

**Minutes of the Public Board Meeting  
151 Buckingham Palace Road, London, SW1W 9SZ  
22 January 2020 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
Malte Gerhold (MG)	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	Henrietta Hughes (HH)	National Guardian (item 4)
Mark Sutton (MSu)	Chief Digital Officer	David Noble (DN)	QSO (item 5)
Chris Usher (CU)	Director of Finance, Commercial, Workplace & Performance		

**ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST**

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Jora Gill and Robert Francis. The scheduled representative of the CQC equality networks was also unable to attend on this occasion. There were no new interests declared.

**ITEM 2 – MINUTES OF THE MEETING HELD ON 20 NOVEMBER 2019 (REF: CM/01/20/02)**

2. The minutes of the meeting held on 20 November 2019 were accepted without amendment.

**ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/01/20/03)**

3. The action log was noted.
4. There were no matters arising.

**ITEM 4 – NATIONAL GUARDIAN'S OFFICE (NGO) - UPDATE AND PRIORITIES FOR 2020/21 (REF: CM/01/20/04)**

5. HH joined the meeting to present an update on the work of the National Guardian's Office and to set out priorities for the next financial year.
6. Board noted the update and, in discussion, highlighted planned work around primary care and integration and the development of an e-learning product. HH reported that increasingly, providers were including speaking-up training in their own management training programmes and that the new NHS Leadership Programme included a speaking-up module. HH noted that CQC colleagues had been responsive in collaborating and supporting the work of NGO.

***Decision: Board noted the progress update and planned priorities as set out in the written report***

**ITEM 5 – INDEPENDENT REVIEW INTO HOW CQC DEALT WITH CONCERNS IN RELATION TO THE REGULATION OF WHORLTON HALL (REF: CM/01/20/05)**

7. DN joined the meeting to present his review of how CQC dealt with concerns relating to the regulation of Whorlton Hall in 2015, which would be published at mid-day, today.
8. It was confirmed that CQC fully accepted the recommendations in the report and would take action to address them, also ensuring that action was appropriately aligned with recommendations from Professor Glynis Murphy's review into CQC's regulation of Whorlton Hall between 2015 and 2019, when that was published. EB summarised the work that was already taking place in response to CQC's own findings and paid tribute to colleagues who had come forward and spoken-up, affirming that information gathered through speaking-up was of crucial importance to the work of CQC.
9. Board noted that the Professor Murphy's review would take more of an overview of CQC's regulation of closed environments whereas DN's review was narrowly focused on the 2015 inspection of Whorlton Hall and matters related to it. DN drew attention to the context of change

within CQC at the time on which his report was focused and noted that there were lessons to be learned around radical change and the implementation of new operating models. IT emphasised the importance of ensuring that activity to address the recommendations was properly embedded into CQC business and implemented in a way that made a real difference to people using services. Board highlighted the importance of inspectors having the right tools and support to be able to assess and use the information available to them. DN suggested that it would be important to engage and involve frontline inspectors in activity addressing the recommendations. IT thanked Barry Stanley-Wilkinson (BSW) for speaking up and reported he would write to BSW after the meeting with a copy of the report. KT reported that she was chairing the Improving Regulation Today programme board which would oversee the action plan in response to the report and a progress update would be brought to Board in March.

**Action: IT to write to BSW with a copy of the report**

**Action: Update report to be scheduled for March Board. Secretariat to add to Forward Plan.**

**Decision: Board AGREED to fully accept the recommendations set out in the report.**

#### **ITEM 6 – EXECUTIVE TEAM REPORT (REF: CM/01/20/06)**

10. IT, with Executive Team colleagues, presented the Executive Team report. The following matters were highlighted:

##### 2019/20 Pay award

11. IT confirmed that, since the written report had been submitted, the 2019/20 pay award had been agreed and would be implemented in the February 2020 payroll, with all increases backdated to 1 September 2019.

##### Return to rating data for PMS

12. Board highlighted a sudden variation in the number of return to inspections of practices rated as Inadequate and Requires Improvement. RB reported that there were very often local, external factors for example, the need to align CQC work with partner bodies which sometimes affected the timing of a return visit or the major re-structuring of a practice taking place – that could legitimately delay a return inspection. The actual numbers of practices concerned was small but PMS colleagues were continuing to track and review the data on a weekly basis. More generally, Board affirmed the importance, across all sectors, of identifying and taking action on missed KPIs.

Current financial position

13. Board noted the positive current financial position. CU reported that work had taken place last summer and autumn that allowed for any potential issues to be addressed at an early stage. This led to the current position and should feed positively into planning for the next year.

Improving regulation in 'closed environments'

14. Board noted that, since its last meeting, CQC had published its well-led review of Cygnet Health Care. In discussion, it was recognised that many providers operating 'closed environments' were private organisations treating NHS patients. EB confirmed that, for NHS providers, a series of measures and support was available to help improvement, but a similar support package was not available to independent health care providers. EB had spoken with NHSI colleagues about developing a similar package for the independent sector.

Getting to the Right Care in the Right Way: Digital Triage in Health Service

15. This report was due to be published on 23 January. IT noted that it publicly demonstrated CQC's willingness to engage with providers in conversations about new and novel models of care.

Launch of CQC's first podcast series

16. Board noted the launch of the CQC's first series of podcasts. It was suggested that future podcasts could include other participants so that they become more conversational. CD set out some of the ways in which the podcasts were being promoted including, through regular communications to providers and wider engagement with colleagues across the health and social care sector.

Learning disability 'Declare Your Care' campaign

17. It was suggested that it would be helpful to identify any patterns in feedback which could be used to inform work going forwards. Board also acknowledged work looking at effective ways to reach people with learning disabilities and affirmed that this should continue.

Experts by Experience

18. In view of the recent contract award, it was suggested that a more in-depth discussion about the role of Experts by Experience would be helpful, once the new contract had had time to bed in. It was felt that this more detailed level of discussion could most usefully take place at a Regulatory Governance Committee (RGC) meeting and it should therefore be scheduled into the RGC forward work plan.

**Action: Secretariat to schedule discussion on Experts by Experience into RGC Forward Plan.**

***Decision: The Board noted the Executive Team report.***

**ITEM 7 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 21 JANUARY 2020 (Oral)**

19. LS gave a brief oral update from the Regulatory Governance Committee (RGC) meeting that took place on 21 January.
20. At the meeting, the Committee had received an update on work from the PMS team. In discussion, RGC had affirmed the principle that CQC findings must always reflect the quality of care provided but acknowledged that sometimes reports needed also to reflect the context of wider pressures on the local care system. Discussion also covered working with partners to support those providers that failed to improve and, in light of digital developments and new models of care, the need to ensure public awareness of the importance of a rating from CQC. The Committee also spent time considering proposals around research and development and emphasised the importance of looking at existing evidence and seeing how that could feed into implementation to drive improved outcomes. This was best done in partnership with existing research organisations rather than setting up a significant new CQC programme. RGC also acknowledged the need for a pragmatic approach around how evidence was understood and used in light of previous medical interventions, initially based on evidence and yet ultimately having a negative impact. Areas where further research could be helpful were suggested as: understanding the impact of CQC; understanding the best models of regulation; and ensuring CQC's methodology is as evidence based as possible.

**ITEM 8 – ANY OTHER BUSINESS**

21. There was no further business. Time allowed for the following question from members of the public.
22. Robin Pike asked how CQC gathered intelligence for GP surgeries, particularly information concerning waiting times, and whether engagement with patients could be improved. MG explained the ways in which data was gathered including nationally collected data, information collected from the local community, meetings with patient participation groups and, during an inspection, speaking to those in waiting rooms. It was also noted that social media was used increasingly to provide information. CQC was considering how best to monitor and use this data but MG confirmed that CQC would always act on concerns raised via social media.
23. David Hogarth asked about progress on producing a simple communications page for the technology resource. He also commended CQC for its report 'Identifying and Responding to Closed Cultures' but, in light of the report focusing on the importance of identifying warning signs, whether CQC would turn its attention to ways of evidencing the abuse and neglect suffered by vulnerable people? CD confirmed that the

resource should be ready by the end of January. On evidencing abuse, EB confirmed that CQC needed to look across the full spectrum - both identifying circumstances where there was a risk to the vulnerable and seeking to identify evidence, both of which would inform CQC activity.

24. Andrew Ward reported that, at a recent event, he had asked NHS Chief People Officer, Prerana Issar, “who do you work for?”. Prerana had responded with a few short sentences and, with this in mind, and with regard to patients and families, those regulated by CQC and staff in all organisations, it would be helpful to consider “who did CQC work for?” PW affirmed that CQC worked for those that used services - that was CQC’s role and it was explicitly set out in the Health and Social Care Act 2008. PW also confirmed that CQC believed firmly in the principle of speaking-up and fully recognised the benefits of a culture where speaking up was encouraged. Mr Ward suggested that there were still some providers which seemed to ignore the recommendations of Sir Robert Francis. Mr Ward said he had raised this in earlier correspondence with PW to which he had not yet received a reply. PW undertook to check and ensure a response was sent to Mr Ward.

***Action: PW to check earlier response to Mr Ward and ensure a response was sent.***

25. PW thanked all for attending the meeting and brought the public session to a close.
26. The meeting closed at 12:45pm