

**Minutes of the Public Board Meeting**  
**151 Buckingham Palace Road, London, SW1W 9SZ**  
**19 July 2017 at 10.30am**

Peter Wyman (PW)	Chair
David Behan (DB)	Chief Executive
Paul Corrigan (PC)	Non-Executive Board Member
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
Paul Rew (PR)	Non-Executive Board Member
Mike Richards (MR)	Chief Inspector of Hospitals
Andrea Sutcliffe (AS)	Chief Inspector of Adult Social Care

**In attendance**

Edward Baker (EB)	Chief Inspector of Hospitals (designate)
Kate Harrison (KH)	Director of Finance, Commercial & Infrastructure
Rebecca Lloyd Jones (RLJ)	Legal Advisor to the Board
Martin Harrison (MH)	Corporate Secretary (minutes)
Henrietta Hughes (HH)	National Speak Up Guardian for the NHS (item 3a)
Mary Cridge (MC)	Head of Hospital Inspection/CQC Freedom to Speak Up Guardian (item 3a)
Nick Harper (NH)	Deputy Medical Director / Freedom to Speak Up Guardian (item 3a)
Ann Ford (AF)	Head of Inspection (item 6)
Charles Russell (CR)	Strategy Manager (item 6)
Stuart Dean (SD)	Director, Corporate Provider & Market Oversight (item 8)
Max Hood (MHo)	Head of Workplace, Facilities and Safety (item 9)
Chris Day (CD)	Director of Engagement (item 10)
Holly Daniels (HD)	Public Engagement Manager (item 10)

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

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Louis Appleby (LA), Steve Field (SF) and Eileen Milner (EM). There were no interests declared.

**ITEM 2 – MINUTES OF THE MEETING HELD ON 20 JUNE 2017 (REF: CM/07/17/02)**

2. The minutes of the meeting held on 20 June 2017 were accepted without amendment.

**ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/07/17/03)**

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

### ITEM 3a – NATIONAL GUARDIAN OFFICE UPDATE

5. Dr Nick Harper, a Deputy Medical Director and Freedom to Speak Up Guardian in the NHS, joined the meeting to present his experiences of raising concerns in the NHS and how he had used this experience to support the wider Freedom to Speak Up agenda. HH then went on to set out priorities for the National Guardian Office and to update the Board on progress with their work. MC, CQC's Freedom to Speak Up Guardian, reported on her experience of fulfilling the role within CQC and her intention to bring an update report of activity within CQC to a future meeting of the Board.
6. The Board affirmed the critical importance of the freedom to speak up work and their desire to support the work through modelling the values embodied within it. It was also noted that the work would be further supported through CQC inspections in all sectors looking at how easy it was for staff to raise concerns and the support that was in place for staff that did so. The growing influence of the National Guardian's Office was noted in moves within providers to improve systems for raising concerns and an increasing emphasis placed on holding the right values when recruiting. The slightly awkward acronym, FTSUG (Freedom to Speak Up Guardian), was also highlighted and the Board asked if there might be a better way of abbreviating.
7. PW emphasised the ongoing importance of the work and thanked NH, HH and MC for sharing their experiences.

***Decision: The Board noted the report.***

### ITEM 4 – CHIEF EXECUTIVE'S REPORT (REF: CM/07/17/04)

8. The following matters were highlighted from DB's written report:
  - Cyber-security
9. The Board noted that, following recommendation in the 'Safe Data, Safe Care' Review, CQC had amended its assessment framework and inspection approach to include seeking assurance that appropriate internal and external validation against new data security standards had been carried out. It was recognised that CQC would be checking organisational assurance rather than the security standards themselves. Nevertheless, the Board felt it important that CQC still had some measure of technical knowledge to effectively evaluate assurances. DB confirmed the offer of appropriate technical help was available from both within and without CQC. Potential opportunities to link with the developing digital strategy were also highlighted.
- Quality Matters
10. The Board noted the launch of the *Quality matters* commitment on 12 July 2017, setting out a shared vision for quality care and support for and making person-centred care the standard. *Quality Matters* had been jointly developed by staff, providers, commissioners and funders, regulators and other national bodies and was a result of listening to and acting upon the voice of people using services, their families and carers. PW

acknowledged the significance of this cross-organisational piece of work and, on behalf of the Board, thanked everyone who had been involved.

Controlled drugs report

11. On 18 July 2017, CQC published its update report on the safer management of controlled drugs. This highlighted CQC activity in relation to controlled drug responsibilities. It also set out key changes to legislation, gave an overview of prescribing data and prescribing trends for controlled drugs across England in the primary care sector. The report included three recommendations to strengthen existing arrangements.

***Decision: The Board noted the report.***

**ITEM 5 – 2017/18 QUARTER 1 CORPORATE PERFORMANCE REPORT (REF: CM/07/17/05)**

12. DB presented the corporate performance report for the first quarter of 2017/18.
13. KH reported that, while performance figures had recently been below target for NCSC as a consequence of the modernisation programme, figures had now stabilised and improved as the modernisation changes bedded in. On open and overdue internal audit actions, KH explained the processes within CQC to track these and to ensure that action was taken in a timely and appropriate way.
14. The Board acknowledged the work that had already been completed on frequency based re-inspection commitments but affirmed the need for CQC to be confident that the risk based model was correctly identifying risk and that appropriate action was being taken.

***Decision: the Board noted the report.***

**ITEM 6 – LOCAL SYSTEM REVIEWS METHODOLOGY (REF: CM/07/17/06)**

15. AF and CR joined the meeting to present the current position on Local System Reviews and to seek agreement to the methodological approach as set out in appendix 1 of the written report.
16. In discussion, the Board affirmed the need for the resource management element to be well mapped out and clearly understood, particularly in light of previous challenges around work on use of resources. AF explained the composition of the review teams and confirmed that this would be complemented by a bank of advisory health professionals, former chairs of comprehensive inspections and expert advisers suggested by the LGA. CR noted that work was being carried out alongside DCLG and as such CQC would be careful to avoid duplication in its own PIR.
17. It was reported that the methodology would continue to evolve and develop in light of learning from the reviews as they progressed. The methodology included tracking cases from the starting point of a person's usual place of residence. PC suggested that, while the organisations involved had their own weight and power, the systems involved were weak however there would be individual examples of good practice. The challenge would be to identify these and look at how they could be universalised throughout the end-to-end

process. An audit tool had been developed to look at how relational value worked within the system and would provide a unique insight in helping to identify shared endeavour.

18. Principles for the local summit following the review were being drafted but the initial focus would be on how the findings were best used to encourage improvement. It was acknowledged that evidence gathered would be important in driving improvement not just through the reviews but also helpful in work on a single shared view of quality and potentially in other areas. AF confirmed that the views of those that used services, relatives and carers and views would be sought as part of the reviews. It was also suggested that, as soon as the schedule of reviews and methodology was confirmed, it should be made publically available.

***Decision: The Board noted the current position and updates to the methodology as set out in the written report and, subject to the above comment, AGREED the methodology approach as set out in appendix 1 of the written report.***

#### **ITEM 7 – HEALTHWATCH ENGLAND UPDATE (REF: CM/07/17/07)**

19. JM presented an update on Healthwatch England work. In discussion, the following areas were highlighted:

##### Quality Matters

20. The Board noted that, as part of the launch of Quality Matters, Healthwatch England launched a toolkit to help local organisations understand how to assist people who wished to raise complaints or concerns about their social care services. As part of the programme, work was taking place with the Local Government and Social Care Ombudsman on the use of complaints and feedback in social care. JM would check and report back on progress of the work and when outcomes would be available.

***Action: JM to report back on progress and outcome availability from work with the Local Government and Social Care Ombudsman.***

##### #ItStartsWithYou Campaign

21. The campaign had begun on 3<sup>d</sup> July 2017 with the aim of raising awareness of local Healthwatch, their impact and encouraging more people to get involved. JM reported that this had already resulted in an increase of 90% in website traffic for Healthwatch England and a 106% increase in users accessing the find your local Healthwatch page.

***Decision: The Board noted the report.***

#### **ITEM 8 – ASC MARKET OVERSIGHT (MO) UPDATE (REF: CM/07/17/08)**

22. SD presented a written report providing an update on the work of the Market Oversight (MO) office and the results and findings of the first MO provider survey.
23. SD reported that the MO office would continue to reflect on the optimal framework in which to be operating in order to ensure that it continued to be fit for purpose within the current market. It was also noted that CQC maintained an ongoing dialogue with the

Competition and Markets Authority on the type of information collected, the development of trends in the market and how information impacted on current thinking.

***Decision: The Board noted the report.***

#### **ITEM 9 – HEALTH AND SAFETY STRATEGY (REF: CM/07/17/09)**

24. MHo joined the meeting to present a Health and Safety Strategy for CQC. The Strategy had been developed as part of action to address recommendations made by internal audit.
25. MHo reported that he would monitor progress against the action plan as Head of Workplace, Facilities and Safety and this would be overseen by the Director of Finance, Commercial and Infrastructure and the National Health, Safety & Wellbeing Committee. There would be quarterly progress reports to ET quarterly and reporting through the Audit and Corporate Governance Committee. Any changes to the Strategy would be presented to Board for consideration and approval. There would be further review through internal audit. It was also noted that CQC was considering replacement of its current health and safety database with a version that would more effectively capture reports of 'near misses'.
26. In discussion, MHo suggested that the most significant risks facing CQC staff related to the potential for violence against staff by external third parties, dependence on the prevailing safety culture of other organisations and, due to the amount of travel undertaken by a large number of CQC staff, the potential for motor vehicle accidents.
27. The Board acknowledged the role it had to play in providing active leadership and modelling good behaviour around health and safety, with the aim of ensuring that health and safety awareness and compliance became increasingly embedded into organisational culture. It was suggested that it would be helpful for some key health and safety metrics could be included in the regular performance report to Board. KH undertook to bring minutes of the National Health Safety and Wellbeing Committee to the Board.

***Action: KH to bring minutes of National Health Safety and Wellbeing Committee to Board and to work with Secretariat to add to forward plan.***

***Decision: Subject to the above comment, the Board APPROVED the Health and Safety Strategy 2017-2019 at appendix 1 of the written report.***

#### **ITEM 10 – PUBLIC ENGAGEMENT STRATEGY 2017 – 2021 (REF: CM/07/17/10)**

28. CD and HD joined the meeting to seek approval of the final draft of key messages of CQC's Public Engagement Strategy for 2016 – 21 and its accompanying papers as set out in the written report and appendices.
29. In discussion, CD acknowledged that there was much good existing work and that CQC was engaged with other organisations to share learning in order to maximise the effectiveness of this good work. There was engagement with colleagues working on the developing digital strategy and the Local Government Ombudsman so that data could be made

available in different places. CD also confirmed that work took place both online and offline to assess how CQC was perceived by the public as public trust was a significant element of CQC's operations. It was noted that *objective 1* in the Strategy was currently drafted as referring only to those that used services. It was agreed that this should also include carers and relatives.

- ***Decision – Subject to the above comment, the Board AGREED the final draft of the key messages of CQC's public engagement strategy for 2016 – 21 and its accompanying papers (set out at appendices 1, 2 and 3 of the written report).***

## ITEM 11 – ANY OTHER BUSINESS

Mike Richards

30. The Board noted that MR would shortly be retiring from CQC and his position as Chief Inspector of Hospitals and that this would be his last Board meeting. On behalf of the Board, PW thanked MR for his work as part of the Board and for his wider contribution to the work of CQC.
31. There was no further business. Time allowed for further questions / comments from members of the public.
32. Andrew Ward drew attention to four issues / events: a former NHS trust Chief Executive receiving a suspended prison sentence; CQC's first prosecution of an NHS trust; allegations of CQC inspectors making known the names of whistle blowers to employers; and CQC attendees at the Conference on Patient Safety. Mr Ward acknowledged that CQC was listening but asked whether the examples called into question whether CQC was taking timely, appropriate, lawful and ethical action and whether it could do more. PW suggested that the earlier discussions on speaking up and the Public Engagement Strategy showed that CQC was listening to those that used services, their families and carers and affirmed that CQC would always take action where it was required. CQC was consulting on the next phase of regulation and this meant that all had an opportunity to comment on proposals. PW affirmed that CQC would always act within the law and in an ethical way and that CQC had not acted unlawfully or unethically in any cases brought to his attention.
33. Cyan Irwin (CI) drew attention to an issue at Devon Partnership NHS Trust where a transgender support group had reported that transgender service users had been refused advocates and chaperones during consultations. PW undertook to look at this on receipt of further information from CI after the meeting. CI also asked if, during hospital inspections, CQC looked at whether unconscious bias training had been undertaken by staff at all levels of a provider. MR and EB would take this away for further consideration. CI suggested caution over use of the NGO abbreviation for the National Guardian's Office as it was the same as abbreviation as for non-governmental organisation.
34. David Hogarth considered that the use of surveillance, whether cameras or acoustic, or CCTV would help to pick up any incidents of poor care and would enable more rigorous pursuit of providers. Accordingly, he asked for assurance that CQC would look at this type of evidence in future. PW confirmed that this would be considered as part of the CQC review of guidance on the use of surveillance technology in care homes.

35. Robin Pike raised the issue of balance in the inspection process between using data and intelligence and listening to those that used services. Mr Pike also asked what training was available to help inspectors write succinct reports in a timely fashion. PW affirmed the key importance of data and intelligence but that this should be complemented by appropriate engagement with those that used services, staff, carers and families. PW also confirmed that work was underway to improve written reports and their timely production.
36. PW thanked all for attending and brought the public session to a close.

**CLOSE**

37. The meeting closed at 1:25pm.

DRAFT