Agenda Item: 2
Paper No: CM/10/20/02

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
16 September 2020 at 11.00

Present

Peter Wyman (PW)	Chair
Ian Trenholm (IT)	Chief Executive
Edward Baker (EB)	Chief Inspector of Hospitals
Rosie Benneyworth (RB)	Chief Inspector of Primary Medical Services & Integrated Care
Robert Francis (RF)	Chair of Healthwatch England and Non-Executive Board Member
Jora Gill (JG)	Non-Executive Board Member
Paul Rew (PR)	Non-Executive Board Member
Mark Saxton (MSa)	Non-Executive Board Member
Liz Sayce (LS)	Non-Executive Board Member
Kirsty Shaw (KS)	Chief Operating Officer
Kate Terroni (KT)	Chief Inspector of Adult Social Care

In attendance

Rebecca Lloyd-Jones (RLJ)	Director of Governance and Legal Services
Naomi Paterson (NP)	Head of Governance and Private Office
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
George Kendall (GK)	Rating Review Officer (minutes)
Chris Day (CD)	Director of Engagement
Mark Sutton (MSu)	Chief Digital Officer
Chris Usher (CU)	Director of Finance, Commercial, Workplace & Performance
Taofik Balogun (TB)	Equalities Network Representative
Stephanie Tarrant (ST)	Head of Performance (Item 5)
Victoria Watkins (VW)	Interim Deputy Chief Inspector, PMS (Items 7 and 8)
Carolyn Jenkinson (CJ)	Head of Inspection, PCRs (Items 7 and 8)
Charles Rendell (CR)	Strategy Manager (Items 7 and 8)
Imelda Redmond (IR)	Healthwatch England National Director (Item 10)
Matthew Tait (MT)	Head of Acute Sector Policy (Item 11)

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 Taofik Balogun, co-chair of the CQC Race Equality Network, as the Equalities Network representative for this month.

ITEM 2 – MINUTES OF THE MEETING HELD ON 15 JULY 2020 (REF: CM/09/20/02)

2. The minutes of the meeting held on 15 July 2020 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/09/20/03)

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

ITEM 4 – EXECUTIVE TEAM'S REPORT (REF: CM/09/20/04)

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

5. *COVID-19 response in ASC* – The issue of protecting care home residents and allowing them to make informed choices around seeing family members and friends face to face was discussed. It was acknowledged that there was a balanced to be achieved between the individual choice of residents and protection against the risk of infection. There were some excellent examples of where this balance had been reached and these examples would be shared in future publications. KT explained that providers were expected to have a bespoke approach for each type of service delivered and individual care plans that reflected people's acknowledgement of risk balanced with being able to see family and friends with a decision recorded.

6. *Restraint, Segregation and Seclusion / Closed Cultures update* – Further to the written report, KT reported on the first meeting of the newly established Expert Advisory Group. It was noted that 50% of its members had lived experience of seclusion, segregation or were family members of people with that experience. The Group had considered the key ingredients of high-quality person-centred care plans and how they could be triangulated to ensure that this was experienced on a daily basis.

7. *COVID-19 response in hospitals* – EB reported that providers were being monitored closely using data, intelligence and regular contact, and that 66 risk-based, targeted inspections had been completed during July and August. Enforcement action had been taken where necessary.

8. *COVID-19 response in primary medical services* – RB reported that services were being monitored closely using data, stakeholder engagement from Clinical Commissioning Groups and local Healthwatch Networks, along with ESF and IPC discussions with providers. Where risk had been identified or providers were in special measures inspections had taken place. A new methodology had been piloted which was providing remote access to many of the systems used in a GP practice. This enabled a response to immediate risk without the need of an inspection. Concerns about access to GP services were also discussed, including the suggestion that digital appointments were not meeting the needs of some patients and how this could potentially lead to increased attendance at A&E. Work to quantify the extent of the problem and to monitor it was underway. There had also been concern about the use of blanket policies in GP practices around the refusal of face-to-face consultations to those in certain age brackets. It was confirmed that this was an unacceptable practice. Concerns about children with complex health needs and families feeling isolated were also raised. RB reported on a joint methodology between CQC and Ofsted to inspect areas where these concerns were raised and, for action to be taken as required.

9. *Chief Digital Officer's Report* – MS confirmed that there was no information or cyber security issues to be reported.

10. *Recent and forthcoming publications* – CD reported on the next phase of the Give Feedback on Care (GFOC) campaign and a 60% increase in information provided using GFOC, including information relating to whistleblowing and safeguarding which enabled improvement in responsive inspections. Emergency Departments: Patients First was highlighted due to its importance in supporting A&E departments in preparing for winter and its aim to encourage system-wide conversations. An update was also provided on progress of the report into restraint, segregation and seclusion with a launch now planned for October.

Decision: Board noted the Executive Team report.

ITEM 5 – CORPORATE PERFORMANCE REPORT (REF: CM/09/20/05)

11. CU presented the quarterly performance update as set out in the written report.

12. Work taking place around benefits realisation was discussed. This would form part of regular reporting to Board, mapping both the cash and non-cash benefits. The pack currently presented the benefits in a red / amber / green format although consideration was being given as to how this could be presented in a more dynamic way.

13. It was suggested that there was an opportunity to extend performance KPIs on people beyond those on employment and sickness to include other examples based on information that was shared with managers. KS would discuss separately with MSa about what

data could be most usefully included. The categorisation of intelligence information was also considered and CU confirmed that information submitted to CQC could be themed in ways additional to the current categorisation. This would be considered for future reports.

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

ITEM 6 – CHANGE AND PEOPLE QUARTERLY REPORT (REF: CM/09/20/06)

14. KS presented an update on delivery against the transformation programme and the people strategy.

15. On the Transforming Our Organisation (TOO) Programme, Board raised the issue of how best to measure the effectiveness of communication and engagement. KS confirmed that questions in the Pulse Survey would address communication around change. The link between this programme and the wider strategy was also noted. Work would be completed looking at opportunities for engagement and to understand how messaging from leaders of each TOO stream could be used to drive each strand of work.

16. MSu reported on the completion of the Digital Foundations Programme. CQC now had its own internal service provision, a new service desk and security operations centre. The focus had shifted to embedding and continuous improvement in order to ensure that benefits from the investment were realised. The changes made by the programme enabled CQC to use technology to improve digital communication including the introduction of organisation-wide calls. The calls had allowed senior leaders to communicate with colleagues on a regular basis providing information and answering questions directly from colleagues. MSu also reported on the implementation of new underpinning technology for the National Customer Service Centre and how this had enabled work to continue on CQC enabling alternative methods of contact.

17. On the Inclusion Programme, it was noted that a development programme for leaders was being created, including a programme on cultural awareness and the formalisation of reverse mentoring for senior leaders. It was reported that LS would be the non-executive link to the new Race Equality Action Group and that inclusion would feature in the work of the People Strategy including success profiles and line management capability work.

18. KS also reported on the interdependencies between the different programmes and work being completed to map out the different programmes and review the order and timings across the portfolio. This would help to ensure that activity was properly ordered and would allow for early identification of any potential delays and their consequences.

19. CD highlighted the need to focus on managers and enable them to have conversations with their teams around understanding of the transformation programmes. It was recognised that, if managers were able to understand and explain the outcomes and benefits, this would be a more effective way to help colleagues understand the portfolio of work.

20. The next Pulse Survey was noted, it being the second one since the Covid-19 lockdown. The focus would be on wellbeing and results would enable CQC to change and refine policies and ways of working in order to support colleagues.

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

ITEM 7 – COVID-19 INSIGHT REPORT (REF: CM/09/20/07)

21. CD and RB presented the fourth Covid-19 Insight Report, highlighting two main themes: early findings on the Provider Collaborations Reviews (PCR); and learning from IPC inspections and contacts. The report focused on the good practice identified to enable providers to improve their collaboration and practice over the next few months which would support winter preparations.

Decision: Board noted the Covid-19 Insight Report.

ITEM 8 – PROVIDER COLLABORATION REVIEWS (PCRs) (REF: CM/09/20/08)

22. RB, VW, CJ and CR presented a progress update on PCRs and plans for the future approach, future modules and moving PVRs beyond March 2021.

23. The systems feedback sessions were discussed focusing on how they worked, the quality of feedback provided and the likelihood of changes as a result of the feedback. It was reported that the sessions had generally been well received and the opportunity for reflection and learning was welcomed. As a comprehensive overview, PCRs enabled those within systems to consider the impact of all parts of that system. It was noted that one system had requested a further session to discuss their feedback. PCRs had also provided an opportunity for learning for CQC colleagues, highlighting the importance of working collaboratively, helping to understand issues in other sectors and giving an overview of patient journeys through the health and care system.

24. Action was underway seeking to improve how feedback was obtained from people who use services for the next phase of PCRs. This included working with local Healthwatch networks, use of Experts by Experience to connect with service users as well as connecting with Health Scrutiny Committees, patient forums and other user groups. Also noted was future work with Healthwatch including reviewing their surveys and CR presenting to local Healthwatch Networks on PCRs.

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

ITEM 9 – TRANSITIONAL REGULATORY APPROACH (REF: CM/09/20/09)

25. EB presented an update report on the Transitional Regulatory Approach, providing an overview of the workstream until the planned introduction of the Future Regulatory Platform (FRP) in 2021. The approach was iterative and built on previous methodology and learning from work completed during the Covid-19 pandemic and the ESF. The intention was that CQC would be able to gather real time information with an 'always on view' approach to quality, where insight from data and information drove regulatory action. Feedback that had been received from stakeholders so far had been positive.

26. In discussion, Board affirmed the importance of the public having confidence in CQC's approach. It was noted that the TRA was priority driven with resources targeted proportionately at higher risk providers although low risk providers would still be inspected. Risk assessments would consider a provider's last rating and the period of time since the last inspection. If a provider was not assessed for an extended period, and even if they were perceived to be low risk, their assessment score would still rise. It was recognised that, while services could deteriorate rapidly, it was expected that the risk assessment should pick this up. In addition, it was noted that inspectors had built stronger relationships with providers during the pandemic which added to local knowledge about a service.

27. KT reported briefly on the home care pilot, where CQC had been working with the trade association for home care and 60 home care providers to pilot new ways of inspection, focusing on speaking to members of staff who were delivering care and speaking to more of those using services and their families. CD also reported on the role of Experts by Experience in the TRA. Choice Report were running a programme considering what Experts by Experience would need, including the training required for them to have direct conversations with service users and facilitate group conversations in order to gain a better understanding of how a service was performing. Training would include a focus on inequalities and support for people whose first language was not English.

Decision: Subject to the above discussion and comment, Board ENDORSED the planned approach as set out in the written report.

ITEM 10 – HEALTHWATCH ENGLAND UPDATE (REF: CM/09/20/10)

28. RF introduced the Healthwatch England update, drawing attention to: conversations with DHSC around funding; the integration of equality, diversity and inclusion into their work with every report; and the appointment of a Freedom to Speak up Guardian. IR then reported in more detail on a number of workstreams and on the hospital discharge project. This work was being completed in partnership with NHS England and would help the NHS prepare for winter pressures.

29. The recently published report *The Doctor Will Zoom You Now* was discussed. It had enabled Healthwatch to gain a better understanding of the positive aspects of digital access to primary care along with those areas that worked less well. Work had been initiated to consider whether digital and telephone triage widened inequality by excluding some groups from care. CQC's Primary Care Quality Board would start a similar programme of work focusing on patient access to primary care, making use of local knowledge and patient stories from local Healthwatch networks.

Decision: Board noted the Healthwatch England update.

ITEM 11 – RESPONSE TO THE INDEPENDENT MEDICINES AND MEDICAL DEVICES SAFETY REVIEW (REF: CM/09/20/11)

30. EB reported on CQC's response to the recommendations of the Independent Medicines and Medical Devices Safety Review (IMMDS) and themes from other recent inquiries and reviews.

31. It was understood that the regulatory framework in healthcare could be complex but there was a role for CQC in drawing the regulators together in coordinated action. On the detailed recommendations related to CQC, it was noted that a summary of actions would be produced in response and progress would be reported back to Board.

Decision: Board noted the recommendations and ENDORSED the work underway as set out in the written report.

ITEM 12 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 15 SEPTEMBER 2020 (oral)

32. LS reported verbally on the RGC meeting that took place on 15 September. Two substantive items had been discussed: the first related to work in emergency departments and the improvement agenda and looked at guidance being developed and ways to influence systems / leaders in order to drive improvement; the second focused on how the voice of service users would be included in the future methodology and the potential role to be played by Experts by Experience in different ways. A broader discussion had

also taken place on synthesising personal evidence and information effectively into intelligence for use in the future methodology and work that could be done with those who have lived experience when developing regulatory approaches.

Decision: Board noted the verbal report from the Regulatory Governance Committee meeting on 15 September 2020.

ITEM 13 – ANY OTHER BUSINESS

33. There was no other business

Questions from the public

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

35. Responding to the question raised by Peter Bell at the public Board on 15 July 2020 regarding improving the experience of people wanting to watch the Public Board, it was noted that options were currently being explored.

36. Robin Pike raised two questions: *How CQC explored patient experiences in making formal complaints to NHS hospital Trusts*; and *how CQC monitored the requirement to prominently display ratings within GP surgeries and care home premises*. On the first question, EB reported that, under the Responsive key question, CQC assessed the effectiveness of complaints handling, and under the Well-Led key question, CQC assessed how effectively the complaints process was managed. On the second question, it was noted that adult social care and primary medical services shared the same approach. Inspectors would check that the current ratings were properly displayed through monitoring and inspection activity. Where a provider had not displayed their ratings, they would be reminded to do so before formal action was taken. CQC had and would continue to issue penalty notices to those who persistently failed to display ratings.

37. The meeting closed at 14.36