

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

Peter Wyman (PW)	Chair
Ian Trenholm (IT)	Chief Executive
Louis Appleby (LA)	Non-Executive Board Member
Paul Corrigan (PC)	Non-Executive Board Member
Steve Field (SF)	Chief Inspector of General Practice
Robert Francis (RF)	Chair, Healthwatch England and Non-Executive Board Member
Malte Gerhold (MG)	Executive Director of Strategy and Intelligence
Jora Gill (JG)	Non-Executive Board Member
John Oldham (JO)	Non-Executive Board Member
Mark Saxton (MS)	Non-Executive Board Member
Liz Sayce (LS)	Non-Executive Board Member
Deborah Westhead (DW)	Interim Chief Inspector of Adult Social Care

In attendance

Ellen Armistead (EA)	Deputy Chief Inspector, Hospitals
Chris Day (CD)	Director of Engagement
Mark Edmonds (ME)	Director of Performance Change and Improvement
Rebecca Lloyd-Jones (RLJ)	Legal Adviser to the Board
Chris Usher (CU)	Director of Finance, Commercial & Infrastructure
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
Gabrielle Jones (GJ)	CQC equality networks representative
Kiran Prashar (KP)	Head of Organisational Development (item 7)
Paul Sumner (PS)	HR Research and Analytics Manager (item 7)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Paul Rew, Edward Baker (Ellen Armistead was deputising) and Kirsty Shaw (Mark Edmonds was deputising). There were no new interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 12 DECEMBER 2018 (REF: CM/02/19/02)

2. The minutes of the meeting held on 12 December 2018 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/02/18/03)

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

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/02/18/04)

5. IT presented the Executive Team report to Board. The following matters were highlighted:

Appointments to the Executive Team

6. IT reported that Dr Rosie Benneyworth would take up the post of Chief Inspector of Primary Medical Services and Integrated Care (incorporating the function of Chief Inspector of General Practice set out in Schedule 1 (3A) of the Health & Social Care Act 2008) from 4 March 2019. Steve Field would be leaving the role on 1 March and, on behalf of the Executive Team, IT thanked SF for his work as part of ET.

Detention of children and young people with learning disabilities and/or autism inquiry

7. EA reported that CQC's contribution to the inquiry was based on information gathered via the inspection process. EA would arrange for the information reported to the inquiry and inquiry terms of reference to be shared with Board.

Action: Information reported to the inquiry and inquiry terms of reference to be shared with Board – Ellen Armistead

'Declare your Care' campaign

8. CD reported that colleagues had been working with Healthwatch England and other external partners to ensure that the campaign reached as widely as possible. The campaign had been structured over quarters to make reviewing and reporting back more effective and to provide a more effective framework to show how information received by CQC made a real difference to CQC activity.

Decision: The Board noted the Executive Team report.

ITEM 5 – 2018-19 QUARTER 3 CORPORATE PERFORMANCE REPORT (REF: CM/02/19/05)

9. ME and CU presented the corporate performance report for the third quarter of 2018-19.

10. The improved results in ASC and PMS were highlighted and it was suggested that this was the first fruit of the quality improvement activity that had taken place. A dip in productivity was noted for December but ME confirmed that this was due to Christmas.

Staff turnover

11. IT confirmed that, as part of its Workforce Strategy, CQC was always seeking to identify reasons why people left the organisation and to address issues that came to light. In discussion, Board highlighted the particular challenges around management of a dispersed workforce and also acknowledged that the skills and experience gained within CQC often made colleagues into potentially attractive employees to outside organisations.

Providers in long-term breach of regulation

12. Following discussion at the last Board meeting, DW had shared further detail with Board members. LA welcomed the information received as it built a helpful picture of the current position and as such, suggested that something similar could be used in regular reporting to give a sense of narrative around the bare data.

Whistleblowing data

13. It was suggested that presentation of data would benefit from more detail. At present, the majority of cases were categorised as 'Other (such as information used to support future inspection)'. While there was confidence that the correct response had been made in individual cases and that action around urgent cases had been correct and timeous, it was essential that people had confidence in how the information was used by CQC and more detailed presentation of information could help this.

Enforcement activity

14. DW confirmed that appeals to tribunal could consume significant amounts of time for inspection and legal colleagues. As such, this would impact on productivity however, some measure of enforcement activity was accounted for in projected productivity figures. There were opportunities for closer working across directorates and this was a chance to ensure resources were in the right place and to look more strategically at learning and development opportunities and skills development across inspection directorates.

Decision: Board noted Quarter 3 performance as set out in the written report and attached annex.

ITEM 6 – REGULATION OF ONLINE PRIMARY CARE – Item withdrawn

ITEM 7 – 2018 PEOPLE SURVEY UPDATE (REF: CM/02/19/07)

15. KP and PS presented analysis and themes drawn from the 2018 People Survey and proposed action to respond to those themes and issues.
16. Board welcomed the very positive responses in some areas but acknowledged that there were still challenges. In discussion, particular challenges around communication were highlighted and there were questions around whether the figures related to communication were perhaps indicative of deeper, underlying issues. The variation in results across teams was also noted, pointing towards variation in management and leadership across the organisation. Accordingly, action had been put in place to ensure that managers had the support that they needed. Board emphasised the importance communication that was part of an ongoing dialogue rather than just informing.
17. The high completion rate for the survey was noted however, the figures for those expecting that it would make a difference were much lower. It was suggested that this indicated a significant commitment to the moral imperative of CQC's business but that this was not always matched in the practical application of working for the organisation. In the future, it was suggested that it could be helpful to obtain some quick feedback or take a regular sense check. A cross-function focus group was suggested as a possible option. An initiative at Leeds NHS Trust was also highlighted whereby electronic media was used to support better engagement directly between the Executive team and other colleagues.
18. The importance of attention to mental wellbeing was highlighted and the acknowledgement that well-being was about much more than just bullying, which was

sometimes the main focus. LA drew attention to the just published Health Education England report on wellbeing in the NHS and its recommendations to improve wellbeing.

19. It was suggested that a more detailed breakdown of data using diversity characteristics would be helpful, particularly around bullying / harassment, although it was acknowledged that detailed breakdown of results could not be reported where there were less than 10 members in a team. KP reported on work with managers at all levels to support them in ensuring that behaviours were modelled in the workplace.

Decision: Subject to the above comment and suggestion, Board:

- ***Noted the analysis and themes drawn from the 2018 People Survey;***
- ***ENDORSED the proposed response to the results of the survey and the next steps, as set out in the written report.***

ITEM 8 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE – REPORT OF MEETING HELD ON 30 JANUARY 2019 (REF: CM/02/19/08)

20. Board noted the written summary of the Audit and Corporate Governance Committee meeting held on 30 January 2019.

Decision: Board noted the Audit and Corporate Governance Committee report.

ITEM 9 – RECOGNITION OF OUTSTANDING CONTRIBUTION (RoC) DIAMOND AWARD (Oral)

21. On behalf of the Board, PW congratulated Susan Sybenga, Inspector in Primary Medical Services, who had received the award for actions taken in response to a confidential enquiry which resulted in the police prosecuting a doctor for acting inappropriately with female patients. Susan had gone above and beyond what was expected. She kept the original correspondent informed of her actions and encouraged them to persevere. It took some determination and the end result was the successful prosecution of the doctor, who received a jail sentence. This was a very sensitive case and Susan persisted, even when she could reasonably say we had done all we could.

ITEM 10 – ANY OTHER BUSINESS

Steve Field

22. The Board noted that SF would be leaving CQC on 1 March and that this would be his last Board meeting. On behalf of the Board, PW thanked SF for his work as part of the Board and for his wider contribution in the role of Chief Inspector.
23. There was no further business. Time allowed for the following question from members of the public.
24. Robin Pike (RP) asked if, subject to Chair's discretion, Board would consider including a Patient Story item in the agenda for public meetings. PW thanked RP for the suggestion and fully acknowledged the importance of Patient Stories being told. However, to do them full justice, a good amount of time was required and it would be difficult to allow

sufficient time within the context of a full Board day (the public session was just a small part). CD reported that CQC was involved in a range of regular engagement groups with discussions framed from the perspective of those that used services and stories of the experiences of people who use services already inform many CQC reports – for example, inspection reports, thematic reviews and State of Care.

25. David Hogarth asked about the impact of whistleblowing reports on inspection planning. DW confirmed that inspections were a balanced mixture of pre-planned and responsive inspections based on a range of factors, including whistleblowing reports. DW confirmed that action would always be taken following a whistleblowing report but noted that this action may not always be a responsive inspection, with a referral to police or a local authority or using the information to inform a future inspection sometimes being more appropriate.
26. PW thanked all for attending and brought the public session to a close.

CLOSE

27. The meeting closed at 12:45pm