Agenda item: 2
Paper No: CM/04/17/02

Minutes of the Public Board Meeting
Citygate, Gallowgate, Newcastle upon Tyne, Tyne and Wear NE1 4PA
22 March 2017 at 9.00am

Peter Wyman (PW)	Chairman and Commissioner
David Behan (DB)	Commissioner and Chief Executive
Jora Gill (JG)	Commissioner and Non-Executive Board Member
Paul Corrigan (PC)	Commissioner and Non-Executive Board Member
Robert Francis (RF)	Commissioner and Non-Executive Board Member
Michael Mire (MM)	Commissioner and Non-Executive Board Member
Louis Appleby (LA)	Commissioner and Non-Executive Board Member
Paul Rew (PR)	Commissioner and Non-Executive Board Member
Malte Gerhold (MG)	Commissioner and Executive Director of Strategy & Intelligence
Jane Mordue (JM)	Chair, Healthwatch England and Non-Executive Board Member
Mike Richards (MR)	Commissioner and Chief Inspector of Hospitals

In attendance

Rebecca Lloyd Jones (RLJ)	Legal Advisor to the Board
Eileen Milner (EM)	Executive Director of Customer & Corporate Services
Kate Harrison (KH)	Director of Finance, Commercial & Infrastructure
Ted Baker (TB)	Deputy Chief Inspector of Hospitals
Steph Edusei (SE)	Chief Executive of Healthwatch Newcastle (item 5)
Katherine Arthur-Botchway (KAB)	Corporate Governance Manager (minutes)
Martin Harrison (MH)	Committee Secretary

ITEM 1 – WELCOME, APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and meeting staff and other attendees and stated that the Board had spent two productive days in Newcastle, on visits to different trusts. Apologies for absence were received from Steve Field and Andrea Sutcliffe. There were no interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 22 FEBRUARY 2017 (REF: CM/04/17/02)

2. The minutes of the meeting held on 22 February 2017 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/04/17/03)

3. The action log was noted.

ITEM 4 – CHIEF EXECUTIVE'S REPORT (REF: CM/04/17/04)

4. DB presented the Chief Executive's report for noting. The following matters were highlighted:

Performance Report

5. The monthly dashboard report for January was noted. The Adult Social Care and Primary Medical Services inspection commitments had been completed, two months ahead of our public commitment to do this by 31 March 2017. The independent healthcare programme is due to be completed in the next week.

6. There had been progress in enforcement with 1,712 published enforcement actions in the twelve months to January 2017.

7. DB reported that since the introduction of the new approach to inspection across the three directorates, 47% had improved their overall rating on re-inspection; 44% had not changed; and 9% have deteriorated.

8. PW commented on the turnover targets and asked for it to be checked to confirm it was correct. ***Action: This would be reported to a future Board meeting.***

CQC's 2017/18 Budget

9. DB reported on confirmation from the Department of Health of CQC's revenue allocation for 17/18, a reduction on previous years. This was in line with expectations.

Spring Budget 2017

10. The announcement by the Chancellor in his Spring Budget of a £2billion grant to social care over the next three years was a welcome recognition of the severe pressures under which the social care system had been operating for some years.

2016 NHS Staff Survey

11. DB reported on the NHS Staff Survey, which had not previously been reported to the CQC Board. The survey results, looked at alongside the CQC ratings, were critical to staff engagement across CQC and externally. DB referred the Board to the attached annex B which contained useful information outlining issues in the NHS, including bullying and harassment. DB acknowledged the openness of the report. It was also encouraging to note the improvement in staff engagement since 2012 – as this area was important for the delivery of high quality care.

The following points were raised during the discussion:

12. LA stated that less than half of the organisations rated by CQC have improved and this was of concern and required further exploration into the problem of persistent failure to improve and the need to understand more about that failure to improve. This required a more detailed examination of that issue; and the possible relationship with the staff survey, i.e. was there a correlation between individual trusts where staff feel they are not being well-treated and organisations that were not doing well or improving? LA suggested there should be further discussion on the low level scoring relating to trusts that were

failing to improve; and also to look at understanding better the figures relating to bullying/harassment and discrimination.

13. DB agreed that the work on trusts failing to improve and the relationship with the staff survey was a piece of work that the Board needed to do. DB reminded the board that the NHS staff survey did not apply to social care providers and that there was no similar equivalent. Therefore it would be more difficult to ascertain any correlation in ASC.

14. The Board discussed the use of the wording "special measures" and its different meaning in the adult social care and PMS sectors and in the NHS. DB clarified that special measures 'triggered' different mechanisms according to the different sectors, but in Adult social care especially, it was unclear which agency would provide help to improve once special measures were initiated. An 'inadequate' rating did not trigger any help or assistance to improve and special measures did not add anything to that either.

15. DB added that it would be useful to bring to the Board some analysis of the differences in special measures and requires improvement and how we understand those that are resistant to change and improvement.
Action: Discussion of "special measures/ requires improvement" in the different sectors to be added to the Board forward work plan for future discussion.

16. MR reported that more NHS trusts were inviting all their staff to take part in the staff survey and as a result, there was increasing level of engagement with the NHS as a whole. It should also be noted that a limited number of trusts were moving up in ratings; and in the case of one trust, this improvement led to significant changes in the staff survey results in the course of a year. It was a priority to ensure that services that are rated "inadequate" are dealt with most quickly; and as part of this, it was important to look at the extent to which trusts are moving from inadequate to requires improvement.

17. It was commented that even in an "Outstanding" trust, a proportion of staff would have stated that they had experienced bullying/ harassment –and overall, there seemed to be a stubborn level of bullying and discrimination across the sector. MR noted that there was little variation in the levels of staff reporting bullying and harassment between outstanding trusts and those rated Inadequate. PW stated that this required further thought and should form part of the development of our thinking on "well-led". There were also interesting applications under development on staff engagement which could be used to measure this area.

<u>Timeliness of inspection reports</u>

18. The Board asked when the results of the consultancy work on report timeliness would be available to the Board. In response, EM stated that the external perspective and input of the consultancy had been a worthwhile exercise and individual directorates had already taken note of the content. The full report would come to the Board when available. DB added that the focus of the report to the Board should be the actions to be taken by CQC in response to recommendations from the consultancy work.

19. DB informed the Board of encouraging work by the CQC Mental Health team to produce an inspection report within twenty days – this had been achieved by using a template that

was pre-populated before the inspection visit. It would be useful for the Board to hear from the DCI for Mental Health on how improvements in this team have been achieved. ***Action: There should be a presentation on this work to a future Board meeting.***

Decision: The Board noted the Chief Executive's report.

ITEM 5 – PRESENTATION FROM HEALTHWATCH NEWCASTLE (REF: CM/04/17/05)

20. The Board received a presentation from Steph Edusei (SE), Chief Executive of Healthwatch Newcastle on their work with local people. Key points that were highlighted included:

- The role of local Healthwatch as a champion and defender of those who are unable to speak for and defend themselves;
- A 'critical friend' – there to help, but also to help to improve where needed;
- Producing reports which gave a voice to previously unheard local people in the community: e.g. on children with disability (and special educational needs) for parents of children with disability; and Homecare for carers behind closed doors in private homes.
- Although small, local Healthwatch had an important role to play in driving cultural change in the sector.

21. In discussion, the Board asked SE for her perspective on what 'good' looks like. SE stated that working together and sharing of information with bodies like CQC, the local CCG and local authorities, to address and find the best approach for dealing with an issue ensured good results.

22. The Board commented on the low response rate from local people to the surveys and how this can be improved. SE recognised this was disappointing but stated that Newcastle Healthwatch was working to reach more of the community through visiting supermarkets, local interest groups such as mother and baby or men's activity groups and other areas where people might congregate. SE also advised of the development of an app to reach young people, through which they could give instant feedback.

23. The Board asked about the cuts in funding to local healthwatch and the resources available to them for the work they carried out in the community. SE confirmed she was aware there had been cuts to some local healthwatch; but advised that in Newcastle, although their funding was insufficient, it had not yet been cut.

24. The Board commended SE for an inspirational presentation and for the good work being carried out by the Newcastle Healthwatch and wished her success.

ITEM 6 – ANY OTHER BUSINESS (REF: CM/04/17/06)

25. Time allowed for questions/ comments from members of the public. PW thanked the members of the public who had travelled to Newcastle for the meeting.

David Hogarth raised the issue of cases of cruelty and neglect in care homes that on previous inspection have been rated as 'Good' and questioned why such instances of maltreatment were apparently not being uncovered by CQC. Mr Hogarth appealed to the CQC's sense of 'altruism' to deal more effectively with members of the public who raised concerns or suspicions about poor care with CQC.

26. In response, PW advised that CQC's strategy is to increasingly rely on information from a multitude of sources, such as service users and other professionals; social media; the media; and all who have a view, and then act on it. The issue was how we make the best use of our resources and over time, with the development of our technology and analytical tools, it would be possible to target the majority of our resources to where there was a problem. It was important that CQC become better at targeting our activity to the really poor standards of care.

27. DB thanked Mr Hogarth for continuing to challenge CQC but stressed that CQC's inspection activity is focused and in the last twelve months, had carried out a significant number of responsive inspections as a result of intelligence received; and also taken urgent action to close care homes where there was risk to patients.

28. MM referred to the CQC consultation on 'registering the right support', which explains the criteria by which CQC would register housing for people with learning disabilities; and asked whether there could be a similar set of standards applied to care homes. DB clarified that the consultation on registering the right care was still open and under discussion and therefore a final position had not yet been reached. Once the analysis of all the responses had been completed, a report would come to the Board.

29. LA highlighted work CQC is doing to find information on the conviction rates for the ill treatment of people with a mental disorder (under the Mental Health Act) and the difficulty of obtaining figures on the number of these cases.

30. Cyan Irwin commended the NCSC call centre for providing a very good response to a Safeguarding query she had raised on a previous occasion. Cyan Irwin asked MR whether there are any provisions within the Care Act for carer support groups and do these apply to low, medium and high secure units; and is there any good practice guidance available about carer support groups to enable patients to speak up? MR advised he did not have the immediate answer to that question and would respond at a later date. DB stated that the Act is clear about carers' rights, and although there was not a specific standard set for medium secure units, there was an expectation that carers are engaged.

31. PW thanked all for attending and brought the Public session to a close.

CLOSE

32. The meeting closed at 10:10am.