

**Minutes of the Public Board Meeting
Meeting held by video conference (MS Teams)
21 October 2020 at 10.45**

Present

Peter Wyman (PW)
Ian Trenholm (IT)
Edward Baker (EB)
Robert Francis (RF)
Jora Gill (JG)
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)
Mark Sutton (MSu)
Chris Usher (CU)
Morwenna Stewart (MW)
Carolyn Jenkinson (CJ)
Uma Datta (UD)
Julie- Lindsay-Ayres (JLA)

Chair
Chief Executive
Chief Inspector of Hospitals
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)
Corporate Secretary (minutes)
Director of Engagement
Chief Digital Officer
Director of Finance, Commercial, Workplace & Performance
Equalities Network Representative
Freedom to Speak Up Guardian (Item 5)
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ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. Apologies for absence were received from Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care. There were no new declarations of interest. PW welcomed Morwenna Stewart, from the Disability Equalities Network, as the Equalities Network representative for this month.

ITEM 2 – MINUTES OF THE MEETING HELD ON 16 SEPTEMBER 2020 (REF: CM/10/20/02)

2. The minutes of the meeting held on 16 September 2020 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/10/20/03)

3. The action log was noted. On matters arising, MSa reported that a meeting had taken place with KS regarding the extension of the people performance KPIs beyond employment and sickness and that this would be taken forward with People Directorate colleagues.

ITEM 4 – EXECUTIVE TEAM'S REPORT (REF: CM/10/20/04)

4. IT, with Executive Team members, presented the Executive Team report to Board. The following matters were highlighted:
5. *State of Care 2018-19* - IT thanked colleagues across the organisation for their work on the 2018-19 State of Care report which was published on 16 October. PW echoed those thanks on behalf of the Board.
6. *Transitional Regulatory Approach* - It was noted that training was being implemented in the form of remote learning. This was built on learning from the Emergency Support Framework (ESF) taking an evolutionary approach.
7. *COVID-19 response in ASC* – KT reported that colleagues had completed over 17,500 regulatory actions, including ESF calls, and 1,200 physical inspections which were a mix of traditional and Infection Prevention and Control (IPC) inspections. KT explained the IPC inspection methodology and emphasised its role in identifying if a provider had the best IPC methods in place to prevent and where necessary, control the spread of COVID-19 in their service. KT also highlighted the joint statement issued by the three Chief Inspectors on their expectation around good IPC systems working.
8. The issue of protecting care home residents and allowing them to make informed choices around visiting was discussed. It was acknowledged that good IPC can be an enabler for visiting. KT reiterated that providers were expected to follow government guidelines, pay attention to local risk levels and be proactive in allowing visiting to happen where it was safe, and that CQC would look for evidence of providers adopting a person-centred approach to visiting for each individual within a service.

9. *Restraint, Segregation and Seclusion (RSS) / Closed Cultures update* – KT thanked those involved in the development of the RSS report which would be published on 22 October. Board would have an opportunity to reflect on the report post-publication and to consider progress on implementing recommendations at the November meeting. Secretariat to add to Forward Plan

ACTION: KT to report to November Board on the response to the RSS report and progress towards implementation of recommendations contained in the report. Secretariat to add to Forward Plan.

10. *COVID-19 response in hospitals* – EB provided an update on the monitoring of IPC compliance and reported on the roll out of the Transitional Monitoring App (TMA), part of the Transition Regulatory Approach (TRA). EB also reported on the development of plans for a programme of risk-based inspections over the next six months.
11. *Primary Medical Services and Integrated Care update* – IT delivered an update on behalf of RB. In addition to the written report, it was noted that the S48 Thematic Review into end of life care planning and DNACPR would have an interim report published before Christmas and a final report in January. It was also reported that inspections of all GP practices currently in special measures should be concluded before 31 December 2020.
12. *Performance update* – CU presented the performance report noting that CQC had completed 19000 ESF calls, 43% of applicable registered services, and had undertaken 1630 inspections, 1460 onsite with 54% of those were triggered by information of concern. It was also reported that August had the highest volume of whistleblowing calls in the last 12 months, 97% of safeguarding alerts were referred within one day ahead of 95% target, and 100% of urgent enforcement action was taken within 3 days.
13. *Chief Digital Officer's Report* – MSu confirmed that there were no information or cyber security issues to raise this month.
14. *Strategy 2021 update and Forthcoming Publications* – CD updated the Board on development of the CQC Strategy and forthcoming publications. The *Monitoring the Mental Health Act Annual 2019-2020 Report* was highlighted. The intention was for this report to be reviewed at the next Board meeting and be published in late November.

Decision: Board noted the Executive Team report.

ITEM 5 – FREEDOM TO SPEAK UP SIX MONTHLY REPORT (REF: CM/10/20/05)

15. CJ presented the Freedom to Speak Up Six Monthly Report.

16. In discussion, data was highlighted showing that a number of concerns raised with the Guardians were based on simple misunderstandings. As such, CJ stressed the importance of colleagues thinking carefully about the contents of an email and how it may be received.
17. Possible barriers to colleagues accessing the Guardians were considered and it was suggested that this this could be because colleagues did not feel confident to come forward or did not think there would be any action as a consequence of speaking up. As such, it was accepted that more work needed to be done to help ensure colleagues felt safe in coming forward and to ensure that colleagues were kept informed of the actions taken following speaking up. CJ recognised the importance of continuing to raise awareness and noted the suggestion of using an external mechanism for contacting the Guardians which could enable colleagues to feel safer in speaking up.
18. JLA reported that CQC currently had 60 Freedom to Speak Up Ambassadors who were trained and active. There were plans to upskill the trained ambassadors to enable them to train new ambassadors.

Decision: Board noted the Freedom to Speak Up Six Monthly Report.

ITEM 6 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE (ACGC): REPORT OF THE MEETING ON 1 OCTOBER 2020 (REF: CM/10/20/12)

19. PR reported on the ACGC meeting that took place on 1 October. Of note was the presentation delivered by colleagues in Healthwatch England (HWE) and the related discussion on risk in HWE and the ways in which CQC and HWE worked together.

Decision: Board noted the report from the ACGC meeting on 1 October 2020.

ITEM 7– ANY OTHER BUSINESS

20. There was no further business.

Questions from the public

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

22. Robin Pike raised two questions: *How does CQC capture out-patient patient experiences with hospitals? Many patients find the arrangements for making appointments to be difficult;* and *How does CQC currently monitor patient access to NHS dental services?* On the first question, EB responded noting that from its monitoring and regulatory activity CQC had identified that some patients were dissatisfied with some hospital outpatients' services. CQC would continue to monitor feedback from patients, including through the use of the TMA, and discuss this with hospital trusts during routine follow-up calls. CQC would continue to challenge organisations who were receiving this feedback to consider the needs of all their patients and if necessary, would take regulatory and enforcement action to improve the responsiveness of outpatients' services. On the second question, PW responded on behalf of RB explaining that CQC focused on quality and safety in NHS Dental Services, but that it would be looking at access to dental services as part of work considering access to primary care as a whole.
23. The meeting closed at 11.59.