

**Minutes of the Public Board Meeting
held by Microsoft Teams
22 April 2020 at 11:00am**

Present

Peter Wyman (PW)
Ian Trenholm (IT)
Edward Baker (EB)
Rosie Benneyworth (RB)
Kate Terroni (KT)
Robert Francis (RF)
John Oldham (JO)
Mark Saxton (MS)
Liz Sayce (LS)
Jora Gill (JG)
Paul Rew (PR)
Kirsty Shaw (KS)

In attendance

Chris Day (CD)
Chris Usher (CU)
Mark Sutton (MSu)
Pauline Rouse (PRo)
Rebecca Lloyd-Jones (RLJ)
Paul Kirby (PK)

Chair
Chief Executive
Chief Inspector of Hospitals
Chief Inspector of Primary Medical Services & Integrated Care
Chief Inspector of Adult Social Care
Chair of Healthwatch England & Non-Executive Board Member
Chief Operating Officer

Director of Engagement
Director of Finance, Commercial, Workplace & Performance
Chief Digital Officer
Corporate Secretary
Legal Advisor to the Board
Equality Network Representative

Item 1 – Apologies & Declarations of Interest

1.1 PW welcomed Board members and other attendees. PK was this month's Equality Networks' Representative. No apologies were received. There were no new interests declared.

Item 2 – Minutes of the Meeting held on 26 February 2020 (CM/04/20/02)

2.1 The minutes of the meeting held on 18 March 2020 were accepted without amendment.

Item 3 – Matters Arising & Action Log (CM/04/20/03)

3.1 The action log was noted.

3.2 There were no matters arising.

Item 4 – Executive Teams (ET) Report (CM/04/20/04)

4.1 IT, with ET members, presented the Executive Team report. The following matters were highlighted:

Activity of interest since the last meeting: General Update

4.2 IT reported that CQC is continuing to maintain our key purpose around the quality of health and adult social care services and encouraging improvement. An emergency support framework to act as an interim assessment methodology is being rolled out. It will enable structured conversations with providers and give us a clear view of provider activity and regional variations. Around 100 colleagues have been seconded out of the business or have volunteered in the last few weeks. Colleagues seconded are supporting NHS England and Public Health England with their activities and some have returned to front line services, assisting with testing, certifying deaths and supporting the distribution of Personal Protective Equipment (PPE). CQC is working with Public

Health England and the Department of Health and Social Care (DHSC) on the distribution of postal testing kits and colleagues in the National Customer Service Centre (NCSC) are working hard to provide this end to end service for key workers.

4.3 CQC, with the DHSC, is coordinating a reporting process to give a broad view across the sector on issues around PPE and COVID-19 infections. The data from this reporting will allow partner organisations to provide support where necessary.

4.4 Calls to the NCSC have increased and these include calls from front line workers and those using services.

4.5 There has been communication with members of parliament about letters received regarding COVID-19 and some colleagues have appeared at select committees via video link. The report on Sandboxing activity around helping providers to register in the digital age has been released and longer-term work continues on transforming our organisation.

Chief Inspector of Adult Social Care's report

4.6 KT informed the Board that the outcome of a first-tier tribunal has been received. The tribunal upheld the Registration team's decision to refuse the application to extend the service from supporting 19 residents to 24. CQC will continue to use Registering the Right Support guidance until revised guidance is available.

Closed Environments update:

4.7 KT noted that the lack of routine inspections in closed environments is not ideal. However, guidance was issued prior to the pandemic to help inspectors identify environments that are closed and what additional steps to take in those circumstances. A full report on closed environments will come to the Board in May.

Chief Inspector of Hospital's report

4.8 EB reminded the Board that inspection reports done before the lockdown are continuing to be published and these have enabled CQC to make recommendations on trusts in special measures. Trusts with concerns attached are being monitored with the help of NHS England and other regulators.

4.9 There is spare capacity in hospitals with a noticeable fall in Accident and Emergency attendance. Work is ongoing to message to the public that people with concerns should seek the help they need. Providers are encouraged to keep track, monitor and risk assess people with long term conditions and elective care patients and prioritise them when appointments are available. Services for people with mental health conditions and autism are also being monitored and support provided where needed. This involves inspecting on site where there are real concerns.

4.10 A guidance document will be published later this week in conjunction with NHS England on improving infection control. CQC will work closely with providers to safely implement and monitor it.

4.11 The acute sector has responded well during the epidemic and front line staff are to be congratulated.

Chief Inspector of Primary Medical Services' report

4.12 RB appeared before the Justice Select committee on 21 April to talk about the care of older prisoners. CQC and partners asked the committee to consider a recommendation to develop a national strategy for this vulnerable demographic.

Chief Operating Officer's report and Performance Update

4.13 KS said that there has been a high demand to register new and additional services to support the COVID-19 outbreak. 162 applications to date has been connected to COVID-19, nine of which have been fast tracked. The registering of fast tracked and normal applications has been improved and are being processed on average within seven days. Where possible, registration is running concurrently with the application process to avoid delay.

4.14 Support is being offered to those individuals seconded out of the business. CQC policies are being refreshed to show ways that colleagues working at home can be supported more effectively. Colleagues that are not doing inspection activity have been deployed elsewhere in the organisation to support the clearing of backlog work.

4.15 A pulse staff survey will be done in May. The Board asked that one of the questions is on whether colleagues are seeing action taken after survey results.

4.16 CQC Performance figures for February show the following:

- CQC inspected 100% of inadequate and 98% of requires improvement locations.
- Close to target on referring mandatory action with 93% against a target of 95%. 96% of alerts were referred in time.
- Whistleblowing volumes have increased.
- A COVID-19 dashboard has been set up and is updated daily to assist with decisions around resourcing and general CQC response.
- Regular bulletins to colleagues are issued with 80% opening and a significant number of people attending virtual update calls.
- Enquiries to NCSC have increased and latest figures show around 24.5k calls to the contact centre regarding Coronavirus. ED Note; over what period is the 24.5k calls
- Since stopping routine inspections in March, 45 inspections have been carried out. Nine were desk based.

4.16 IT thanked ET and all other colleagues in CQC for the positive and flexible way they have responded to the challenges of working from home and congratulated them on the spirit they have shown.

Item 5 – CQC’s Response to Coronavirus (COVID – 19)

5.1 IT informed the Board that there were a range of things that CQC were doing in the current COVID-19 climate. These activities include: external support where the organisation is allowing colleagues to work outside assisting partners; accelerating registration applications by reviewing and changing the processes involved; and by being innovative and working in new and different ways.

5.2 Other members of the ET elaborated further on their areas of responsibility as follows:

5.3 Primary Medical Services & Integrated Care

- Supporting the Department of Health and Social Care (DHSC) safety cell daily including looking at the Verification of Death guidance.
- Acting as a communications channel to the independent health sector. Communications about private testing and CQC’s expectations have been sent to this sector.
- The Dental team has looked at and are supporting urgent treatment centres for dental related issues.
- Issues around drugs in care homes have been considered to ensure that they are managed safely. Guidance about end of life treatment has been issued and the team is monitoring supply chains and other concerns related to medication. In addition, there are currently no issues with the supply of medication and there is no need to stockpile supplies. Frequently asked questions about medication are available.
- Inspectors are being encouraged to reach out to Healthwatch England representatives locally. Information can be shared through regional incident units set up by NHS England and CQC national channels.
- Concerns remain about vulnerable groups of people where data is not being routinely collected. Work has started and will continue on understanding what the impact of COVID-19 are on these groups and how it can be quantified in terms of population requirement.

5.4 Adult Social Care (ASC)

- The DHSC published an ASC Action Plan in response to the pandemic and CQC is contributing and providing a leadership role in several elements of the plan.
- Following work done by the Digital team, the new home care tool has gone live. It will ask all providers daily to complete a form to report the impact of COVID-19 on their clients and business. This data will be shared with the DHSC and additional information from Public Health England and NHS England's capacity tracker to provide a more holistic suite of data. The Office of National Statistics will include CQC data from 28 April.
- A national booking system for testing has been established with the DHSC and the number of test centres are increasing. It is hoped that this will be a way of reaching care staff who are not able to travel.

5.5 Hospitals

- A joint safety statement with the National Guardian's Office will be released today. It encourages people to speak out and is an opportunity to build a strong safety culture coming out of COVID-19.
- EB has been working with NHS England and the Royal Colleges to adapt clinical guidance where necessary to meet pressures of the epidemic.
- There is capacity in hospitals and they are starting to look at non-COVID-19 patients, making sure they are getting the care they need.

5.6 Digital

- Support was received from Microsoft, enabling the team to quickly set up systems to support COVID-19 testing. The first was the communication and booking process for social care staff to access drive through test centres. The testing process has been extended to GP practices and other key working groups.

5.7 Regulatory Customer & Corporate Operations

- The National Customer Service Centre has been supporting testing activity by managing queries and emailing out to establishments. They have seen a rapid increase in notifications which are being dealt with promptly so that data is current. In addition, the volume of calls has gone up with a number of those proving to be challenging for colleagues who are working from home.
- The People team has been proactive in promoting our occupational health provider and ensuring colleagues know where to find support.
- The directorate has started to devise a recovery plan. It will build on some of the learning during the COVID-19 period and will capitalise on that to take CQC back to business as usual.

5.8 Engagement, Policy and Strategy

- Working with providers to access the right information and guidance to enable them to manage during this period. In addition, supporting the work providers are doing on testing and the emergency support framework. Looking at the ways providers have been trying and testing new systems which will be built into the State of Care report later in the year.
- Working with a group of 50 users using Give Feedback on Care to enable CQC to target inspection resource nationally.
- Tracking what is happening elsewhere and making sure providers and colleagues feel supported and carry on CQC's role supporting systems and as a regulator.

5.9 The Board thanked the Executive Team for their comprehensive and informative report. They asked MS to express their thanks to Microsoft for the support given in implementing systems.

Item 6 – Business Plan Sign Off – CM/04/20/06

6.1 The Business Plan, including the final budget for 2020/21 was presented to Board for approval. PW thanked all those involved in putting the plan together.

AGREED:

6.2 The Board agreed the CQC Business Plan for 2021/22.

Item 7 – Audit and Corporate Governance Committee Summary of 1 April Meeting – Verbal

7.1 The committee looked at the following topics during the meeting:

1. **Outcomes from the annual management process** – 14 directorates were assessed with 70% 'Good' and 30% requiring 'Improvement'. The exercise was carried out diligently and findings will be released in the upcoming Governance Statement in the Annual Report and Accounts.
2. **Session with Internal Audit on progress throughout the year** – All field work was completed for the programme and the team is working on finalising individual reports. Reports issued were given 'moderate' assurance.
3. **Draft Audit Plan for 2020/21** – The right balance between business as usual and the transformation programme has been plotted. This plan may change as new and emerging risks occur.
4. **National Audit Office (NAO) Update on Financial Statements Audit** – The challenges of remote working were noted. Despite technical issues the team is working to the original timetable. Emerging challenges are being monitored by CQC and NAO.

7.2 Other topics discussed were business continuity during COVID-19 and cyber security.

7.3 The Board noted the ACGC summary report of the meeting held on 1 April.

Item 8 – Any Other Business

8.1 There was no other business from the Board.

8.2 Two questions were received from members of the public:

8.3 David Hogarth:

Q. Asked for a commitment that CQC would consider the use of covert surveillance.

PW said that one of the recommendations in the Glynis Murphy report that was presented to the Board last month was to consider the use of covert surveillance. An update report on our response to regulating in closed environments, including our consideration of Professor Murphy's report, will come to Board in May.

8.4 Robin Pike:

Q. I would like to ask about people who have received a letter from the NHS classifying them as "clinically extremely vulnerable" during the COVID-19 epidemic. These people are told that they must remain indoors for 12 weeks. The letter specifies six groups of clinical conditions for which this applies. NHS England has advised people who have received such letters but don't think that they do in fact have one of the six conditions to raise the matter with their GP. However, GPs seem unwilling to discuss this with their patients and some distress is being caused as a result. What can they do?

A. RB said that people are encouraged to have discussions with their GPs in the first instance. If this is not satisfactory a discussion with the practice manager or escalation to the local Clinical Commissioning Group would be appropriate. If people have concerns about a service they can contact CQC, although CQC will not be able to make a judgement if someone should be part of the shielded group. However, complaints can be logged and added to any other concerns about a provider and CQC can decide if further steps should be taken.