

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
20 November 2019 at 11.00am

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)	Non-Executive Board Member
Malte Gerhold (MG)	Chair, Healthwatch England and Non-Executive Board Member
Jora Gill (JG)	Executive Director of Strategy & Intelligence
John Oldham (JO)	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

Chris Day (CD)	Director of Engagement	Martin Harrison (MH)	Senior Corporate Secretary (minutes)
Rebecca Lloyd-Jones (RLJ)	Legal Adviser to the Board	Farah Islam-Barrett (FIB)	CQC equality networks representative
Mark Sutton (MSu)	Chief Digital Officer	Gill Nicholson (GN)	Director of People (item 6)
Chris Usher (CU)	Director of Finance, Commercial, Workplace & Performance		

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. No apologies for absence had been received and no new interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 16 OCTOBER 2019 (REF: CM/11/19/02)

2. The minutes of the meeting held on 16 October 2019 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/11/19/03)

3. The action log was noted.

Independent review into how CQC dealt with concerns in relation to the regulation of Whorlton Hall

4. PW reported that, due to pre-election restrictions, and following discussion with the Department of Health and Social Care, publication of David Noble's report would now be postponed until after the General Election. It was intended that the report would be published at the next Board meeting after election restrictions were removed.

5. There were no other matters arising.

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/11/19/04)

6. IT presented the Executive Team report. The following matter was highlighted:

Improving regulation in 'closed environments'

7. EB highlighted commissioning as an issue that would require further consideration and attention in this context, particularly with regard to oversight and how the overall process was most effectively overseen.

Decision: The Board noted the Executive Team report.

ITEM 5 – 2019-20 QUARTER 2 CORPORATE PERFORMANCE REPORT (REF: CM/11/19/05)

8. KS, with contributions from other Executive members, presented the corporate performance report for Quarter 2 of 2019-20.

9. *Registration (slide 4 of the report pack)* - KS reported on activity to address under-performance. The focus was on reducing the backlog and work was being managed according to risk. It was acknowledged that the figures conveyed some complex and often nuanced information and therefore it was intended that new KPIs would be developed to provide measures that better captured the reality of data presented. It was noted that this could lead to a dip in the performance reported via the current single measure, but it was expected that this should be recovered from April 2020 following the introduction of new processes and new measures.

10. *Return to Rating data for PMS (slide 6)* - RB reported on CQC activity to address issues identified through the data and also drew attention to the impact of external factors, for example, the need to align CQC work with partner bodies which sometimes affected the timing of a return visit. It was noted that there was around a 17% deterioration in Good and Outstanding services to Requires Improvement and Inadequate due to a range of factors but it was also important to note that there was improvement taking place at the same time.
11. *Return to Rating data for ASC and Hospitals (Slides 7 and 8)* - KT confirmed that a risk-based approach was applied to prioritising inspections leading to improvement in performance from October. For hospitals, EB highlighted the aim to move to a more responsive flexible approach to inspection instead of a purely timetabled approach.
12. *Enforcement (slides 10 and 11)* - Board noted that those cases outside of the KPI were generally a result of issues arising around the margins of the 'at risk of statutory harm' test where cases were not necessarily clear cut. RLJ reported that the data showed outcomes, not when a case was initiated or where there was rolling activity. It was noted that cases shown as 'other' were those where CQC had escalated enforcement action to a higher level or where the action had been withdrawn. In discussion, Board drew attention to those cases outside of the KPI, the potential impact on those using services and whether it was possible to identify a root cause. KT affirmed that inspectors were taking action in a timely way to ensure people were kept safe but, in doing this, it sometimes meant that data was not properly captured on systems thereby impacting on figures. It was also noted that the Regulatory Governance Committee had a deep dive into enforcement scheduled for their March 2020 meeting.
13. *Inspection Report Timeliness for PMS (slide 14)* - RB reported a slight dip in performance for October. This was due to a number of factors, including the introduction of the annual regulatory review process which had triggered more inspections that anticipated. There were also some data issues and data cleansing activity had been undertaken.
14. *Inspection Report Timeliness for Hospitals (slide 15)* - Board highlighted ongoing under-performance. EB confirmed that letters were sent in advance of inspection reports in order to provide early notice of findings with the intention that these letters were put in to the public domain at a trust's subsequent Board meeting. Board suggested it would be helpful to have data confirming that letters were being issued and that trusts were publishing them. On reports, EB confirmed that a systematic QI approach was now in train and improvement in performance should be seen by the end of the current financial year although a deep dive was scheduled for the Audit & Corporate Governance Committee sub-group in February, where EB would report further.

Action: Data on issue and publication of pre-inspection report letters and report back on progress scheduled for deep dive scheduled for ACGC sub-group in February

15. *Cost / time lost to IT issues (slide 18)* – IT highlighted the significant amount of work on digital upgrades and migration that had taken place in the last 6 weeks, most of which had been completed successfully. With this in mind, and comparing figures from the same time last year, the data was showing an improving picture.
16. *Turnover (slide 23)* – Board drew attention to the rising trend in turnover in some directorates. RB reported that, for PMS, this was largely due to retirement but the situation was being monitored. It was suggested that it would also be helpful to see quarterly data for turnover of those with less than 2 years service. KS also confirmed that the Annual People Survey was running currently and was due to close on 26 November. Analysis of results would take place in December with a report to Board in the new year.
17. *Reduce vacancy factor (slide 24)* – KS confirmed that the figures presented in this slide were for substantive and fixed-term positions, not positions filled by contingent labour. Posts for the transformation portfolio were tracked separately, including information on the length of time taken to fill posts. This information would be provided to the next ACGC sub-group on transformation.
18. *Risk Register (slide 28)* – The 3 red rated risks were related to: Market Oversight (MO); Change and Improvement; and the General Election. For Market Oversight, this reflected the need to ensure the right colleagues were in position along with risk around providers in the MO scheme. On Change and Improvement, this reflected the significance of the programme of work and the complexity of inter-dependencies across the programme. For the General Election, this reflected the uncertainty of the current position.
19. *Whistleblowing (slide 7, annex 2)* – Board drew attention to the imprecise nature of data around whistleblowing and the concern that this meant the data was unhelpful. IT undertook to provide further detail for the figures and explanation around some of the terminology used. In discussion, Board highlighted the need to consider how best to engage with and support those who raised concerns. IT reported on activity that was aimed at making CQC systems more sophisticated and to keep those informed where concerns had been raised, while fully acknowledging that some who raised concerns would wish to remain anonymous.

Action: IT to arrange for provision of further detail on whistleblowing data and terminology

Decision: Board noted performance for Q2 of 2019-20 and the current financial position and action in place to address areas where performance was under plan, as set out in the written report and annexes.

ITEM 6 – QUARTERLY CHANGE AND PEOPLE UPDATE (REF: CM/09/19/06)

20. KS presented a progress update on delivery of the transformation portfolio and the people strategy as set out in the written report.
21. Board welcomed developments on the new people strategy. GN confirmed that the next stage was to put in place a delivery plan with milestones. On the development of coaches to build capability, GN explained that it would be difficult to track their impact in detail, due in part to the need for confidentiality in some areas but some impact would be expected to be seen in survey results. It was noted that figures from the current Annual People Survey would enable a comparison with last year.

Decision: Board noted the update on delivery against the transformation programme and people strategy as set out in the written report.

ITEM 7 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 19 NOVEMBER (Oral)

22. LS gave a brief oral update from the Regulatory Governance Committee (RGC) meeting that took place on 19 November.
23. At the meeting, the Committee had looked at research on the impact of CQC and considered and commented on how learning from the research was best applied to existing work and how it should inform development of the new strategy. The Committee also looked at the CQC risk register, how it should inform their forward work plan and agreed that those risks that were concerned with regulatory activity would be owned by RGC rather than ACGC.

ITEM 8 – ANY OTHER BUSINESS

24. There was no further business. Time allowed for the following question from members of the public.
25. Robin Pike asked about plans to upgrade the CQC website. CD acknowledged that challenges around the CQC website were related to the wide audience which the single site was trying to address. Work was taking place with *the Give Feedback about Your Care* team and planned action was aimed at providing more clarity around who information was related to, streamlining guidance available for providers and reviewing how

that guidance was best presented. The underpinning ambition was that it should be clear what information was for providers and what was for the for the public.

26. Nicole Lander asked about: CQC monitoring of the practice of “clipping” (the practice of shortening care visits to people in their own home); the percentage of at-home care providers using digital systems which might prevent “clipping” vs manual written systems which were more open to fraud; CQC plans to insist that all at-home care providers used digital systems and to to mandate that carers stay for their contracted hours; and, in CQCs experience, how many councils had successfully prosecuted care providers for “clipping” following inspections or interventions by the CQC. KT reported that, while the practice of clipping was not specifically monitored by CQC, the aim of CQC was to ensure high quality, person-centred care. To assess this, inspectors would speak with those experiencing care and with staff providing care. The role of commissioning was important and KT highlighted NICE guidance available to commissioners on length of visits along with the responsibilities of the provider. In light of the emerging role of digital care records, a workshop with providers was scheduled to consider use and KT also drew attention to CQC’s publication *Driving improvement through technology*.
27. David Hogarth highlighted the potential use of new technologies in helping families and carers to keep in touch with those using services, particularly as there could sometimes be some distance between families / carers and the service. KT agreed that there were good examples of the use of technology and it was part of CQC’s role to shine a light on these. KT also noted the potential role that trade associations had to play.
28. Bren McInerney suggested an increased intensity in highlighting CQC inspection reports, noting the importance of engaging with the right networks, all of which would improve dissemination and help to ensure that these were reaching the widest possible audience. Bren also emphasised the need to avoid the overuse of acronyms in inspection reports and in reports / guidance more generally.
29. PW reminded those present that the December Board meeting had been cancelled, thanked all for attending this meeting and brought the public session to a close.
30. The meeting closed at 12:50pm