

**Minutes of the Public Board Meeting**  
**151 Buckingham Palace Road, London, SW1W 9SZ**  
**13 June 2018 at 11.00am**

Peter Wyman (PW)	Chair
David Behan (DB)	Chief Executive
Louis Appleby (LA)	Non-Executive Board Member
Edward Baker (EB)	Chief Inspector of Hospitals
Paul Corrigan (PC)	Non-Executive Board Member
Steve Field (SF)	Chief Inspector of General Practice
Robert Francis (RF)	Non-Executive Board Member
Malte Gerhold (MG)	Executive Director of Strategy and Intelligence
Jora Gill (JG)	Non-Executive Board Member
Jane Mordue (JM)	Chair, Healthwatch England and Non-Executive Board Member
John Oldham (JO)	Non-Executive Board Member
Paul Rew (PR)	Non-Executive Board Member
Mark Saxton (MS)	Non-Executive Board Member
Andrea Sutcliffe (AS)	Chief Inspector of Adult Social Care

**In attendance**

Kirsty Shaw (KS)	Chief Operating Officer
Rebecca Lloyd-Jones (RLJ)	Legal Advisor to the Board
Chris Usher (CU)	Director of Finance, Commercial & Infrastructure
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
David Noble (DN)	QSO (item 4 - Hillgreen)
Lucy Wilkinson (LW)	Equality, Diversity and Human Rights Manager (item 4)
Mary Cridge (MC)	Head of Hospital Inspection & CQC Freedom to Speak Up Guardian (item 6)

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

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Liz Sayce. There were no interests declared.

**ITEM 2 – MINUTES OF THE MEETING HELD ON 16 MAY 2018 (REF: CM/06/18/02)**

2. The minutes of the meeting held on 16 May 2018 were accepted without amendment.

**ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/06/18/03)**

3. There were no actions currently outstanding.
4. There were no matters arising.

**ITEM 4 – CHIEF EXECUTIVE’S REPORT (REF: CM/04/18/04)**

5. DB presented his written report to Board. The following matters were highlighted:

Independent investigation into Hillgreen

6. DN presented the report, setting out the over-arching themes and the recommendations. RLJ confirmed that, due to the ongoing enforcement action, any discussion should be confined to the recommendations for CQC rather than any detail around the allegations.
7. Board noted the intention to publish the report at 12:30pm today on the CQC website. Board welcomed the firm conclusion that allegations of a cover up by CQC was “completely without foundation” but emphasised the importance of the report for CQC and the recommendations that were made for policy and practice across the whole organisation. On the CQC approach to criminal enforcement, DN felt that CQC had the right emphasis and therefore, the issue was less about policy and more about managerial aspects and support available to run effective prosecutions. The issue of escalation was also highlighted and the need for clarity around the point at which issues were raised with Board members and what responsibility they had regarding those issues raised.
8. It was noted that Board accepted the recommendations of the external review and agreed both the action plan in response to the recommendations and the monitoring arrangements for implementation of the plan, with Board retaining oversight.
9. On behalf of the Board, PW thanked Sir Paul Jenkins for his work, expressing regret at his untimely death, and thanked DN for completing the report and CQC staff who had co-operated with the investigation.

Technology issues affecting performance

10. In light of a recent increase in issues with technology that had impacted upon inspection performance, KS explained that long-term permanent solutions were in development. The current challenge was to balance resources on the development work with those ensuring that legacy systems were still running in order to maintain business as usual activity. The situation should improve as the rollout of new devices and software continued.

Adult Social Care (ASC) inspection targets

11. Board drew attention to the failure to meet some ASC inspection targets. In addition to the impact of IT issues noted above, AS explained that staffing had been an issue. New staff had been and were being recruited but needed to be inducted and trained before they could start inspecting. Additionally, consideration was being given to effective ways of working and how activity and performance was best managed. While a backlog of inspections was impacting on current performance, AS confirmed that inspectors were responding to risk and where information of concern had been received. The increase in enforcement activity and the resulting impact on inspector’s time was also noted.

NCSC responsiveness

12. Board noted that NCSC had missed a target for responding to high risk safeguarding calls in April due to an unprecedented number of calls being received on one day following a

campaign on Facebook to raise awareness of the Alfie Evans case. It was noted that NCSC colleagues were usually able to identify where there was likely to be a spike in calls as a result of a campaign or a news item and to prepare staff accordingly but this campaign, organised through Facebook, was unexpected, was a very significant increase in volume from the usual daily call rate, and also affected NCSC's ability to deal with other calls on that day. While unprompted recognition of CQC and its work had improved this particular case showed that there could be a misunderstanding of the role of CQC.

Modern Slavery Statement

13. DB presented the CQC statement on Modern Slavery and human trafficking setting out CQC duties and responsibilities with regard to modern slavery. While CQC was not legally obliged to publish such a statement, by doing so, clarity would be given to providers, other stakeholders and staff on CQC's role in combatting modern slavery and human trafficking and actions being taken.

***Decision: Board APPROVED the Modern Slavery Statement (attached at appendix 2 of the written report).***

Driving improvement: case studies from 10 GP practices

14. SF highlighted the next in a series of publications looking at how providers had made improvements following inspection and a rating of inadequate, this time focusing on GP practices and including one of the armed forces practices that had been inspected.

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

**ITEM 5 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE (REF: CM/06/18/05)**

a. Annual report to Board

15. PR presented the annual report of the Audit and Corporate Governance Committee (ACGC) on the Committee's work in 2017/18. Board noted that ACGC was content that the assurances provided by management, Internal Audit and External Audit were sufficiently reliable and comprehensive in meeting the needs of the Board and the Accounting Officer.
16. On behalf of the Board, PW thanked PR and the ACGC members for their work during the year.

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

b. Summary report of meeting held on 6 June 2018

17. PR presented the summary report of the ACGC meeting held on 6 June, primarily to scrutinise the draft 2017/18 Annual Report and Accounts, although a small number of other items were considered. PR drew attention to the discussion in ACGC with Healthwatch England (HWE) colleagues about major risks facing HWE, particularly with regard to the difficulties around funding for local healthwatch and how that impacted upon HWE.

***Decision: Board noted the report of the ACGC meeting on 6 June 2018.***

**ITEM 6 – CQC FREEDOM TO SPEAK UP GUARDIAN: ANNUAL REPORT (REF: CM/06/18/06)**

18. Mary Cridge, CQC's Freedom to Speak Up Guardian joined the meeting to present her annual report to the Board.
19. MC reported that this was a relatively new area and work was still developing making it difficult to benchmark figures in the report against other organisations at this stage. Initial signs were positive in terms of goodwill towards the role but there was still a need for more firm evidence to demonstrate changes in individual and team behaviour. A key measure of success would be the results of the staff survey and an indication that staff increasingly felt that CQC was a safe environment in which to raise concerns.
20. In discussion, Board acknowledged the importance of those at the most senior levels being good role models for behaviour. 360 degree feedback was also cited as a further way in which the organisation could continue to build a positive culture. MG reported his position as a Speak Up ambassador and encouraged others to consider taking up the role. It was noted that, due to operational business needs, some staff had found it difficult to complete training related to the role but, as this was part of the corporate agenda and related to wider social and cultural change, it was intended that it should become easier in future.
21. On behalf of the Board, PW thanked MC for her work and for those who had taken up the role of Speak Up ambassadors.

***Decision: Board noted the first annual report from the CQC Freedom to Speak Up Guardian***

**ITEM 7 – REGULATORY GOVERNANCE COMMITTEE ANNUAL REPORT TO THE BOARD (REF: CM/06/18/07)**

22. LA presented the annual report of the Regulatory Governance Committee (RGC) on its work in 2017/18.
23. It was intended that the Committee would continue its work plan considering each of the inspection directorates in turn on a rolling cycle and additionally, looking at issues that cut across the whole of CQC. It was noted that Board members who were not members of RGC would always receive papers for each meeting and were welcome to attend meetings if they wished and were able to do so. This provided an opportunity to scrutinise areas of CQC work in detail that might not arise in other ways. Non-executive Board members also welcomed the opportunity to present work to RGC for scrutiny and constructive challenge.

***Decision: The Board noted the annual report of the Regulatory Governance Committee***

**ITEM 8 – PEOPLE UPDATE (REF: CM/06/18/08)**

24. KS presented an update on progress towards key priorities in support of the CQC People Strategy.
25. In discussion, Board affirmed the importance of the work areas identified being connected and aligned with other work across CQC, rather than being perceived as separate, individual initiatives. Effective engagement would be a key element in success of the work and there was an opportunity to develop some KPIs to measure progress. As the work developed, Board highlighted the need for it to connect with people in a real and practical way and to impact positively on wellbeing. Induction training had an important role to play in this as it was an opportunity not just to impart knowledge but to set the cultural tone. KS confirmed the intention that every aspect of the transformation work should have a 'people' element.
26. Board welcomed the work and would continue to receive regular progress updates.

**ITEM 9 – ANY OTHER BUSINESS**

Website disruption

27. DB reported that the CQC website had been unavailable since around 7.30pm on 12 June. It was noted that a work around solution had been put in place with full restoration of the website to follow shortly, with the intention that the Hillgreen report (see paragraph 7 above) would be published as soon as the website was restored (*Post meeting note – the website was fully restored at around 2:30pm on 13 June*). Work would take place to identify the issues involved and lessons for future learning.

Sir David Behan

28. On behalf of the Board, PW paid tribute to DB who was attending his last Board meeting prior to leaving CQC in July. PW recognised the significant journey of CQC which had been led by DB and thanked him for all his work.
29. There was no further business. Time allowed for the following questions from members of the public.
30. Andrew Ward, highlighted Chair of NHS Improvement (NHSI), Dido Harding's, intention to drive change and to lead NHSI from being "...a pure regulator to...more emphasis as an improvement agency...". Additionally, both the General Medical Council and the Nursing and Midwifery Council had faced criticism in 2018 for their ineffective and overbearing regulation or lack of regulation enforcement. In light of this, Mr. Ward asked whether CQC saw its primary role as a regulator or an improvement organization and, following on from that, how did sending "more than 70 CQC colleagues" (as tweeted by Dame Jacqueline Docherty, Chief Executive of London Northwest University Healthcare NHS Trust on 5 June 2018) to an NHS Trust, for several days, enhance regulation assurance and improve quality or was the reality that CQC did neither and was poor value for money?" PW confirmed that the primary objective of CQC, as set out in the Parliamentary Act setting up CQC, was as a regulator. A secondary objective was to encourage improvement. On value for money,

PW referred to the National Audit Office report published in October 2017 giving a positive assessment of CQC performance as a regulator.

31. Robin Pike asked how changes in technology were proceeding at CQC, particularly with regard to the website. PW noted the regular 'digital' updates on progress to Board but accepted the specific need for improvements to the website and that these were being considered as part of the range of wider changes to all CQC digital services. Work had begun with the public, providers and other stakeholders to understand and prioritise the changes that CQC needed to make,
32. PW thanked all for attending and brought the public session to a close.

**CLOSE**

33. The meeting closed at 12:45pm

DRAFT