

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
17 June 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)
Chris Day (CD)
Harriet Hummerstone (HH)
Farah Islam-Barrett (FIB)
Mark Sutton (MSu)
Chris Usher (CU)
Imelda Redmond (IR)
Gill Nicholson (GN)
Kiran Prashar (KP)
Paul Sumner (PS)
Carolyn Jenkinson (CJ)
Julie Lindsay-Ayres (JLA)

Chair
Chief Executive
Chief Inspector of Hospitals
Chief Inspector of Primary Medical Services & Integrated Care
Chair of Healthwatch England and Non-Executive Board Member
Non-Executive Board Member
Non-Executive Board Member
Non-Executive Board Member
Non-Executive Board Member
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)
Director of Engagement
Equalities Network Representative
Interim Policy Adviser to the Chief Executive
Chief Digital Officer
Director of Finance, Commercial, Workplace & Performance
Healthwatch England National Director (item 5)
Director of People (item 7)
Head of Organisational Development (item 7)
HR Research and Analytics Manager (item 7)
Freedom to Speak Up Guardian (item 8)
Freedom to Speak Up Guardian (item 8)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. No apologies for absence had been received from Board Members. There were no new declarations of interest. PW noted that the week prior to the meeting was carers week and welcomed one of the co-vice chairs of the Carers Equality Network, Harriet Hummerstone, as the Equalities Network representative for this month.

ITEM 2 – MINUTES OF THE MEETING HELD ON 20 MAY 2020 (REF: CM/06/20/02)

2. The minutes of the meeting held on 20 May 2020 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/06/20/03)

3. There were no outstanding actions on the action log. IT raised one matter relating to the CQC Insight Report, to report that it would be published monthly, aligned with Board meetings rather than fortnightly.

ITEM 4 – EXECUTIVE TEAM'S REPORT (REF: CM/06/20/04)

4. IT, with Executive Team members, presented the Executive Team report to Board. The following matters were highlighted:
5. *COVID-19 response update* - IT reported on the ongoing impact of COVID-19 on CQC's work. The importance of reporting on feedback from providers and CQC's role in highlighting and sharing good practice and innovation with providers was also noted. The organisation-wide calls about the impact of COVID-19 on BAME communities would continue and the commitment to constructively raise equalities issues within the sector was affirmed.
6. *COVID-19 response in ASC* - KT reported that colleagues had completed over 5,000 conversations supported by the Emergency Support Framework (ESF). The majority of providers were found to be coping in their response to COVID-19 but, in a small number of cases, CQC had taken action to address issues that had arisen, including inspections that had 'crossed the threshold'. A change in the application of the ESF was noted which would result in a number of targeted and focussed inspections and inspectors would be reviewing their portfolios around a set of agreed priorities in order to prioritise those services that needed to be visited. KT drew attention to a 55% increase in the number whistleblowing calls compared to the same period in 2019. 26% of those calls related to Personal Protective Equipment (PPE), 22% to infection control and social distancing and 4% to concerns about the quality of care. KT encouraged members of the public and the health and social care workforce to complete the Give Feedback on Care form to

provide to CQC with feedback on their experiences. An update was provided on enforcement action taken, including the recent successful prosecution of an unregistered homecare provider.

7. *Restraint, Segregation and Seclusion / Closed Cultures update* - KT confirmed that mandatory training on human rights had been completed by CQC colleagues and there would be required training around the revised supporting guidance on closed cultures. Ongoing work with the University of Warwick around positive behavioural approaches was also noted. HH added that, on behalf of the Joint Network Voice, that EDHR training had received positive comments and that analysts in Intelligence had found the closed culture training helpful for responsive analysis work.
8. *COVID-19 response in hospitals* - EB reported that the ESF had been used to support conversations with providers and as a monitoring tool which was contributing towards wider intelligence gathering by CQC. Going forward, COVID-19 still posed a risk and the technological platform beneath the ESF was being used to develop a transitional regulatory framework with an intended launch in early autumn. A second iteration of the ESF had been developed based on national guidance on infection control for hospital trusts and would be tested in coming weeks. Findings will be reported in the next Insight Report.
9. *COVID-19 response in Primary Medical Services* - RB confirmed that the ESF had been successfully rolled out across PMS. Instances of whistleblowing had resulted in follow up activity, including responsive inspections where concerns were identified. Concerns around people being reluctant to access GPs and other medical services were noted. On dental services, it was noted that, despite a number of challenges, practices were reopening and that around a third of practices had begun offer a range of services to patients.
10. *Special Educational Needs and Disability (SEND) – Joint Inspectorate Programme Ofsted/CQC* - RB updated the Board on a further programme of work with OFSTED to run from 2022. RB confirmed that CQC would continue to look for opportunities to further develop methodologies which would improve capture of the views and experiences of children and young people.
11. *Local systems work* - It was noted that COVID-19 had produced some good examples of innovation and collaboration as well as some areas which had not worked as well including some concerns about primary care support to care homes. Learning from this will be captured through a series of provider collaboration reviews (PCR) over the coming months, building on lessons learnt following the local systems reviews. RB explained that the focus of PCRs would be the over-65s as they were the group that most often had more complex needs and would require a range of services that needed to work together. The initial PCRs offered an opportunity for learning which could then be considered in relation to other population groups. HH noted that, through the Joint Network Voice, CQC had a wealth of experience from members, their relatives and from personal and professional experiences

that could potentially be drawn on to support the work. JO noted that sometimes there was a difference in collaboration between leadership of organisations and collaboration on the ground and whether PCRs would account for this difference. RB reported that PCRs would be short, high level pieces of work designed to start discussions and identify themes. It would involve pulling together system data to help understand a person's journey through the local system and this would be combined views from system leaders.

12. *Impact of COVID-19 on waiting list management* – RF raised concerns about the treatment of patients on waiting lists that had built up during the COVID crisis, highlighting the potential for a lack of interaction between providers and patients about their ongoing care and even the possibility that patients could be 'lost' in the waiting list management process. RB acknowledged that there was a drop in the 2 week wait referrals from Primary Care into Secondary Care and that work was being carried out by NHS England and cancer teams to understand the reasons. EB also noted that other services could be re-instated if capacity and infection control were carried out correctly. It was affirmed that management of waiting lists would be a key priority for CQC, ensuring that providers were effectively managing lists with plans for prioritising any build-up. It was important that CQC worked with providers to make sure that good practice around waiting lists was central to recovery from COVID-19.
13. *Performance report April 2020* - CU presented the performance report for April 2020 as set out in Annex 1 of the written report. It was noted that the focus for registration was on improving the processing time for both simple and complex applications. The approval timescales of, on average, 21 days for simple applications and 103 days for complex applications would become the baseline to monitor improvements. In relation to complex registrations, it was important that CQC engaged with providers at the right time to ensure that CQC was not itself a reason for delay. KS confirmed that all stages of the registration process had been reviewed and ways to monitor and improve were being considered but much of the timing of the process was outside the control of CQC, as colleagues waited for responses to clarifications or other information. As part of the registration transformation work, consideration was being given to the best ways to engage early with applicants to ensure they were making the application in the right way with all the correct information. On the target for representations upheld in the report, RF highlighted an anomaly in the way this was presented. KS would ensure this was clarified in future reports. CU also confirmed that data relating to the percentage of turnover of colleagues with less than two years' service should be available on a quarterly basis in the supplementary pack.

ACTION: KS to ensure correct presentation of target for representations upheld in future reports.

14. *People Plan* - On keeping the Board updated about progress on the Diversity and Inclusion Strategy, KS highlighted the action plan attached to the Strategy and that reporting against the plan would be on a quarterly basis. HH confirmed that the equality networks had supported development of the strategy to ensure that a diverse range of voices were represented and that, as a 'from the ground' strategy, it would enable colleagues to have the confidence and competence to support people. MSa commended the work

and added that the Audit and Corporate Governance Committee (ACGC) had also reviewed people risks and metrics and that the ACGC subcommittee would be reviewing organisational culture as an ongoing process.

Decision: Board noted the Executive Team report.

ITEM 5 – HEALTHWATCH ENGLAND UPDATE (REF: CM/06/20/05)

15. RF and IR presented the Healthwatch England Report. RF commended the successful transition to new ways of working as a result of COVID-19, while adjusting to the demands of the pandemic. IR summarised the key points from the report focusing specifically on changes to Healthwatch processes and the increased influence of Healthwatch in the last year. IR also noted an improved relationship with the Healthwatch Networks and how they had been supported through the introduction of equality frameworks and research and impact tools.
16. On work completed by Healthwatch during the pandemic, there had been three priorities: provision of government data and information to the public quickly in a digestible format; support for the Healthwatch Network by sharing key pieces of information and guidance; and to enable people to provide feedback on their experiences. There had also been policy input on areas including shielding, patient transport and resuscitation. Challenges were also noted relating to non-coterminous NHS-local authority-local Healthwatch boundaries and its impact on influencing decision making and resources.
17. MSa recognised the successful development of Healthwatch’s digital platform and increased website views and asked if any of the face-to-face engagement meetings and events would be digitised. IR confirmed that regional network meetings had been moved online and appeared to be more successful than face-to-face meetings with improved attendance and engagement. Training had also successfully moved online and there were plans to move the Healthwatch conference online but work was also taking place on developing methodologies for different types of face-to-face engagement that factored in social distance and aimed to ensure that hard to reach groups did not get left behind.

Decision: Board noted the Healthwatch England Update.

ITEM 6 – COVID-19 INSIGHT REPORT (REF: CM/06/20/06)

18. CD presented the second Insight Report, highlighting three key points relating to transparency, improving and driving learning and collaboration between services and organisations locally and nationally.

19. On transparency around data on the availability of PPE in Care Homes, CD's aim was to gather information from CQC data and the NHS Tracker so that it could be presented as a total reflection of what was collectively known across health and care. LS highlighted examples of collaboration and innovation that could be built on by CQC both in terms of its Independent Voice and in its regulatory activity. CD reported that much data was gathered for the purposes of inspection but the benefit of having a wider range of data had become clear and this could be used to better understand what was going on across areas and local systems. EB commented that there was a great opportunity for learning from these reports to ensure better preparation for any future pandemic.

Decision: Board noted the COVID-19 Insight Report.

ITEM 7 – PEOPLE PULSE SURVEY (REF: CM/06/20/07)

20. GN presented the results of the People Pulse Survey completed in May, highlighting the positive results and the clear significant statistical shifts particularly with colleagues' views on visibility, direction and leadership from the executive team. GN explained that results were currently being shared for discussion at local level. At a senior level, there was a wish to build on the aspects that led to the positive set of results and embed this so that it became the normal way of working.
21. IT thanked colleagues for their remarks and wanted to recognise all the work that had taken place behind the scenes that led to effective decision making, the quick resolution of concerns and affecting change at pace. HH noted the flexibility that working from home had brought for many colleagues and suggested that it would be helpful for this flexibility to be maintained and encouraged moving forward.
22. MSa reflected that the survey results showed that the leadership had listened to colleagues and suggested that it would be helpful if the experiences of other colleagues could in some way be captured and built into an induction tool so that current experience could be shared with new colleagues. JO congratulated the Executive Team on the results of the Survey and their visibility during the pandemic. He noted the benefits of visibility and verbal communications and hoped that this would be taken forward into the next stage of the transformation programme.

Decision: Board noted results of the People Pulse Survey for May 2020.

ITEM 8 – FREEDOM TO SPEAK UP GUARDIANS – SIX MONTH REPORT (REF: CM/06/20/08)

23. CJ and JLA presented the six-month report from the CQC Freedom to Speak Up Guardians.

24. In discussion, EB expressed disappointment that the survey results showed only 47% colleagues felt it was safe to speak up in CQC. It was suggested that this should be covered by a question in the regular Pulse surveys going forward. CJ would raise this with GN.

ACTION: CJ to work with GN on inclusion of a Pulse Survey question on feeling safe to speak up.

25. On the availability of information for other demographics, CJ confirmed that the report contained data regarding different age groups but recognised that there was more work to be done on data for other demographics and related analysis of data. Following resolution of the recent issue related to broadband provision for homeworkers PR, who had been involved in discussions, was confident that lessons had been learned and that CQC was now in a better position to move forward.
26. RF drew attention to the difference in the number of ambassadors within CQC in contrast to registered providers. JLA confirmed that the number of ambassadors would be monitored but, within CQC, there were ambassadors in all directorates and across a range of grades to ensure that people had the opportunity to approach someone who they felt comfortable with. The dispersed nature of CQC also likely accounted for the higher number of ambassadors. HH thanked CJ for coming to speak to the equality networks about the role of the Freedom to Speak Up Guardians and their engagement with the networks.
27. On behalf of the Board, PW thanked the Guardians for their report and their continuing work.

Decision: Board noted the Freedom to Speak Up Guardians – 6 Month Report

ITEM 9 – REGULATORY GOVERNANCE COMMITTEE (RGC): UPDATE OF MEETING 16 JUNE 2020 (Oral)

28. LS reported back from the RGC meeting that had taken place on 16 June 2020. Two main issues were discussed:
29. *Learning from the ESF and its future development and use* – RGC fully recognised that the ESF had provided a valuable framework for engagement with providers during the COVID crisis. The technology platform used would play a key part in future development but it was important that there was clear communication about the ESF and the future regulatory tool to provide clarity both internally and externally.
30. *Expectations for health and care services returning more fully to non-COVID work and what this meant for CQC* - RGC had considered the position in a range of providers across all sectors. The main areas that arose in the discussion were focused on

issues relating to waiting list management, potential pressures on the health and social care workforce and the role of CQC in infection control and sharing best practice and innovation.

Decision: Board noted the Regulatory Governance Committee Update.

ITEM 11 – ANY OTHER BUSINESS

31. There was no further business.

Questions from the public

32. PW noted that one question had been submitted by a member of the public, but it related to a matter under the responsibility of NHS England and the questioner had been re-directed to them.
33. The meeting closed at 13:15