



MEETING	PUBLIC BOARD MEETING 19 June 2019
Agenda item Paper Number	9 CM/06/19/09
Agenda Title	Regulatory Governance Committee (RGC): Annual report to the Board
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PURPOSE OF PAPER:

The annual report of the Regulatory Governance Committee to the Board on its work in 2018-19.

Summary

1. This is the annual report of the Regulatory Governance Committee (RGC) to the Board on its work in 2018-19.
2. RGC provides assurance to CQC's Board that systems, processes and accountabilities are in place for identifying and managing risks associated with delivering the regulatory programme. In doing this, the Committee has had a rolling cycle of scrutiny looking at each of the inspection directorates but during the year there was a shift in emphasis to look in more detail at areas that cut across all aspects of CQC work. We feel that this better reflects developments in the wider health and social care sector and this intended pattern of scrutiny will continue for meetings in the coming year.
3. Board members who are not members of RGC always receive papers for each meeting and have an open invitation to attend meetings if they wish and are able to do so. As such, we regularly benefit at meetings from the additional comment and insight of other Board members. The Committee is also grateful to the Chief Inspectors and other CQC colleagues who have met with us over the course of the year.

Recommendation

4. The Board is asked to **NOTE** the annual report of the Regulatory Governance Committee.

Discussion and Implications

Introduction

5. This is the fifth annual report from RGC, summarising the Committee's work and covering six formal RGC meetings. The full meeting note of each meeting is presented to the private session of the Board of the month following that meeting. The last annual report from the Committee was submitted to the Board in June 2018.
6. RGC terms of reference explicitly acknowledge the role played by the Audit and Corporate Governance Committee (ACGC) in its provision of assurance to the Board and the need to ensure that the work of RGC aligns and complements that of ACGC. To help with this, Paul Rew, Chair of ACGC, is also a member of RGC. As noted above, there is also an open invitation to those Board members who are not members of RGC to attend meetings if they are able and wish to do so.
7. Committee membership has remained constant throughout the year however, my term of appointment to the CQC Board comes to an end at the end of June and I will therefore be stepping down from the Board and as Chair of RGC. Liz Sayce has kindly agreed to take on the role of RGC chair from July. Current membership is as follows:
 - Louis Appleby (Chair of RGC and CQC non-executive Board member)
 - Paul Corrigan (CQC non-executive Board member)
 - Paul Rew (Chair of ACGC and CQC non-executive Board member)
 - Liz Sayce (CQC non-executive Board member)

Our work

8. In previous years, the Committee's forward work plan has seen it predominantly considering each of the inspection directorates in turn on a rolling cycle. For this year, the Committee has moved to a cycle of work that looks at cross-cutting issues. This will allow the Committee to ground its business in the core work of CQC while looking at the effectiveness of systems that are in place for identifying and managing risks related to delivering the regulatory programme within the context of a developing health and social care landscape. There are occasionally stand-alone issues that arise at short notice and our work plan retains the flexibility to allow us to consider these as required.
9. Regarding internal audit, the Audit and Corporate Governance Committee retain oversight of the full internal audit programme, but RGC has the option to look in more detail at those audit reports that are related to regulatory decision-making.

Main themes

10. During the year, the Committee provided assurance to the Board through:
 - Prior to the move to cross-cutting issues, detailed consideration of adult social care, and acute hospitals, looking at performance within each directorate, the model for monitoring, inspecting and rating and examining in detail the end to end process, its challenges, solutions and successes;

- Scrutiny of work in some of CQC's specialist teams - Health, Justice and Children and Ionising Radiation (Medical Exposure) Regulation (IR(ME)R);
- Scrutiny and consideration of issues that cut-across all aspects of CQC business: learning disabilities; dementia; and inequalities;
- Consideration of CQC systems and processes in place for receiving and responding to whistle blowers and concerns raised by the public;
- A deep dive into how CQC uses its enforcement powers.

Hospitals

11. *Acute hospitals* – In June, the Committee looked at acute hospitals, discussing a range of relevant issues. Our conclusions included: emphasising the need for data to be collected as simply as possible (we note ongoing work to look at how CQC collects, stores and uses information); the need to improve understanding about how ratings were determined in the caring domain; suggestion that it would be helpful to include some information on staff engagement outcomes in the State of Care report; and recognition of the unifying effect of good leadership across a whole organisation.
12. *Ionising Radiation (Medical Exposure) Regulation (IR(ME)R)* – In January, we considered the work of the team working on Ionising Radiation (Medical Exposure) Regulation (IR(ME)R). The team investigates notifications of 'significant accidental or unintended exposures', inspecting organisations to assure compliance with IR(ME)R and engaging with stakeholder groups, professional bodies and partner enforcement authorities to provide specialist advice to policy makers and hospital inspectors. Our considerations were able to support the team's preparations for an International Atomic Energy Agency mission to the UK in October as, for the first time, the mission would look at medical uses of ionising radiation (as well as non-medical radiation such as nuclear power plants).

Adult Social Care (ASC)

13. At our September meeting, the Committee was presented with an overview of some of the key questions and issues currently facing the Adult Social Care directorate and action being taken to address these.
14. The Committee discussed and commented upon a range of issues including: the range of measures that can be employed against those services that fail to improve (this prompted a wider consideration of enforcement across all sectors – see enforcement section below); data on the number of services that improve on re-inspection; action taken against a service failing to display ratings; the use of technology in care homes; improvements to staff induction and staff wellbeing; and what CQC can do to ensure that Deprivation of Liberty Standards (DoLS) are being properly considered by provider. The Committee highlighted the importance of services having a good understanding of learning disability (a subject which we returned to as part of our cross-cutting themes) and emphasised the importance of thematic reviews.

Primary Medical Services (PMS)

15. *Health, Justice and Children* – In November, we looked at the work of the Health, Justice and Children team. The Children's team work across the country spanning 152 local authorities. Inspections do not always focus on children but look at the

services where there could be an impact on children and how services work together in a way that benefits vulnerable children and young people. We were keen to ensure that the voices of young people were heard during inspections and explored how inspectors are able to engage effectively with children and young people. The Health and Justice team inspect and/or regulate health and social care services within the criminal justice and immigration detention sectors, which serve some of the most vulnerable groups within society. As CQC tends not to be the lead body on these inspections, we looked at how CQC works closely with other partners organisations through Memoranda of Understanding and shared inspection frameworks. Conscious that these inspections often involve being in difficult environments, the Committee wanted to find out more about how the safety and wellbeing of colleagues was maintained. We were assured that appropriate security measures were in place and that there was appropriate training and a positive culture whereby knowledge was shared.

Whistleblowing / Speaking-up

16. At our most recent meeting we received an update on systems and processes for receiving and responding to whistle blowers and concerns raised by members of the public.
17. The Committee continues to emphasise the crucial importance of speaking up and key role this plays in informing CQC activity. As such, it is essential that people who speak up are kept engaged and informed about the outcome of information provided. With this in mind, we looked at and commented on an ongoing programme of work within CQC and with partners to demonstrate the importance of what we are told by the public, how we can keep people informed about the outcome of their contact with CQC and how we can use a range of technology to better receive and provide feedback.

Cross-cutting issues

18. *Dementia* – In March, we looked at key issues around care for those with dementia, work that was taking place and the role of CQC within this. The Committee drew attention to the significant numbers of those with dementia, that those numbers were increasing and the potentially growing impact on the work of CQC. CQC is evolving in relation to the health and social care system but there will be population changes that will perhaps be harder to specifically address through internal change. We looked at a range of ways in which the issue could be raised and where practical routes to progress could be identified. We welcome the work that is already taking place but suggest that there is a need for greater coherence across the directorates. There is also a potential role for CQC's Independent Voice function.
19. *Learning disabilities* – In January we considered some of the key issues facing those people with learning disabilities and how CQC's work is able to contribute towards addressing them. While there are a significant number of good rating outcomes it is important to ensure that the current methodology continues to support inspectors to look at best practice, for example, how supported living enables people to have more control over their lives. The Committee emphasised the importance of consistency across directorates and the importance of better use of intelligence. Looking to the future, CQC will need to consider how it rates and inspects services recognising that

there will be more people with highly complex needs being looked after in the community.

20. *Inequalities* - At our most recent meeting, we looked at inequalities, considering and commenting upon how CQC looks at inequality in its regulatory work and how CQC uses findings about inequality in wider work on local areas and independent voice. It is important that there is effective engagement to ensure that local voices are captured. Local knowledge is of crucial importance and understanding local inequalities allows a better assessment to ensure that there are appropriate care pathways to meet the needs of the local population. The key for CQC is to gather relevant and robust data, use its local knowledge and for this to inform appropriate activity. There is already work taking place to link with other organisations looking at inequality and it is important that this continues.

Enforcement

21. At our meeting in March we looked at enforcement. The Committee acknowledged that, while the number of prosecutions had remained fairly stable, enforcement action had increased. This was partly due to improved recording and tracking of activity but also that CQC was now using a wider range of enforcement activity which meant that enforcement could be better targeted and used in a more sophisticated way to encourage improvement. When end of year data has been finalised and reviewed, this will would form the basis for further consideration and discussion around priorities for enforcement. In light of this, a further session on enforcement has been scheduled for RGC later in the year.

Conclusion

22. Through our work, the Committee has considered the systems, processes and accountabilities in place to identify and manage risks associated with delivering the regulatory programme. As a result, we are assured that this is evidenced through a range of assurance sources, both internal and external. We note the challenges around reduced resources, the rapidly developing health and social care environment and ongoing work to look at how our regulatory model should reflect this. RGC will continue its work in the coming year, in alignment with other Committees of the Board, to keep under review processes and systems as they relate to delivery of the regulatory programme through our forward work plan in order to ensure that processes continue to be applied consistently, efficiently and effectively.

Attachments

Appendix 1 – Summary of attendance

23. The Board is asked to:
- **NOTE** this annual report.

Name: Louis Appleby
Title: Chair, Regulatory Governance Committee
Date: 7 June 2019

Appendix 1: Summary of attendance

	June 18	Sep 18	Nov 18	Jan 19	Mar 19	May 19
Prof Louis Appleby (Chair)	✓	✓	✓	✓	✓	✓
Prof Paul Corrigan CBE	✓	x	✓	✓	✓	✓
Paul Rew	✓	✓	✓	✓	x	✓
Liz Sayce	x	✓	✓	✓	✓	✓