

**Adult Social Care  
Trade Association meeting  
Wednesday 17 November  
2021, 10:00-11:30am**



# Agenda

No.	Agenda item	Lead	Time
1	Welcome and Introductions	Alison Murray	10.00
2	Operational Update <ul style="list-style-type: none"><li>• VCOD</li><li>• Duty of Candour</li></ul>	Alison Murray	10:05
3	Urgent and Emergency Care review	Philippa Styles	10:35
	Short break		11:00
4	Local Authority Assurance	Ronald Morton and Jeannette Blackburn	11:05
5	Roll out of inspections using digital technologies	April Cole	11:20
6	AOB		11:25
	<b>Close</b> Next meeting: Wednesday 15 December 10am-12pm		11:30

# Operational Update

Alison Murray – Head of Inspection

- Vaccination as a condition of employment and deployment in care homes
- Inspection data summary
- Duty of candour

- The Duty of Candour is fundamentally about being open and transparent and apologising for what happened, it is not about placing blame on care providers
- Duty of Candour and being open and transparent applies in the case of nosocomial COVID-19 infection in all sectors and service types
- However, we don't want this to cause unnecessary worry and concern among providers
- With that in mind, we are:
  - Regularly reminding all providers of their responsibilities under the Duty of Candour – reiterating that it not about blame or admission of fault
  - Repeating messaging we have shared throughout the pandemic about the importance of having open and honest conversations with family members
  - Ensuring inspectors are informed so they can have supportive conversations with individual providers as necessary



# Urgent and Emergency Care

## Aim



Our aim is to support improvement in patient experience and the quality of care received when accessing services and pathways across urgent and emergency care.

To achieve this, we will coordinate our activity where appropriate to positively influence the system wide response to the challenges across urgent and emergency care pathways and drive system wide accountability.

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# Why now?



We have heard from all parts of urgent and emergency care pathways; from patients, clinical leads, executives and other stakeholders that unprecedented demand across urgent and emergency care is putting patients at risk of avoidable harm.

Stakeholders acknowledge that regulation of, and engagement with, services across a system is needed to drive shared accountability and to drive system wide improvement which has not been fully demonstrated by regulating services in isolation.

Urgent and emergency care impacts on all services, from GPs and urgent treatment centres through to community and social care providers, we need to ensure urgent and emergency care is everyone's business. We continue to see the current challenges on urgent and emergency care impacting on patient safety, we must respond to these concerns by working across systems and pathways.

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# How?



We will regulate services across the urgent and emergency care pathway by:

- Responding to existing concerns and risk in urgent and emergency care services whilst testing a coordinated, multidisciplinary approach across systems, where appropriate, to fully understand the challenges which may result in poor patient experience
  - Keeping patients at the centre of our approach and understanding their experience of urgent and emergency care regardless of the point of access
  - Using data and intelligence to focus our activity and remain proportionate in our approach
  - Engaging with system partners and providing feedback to drive improvement
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# What this means for you



CQC will continue to regulate Providers by inspecting locations or core services. We will continue to use existing legislation and methodologies this winter and will maintain a risk based approach to inspection activity. We will use focused methodologies where appropriate to ensure we are proportionate and continue to use monitoring activity to understand services. Where our approach supports ratings a service, we will do this is our usual way

CQC will test a coordinated approach to inspecting services across urgent and emergency care pathways this winter, so we may inspect several different Providers, locations or core services within a system to understand the patient experience in a place at that time.

CQC will continue to feedback to Providers; in addition, we will feedback our findings to system leaders. We will publish inspection reports in the same way, these reports will include a summary of findings across the system.

Our Head of Urgent and Emergency care will lead this programme of work, collaborating with sector leads, national clinical advisors, local teams and a range of stakeholders.

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## What's next?



Our programme of coordinated activity will run from November 2021 to April 2022.

Our programme is estimated to use this approach in approximately 15 systems nationwide.

We will use our independent voice to publish any key findings from our programme of activity.

We will feedback to system leaders and external stakeholders to influence future ways of working as we firmly believe organisations need to work differently to improve patient experience across urgent and emergency care.

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## Short break

11:00-11:05

# Local Authority Assurance

Ronald Morton and Jeanette Blackburn

# LAA Base scope - What we will assess?



- **Eleven topics** to consider in LA assessments:
  - **Market Shaping**
  - **Safeguarding**
  - **Unpaid carers**
  - **Workforce**
  - **Prevention**
  - **Commissioning/Meeting people's needs**
  - \* **Promoting individual wellbeing**
  - \* **Integration**
  - \* **Assessment**
  - \* **Partnership working**
  - \* **Information and Advice**
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## LAA Scope that needs to be agreed with DHSC



- **Discussions continue with DHSC on scope, this isn't a settled policy position, though we are moving closer to agreement/consensus**
- **CQC's view is that Part 1 of the Care Act 2014 would be reasonable and proportionate, to assess Local Authority duties using the themes from the first slide. Burden to be minimised.**

**Rating** – Unclear if DHSC will give us a duty to rate. If they do, ET have signalled a preference for a single rating at LA level. We will seek to align with the provider model in terms of scoring so will explore scoring evidence categories and quality statements to provide greater granularity and support benchmarking and targeted improvement activity.

**Frequency** – we will review required evidence and indicators no more than annually. If we have sufficient evidence, we will make an assessment. Our assessment and score will be shared with the LA to enable them to provide additional evidence. After assessment, we will finalise scores and publish our report.

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# Next steps



Now – December 2021

Jan 2022 – March 2022

April 2022 – March 2023

From April 2023

**Developing our approach: co-production and engagement**

**End to end high level testing**

**Building digital systems, developing capabilities (incl. recruitment and training)**

**Delivery: commence baselining**

**Ongoing engagement with DHSC and other partners**

**Continuing to develop data and evidence sources**



# Roll out of inspections using digital technologies (verbal update)

April Cole – Policy Officer

**AOB**

11:25-11:30