

**Minutes of the Public Board Meeting**  
**151 Buckingham Palace Road, London, SW1W 9SZ**  
**15 July 2020 at 11.00**

**Present**

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

**In attendance**

Rebecca Lloyd-Jones (RLJ)  
Naomi Paterson (NP)  
Martin Harrison (MH)  
George Kendall (GK)  
Chris Day (CD)  
Elisabeth Dobres (ED)  
Mark Sutton (MSu)  
Chris Usher (CU)  
Victoria Watkins  
Carolyn Jenkinson  
Charles Rendell  
Dominique Black

Chair  
Chief Executive  
Chief Inspector of Hospitals  
Chief Inspector of Primary Medical Services & Integrated Care  
Chair of Healthwatch England and Non-Executive Board Member  
Chief Operating Officer  
Chief Inspector of Adult Social Care  
  
Director of Governance and Legal Services  
Head of Governance and Private Office  
Senior Corporate Secretary (minutes)  
Rating Review Officer (minutes)  
Director of Engagement  
Equalities Network Representative  
Chief Digital Officer  
Director of Finance, Commercial, Workplace & Performance  
Interim Deputy Chief Inspector, PMS (item 6)  
Head of Inspection, PCRs (item 6)  
Strategy Manager (item 6)  
Strategy Manager (item 6)

### **ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST**

1. PW welcomed Board members and other attendees. No apologies for absence had been received and there were no new declarations of interest. PW welcomed Elisabeth Dobres, co-chair of CQC's Gender Equality Network, as the Equalities Network representative for this month.

### **ITEM 2 – MINUTES OF THE MEETING HELD ON 17 JUNE 2020 (REF: CM/07/20/02)**

2. The minutes of the meeting held on 17 June 2020 were accepted without amendment.

### **ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/07/20/03)**

3. The action log was noted. The following action was highlighted.
4. *Recording representations in registration* – KS clarified the meaning of the target for registrations upheld. It was noted that an upheld registration was a positive outcome as it indicated that the registrant had taken onboard recommendations and made appropriate changes. Action to be closed.

### **ITEM 4 – EXECUTIVE TEAM'S REPORT (REF: CM/07/20/04)**

5. IT, with Executive Team members, presented the Executive Team report to Board. The following matters were highlighted:
6. *COVID-19 response in ASC* – KT reported that conversations had taken place with over 20,000 providers, supported by the Emergency Support Framework (ESF). The excellent work of the majority of providers and care workers during the pandemic was acknowledged. CQC was still continuing to visit providers where there were concerns, including inspections prompted by information received from the public and workers in the sector. An ongoing focus on infection prevention and control was noted.
7. *Restraint, Segregation and Seclusion / Closed Cultures update* – It was noted that an expert advisory group to support the work was being recruited and it would those with lived and professional experience. Board also received an update on the review of CQC surveillance policy. A series of workshops had been completed, a literature review was underway and colleagues were working with Professor Glynis Murphy to better understand best practice. A further update would be provided in the autumn. The recent focus on recruitment to the care sector was welcomed but there was disappointment about the recent decision to deny visas to overseas care workers wanting to work in the UK and, with 1 in 6 care staff being from overseas, the potential impact was a concern, along

with wider concern about the need for those joining the care profession to see appropriate reward, recognition and opportunities for career progression..

8. LS drew attention to the potential for learning from the impact of COVID-19 on people's human rights. KT confirmed that human rights would be considered as a part of the closed culture work and CQC was taking swift action when new issues were identified that were potential breaches of human rights. The example of the blanket issuing of Do Not Attempt Resuscitation forms to groups of people living in care settings was highlighted. CQC, BMA, Royal College of GPs and the Care Provider Alliance had issued a joint statement to say that it was unacceptable and a breach of human rights.
9. *COVID-19 response in hospitals* – EB reported that risk-based targeted inspections had continued based on a range of information and intelligence available to inspectors and that enforcement action has been taken where necessary. CQC and NHS Improvement (NHSI) continued to monitor the progress of the 8 NHS trusts that were in special measures. It was noted that a range of tools have been used to support monitoring work during the pandemic including a modified variant of the ESF which was being used to assess the compliance of NHS Trusts with national infection prevention and control guidance. Early evidence suggested high compliance in the majority of NHS trusts however, where trusts were not meeting standards, they were being directed to receive support from other trusts and NHSI. EB also highlighted work being carried out with senior emergency clinicians in preparation for the winter period.
10. The concerns about emergency hospital discharges into care homes, highlighted how it was important that CQC worked across directorates to consider issues at a systems level. RB drew attention to the Provider Collaboration Reviews as the first step towards this and explained how they would provide an opportunity to identify good practice and share learning. KT noted that there would be an increasing focus on how providers were working with other health and social care providers to ensure people were receiving joined up care.
11. *COVID-19 response in primary medical services* – RB updated Board on recent PMS inspections and the outcome of a pilot focusing on accessing GP records remotely. RB also noted ongoing work on infection control, supporting NHSE with their bureaucracy review and preparations for the winter period.
12. *Chief Digital Officer's Report* - It was noted that the Digital Foundations Programme was nearing successful completion. Other recent developments were also noted, including a new customer focused service desk, a new security operations centre and all applications and services operating from a secure and scalable cloud environment. A range of activity had been carried out with KPMG, the new dynamics implementation partner, including support of testing work during COVID-19 and the dynamics platform would underpin developing regulatory work.

13. *Strategy 2021 update* – On public engagement, IT confirmed that members of the public would be involved in strategy development in order to understand what they felt it was important to know from inspections. It was acknowledged that different people would have different requirements from reports and there would therefore be opportunity to access the detail of reports while also presenting the information in a way that was accessible to the public. CD added that conversations had taken place with providers and public groups on a range of issues, including looking at how information was presented in a way that was helpful to people who used services and also encouraged improvement in providers.
14. On timescales for development of the strategy, IT expected the initial policy position for ratings and the frequency of inspections to be in place by early 2021, although timescales were flexible to allow for any potential impact of winter-flu. MSu reported that replacement of legacy systems was a two-year programme of work but noted that the dynamics platform provided a core foundation on which new products could be added and iterated quickly. In the short term the new Microsoft technologies should streamline work for inspectors and improved connectivity would improve data sharing with colleagues in NHS bodies.
15. Board also highlighted the importance of being able to capture a person's experience as they were using a service, as well as feedback provided afterwards. CD reported on a range of activity to capture experiences that should provide a real-time view of services. This would involve CQC receiving information from those using services and local groups and would allow a picture to be built up over a longer period of time. The approach taken would be iterative and would be adapted in line with learning.
16. *People Plan* – KS reported on work completed so far, noting the creation of job success profiles for roles across the organisation, the first cohort of colleagues completing the professionalising regulatory services programme and the first batch of policy reviews nearing completion. Board welcomed the work on the People Plan and looked forward to receiving more information about the Wellbeing Strategy.
17. *Parliamentary Activity of Interest* - In addition to the written report, it was noted that between 60 and 70 requests for individual briefings had been received from MPs in the last four weeks. An update was provided on the *Give Feedback on Care* campaign and it was noted that the CQC and Healthwatch were collaborating with 10 national charities to promote the campaign and encourage people to provide feedback.

***Decision: Board noted the Executive Team report.***

**ITEM 5 – COVID-19 INSIGHT REPORT (REF: CM/07/20/05)**

18. CD presented the third COVID-19 Insight Report, highlighting three key areas of focus relating to COVID-19 response feedback from local systems, the findings from risk-based responsive inspections and deprivation of liberties in mental health and learning disabilities.
19. On extra funding promised to local authorities and social care to help address pressures during the pandemic, it was reported that there was a mixed picture. Some providers had received an automatic uplift in funding while others needed to complete a long application processes or reported that they had not received enough to meet increased costs. The funding did represent a welcome short-term injection of cash but the sector really now needed long-term sustainable funding. CD reported on ways in which the report was shared, including tweeting key messages from the report with partners so that it could be accessed and shared by providers and the public alike. KT confirmed that the term 'outbreak' used in the report was a PHE categorisation meaning more than 1 infected person in a care home.

***Decision: Board noted the COVID-19 Insight Report.***

#### **ITEM 6 – PROVIDER COLLABORATION REVIEWS (PCRs) (REF: CM/07/20/06)**

20. RB introduced the report noting that really good care was dependent not only on the care delivered by a provider but also how that provider worked with other providers to meet the needs of people and the local population. The COVID pandemic had highlighted some examples of good joint-working and innovation to meet the challenges and this learning would be shared.
21. In discussion, Board drew attention to the challenge of presenting findings in a way that allowed providers at all levels to understand and implement the learning. It was noted that PCRs offered an opportunity to identify and share good practice and learning without blame or stigma and to encourage the adoption of best practice which would put providers in a better position to meet any future challenges. LS reported that the Regulatory Governance Committee had considered the report in a more detailed session at its meeting on 14 July and were assured of the scope of PCRs, acknowledged the learning opportunities and had considered the relevance of PCRs in inequalities of those affected by COVID-19.

***Decision: Board noted the ambition for the programme and ENDORSED the planned approach and the development of subsequent 'modules' as set out in the written report.***

#### **ITEM 7 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE (ACGC): SUMMARY REPORT OF THE MEETING ON 10 JUNE 2020 (REF: CM/07/20/07a) AND ANNUAL REPORT TO THE BOARD (REF: CM/07/20/07b)**

22. Board noted both the report of the ACGC meeting held on 10 June 2020 and the ACGC Annual Report to the Board. In discussion, the following matters were highlighted:
23. PR reported that the submission of CQC's Annual Report and Accounts would now take place after parliament's summer recess as there was additional assurance work on the accounts that was still to be completed prior to certification by the National Audit Office. This was because of a wider auditing issue and not related specifically to CQC.
24. Board also noted the work of the sub-group of ACGC which had specifically considered the transformation programme. PR acknowledged the significant amount of work that had now been delivered as part of the programme and much strengthened programme management. Three areas for further development were highlighted: improving the management of interdependencies across different programmes; monitoring the delivery of benefits from projects and programmes; and monitoring how intelligence was being delivered in support of CQC regulation.

***Decision: Board noted the report from meeting on 10 June 2020 and the ACGC Annual Report to Board.***

**ITEM 8 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 14 JULY 2020 (oral) AND ANNUAL REPORT TO THE BOARD (REF: CM/07/20/08)**

25. LS provided a brief verbal report from the RGC meeting that took place on 14 July. Alongside PCR's (see paragraph 21 above), the Committee also spent time looking at issues related to the Mental Health Act, specifically second opinions and their potential to impact upon treatment plans and the impact of COVID-19 on the work of mental health teams and those detained under the Mental Health Act during the pandemic.
26. Board noted the RGC annual report. In discussion, the following matters were highlighted:
27. It was noted that, as part of its work plan, RGC had considered a range of issues that cut across CQC directorates. RGC had also spent time scrutinising plans that were part of the development of the new strategy and regulatory methodologies, including looking at CQC's role in gathering good research evidence and how that evidence could be embedded into CQC work. There had also been specific consideration of enforcement activity and how success in enforcement was best measured.

***Decision: Board noted the Regulatory Governance Committee Annual Report and the report from meeting on 15 July 2020.***

**ITEM 9 – ANY OTHER BUSINESS**

28. PW noted that JO's term of appointment to the Board would end on 31 July 2020. On behalf of the Board, PW thanked John for his contribution to the Board and more widely within CQC.
29. There was no further business.

**Questions from the public**

30. Time allowed for the following questions from members of the public.
31. Robin Pike asked how CQC was monitoring non-COVID-19 patient access to NHS and independent hospital treatments. EB reported that CQC was monitoring NHS trusts and the arrangements trusts have with independent hospitals, including checking how they were restoring care for patients where treatment had been delayed due to COVID-19. Examples of good practice would be identified and shared. Related work with NHSI was ongoing and CQC's regional teams were working with providers at a local level.
32. Peter Bell had asked three questions:
33. Firstly, whether Board could comment on references to CQC in the recently published review by Baroness Cumberlege and if CQC could provide a list of actions and deadlines identified from the report. PW noted that the report had been published only the week before the Board meeting and that the review would therefore be discussed at the September Board meeting.
34. It was noted that Mr Bell's second question asked for comment on a matter relating to an individual member of the public and as such could not be discussed at a public Board meeting.
35. Finally, Mr Bell asked if the Board could consider allowing the public to observe the public Board meetings held via Microsoft Teams. The meetings were available to view on the CQC website a day or two after the meeting had taken place although PW understood that other organisations were running their public meetings in different ways and would consider if there were any areas where CQC could make an improvement.
36. The meeting closed at 13:11.