

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

Peter Wyman (PW)	Chair
Ian Trenholm (IT)	Chief Executive
Louis Appleby (LA)	Non-Executive Board Member
Edward Baker (EB)	Chief Inspector of Hospitals
Rosie Benneyworth (RB)	Chief Inspector of Primary Medical Services & Integrated Care
Paul Corrigan (PC)	Non-Executive Board Member
Robert Francis (RF)	Chair, Healthwatch England and Non-Executive Board Member
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
Rebecca Lloyd-Jones (RLJ)	Legal Adviser to the Board
Mark Sutton (MSu)	Chief Digital Officer
Chris Usher (CU)	Director of Finance, Commercial & Infrastructure
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
Amanda Hames (AH)	CQC equality networks representative

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Jora Gill and Malte Gerhold. No new interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 24 APRIL 2019 (REF: CM/05/19/02)

2. The minutes of the meeting held on 24 April 2019 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/05/19/03)

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

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/05/19/04)

5. IT presented the Executive Team report to Board. The following matter was highlighted:

Market oversight

6. IT confirmed that at present, there were no providers at stage 6 of CQC's notification process. With regard to Four Seasons Health Care, it was noted that the company had been placed in administration but there was no current concern that this would lead to discontinuity of service although CQC's Market Oversight team were keeping the situation under close review.

Decision: The Board noted the Executive Team report.

ITEM 5 – 2018-19 QUARTER 4 CORPORATE PERFORMANCE REPORT (REF: CM/05/19/05)

7. IT, with contributions from Executive members, presented the corporate performance report for the final quarter of 2018-19.
8. Board noted that paragraph 4.1 of the written report should refer to 2018-19 (rather than 2019-20 as shown). The steady and ongoing improvement across all sectors was noted, while acknowledging that there were areas that seemed resistant to improvement and would therefore continue to be a focus for action. KT highlighted evidence for increased productivity which was a reflection of the impact of leaner ways of working. RB reported on ongoing work with QI (Quality Improvement) colleagues to focus on productivity and consistency. EB drew attention to the quality of debate around leadership and culture in the health sector driven in part by the work of CQC. KS highlighted activity around registration where processes were being improved and multi-disciplinary teams, working with QI colleagues, to address particular problems. Board noted the increase in the volume of applications. KS would inform Board by correspondence of the reason behind this.

Action: KS to provide explanation of increased volumes.

9. LA noted the improvements but suggested that, in some areas, this had plateaued, also noting that once a service achieved a Good rating it seemed that few then went on to achieve an Outstanding rating. LA acknowledged the complexities around the data and welcomed the work and the broad improvement but suggested that, as the future strategy was developed, data warranted greater scrutiny to improve understanding of the reasons for the figures and to better help CQC drive further improvement across all sectors.
10. In light of this, wider questions were acknowledged around how 'improvement' and 'success' were defined, what this meant for how activity was targeted and how this was accounted for in development of the new strategy. KS reported that work was ongoing to refine the presentation of data so that it could better identify trends and impact and would be more interactive, allowing colleagues to drill down in particular areas. It was confirmed that, KPIs were predominantly moving in the right direction and this was to be welcomed, CQC would not be complacent about the need for further improvement. PW thanked inspectors and other colleagues for the volume of work that was being carried out leading to the improvement discussed above.

Decision: Board noted:

- **Performance for 2018/19;**
- **The year-end financial position;**
- **Action in place to address areas of performance that were under plan.**

ITEM 6 – ANY OTHER BUSINESS

11. There was no further business. Time allowed for the following questions and comments from members of the public.
12. Robin Pike asked about the Memorandum of Understanding (MoU) between CQC and the Health and Safety Executive (HSE) and how this was practically applied. PW confirmed that the MoU was due for formal review in June 2019. With regard to responsibilities, CQC lead in enforcement on matters related to safety and quality of treatment and care involving patients and those receiving a service from a CQC-registered provider. RLJ explained that, in issuing fines, the HSE used powers under the Health and Safety Act and that these powers were not available to CQC.
13. Mimi McCulloch-James (MMJ) spoke of her experience of being a family member with caring responsibilities, setting out the specific issues and difficulties related to her brother's case. PW thanked MMJ for raising important issues and emphasised the crucial role that those who used services and their family members and carers had to play in telling CQC about their care. PW confirmed that there were clear processes for such engagement and processes by which concerns and complaints could be raised but that CQC would look at any case where it seemed that these processes may not have worked as they should.
14. Dr Hazel Waters, in light of her experiences as a carer for her husband, raised a number of questions around care agencies, asking whether CQC was notified if an agency carer was convicted of a criminal offence, whether experts by experience were used in domiciliary care agency inspections, whether inspectors' comments could be seen and challenged by carers, and the permissibility of deviation from a care plan, noting the unintended consequences if deviation took place. Dr Waters said she had submitted these questions in advance although it appeared that her e-mail had not been received by CQC colleagues. PW thanked Dr Waters and would ensure that a full written response to her questions would be provided.

Action: A written response to be sent to Dr Waters

15. In light of the earlier discussion at item 5 above and his own experience, David Hogarth suggested that the definition of 'Good' needed to be reviewed as the next CQC strategy was developed. PW confirmed that while there had been improvement, CQC was not in any way complacent about the need to encourage further improvement.
16. PW thanked all for attending and brought the public session to a close.
17. The meeting closed at 12:20pm