DNACPR decisions
- Health and social care providers must ensure that all workers understand how to speak up, feel confident to speak up and are supported and listened to when they speak up
- CQC must continue to seek assurance that people are at the centre of personalised, high-quality and safe experiences of DNACPR decisions, in a way that protects their human rights

We look forward to playing an active role as a member of the **Ministerial Oversight Group**, alongside other responsible bodies, voluntary sector groups, and system partners.

With swift action, the group will monitor **effective delivery of our recommendations** and oversee the progress so urgently needed to ensure that patients and their loved ones are able to have **positive experiences of end of life care**.

Market Oversight (MO) and Updated Provider Guidance

Stuart Dean, Director of Market Oversight and Corporate Providers team

Updated Provider Guidance published on 24 February 2021. Key changes are:

- Interpretation of likely: necessary to protect vulnerable individuals earlier & operationalise QC's advice.
- Provider obligations: seek to further clarify both (i) provider obligations under the Scheme and (ii) make a clearer link between refusal to comply with Market Oversight requirements and CQC's enforcement powers.
- Clarifying CQC's existing ability to have confidential discussions with key stakeholders (e.g., LAs and DHSC), prior to a stage 6 notification, if it is believed it is in the best interest of vulnerable service users.
- External stakeholder contact: no longer require prior consent before contacting third parties - in certain situations we can notify only.

Digitising Social Care Records (DSCR) Programme Overview



Our objective is to ensure that all CQC registered adult social care providers have access to a digital social care record by March 2024.

Detailed Objectives

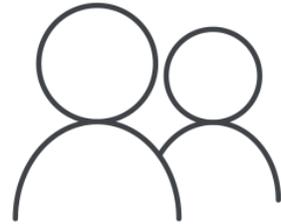
We need to ensure that the digital social care records that are adopted:

- (a) Provide core functionality such as capturing information in real time
- (b) Support measuring and monitoring of care quality
- (c) Provide a platform for innovation
- (d) Capture data in a way that enables bidirectional transfer between care settings and into a shared care record
- (e) Support the delivery of the Future of Healthcare and the Long Term Plan
- (f) Build on the tactical responses from Covid

```
31 def __init__(self, settings):
32     self.file = None
33     self.fingerprints = set()
34     self.logdupes = True
35     self.debug = debug
36     self.logger = logging.getLogger(__name__)
37     if path:
38         self.file = open(os.path.join(path, 'requests.txt'),
39                         'a')
40         self.file.seek(0)
41         self.fingerprints.update(s.request for s in self.requests)
42
43 @classmethod
44 def from_settings(cls, settings):
45     debug = settings.getbool('supersite_debug')
46     return cls(job_dir(settings), debug)
47
48 def request_seen(self, request):
49     fp = self.request_fingerprint(request)
50     if fp in self.fingerprints:
51         return True
52     self.fingerprints.add(fp)
53     if self.file:
54         self.file.write(fp + os.linesep)
55
56 def request_fingerprint(self, request):
57     return request_fingerprint(request)
```



**Market
Management and
Standards**



**Value Creation and
Communication**



Regulation



**Implementation
support**

Support for Care Providers

Building a case for adoption	<ul style="list-style-type: none">• Developing an impartial and robust evidence base for the benefits and financial sustainability of digital social care records.
Removing the barriers to adoption	<ul style="list-style-type: none">• Defining a list of assured supplier solutions.• Providing ongoing market management and stimulating the market where we have known gaps.• Defining a roadmap for standards adoption and defining a process for ongoing solution assurance.

Support for Care Providers

<p>Helping care providers to help themselves</p>	<ul style="list-style-type: none">• Developing best practice guidance, tools and templates.• Establishing care provider masterclasses.
<p>Helping care providers to help each other</p>	<ul style="list-style-type: none">• Establishing change champions and self-sustaining peer support networks.
<p>Helping local systems to drive adoption</p>	<ul style="list-style-type: none">• Working with a cohort of ICSs to build a stronger evidence base for the benefits of digital social care records.• Providing hands-on implementation

Questions and contact details



If you'd like to know more about the programme, want to be involved or want to put some of your members in touch please feel free to contact us:

Peter Skinner: peter.skinner@nhsx.nhs.uk

Natalie James: natalie.james@nhsx.nhs.uk

Or contact our general enquiries mailbox: dscr.enquiries@nhsx.nhs.uk

Equality objectives for 2021-2024

Helen Ketcher - Senior Equality Diversity & Human Rights Officer

Layer 3- Our 4 proposed equality objectives 2021-2025



Voices of people: those most likely to have poor care

Improving how we gather and act on the experience of people most likely to receive poor care and encourage people to use their voice to improve their care

- Create skills and tools to ensure that people in specific groups can share their experience of care with us
- Ensure our regulatory approach appropriately weights the experience of care as key evidence so that we are able to take appropriate action on inequalities
- Support people to be partners in their own care, ensuring their human rights and safety are prioritised

Working with data: equality and human rights risks

Improving how we collect data and intelligence so that we are more proactive and reactive on equality and human rights risks as required

- Improve our analysis of equality, health inequalities and human rights risks in existing datasets building on work underway looking at how we use ethnicity data
- Create a rolling intelligence programme to improve our data, starting with service types with high equality or human rights risks, building on our closed cultures intelligence work
 - Develop our approaches to hearing from frontline staff working in health and social care, who might face discrimination or inequality, so that we can act appropriately on the issues that they raise

Equality Objectives

Working with others: to improve equality of outcomes

Reviewing and improving who we work with and how we work with them to improve our regulatory model and equality outcomes

- Establish joint working with other regulators and commissioners - so at CQC we are able to respond more expediently to equality and human rights issues
- Work more closely with local partnerships and voluntary organisations representing equality groups to gather more and improved feedback on care.

Independent Voice: reducing inequalities

Using our independent voice to highlight concerns and share innovation and good practice that reduces inequalities and promotes human rights

- Consider the safety (incl. psychological) of different equality groups, understand where risks are greater and what solutions might improve safety in these areas e.g. greater involvement, strategies to encourage people to speak up
- When looking at care in local areas, ensure we always look at how areas are working together to reduce inequalities
- In all IV work highlight identified equality and health inequalities as priority areas, share good practice and innovation and make appropriate recommendations, e.g. our current work on equal outcomes and safety for Black women using maternity services.
- Embed learning from this IV work into regulatory tools

Your feedback: External engagement



We want to know your views on our 4 proposed objectives. You can answer any of the questions below –or all!

Note that the activities under each objective can be reviewed during the life of the objective: but we still need to start with some measurable outcomes.

Q1: Do these objectives in combination feel right? If not, what is missing or should be changed?				
<i>Questions below are on each objective</i> 	Theme 1- Voices of people: those most likely to have poor care	Theme 2 - Working with data: equality and human rights risks	Theme 3- Working with others: to improve equality of outcomes	Theme 4: Independent Voice: reducing inequalities
Q2: Is there anything else that we should do to realise this objective? (not covered on slide 6)				
Q3: Are there any particular equality issues we should focus on for this objective?				
Q5: Success measures: How will we know that we have been successful in meeting the objective?				

Operational Update with Q&A

Alison Murray – Head of Inspection



Inspections undertaken from 1st April 2020 – 14 March 2021

- Home care pilot – 41
- IPC and Designated Settings – 1521
- Outbreak – 677
- Risk – 3594



Total ASC Inspections in year 2020/2021

- Home care pilot – 41
- IPC and Designated Settings – 1608
- Outbreak – 683
- Risk – 3732

Total – 6064

Total published reports - 4953

CQC Engagement - Insight

Latoya Tawodzera – Provider Engagement Officer

- **Sentiment towards CQC's Approach**
- **What are the current barriers to receiving and delivering good care**
- **What are the current issues having an impact on health and social care**

Close



Thank you for joining us today. The next meeting be
Wednesday 28th April.