Agenda Item: 2
Paper No: CM/02/21/02

Minutes of the Public Board Meeting
Meeting held by video conference (MS Teams)
19 January 2021 at 11.00

Present

Peter Wyman (PW)	Chair
Ian Trenholm (IT)	Chief Executive
Edward Baker (EB)	Chief Inspector of Hospitals
Rosie Benneyworth (RB)	Chief Inspector of Primary Medical Services and Integrated Care
Mark Chambers (MC)	Non-Executive Board Member
Robert Francis (RF)	Chair of Healthwatch England and Non-Executive Board Member
Jora Gill (JG)	Non-Executive Board Member
Ali Hasan (AH)	Associate Non-Executive Board Member
Stephen Marston (SM)	Non-Executive Board Member
Mark Saxton (MSa)	Non-Executive Board Member
Liz Sayce (LS)	Non-Executive Board Member
Kirsty Shaw (KS)	Chief operating Officer
Kate Terroni (KT)	Chief Inspector of Adult Social Care

In attendance

Chris Day (CD)	Director of Engagement
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
George Kendall (GK)	Corporate Secretary (minutes)
Rebecca Lloyd-Jones (RLJ)	Director of Governance and Legal Services
Laura Ottery (LO)	Advisor to Chief Executive
Naomi Paterson (NP)	Head of Governance and Private Office
Mark Sutton (MSu)	Chief Digital Officer
Chris Usher (CU)	Director of Finance, Commercial, Workplace & Performance
Ian Dodds (ID)	Head of Editorial and Planning (Item 5)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees, including CQC's new Non-Executive Board members, Mark Chambers and Stephen Marston and Associate Non-Executive Board member, Ali Hasan. Apologies were received from new Non-Executive Board member Sally Cheshire, who was unable to attend on this occasion due to another meeting.

ITEM 2 – MINUTES OF THE MEETING HELD ON 15 DECEMBER 2020 (REF: CM/01/21/02)

2. The minutes of the meeting held on 15 December 2020 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/01/21/03)

3. The action log was noted. On matters arising, CU reported that the Annual Report and Accounts for 2019-2020 was now at the point of being certified. An update would be provided at the next Board meeting.

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/01/21/04)

4. IT, with Executive Team members, presented the Executive Team report to Board. The report was divided into two parts with the first part focusing more widely on organisational priorities during the ongoing pandemic. The following matters were highlighted:

5. *Organisational priorities* – IT, on behalf of Board, thanked all health and social care workers including CQC colleagues for their work during the pandemic and acknowledged the challenges faced by the sector and CQC. IT set out the three categories which would be the focus for CQC activity during the first quarter of 2021 and emphasised that, despite pausing Provider Collaboration Reviews (PCRs), Provider Information Returns, and not rating services, CQC would continue to identify risk and take action as well as publishing key information in the monthly Insight Reports.

6. *Priorities in ASC* – KT reported that risk-based Infection Prevention and Control (IPC) inspections had continued inspecting where there had been outbreaks in care homes, where there were concerns about the spread of COVID-19 and in support of the designated settings scheme. It was noted that to date 135 schemes had been approved. It was noted that 43 Primary Medical Service inspectors had now been trained to support ASC with their IPC inspections.

7. *Priorities in Hospitals* – EB acknowledged the challenges hospitals, and emergency departments in particular, were facing, confirming that CQC would act where there were concerns but also that CQC would work to support providers including, where they were setting up new facilities such as Nightingale Hospitals and step-down discharge facilities. Where issues were identified, CQC had been working with partners to ensure that providers were supported to improve as well as checking to see that health and care systems had the appropriate guidance in place. Work with colleagues in NHSE and NHSI would also be completed to reduce information demands on providers, develop joined up communication and create guidance for the health and social care system. There was also a recognition of some structural issues in emergency departments where the same risks had been identified both

before and during the pandemic and it was noted that there would need to be future work carried out in this area. In mental health services, EB reported CQC was committed to identifying closed cultures and completing risk-based inspections where necessary.

8. *Priorities in PMS* – RB highlighted the current pressures faced by GPs both from day-to-day activities and their role in the vaccination programme. Alongside the risk-based inspection approach, it was noted that CQC would work with partners to monitor areas that were of higher risk. In dentistry, a risk-based inspection approach would also continue, with a particular focus on access and high risks activities. The inspection approach taken with independent healthcare would be risk-based but would focus on high risk providers and those providers who have never been inspected. A proactive approach would be taken with sexual assault referral centres due to concerns about hidden sexual abuse increasing during the pandemic. A reactive approach would be adopted with Her Majesty's Inspectorate of Prisons where CQC would monitor services and take action as necessary.

9. IT, along with Executive Team members, presented the second part of the Executive Team report. The following matters were highlighted:

10. *Closed Cultures Update* - KT reported that, following the publication of the second report into CQC's regulation of Whorlton Hall, Debbie Ivanova, Deputy Chief Inspector, would be providing cross-organisational leadership for the next 12 months looking at services and care provided to people with a learning disability and/or autism. CQC would continue to monitor and take action against services that showed signs of a closed culture. Going forward, there would be a focus on inpatient units for adults with a learning disability and/or autism. Concerns were also noted about restricted care home visiting and the potential development of closed cultures in these settings. KT confirmed that action would be taken on any concerns or risks identified and emphasised that providers must adopt a bespoke approach for each resident for visiting as well as following national and local Public Health guidance.

11. *Maternity Department Inspections* - EB reported that a risk summit had been established to help drive improvement in maternity services. These services would continue to be monitored and action taken where necessary.

12. *Non-COVID-19 Services* - EB confirmed that risk in non-COVID-19 services continued to be monitored and emphasised that, if people needed urgent medical care, they should still seek it. NHSE had developed guidance on prioritisation of patients with urgent non-COVID-19 conditions. There was concern expressed about non-urgent care and the need for providers to communicate with patients about delays to treatment. It was noted that, post-Covid-19, there would need to be a recovery period and consideration of how the backlog of patients waiting for treatment was reduced. CQC would work with providers to identify best practice to inform the development of guidance to support post-Covid-19 recovery.

13. *Pressures on frontline NHS colleagues* - Board acknowledged the pressures on frontline NHS colleagues. EB confirmed that colleague wellbeing had been a focus of the Well-Led key line of enquiry assessment and that it would be built into the new Well-Led assessment framework and the TRA. RB reported that examples of innovative practice relating to colleague wellbeing identified in the PCR workstream had been shared with providers in the previous State of Care report.

14. *Regulation of the vaccination programme* - RB explained that providers would be expected to have the appropriate equipment and oversight procedures in place to keep patients safe. Providers would be monitored and, as part of close working with CCGs who assured the vaccination sites, action would be taken where concerns were shared or risks identified. EB added that, for hospitals, a variation of the transitional monitoring app was being used to gain assurance from trusts that they had the appropriate safety measures in place. On the registration of the vaccination centres, KS reported that CQC was part of a cross-sector working group with the Department of Health and Social Care and other regulators looking at an appropriate approach to regulation of the vaccination programme. Covid-19 activity was being prioritised and sites that had been registered as sub-locations of hospitals had been checked as part of the registration process.

15. *Performance Report (Nov 2020)* – In addition to the written report, KS reported that the next quarterly performance report would include People metrics. CU confirmed that, despite the lag in performance report timing, should any immediate concerns arise Executive Team and Board would be informed, and appropriate action taken.

16. *Chief Digital Officer's Report* – MSu reported that there were no information or cyber security issues to raise this month.

17. *Strategy 2021 Update* – CD reported that CQC colleagues had met with over 5000 public group stakeholders and individuals and 7500 providers regarding the strategy. Feedback received had been positive and this had allowed CQC's thinking to be tested particularly around the four themes: people and communication, smarter regulation, safety and improvement. CD expected the strategy to be adapted and iterated during its five year lifetime to reflect changes in the health and social care sector, including learning from the pandemic.

Decision: Board noted the Executive Team report.

ITEM 5 – COVID-19 INSIGHT REPORT 7 (REF: CM/01/21/05)

18. CD presented the seventh insight report to Board highlighting two key issues: an update on the ASC designation scheme to share with regional and national stakeholders what had worked and where improvements could be made; and the analysis of deaths by ethnicity and learning disability diagnosis. It was recognised that while the analysis did not explain why the aforementioned groups

had been more likely to die from Covid-19, it highlighted the need for further investigation and work to examine this was ongoing in partnership with other organisations.

Decision: Board noted the COVID-19 Insight Report.

ITEM 6 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 19 JANUARY 2021 (oral)

19. LS provided a verbal report from the RGC meeting on 19 January 2021 highlighting three areas which were discussed: regulatory risk; Do not Attempt Cardiopulmonary Resuscitation (DNACPR); and the TRA. On regulatory risk, for those risks overseen by RGC, it was reported that the risks were within tolerance and the Committee was satisfied with the mitigation measures in place. On DNACPR, the emerging findings from the fieldwork were noted and a discussion took place on the interpretation of the findings and how the report could be used to improve advanced care planning discussions. The Committee examined in detail the mechanics of the TRA including, how it would enable inspectors to surface information from a variety sources to support the identification of risk and improve decision making and regulation.

Decision: Board noted the verbal report from the Regulatory Governance Committee meeting on 19 January 2021.

ITEM 7 – ANY OTHER BUSINESS

20. It was noted that this would be Liz Sayce's last Board meeting before her term of appointment came to an end on 31 January 2021. On behalf of the Board, PW thanked LS for her contribution to the Board and more widely to CQC, including her role in chairing the Regulatory Governance Committee.

21. There was no further business.

Questions from the public

22. Time allowed for the following questions from members of the public.

23. Robin Pike raised two questions: *'How does CQC now intend to make all areas of its work more "outcome driven" and less "process driven"?; and 'During the recent holiday period, NHS 111 came under pressure. How did CQC assess the performance of these Services during the holiday?'*. On the first question, IT explained that CQC's strategy and transformation programmes would enable CQC to use smarter regulation and become more focused on outcomes. There would be a particular focus on regulation

being driven by people's experiences and what they needed and expected from health and social care services. On the second question, RB responded by explaining that CQC had assessed the performance of 111 services during the holiday period through a number of methods including, reviewing sitrep data from NHSE, use of the TRA with providers, working with national, regional and local stakeholders to understand the effectiveness of 111 systems, and through the urgent and emergency care PCR, the findings of which would be shared soon.

24. The meeting closed at 12.24.