Agenda Item: 2
Paper No: CM/12/20/02

Minutes of the Public Board Meeting
Meeting held by video conference (MS Teams)
18 November 2020 at 10.30

Present	
Peter Wyman (PW)	Chair
Ian Trenholm (IT)	Chief Executive
Rosie Benneyworth (RB)	Chief Inspector of Primary Medical Services and Integrated Care
Edward Baker (EB)	Chief Inspector of Hospitals
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
Laura Ottery (LO)	Advisor to Chief Executive
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
George Kendall (GK)	Corporate Secretary (minutes)
Chris Day (CD)	Director of Engagement
Mark Sutton (MSu)	Chief Digital Officer
Chris Usher (CU)	Director of Finance, Commercial, Workplace & Performance
Beth Matthews (BM)	Equalities Network Representative
Kiran Prashar (KP)	Head of Organisational Development (item 8)
Gill Nicholson (GN)	Director of People (item 8)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. There were no new declarations of interest. PW welcomed Beth Matthews, from the LGBT+ Equalities Network, as the Equalities Network representative for this month.

ITEM 2 – MINUTES OF THE MEETING HELD ON 21 October 2020 (REF: CM/11/20/02)

2. The minutes of the meeting held on 21 October 2020 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/11/20/03)

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

ITEM 4 – EXECUTIVE TEAM'S REPORT (REF: CM/11/20/04)

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

5. IT thanked CQC colleagues for their work and reiterated that CQC had continued to regulate despite not resuming normal inspection activity and rating services. It was confirmed that work was underway to look at a future ratings proposition, consistent with CQC's strategy. This will be presented to Board for consideration at a future date.

6. *Responsible Officer Annual Report* – The Responsible Officer Annual Report for 2019/20 (attached at Appendix A of the ET Report) confirmed that all revalidations were up-to-date and that all doctors employed by CQC were fit to practice with no concerns.

Decision: Board APPROVED the Responsible Officer Annual Report for 2019/20.

7. *Infection Prevention and Control (IPC)* – KT thanked inspectors for their work on the IPC inspections and provided an update on the number of inspections completed. It was expected that 520 inspections would be completed by the end of November exceeding the target of 500. Care homes where a COVID-19 outbreak had affected 30% or more of the residents were the main trigger for inspections. inspections aimed to identify what had happened and how the provider had acted to prevent the spread of COVID-19. KT emphasised that there was no direct correlation between the rating of a provider and COVID-19 outbreaks, with most providers ensuring good IPC. Areas that were weaker for some providers were around policies and procedures not reflecting the pandemic and inconsistent use of PPE.

8. *Designation Schemes* – KT reported on CQCs commitment to contact designated locations within 24 hours of them being identified by a local authority. The IPC methodology had been used but with an increased focus on the provider demonstrating the ability to zone COVID-19 positive residents and provide a bespoke workforce for those residents in order to mitigate the risk of spread and

cross-infection. To date 89 inspections had been completed with a small number of schemes being declined at the point of inspection because CQC could not be assured that residents could be zoned, or a bespoke workforce be provided.

9. *COVID-19 response in hospitals* – EB reported that inspectors would continue to use the transitional monitoring approach to look at how trusts had managed emergency departments and flow of the patients through hospitals, alongside risk-based and targeted IPC inspections. There had been concern about prolonged waiting times for patients in ambulances before being handed over to emergency departments and EB confirmed that this would be monitored.

10. *COVID-19 response in primary medical services* – RB reported that demand for primary care services was increasing and that. CQC would be working with all parts of the health and social care system to understand the implication of the mass vaccination programme. Roll out of the Transitional Monitoring App (TMA) was complete and positive feedback had been received from providers. On Provider Collaboration Reviews, it was noted that the fieldwork in urgent and emergency care was complete and would be presented to Board at a future date.

11. *Thematic review into do not attempt cardiopulmonary resuscitation (DNACPR)* – It was noted that RF was the non-executive director sponsor for the review. The scope and methodology of the review had been agreed, including the 7 CCG areas of focus. The focus would be on identifying and sharing learning and best practice and would not be a comprehensive review of every DNACPR that was in place.

12. *Chief Digital Officer's Report* – MSu reported that there were no information or cyber security issues to raise this month.

13. *Strategy 2021 update* – CD confirmed that the discussion document had been launched and discussions had taken place with a wide range of members of the public, representative groups and providers. Feedback from the discussions had been positive with support expressed for the key themes of the strategy.

14. *Recent publications*: *Report into Restraint, Seclusion and Segregation* – The report was published on 22 October. KT highlighted the report findings around missed opportunities for joined up health, social care, and education, and around access to early health diagnostics for adults and children with learning disabilities or autism. At its next meeting Board would consider the improvements CQC needed to make in light of the recommendations of the report.

15. *Recent publications: the COVID-19 Inpatient Survey* - EB reported that patients had been broadly positive about their care during the first peak of the pandemic but there was concern around the arrangements for discharge from hospital. Going forward, there needed to be a whole system response to address this.

Decision: Board noted the Executive Team report.

ITEM 5 – PERFORMANCE QUARTERLY REPORT (REF: CM/11/20/05)

16. CU presented the performance report drawing attention to two errors in the written report, the first relating to registration representations and the second relating to urgent actions and enforcement - both of these should be tracking green. With regard to regulatory action, it was noted that from 1 April until 17 November there had been regulatory activity at over 20,000 locations, representing 42% of active locations. On registration timeliness, the focus on reducing the number of applications in the registration system had resulted in a 31% reduction in volume since April.

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

ITEM 6 – CHANGE PORTFOLIO UPDATE (REF: CM/11/20/06)

17. KS and MSu updated Board on progress of the programmes within the Change Portfolio.

18. On the Give Feedback on Care (GFOC) campaign, CD reported that CQC had received feedback from 85,000 people. A revised webpage form, with improved accessibility, had been successful as numbers of people starting but not completing the form had dropped from a high of 70% to between 5-10%. Progress had also been made on giving feedback to people who have provided their views using GFOC. Inspectors have been encouraged to explain how they have used the information and there were plans to consider how people's experiences of services could be shared on the CQC website.

19. Board acknowledged the range and complexity of work across the programme and the risks that went with this. KS explained that good progress had been made on underpinning capability, particularly in the digital programmes, and that key elements would be the new strategy and the Target Operating Model. Mapping of the end to end process had begun and this, alongside detailed delivery plans for each programme, would enable CQC to understand interdependencies, identify any gaps, make changes as required and understand slippage and the associated risks to the Portfolio. KS reported on the Quality Improvement (QI) Building Capability programme noting that all previously face-to-face training including the silver QI training will be delivered online.

20. On success profiles, KS would check with HR colleagues on initial feedback and would report back separately to MSa.

ACTION: KS to report to MSa on feedback following the launch of success profiles.

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

ITEM 7 – COVID-19 INSIGHT REPORT (REF: CM/11/20/07)

21. CD presented the fifth COVID-19 insight report to Board and reported on its main themes: IPC inspections and the COVID-19 Inpatient Survey. CD highlighted the good practice found from the IPC inspections which related to staff testing and drew attention to learning for providers on the effective use of PPE.

22. On communication with stakeholders, CD explained that governmental, provider and public stakeholders received the reports and were briefed on them. It was confirmed that CQC intended to contact each NHS trust about the survey findings. It was also noted that future reports would include regional as well as national breakdowns.

Decision: Board noted the Covid-19 Insight Report.

ITEM 8 – PULSE SURVEY (REF: CM/11/20/08)

23. KP presented the results and summary from the latest Pulse Survey.

24. In discussion, a potential incongruity was noted between positivity towards the regular conversations with senior leaders and managers and how colleagues felt involved and listened to in organisational change. IT suggested that this could the way in which leaders reflected their colleague's views and emphasised that voices across the organisation had been heard. CD affirmed the importance of leaders being empowered and understanding key messages so these can be shared effectively with teams. KP reported on the possibility of follow-up conversations or workshops around change and how CQC could move the internal dialogue around managing change to being more positive.

25. Workload had featured strongly on the feedback from the wellbeing section of the survey. KP explained that results were shared with leaders and teams to help managers support their teams and enable conversations on wellbeing. GN added that the issues of workload, resilience and wellbeing were being discussed during weekly conversations with People directorate leads. It was confirmed that the report would be shared with the Freedom to Speak Up Guardians and that the People directorate would complete a deeper analysis to better identify any specific concerns.

Decision: Board noted the Pulse Survey.

ITEM 9 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 17 NOVEMBER 2020 (oral)

26. LS reported verbally on the RGC meeting that took place on 17 November. Three substantive items had been discussed the Adult Social Care home care pilot. This assessed providers without the need for a physical inspection using experts by experience to gather more service user voice and submissions from the provider; the GP Focused Inspection Pilot which will use technology to gather evidence from primary care providers; and the DNACPR thematic review, its methodology and engagement so far.

Decision: Board noted the verbal report from the Regulatory Governance Committee meeting on 17 November 2020.

ITEM 10 – ANY OTHER BUSINESS

27. There was no further business.

Questions from the public

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

29. Robin Pike raised two questions: *How can CQC support hospitals in their need to administer infection control measures whilst maintaining outpatient services? Currently many hospitals can only see one patient an hour in clinic;* and *How will CQC regulate patient access to GP practices in the future when GPs are dealing with Covid vaccinations? Many patients are finding it difficult to get face to face appointments and referrals at present.* On the first question, EB reported that CQC contacted all NHS trusts using an IPC assurance tool in order to gain assurance around infection control in outpatient services. Where a trust was identified as needing support, they were placed in contact with NHS Improvement. CQC had and would continue to monitor data from trusts and review information provided by the public and NHS staff, alongside completing risk-based IPC inspections where there were issues and if necessary, would take action. On the second question, RB acknowledged the key role of primary care in the vaccination programme and emphasised that GPs must meet the needs of their population and ensure that everyone could access the care they needed. CQC had been and would continue to regulate using a risk-based approach including, examining how people were accessing services and how GP practices were communicating changes to access arrangements with members of the public.

30. The meeting closed at 12.41.