



<b>MEETING</b>	<b>PUBLIC BOARD MEETING 15 July 2020</b>
<b>Agenda item Paper Number</b>	<b>8 CM/07/20/08</b>
<b>Agenda Title</b>	<b>Regulatory Governance Committee (RGC): Annual report to the Board</b>
<b>Sponsor</b>	<b>Liz Sayce, Chair, Regulatory Governance Committee</b>
<b>Author</b>	<b>Martin Harrison, Senior Corporate Secretary</b>

**PURPOSE OF PAPER:**

The annual report of the Regulatory Governance Committee to the Board on its work in 2019-20.

**Summary**

1. This is the annual report of the Regulatory Governance Committee (RGC) to the Board on its work in 2019-20.
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. The Committee has continued to look in detail at a range of areas, some specific to inspection directorates and others that cut across all aspects of CQC work. This reflects the wider health and care system and its increasing emphasis on partnership working.

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 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 sixth annual report from RGC, summarising the Committee's work and covering 6 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 2019.
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.
7. During the year there was a change to the Chair of RGC. Louis Appleby, stood down as Chair of the Committee when his term of appointment to the CQC Board came to an end in June 2019. I took on the role of RGC Chair from July 2019. Paul Corrigan, also stepped down from membership of RGC when his term of appointment to the CQC Board came to an end in June 2019. As noted above, we regularly benefit from the attendance of other Board members as well as the Chief Inspectors and other CQC colleagues. Current membership is as follows:
  - Liz Sayce (CQC non-executive Board member)
  - Paul Rew (Chair of ACGC and CQC non-executive Board member)

### Our work

8. In its earlier years, the Committee's forward work plan looked predominantly at each of the inspection directorates on a rolling cycle but under Louis Appleby's chairmanship, this approach was developed to look also at areas of work that cut across all aspects of CQC business. This approach has continued and allows 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. During the year we agreed revised terms of reference to reflect inclusion of cross-cutting issues and potential future regulatory risks across our whole regulatory portfolio.

9. On internal audit, the Audit and Corporate Governance Committee retain oversight of the full internal audit programme but, at each meeting, RGC reviews those risks that are specifically relevant to delivery of the regulatory programme, for example in relation to developing work to assure people's rights in closed environments.

### **Main themes**

10. During the year, the Committee provided assurance to the Board through:
  - Consideration of some significant issues affecting the primary care sector, including a detailed focus on CQC engagement with Primary Care Networks and Primary Care at Scale within the developing context of primary care;
  - Scrutiny and consideration of CQC's regulatory model in light of developments in corporate and complex providers;
  - Detailed consideration of how CQC understands its impact and how that can be used to better encourage improvement in services;
  - Reflection, comment and advice on learning so far from the Emergency Support Framework and how its underpinning digital platform might be developed for future purposes;
  - Consideration of expectations around health and care services as they return more fully to non-Covid work and what this means for CQC;
  - Looking at how research evidence is used to support CQC's strategic aims;
  - A deep dive into the role and work of CQC's Medicines Optimisation Team;
  - A deep dive into CQC enforcement activity to follow up a session that we had a year earlier;
  - Consideration of CQC's horizon scanning activity.

Each topic concludes with a 'destination', either immediate assurance to the Board or advice to the executive prior to later Board decision.

### **Areas considered**

11. *Primary Medical Services* – In July, we spent time looking at the changing context of primary care, particularly focusing on Primary Care Networks and Primary Care at Scale and the ways in which developments here could impact on CQC's work. It is understood that the

unique features of primary care make it difficult to simply apply models already used in other directorates. As such, we were able to provide comment and advice about ways to improve CQC's understanding of those models that work well. We note that development continues and our intention is to return to this area at a future meeting.

12. *Improving Regulation Today* – In September, we were able to look in detail at developments in corporate and complex providers and how this might impact on CQC's future regulatory model. We were able to advise on ways of looking at both overarching organisations and specific services and experiences. The Committee was supportive of CQC's approach and acknowledged the need to retain flexibility to account for potential future developments. However, it is important that the approach must continue to be consistent and balanced.
13. *Understanding our impact* - In November, we considered findings from research on the impact of interactions with CQC and CQC tools and products. We supported the approach of deliberately using the most effective lever - from advice and guidance to independent voice or enforcement - for each situation. We recognised the importance of relational impact and the need for inspectors to work within a framework that allowed sufficient autonomy to take account of individual circumstance but that still set firm boundaries on standards. It is important that inspectors are properly trained and supported in this role and ongoing feedback from providers will continue to be important. We also affirmed the need for this work to feed in to work on the strategy and business planning.
14. *Research and development* – In January, we spent time with Research and Development colleagues looking at proposals around how CQC could better use evidence from research to support its strategic aims. The Committee supported the proposal for rapid investigation of pre-existing evidence and suggested that new research should be developed predominantly in partnership with existing experts and academic institutions. While acknowledging existing good connections in the research community, it is also important that these are developed and expanded.
15. *Medicines Optimisation* – In March, we spent time with colleagues in the Medicines Optimisation Team, looking at how they support the inspection programme around the safe storage and management of medicines and also safe and effective prescribing. The Committee supported the approach to inspection, training and support of colleagues and national partnerships. The Team's work is crucial in CQC's existing – and strategically developing - safety agenda.
16. *Enforcement* – Following a session in March 2019, we returned to enforcement at our March 2020 meeting, looking at a range of comparative data and patterns around the issues over which enforcement action was commonly taken and the relationship between improvement priorities and enforcement activity. We gave advice on success measures and timing of intervention. Due to the timing of this particular meeting, this also gave us the opportunity to look at planning for enforcement activity during the Covid crisis.
17. *Emergency Support Framework* – At our most recent meeting, we spent time looking at learning from the Emergency Support Framework (ESF) and future plans. We acknowledged that the ESF has been a valuable framework for supporting structured conversations with

providers during the Covid crisis. The technology platform used by the ESF will be important in underpinning very different sets of combined evidence in future to improve the effectiveness of inspections and data gathering and analysis. The Committee affirmed the importance of ensuring that there is clarity around the ESF and how its digital platform will be used moving forward.

18. *Health and care services returning more fully to non Covid work* – At the same meeting, we were also able to discuss expectations around services in the return to non-Covid work and what this means for CQC. We looked at a range of activity taking place across the inspection directorates looking at regulation of services in the light of challenges faced by providers, for example, how will providers manage waiting lists that have lengthened during the crisis. Our discussions have informed subsequent Board discussions on related issues.
19. *Horizon scanning* – During the year, we have also considered CQC horizon scanning activity. We welcomed the approach to building several potential scenarios and made further comment and suggestion about how work could be further enhanced by retaining flexibility to engage more widely. This work continues to inform development of the next CQC strategy.

## Conclusion

20. 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 particularly note the challenges presented by the Covid crisis and the impact on non-Covid work, along with the developing health and social care environment and how the 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

21. The Board is asked to **NOTE** this annual report.

**Name:** Liz Sayce  
**Title:** Chair, Regulatory Governance Committee  
**Date:** 23 June 2019

## Appendix 1: Summary of attendance

	July 19	Sep 19	Nov 19	Jan 20	Mar 20	Jun 20
Liz Sayce (Chair)	✓	✓	✓	✓	✓	✓
Peter Wyman	✓	x	✓	✓	✓	x
Paul Rew	x	✓	✓	✓	x	✓
Robert Francis	x	✓	x	x	✓	✓
John Oldham	✓	x	✓	✓	✓	✓
Mark Saxton	x	✓	✓	✓	✓	✓