

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

Present

Peter Wyman (PW)
Ian Trenholm (IT)
Edward Baker (EB)
Rosie Benneyworth (RB)
Mark Chambers (MC)
Sally Cheshire (SC)
Robert Francis (RF)
Jora Gill (JG)
Ali Hasan (AH)
Stephen Marston (SM)
Mark Saxton (MSa)
Kirsty Shaw (KS)
Kate Terroni (KT)

In attendance

Chris Day (CD)
Martin Harrison (MH)
George Kendall (GK)
Rebecca Lloyd-Jones (RLJ)
Laura Ottery (LO)
Naomi Paterson (NP)
Mark Sutton (MSu)
Chris Usher (CU)
Latoya Tawodzera (LT)
Sue Howard (SH)
Taofik Balogun (TB)
Gill Nicholson (GN)
Paul Kirby (PK)
Kiran Prashar (KP)

Chair
Chief Executive
Chief Inspector of Hospitals
Chief Inspector of Primary Medical Services and Integrated Care
Non-Executive Board Member
Non-Executive Board Member
Chair of Healthwatch England and Non-Executive Board Member
Non-Executive Board Member
Associate Non-Executive Board Member
Non-Executive Board Member (items 8 – 11)
Non-Executive Board Member
Chief Operating Officer
Chief Inspector of Adult Social Care

Director of Engagement
Senior Corporate Secretary (minutes)
Corporate Secretary (minutes)
Director of Governance and Legal Services
Advisor to Chief Executive
Head of Governance and Private Office
Chief Digital Officer
Director of Finance, Commercial, Workplace & Performance
Equality Network representative
Chair of the Race Equality Action Group (Item 8)
Co-chair of the Race Equality Network (Item 8)
Director of People (Items 8 and 9)
Chair of the Disability Equality Network (Item 9)
Head of Organisational Development (Item 9)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees, including Latoya Tawodzera, Co-chair of the Race Equalities Network, as the Equalities Network Representative for this month. There were no new declarations of interest. Following a request from a member of the public at a previous meeting, PW reported that Board meetings would now be livestreamed and that in future meetings would be both be livestreamed and recorded.

ITEM 2 – MINUTES OF THE MEETING HELD ON 20 JANUARY 2021 (REF: CM/02/21/02)

2. The minutes of the meeting held on 20 January 2021 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/02/21/03)

3. The action log was noted and there were no matters arising.

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/02/21/04)

4. IT, with Executive Team members, presented the Executive Team report to Board. The following matters were highlighted:
5. *Organisational priorities* – IT acknowledged the continued challenges faced by health and social care workers from COVID-19 and thanked them on behalf of Board. IT reflected on the priorities set out at the last Board meeting and updated Board on the progress made against them in the following areas: inspection activity, designated settings, inspecting high risk providers, and the inspection and re-rating of adult social care providers to increase system capacity.
6. *Market Oversight Guidance* – KT thanked the team for their work on the updated guidance which would now be published following approval by Board.
7. *COVID-19 in Hospitals* – EB affirmed the expectation that providers must provide the safest possible care within the resources available to them taking into account pressures and patient needs. There was a recognition of innovation and changes made to better manage pressures including changes to intensive care patient-staff ratios and using staff flexibly within hospitals. It was confirmed that work had begun with partners and providers to understand how the backlog of care for patients would be addressed. It was noted that the management of the backlog would form part of CQC's regulatory activity. EB was encouraged that some providers had already developed system-level plans with joined-up working. There was also a recognition of the pressures on

frontline colleagues and the impact on their wellbeing. Providers would be expected to provide some respite for colleagues and to support them going forward. This would be assessed as part of Well-Led key line of enquiry.

8. *COVID-19 in GP* – RB thanked primary care colleagues for their efforts with the vaccination programme. It was reported that a risk-based inspection approach had continued in all sectors of the Primary Medical Services and Integrated Care Directorate.
9. *Chief Digital Officer's Report* – MSu reported that there were no information or cyber security issues to raise this month.

Decision: Board noted the Executive Team report.

ITEM 5 – QUARTERLY PERFORMANCE AND FINANCE REPORT: 2020/21 – Q3 (REF: CM/02/21/05)

10. CU presented the report highlighting performance in relation to registration applications, safeguarding, whistleblowing, using information of concern, regulatory action, designated settings and IPC inspections, enforcement, turnover and sickness, and the revenue and capital budgets. In light of 54% of risk-based inspections being triggered by information of concern, KS and CD encouraged members of the public and health and social care workers to use the Give Feedback on Care service to share information on the quality of care being provided or received. There was also a discussion of how CQC could use any future underspend. It was confirmed that it could be used to support future areas of work, avoid an increase in fees or enable a reduction in fees for providers.

Decision: Board noted the Quarterly Performance and Finance Report.

ITEM 6 – QUARTERLY CHANGE AND PEOPLE PORTFOLIO UPDATE (REF: CM/02/21/06)

11. KS and MSu presented the quarterly change and people portfolio update to Board. KS noted that good progress had been made across all of the change programmes and summarised the key achievements over the last quarter. It was reported that work had begun on understanding the interdependencies between the transformation programmes and the associated risk around delivery. SC confirmed that this would be reviewed by the Audit and Corporate Governance Committee and its Transformation Sub-Committee. It was also noted that CQC would take a flexible approach to the development of the programmes to suit the needs of the organisation and to take into consideration any external challenges.
12. *Transforming Our Organisation* - IT explained that the programme would drive a focus on intelligence and data handling activities, enable colleagues to review data attributes and to understand what this indicated for a provider. CQC would engage and build

relationships with third parties to ensure it remained at the forefront of technology and design. KS added that the programme would build organisational capability, capacity and culture within CQC so that colleagues became both data generators and consumers.

13. MSu reported on the progress of the digital programmes explaining the foundational work completed across key platforms and the completed continuous improvement work. It was reported that new data architecture had been delivered for the Regulatory Platform Programme and that the data between the old and new systems had been synchronised. It was also reported that the functionality of the TMA had been extended to cover IPC assessments, the designated settings inspections, and the monitoring of the vaccination centres. On the continuous improvement work, MSu explained that the Windows 10 laptop reissue had been successful so far, the service support desk and security operations centre was operating well, and that this had now been integrated with Microsoft Teams. MSu also explained the technology improvements made following the London office move and noted that it would enable new ways of working and agile flexible spaces for all five arms-length bodies sharing the space.
14. Engagement with colleagues on the transformation programmes was discussed by Board. IT emphasised the importance of involving colleagues in the development of programmes and noted that each programme had its own engagement strategy in place. It was confirmed that regular show and tell events would take place so colleagues and other stakeholders could see future changes. The delivery of programmes, over a five year period, would be completed in a series of drops and transitions states which would enable colleagues to see the changes, but also allow them to understand what this meant for them and their day-to-day work.

Decision: Board noted progress as set out in the written report.

ITEM 7 – COVID-19 INSIGHT REPORT 8 (REF: CM/01/21/07)

15. CD reported that this month's edition focused on winter pressures in emergency departments, the challenges around patient flow in hospitals and more widely, the urgent and emergency care system. It was noted that where good relationships existed between primary and secondary care pre-COVID-19 that the relationships continued to work well during the pandemic. The decline in the number of flu cases was also noted but despite this, hospitals had still been under significant pressure due to COVID-19. CD explained that this highlighted the importance of a strong relationship between hospital and the local system to help maintain patient flow. EB confirmed that while the hospitals Well-Led key line of enquiry considers leadership, going forward this would be considered from a systems perspective, where possible, given the importance of hospitals and local systems working together.
16. It was also reported that evaluation work had been completed on the impact of the insight reports. CD explained that providers across all sectors showed a strong awareness of the insight reports, and that many valued the information as it had enabled them

to take action and have conversations across organisations on issues. The evaluation would be continued over a period of time to look at how information can be provided in an even more useful way for stakeholders.

17. Board considered the impact of COVID-19 on people's understanding of healthcare and how they accessed it. CD explained that work was underway with partners to consider, post-COVID-19, what the key public health messages would be. There was a recognition of the importance of ensuring that access to care would be managed effectively and that it met the health needs of local populations. Work would be completed by organisations across the health and social care sector to support people in understanding the availability of local services and how people could access them. RB emphasised the importance of people seeking medical attention if needed and for providers and systems to empower people to decide where they could go for treatment if they could not self-manage.

Decision: Board noted the COVID-19 Insight Report.

ITEM 8 – ACTION FOR RACE EQUALITY GROUP (AREG) (REF: CM/02/21/08)

18. TB presented the report to Board to update on progress and report on the development of the Workforce Race Equality Standard (WRES) action plan and the three aim statements proposed as priorities for the 2021/2022 by AREG. IT welcomed the aim statements and the WRES action plan and recognised the support for the work within CQC. It was also acknowledged that CQC could have a positive influence on race equality through its work within the health and social care sector.
19. Board discussed the reporting of discrimination in CQC and colleague confidence in reporting. GN reported that there was evidence of a gap between the perception of bullying, harassment, and discrimination and the reporting of any incident. It was expected that, following implementation of the action plan, there would be an initial increase in reporting discrimination as people became more confident in reporting. The need to build trust with colleagues and their confidence in the reporting system was recognised.
20. Recruitment and interviews were discussed in light of points identified in the WRES action plan. GN reported that colleagues should have career conversations with line managers and, as a result of the relaunched talent strategy, and the resulting conversations, career pathways should become clearer. The importance of also having difficult conversations was recognised along with the need to give meaningful and actionable feedback to colleagues who needed further support to develop.

Decision: Board ENDORSED the WRES action plan and the three aim statements as set out in the written report.

ITEM 9 – WORKFORCE DISABILITY EQUALITY STANDARD (WDES): ANNUAL REPORT AND ACTION PLAN (REF: CM/02/21/09)

21. MSu introduced this item reporting that it was the first time CQC had adopted the standard and recognised its importance in helping the organisation to understand and improve the experience of disabled colleagues. KP reported on the development of the action plan, its alignment with the diversity and inclusion strategy, and highlighted a number of key actions that were underway. Benchmarking data would be collected through the next Pulse Survey, which will be focused on diversity and inclusion, and will provide an opportunity to identify areas for improvement and where there may be learning from other organisations.
22. PK reported that the action plan would lead to further work being completed by the Disability Equality Network (DEN) sub-groups in partnership with Organisational Development (OD) colleagues to look at specific areas of disability including mental health. The DEN sub-groups and wellbeing representatives would continue to alert OD to any issues.
23. GN recognised the potential challenges in tackling some of the issues identified in the action plan, including in relation to reasonable adjustments. OD would work with DEN to understand what has been impacting those people who said they had not had the adjustments they needed. The importance of senior role models speaking about the disabilities, including hidden disabilities, was recognised and it was noted that it could be empowering for colleagues to hear stories.

Decision: Board ENDORSED the Workforce Disability Equality Standard Annual Report and Action Plan.

ITEM 10 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE (ACGC): REPORT OF THE MEETING ON 3 FEBRUARY 2021 (REF: CM/02/21/10).

24. SC reported on the ACGC meeting held on 3 February. The issues leading to the delay in the laying of the annual report and accounts for 2019/2020 were noted and colleagues were thanked for their work on this. It was acknowledged that there could be a similar delay to the 2020/2021 annual report and accounts due to a wider auditing issue and work would be completed with the National Audit Office to attempt to mitigate this. Going forward, it was explained that there would be a greater focus on the delivery risks and the link between the strategy and the transformation programmes. The Transformation Sub-Committee would continue to examine the transformation programmes in detail.

Decision: Board noted the report from the ACGC meeting on 3 February 2021.

ITEM 11 – ANY OTHER BUSINESS

25. There was no further business.

Questions from the public

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

27. Robin Pike raised two questions: *‘How does CQC monitor referrals from GPs to Hospital Trusts? Although patients have the right to choose their hospital, some CCGs screen referrals and seek to divert them to local hospitals. Also, some hospital departments are reluctant to accept patients who live at a distance’?*; and *‘How can CQC improve access to its website? A Google search for CQC currently shows two commercial companies selling inspection advice above the actual CQC site?’.*

28. In response to question 1, EB explained that, as part of hospital inspections, particularly when looking at elective and outpatient services, CQC assessed how well referrals and waiting lists had been managed under the responsive key line of enquiry. CQC would continue to monitor referrals and waiting lists given the importance of managing them correctly in order to address the backlog of care post-COVID-19. On question 2, CD noted that the question referred to paid for advertising which enabled companies to appear higher up the Google web search rankings. CD reassured Board that, when searching for CQC or its work, that CQC, information about the organisation, and the link to the CQC website appeared prominently. The importance of a good website was acknowledged and that the website contained engaging content and good links that would allow it to rise to the top of the Google rankings without the need for paid advertising.

29. The meeting closed at 13.26.