Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
25 May 2017 at 10.40am

Peter Wyman (PW)	Chair
David Behan (DB)	Chief Executive
Louis Appleby (LA)	Non-Executive Board Member
Paul Corrigan (PC)	Non-Executive Board Member
Robert Francis (RF)	Non-Executive Board Member
Jora Gill (JG)	Non-Executive Board Member
Jane Mordue (JM)	Chair, Healthwatch England and Non-Executive Board Member
Paul Rew (PR)	Non-Executive Board Member
Steve Field (SF)	Chief Inspector of Primary Medical Services
Malte Gerhold (MG)	Executive Director of Strategy & Intelligence
Mike Richards (MR)	Chief Inspector of Hospitals
Andrea Sutcliffe (AS)	Chief Inspector of Adult Social Care

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
Pete Sinden (PS)	Chief Digital Officer (item 5)
Helen Louwrens (HL)	Director of Intelligence (item 5)
Katherine Arthur-Botchway(KAB)	Corporate Governance Manager (minutes)

ITEM 1 – WELCOME, APOLOGIES & DECLARATIONS OF INTEREST

1.   PW welcomed Board members and other attendees. Apologies for absence were received from Michael Mire.   There were no interests declared.
PW stated that a paper on the Digital Strategy had been added to the meeting agenda and this would have an impact on the duration of the meeting.
PW advised that there would be a national one minute's silence at 11.00am in memory of all those affected by the Manchester attack.
A minute's silence was observed at 11.00am for the victims of the Manchester attack.

ITEM 2 – MINUTES OF THE MEETING HELD ON 26 APRIL 2017 (REF: CM/05/17/02)

2.   The minutes of the meeting held on 26 April 2017 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/05/17/03)

3.   The action log was noted.

ITEM 4 – CHIEF EXECUTIVE'S REPORT (REF: CM/05/17/04)

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

<u>NHS Cyber Security incident</u>

5.   The Board noted that CQC's own IT systems are secure and up to date with all relevant security patches. DB referred to the report, *Safe Data Safe Care,* published by the CQC in July 2016 on a review of data security across the NHS, recommending new data security standards developed by the National Data Guardian, Dame Fiona Caldicott, for health and social care. As stated in that report, CQC is amending its assessment frameworks and inspection approach to include assurance that appropriate external and internal validation against its new data security standards have been carried out.

<u>Defence Medical Services Inspections</u>

6.   DB reported that following a request from Defence Medical Services (DMS) for CQC to undertake a rolling programme of inspections of medical facilities in the UK and abroad, the Memorandum of Understanding had been signed with DMS. The inspections would be carried out using current inspection services and a service level agreement between CQC and DMS had now been signed. DB commended Ruth Rankine and Garry Higgins for leading this work.

<u>Recognising Outstanding Contribution Awards</u>

7.   DB reported on the Recognising Outstanding Contribution (ROC) awards, which aim to showcase and recognise outstanding contributions from staff for work done. It was noted that the recipients of the awards were drawn from teams and individuals across the organisation including ASC, Hospitals and PMS.

The following points were raised during the discussion:

<u>Manchester attack</u>

8.   LA paid tribute to the NHS and the heroic efforts of all the staff who came together in the hospitals to help those affected by the attack, ensuring that many lives were saved. DB stated that CQC had made sure there were no planned inspections taking place in Manchester during this time.

<u>Substance misuse services</u>

9.   LA asked for the Board to have a discussion about the viability and suitability of substance misuse services and what is being done to address their problems. MR reminded the Board that the DCI, Mental Health had flagged this problem area when the services were previously inspected; and letters had been sent to all the providers to rectify the problems identified. CQC does not have powers to rate these services but can inspect them and has closed down some badly poor performing services. CQC is continuing to work with NHS Improvement to address the problems in this service.
Decision: The Board noted the Chief Executive's report.

ITEM 5 – DIGITAL STRATEGY UPDATE (REF: CM/05/17/05)

10.   Pete Sinden (PS) presented an update on progress with CQC's Digital Strategy since the update to the Board in April. PS reported that a prioritisation exercise had identified six areas for change over the next twelve to eighteen months:

    i.   Improving the registration process and provider register to make it more user-friendly and accessible for providers and the public

    ii.   Creating an information collection platform/ service

    iii.   Unlocking investment to enable an intelligence-led approach to regulation

    iv.   Ensuring timely replacement of core systems at contract end point

    v.   Managing "business as usual" activities to make space to deliver other objectives

    vi.   Reducing the 'systems' problems that impede staff from working efficiently.

PS also reported that other areas of work had been identified for prioritisation in the medium term – e.g. improved report writing capability and the right tools/ devices for staff to do their jobs.

11.   In discussion, the Board welcomed the quick progress that was being made and asked whether the complexity of the process and potential risk to the organisation had been considered when selecting the areas for prioritisation. PS confirmed that this had been taken into account as part of the exercise – and that going forward, CQC would continue being more agile in the new ways of working.

12.   The Board asked whether there was the right sponsorship, leadership and technical skill in place to develop the project models. PS stated that the Executive team had discussed this and it would be tested through the delivery of the first themes once the projects started. AS added that part of the work carried out in the prioritisation exercise (e.g. to identify Registration as a key area for change), included looking at the methodology alongside the technical aspects of the project.

13.   The Board also asked about the decision-making process to ensure appropriate prioritisation. PS explained that for this type of project, it was important to commit to some small spend items early and carry out a high level test before moving to the bigger spend items in the project.

14.   PR advised that the Audit Committee (ACGC) had discussed the governance processes for this project; and whilst there were clearly defined processes in some areas, there were also some less agile areas that would need to be addressed. The ACGC had asked PS to look at the governance framework for digital transformation.

15.   It was suggested that the priority areas for work were predominantly internal-focused and it would be useful to know how this project might make improvements in the work CQC

does for patients and providers. It was also suggested that presenting a more strategic-led approach to the project would be helpful. PW affirmed that this work came out of CQC's Strategy, which had included wide consultation with providers and to the public. PS outlined a model approach that would ensure the project impacted the right people and resulted in an outcome of better care for the people using the services.

16.   DB advised the Board that the work outlined by PS would enable CQC to help people who share their experiences about care and services they have received. It would provide a platform to use the software CQC purchased to process and analyse information in a more efficient way than was currently the case.

17.   It was commented that it was important for the Digital Strategy to be fit for purpose now and in the years to come. PS confirmed that the new project will have a framework to ensure that it is fit for purpose and that elements can easily be updated to keep it fit for purpose in the future. Helen Louwrens assured the Board that the Digital transformation project would ensure CQC delivered on the strategic objectives.

18.   In concluding the discussion, PW stated that the digital transformation work would bring significant benefits to the organisation, to service users in how they can access information and providers in how they communicate with CQC. Staff would benefit from having improved systems in the workplace; and supported by those new systems, CQC's own efficiency would improve. In respect of governance, the main foundations are in place but further work is needed on the finance aspects of the project. It was noted that PS and HL would be in regular attendance at Board meetings as the project progressed.
Action: PS to report back to next Board meeting on programme of 'next steps' including costings.

ITEM 6 – Q4 PERFORMANCE AND FINANCE REPORT (REF: CM/05/17/06)

19.   DB presented the Q4 and full year performance and financial report for 2016/17 which sets out performance on CQC's core operational indicators, biannual provider survey, business planning milestones, and strategic risks. DB highlighted that this has been a successful year for CQC in delivering the inspection programme and with the allocated financial package. DB invited the Board to celebrate the achievements – which includes the conclusion of the comprehensive rating programme; increased enforcement action; a strong inspector workforce; and a budget underspend in 16/17, which was the result of active management. These successes would be set out fully in the 2016/17 Annual report and accounts.

20.   DB also acknowledged that there were some areas for improvement in 2017/18, including more timely production of inspection reports; and the recruitment of second opinion appointed doctors. Both areas were not performing to expected levels and would be a focus for improvement in 2017/18.

The Board commended the 'data-rich' performance report and raised the following points during the discussion:

Improvement

21. It was important to continue to encourage Provider improvement – there was no single reason why some providers rated Inadequate or Requires improvement did improve, while others did not. It would be useful to explore what factor(s) help some providers to improve and others not.

22. The Board discussed whether CQC is confident that it is encouraging improvement when the data seemed to indicate that almost 50% of providers did not improve on re-inspection. It was commented that CQC's should use its data to encourage improvement. MR stated that where trusts have shown improvement, it is to be commended; but this is not the case in all trusts and learning the characteristics of improvement (from those trusts that do improve) would enable CQC to drive forward change.

23. DB advised that CQC will be publishing a document in June showing, in trusts that have received an 'Outstanding' rating, what those trusts have done to improve; what has enabled the level/degree and rate of their improvement; and the lessons learned. DB acknowledged that CQC does have a responsibility to voice to other trusts what are the characteristics that have enabled these trusts to improve.

NCSC

24. The Board commented on the drop in response rates for calls to the NCSC in March 2017. EM explained that the ongoing modernisation programme across NCSC and CQC had affected targets during that month due to staff being interviewed or assigned to roles. EM clarified that although targets were not being met, contacts were not being lost – it was the speed at which calls were picked up – and a programme was underway to get back to meeting the KPIs. ***Action: An update to be provided to the next Board meeting.***

Raising concerns

25. A question was asked about how whistleblowing and raising concerns are taken into account in its inspection programmes. EM advised that over 7,500 contacts are received in a year and 85% of those contacts come from the adult social care area; and 10% of that 7,500 concerns were serious enough to trigger an immediate inspection, or bring forward the date of a planned inspection. EM added that the raising of concerns does have an impact and enabled CQC to pass vital information on to the relevant bodies that can act on it, e.g. local authorities. It was noted that a report on whistleblowing will be published each year to evidence the detailed concerns and would include case studies. AS commented that CQC has not always been diligent in going back to the whistleblower about the outcome of the concern raised, but with the use of intelligence tools, it should now be feasible for inspectors to state in the report that the inspection was undertaken due to the raising of a concern.

Budget and finance

26. The Board asked what lessons have been learned in the last year to give the Board increased confidence that the budget profile for the coming year would be closely followed. KH stated that staff have taken on board the message on the need to make savings to enable CQC to get to a position where expenditure is below £217 million by 19/20. KH also explained that in setting the budget, a "back to basics" approach had been used, where budget holders had been asked to specify what they needed, rather than

basing it on the previous year's budget. A key performance indicator had also been introduced that people should not have a variance of more than 2% on that.

Strategic Risk Register

27.   DB referred the Board to risk 9 of Annex 2, *IT Technologies and systems,* which stated, in error, the pre and post-mitigation red with a rating of 16. DB clarified that risk 9 of Annex 2 related to the Risk Register for 17/18 not 16/17 – and explained that further work had been carried out on this (by the Director of Planning, Performance and Programmes, the 'custodian' of the register), to differentiate the pre- and post-mitigation. An erratum to the risk register, at risk 9 had subsequently been issued, setting out a revised risk rating of amber 9, as a result of the mitigating actions.

28.   In summing up, DB highlighted the business planning milestones for the 16/17 business plan, in particular the achievements of the year, noting that CQC had achieved much of what it set out to achieve at the start of the year.

ITEM 7 – ANY OTHER BUSINESS (REF: CM/05/17/09)

29.   Time allowed for questions/ comments from members of the public.
Robin Pike congratulated CQC on completing the inspection programme in good time and in difficult circumstances. Mr Pike also commented that the NHS system does not see behind the individual circumstances of the patient suffering long waiting times at the hospital or the overall patient experience and there is a lack of responsiveness of services to patient needs. MR advised that CQC does take into account long waiting times in inspections as part of the KLOEs and may take action in very bad cases. AS assured Mr Pike that CQC is mindful of people using services and acknowledged in its State of Care report that having caring staff makes for a better patient experience.

30.   PW read out a question from Jade Taylor asking why protecting whistleblowers from suffering detriment is so vital for the safety of service users and patients. In response, DB stated that this was important for creating a culture of openness and transparency in organisations and also to enable people to feel free to raise concerns.

31.   Jayne Connery commended CQC for all the work it does and AS for her work in the adult social care arena. Ms Connery campaigns for CCTV to be installed in the entrances and premises of all care homes. PW stated that CQC has guidance on this area and with the advances being made in technology the guidance will be updated to reflect the latest changes in technology.

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

CLOSE

33.   The meeting closed at 12:20pm.