



Guidance:

# The COVID-19 Emergency Support Framework

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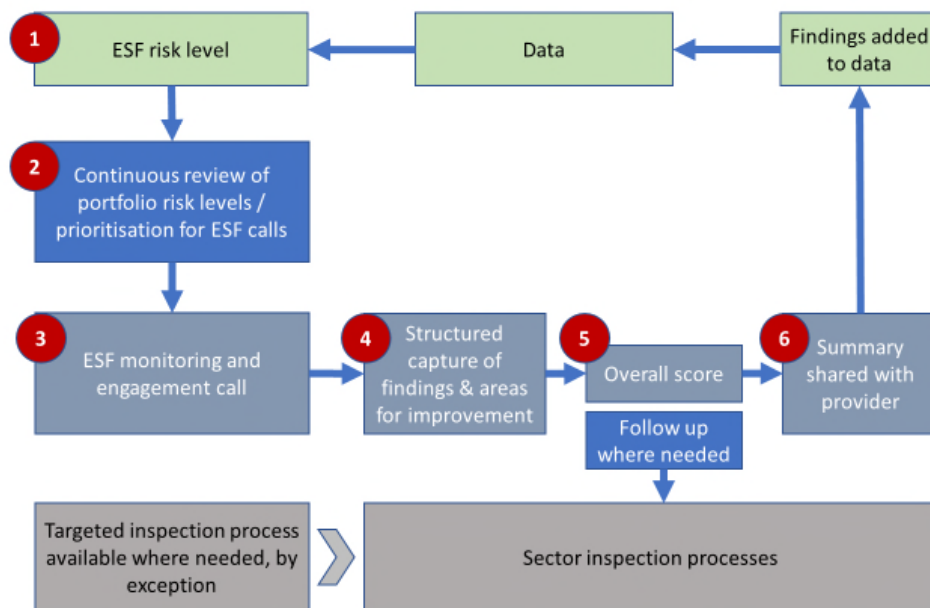
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# COVID-19 Emergency Support Framework

## Introduction

### 1. Our principles

- 1.1. For operating during the COVID-19 pandemic we will:
  - **Support providers** by looking at how we can act flexibly and proportionately to reduce regulatory burden.
  - **Focus our activity where it is needed most** to ensure people receive safe care – this means concentrating on those areas where we see that the risk to the quality of care is the highest and where we can make the biggest difference.
  - **Continue to take action to keep colleagues and their families safe**
- 1.2. The Emergency Support Framework (ESF) is enhanced monitoring and engagement activity designed to better understand safety and risks during the COVID-19 outbreak and for a period afterwards (to be decided).
- 1.3. **The process is not an inspection.** It will usually be based on a supportive engagement conversation about the challenges providers are experiencing. We won't typically ask for evidence.
- 1.4. The ESF applies to all inspection directorates and will be used in all registered health and social care settings.
- 1.5. The ESF process is supported by:
  - The ESF assessment tool - this presents service data and records assessments
  - a framework setting out questions we look to answer in engagement and monitoring calls to services
  - Summary Records of the assessments which we also send to providers
- 1.6. The ESF process has six-steps. They begin with the creation of risk-ranked lists of locations or core services. These are usually based on inspectors' own portfolios, but there may be times this is different because of reduced capacity (for example to cover colleagues on secondments, volunteering or sickness).
- 1.7. Inspectors will use a new ESF tool to prioritise services for engagement and monitoring calls. They will add outputs from these assessments to our store of information and send providers a Summary Record of the call using a standard template.



- 1.8. We will iterate and improve the process and tool in response to feedback. We will focus on pressures arising from delivering care and treatment in the context of the COVID-19 outbreak. In particular:
- Care and treatment being provided to people, taking into account areas of particular risk and stress during the pandemic.
  - Risks of harm, including those that may not arise directly from the pandemic but may increase because of it, for example abuse and human rights risks in closed cultures.
- 1.9. Guidance on responding to elevated risk, both in the ESF in general and more specifically when making decisions about whether to inspect, is available [in the decision to assess process document](#).

# The Emergency Support Framework

## 2. Steps 1 and 2: Prioritising services for monitoring and engagement calls

- 2.1. **Step 1** The ESF tool will provide inspectors with a list of locations, usually based on their normal portfolios. This may change in future if there are capacity or availability issues during the crisis. Each location or core service (depending on sector and directorate) will have:
  - A risk level assigned, automatically calculated from data and intelligence held in our records. The four risk levels are 'very high', 'high', 'medium' and 'low'.
  - A priority ranking
- 2.2. Risk levels are calculated using information held in our systems from sources such as notifications and National Reporting and Learning System reports for the NHS, current ratings, enforcement activity, whistleblowing activity, the length of time since our last inspection, and so on. They broadly align with the approach we use when assessing the seriousness of a breach using the Enforcement Decision Tree.
- 2.3. **Step 2** Inspectors use risk levels, ESF priority rankings and their knowledge of services to make judgements about the order in which they make ESF monitoring and engagement calls. This will prioritise our resources on services with the highest levels of risk.
- 2.4. Inspectors can decide to defer making calls to particular locations or core services, for example because they are confident that risk levels are low at this time, or because the service is dormant. Inspectors must provide a rationale for this and store any related evidence in CRM (create a new enquiry, select '*Monitor & Inspect*' as the Category, '*Emergency Support Framework*' as the Type, '*Covid-19 Assessment*' as the Sub-Type and '*Email*' or '*Telephone*' as the source. Complete the non-restricted summary and description boxes, and paste the enquiry number and a summary of the details into the 'Justification' comments box in the ESF tool).
- 2.5. We receive new information about services in a variety of ways on a daily basis. Intelligence in our systems is not always completely up to date and does not include the 'soft intelligence' inspectors sometimes have access to. This can include, for example, where a service has the characteristics of a closed culture or there has been increased whistleblowing. It is therefore possible for ESF tool risk levels and priority rankings to not reflect the actual levels of risk at a service. Inspectors must use their knowledge and judgement alongside the filtered information they receive from the tool when planning the prioritised order of engagement calls and which can be deferred. To do so inspectors can override priority rankings suggested by the tool where this is needed.
- 2.6. Inspectors will make ESF monitoring and engagement calls until the Covid-19 emergency period is over. Higher risk services will receive

more calls than lower risk settings. Inspectors will use their judgement to create and keep under continuous review proportionate call schedules that reflect current risk levels at each service and its circumstances.

- 2.7. Inspection Managers can use the tool to allocate locations and services from other portfolios, so that we can make the best use of our resources.
- 2.8. We will not routinely inspect services during the pandemic. This will reduce burdens on providers at an exceptional time and lower associated risks of cross infection. Targeted or focused inspections can still take place when we have serious concerns, for example about:
  - Abuse
  - Breaches of human rights
  - Neglect
  - Standards of care and treatment
  - Lack of engagement, or refusal to do so
- 2.9. The [decision to assess process](#) aligns with the ESF process and must be used when we have serious concerns such as those above. Possible inspections must be discussed in MRMs and inspection site visits can only be carried out with the approval of Chief Inspectors.
- 2.10. Where a decision to assess process leads to a decision to hold an MRM and an ESF is deferred (including where a decision to undertake an inspection is made) follow the process in paragraph 2.4 above to record your justification and store any related evidence.

### 3. Step 3 ESF monitoring and engagement calls

- 3.1. The monitoring and engagement calls used to complete the ESF assessment tool are **not** inspections. They are supportive conversations and are primarily an opportunity for us to understand and record:
  - The stresses providers and the systems around them are experiencing
  - How they are being managed
  - Examples of innovation in doing so

We will collect examples of good practice to share more widely.

- 3.2. **Call structure: use the [Emergency Support Framework](#).** It has four assessment areas:
  1. **Safe care and treatment**
  2. **Staffing arrangements**
  3. **Protection from abuse**
  4. **Assurance processes, monitoring, and risk management**

3.3. There are sector-specific guidance documents on answering the ESF questions. They include the ESF questions, sector specific and shared support prompts for discussing them with providers, and links to potential sources of support for passing on to them:

- [Adult Social Care](#)
- Primary Medical Services (to be completed)
- Hospitals (to be completed)
- Mental Health services (to be completed)

Having the sector specific guidance open during ESF calls will help you to structure your conversation using the prompts, and to pass on the sources of support listed in them.

3.4. The assessment area questions have 'yes / no' answers. They mostly focus on pandemic preparedness and how well the service is managing in relation to it.

3.5. The prompts are there to help but should not be treated as a checklist; focus on the topics that matter for each service. You can discuss additional risks and issues to fully explore the service's current situation.

3.6. You may be able to answer some questions outside the actual ESF monitoring and engagement calls by using information or data from other sources, for example, the provider may have already contacted you about an issue in the very recent past.

#### **Arranging calls:**

3.7. Use Teams (or by telephone where needed). They should not take longer than an hour and some will take considerably less. Inspectors arrange the date and time of calls in advance so providers can plan and make the best use of their time.

#### **Planning and running ESF monitoring and engagement calls:**

3.8. Inspectors must prepare for calls using the [ESF monitoring and engagement call planning template](#). Use the template to summarise basic information about the service and identify areas for discussion. Inspectors will draw on the information in our records, their own knowledge of the service and intelligence from any other relevant sources when doing so.

3.9. Completed planning templates should be attached to the assessment process for the particular location within the tool.

3.10. You can use Microsoft Teams for ESF monitoring and engagement calls with any service that has a computer and connection to the internet. They can also join by phone where needed.

3.11. Inspectors can speak to other appropriate members of staff when the planned manager is not available, for example because they are ill.

## **4. Step 4: Gathering and recording ESF monitoring and engagement call information**

- 4.1. **Step 4:** ESF Monitoring and engagement calls are supportive and open conversations where we ask providers about how they are managing risks and delivering safe care during the pandemic. Each call will be unique due to the different circumstances and characteristics of each service and the risks associated with it; careful planning is essential. The ESF planning template will support this.
- 4.2. For the service record in the ESF tool (on Surface pro laptops or mobile app):
  - 'yes' / 'no' answers to the ESF questions
  - the system level stresses they are experiencing (many risks and challenges will be beyond their control)
  - examples of good practice and innovative ways of responding to stresses and challenges
- 4.3. Inspectors will help providers by signposting sources of support as needed. It is important to record the system-level stresses they are experiencing. Many of the risks and issues providers experience will be beyond their control.
- 4.4. We will explain how to analyse and share information about system pressures and good practice in future.
- 4.5. After the call inspectors will use the ESF tool to draft an overall summary. The summary should include:
  - Specific pressures currently being experienced at the service (including system pressures beyond the control of the provider)
  - How they are being managed (including in particular innovative ways of doing so)
  - Sources of support that were signposted to them

The summary is limited to 250 words. Information we record in the ESF process that we do not share with providers is subject to Freedom of Information requests.

- 4.6. In **exceptional cases** you may need to ask for evidence relating to particular risks or issues. Keep the assessment open and arrange a follow up call to ask for it:
  - Try to look at the evidence by the provider sharing their screen
  - If absolutely necessary, ask for an email attachment

**Please minimise evidence requests, ESF monitoring and engagement calls are not inspections.**

## 5. Step 5 Deciding the ESF outcome

- 5.1. Once you've recorded the information from the ESF monitoring and engagement calls into the ESF tool, complete the assessment. The information and scoring go back into the system to inform regulatory planning during and beyond the pandemic.



- 5.2. ESF will automatically provide an ESF call outcome, based on the answers given against a benchmark. The tool will then record whether they are '**Managing**' or '**Require Support**'.
- 5.3. **Where we have serious concerns:** We aim to support providers at an exceptionally difficult time. But where information or calls lead to serious concerns about actual or possible avoidable significant harm, abuse, and breaches of human rights we will assess the risks involved using the [decision to assess process](#). Where needed we will hold an MRM to decide the next steps. These can include:
  - signposting sources of support
  - follow up Teams meetings or telephone calls
  - existing inspection and enforcement processes.

## 6. Step 6 The Summary Record

- 6.1. The tool will produce a 'Summary Record' pdf in a standard format. The Summary Record sets out the answers to our ESF questions using standard sentences. It will also include the inspector's overall summary. Inspectors must send a copy of the Summary Record to both location Registered Managers and the provider's Nominated Individual using the standard ESF Summary Record email.
- 6.2. Summary Records and risk scores will be stored in the ESF tool. Outputs from ESF monitoring and engagement calls will inform regulatory planning if needed during the pandemic, and when normal inspection activity begins again.
- 6.3. The ESF process is not an inspection and the Summary Record is not an inspection report. This means many of the processes associated with publishing inspection reports do not apply, for example the factual accuracy process.
- 6.4. We will not publish Summary Records on our website.

## 7. Enforcement

- 7.1. We have developed enforcement principles and a decision-making framework specifically for use during the COVID-19 pandemic. Panels will review proposals to take enforcement action and final decisions will be taken by Chief Inspectors. You can read about the interim COVID-19 enforcement process on our [intranet enforcement pages](#).

## 8. Using the Emergency Support Framework Tool

- 8.1. There is step by step guidance on using the ESF tool. You can read it [here](#).

## Frequently Asked Questions

Q: How do I answer question 1.3 (***Was the environment suitable to containing an outbreak?***) for locations providing a service to people living in their own homes?

A: Location offices are still possible sources of cross-infection. For example, care staff visit home care agency offices for meetings, to pick up PPE, or use computers. Ask about how social distancing is maintained at such times, how PPE is stored and distributed, whether things like door handles are regularly cleaned, and if people working at and visiting the office have access to and use hand washing facilities / alcohol gel.

Q: How does an answer of 'N/A' to question 3.2 (***Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?***) impact on overall risk scores where there have been no safeguarding incidents or concerns?

A: We will be altering the scoring mechanism so that an answer of 'N/A' does not give a false positive or negative impact on overall scores. This will take a short while to introduce. In the meantime, 'N/A' will be scored '3' and inspectors should take this into account when reviewing prioritisation lists and risk levels and planning ESF calls.