

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
18 July 2018 at 11.00am

Peter Wyman (PW)	Chair
Andrea Sutcliffe (AS)	Acting Chief Executive & Chief Inspector of Adult Social Care
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
Mark Saxton (MS)	Non-Executive Board Member
Liz Sayce (LS)	Non-Executive Board Member

In attendance

Kirsty Shaw (KS)	Chief Operating Officer
Rebecca Lloyd-Jones (RLJ)	Legal Advisor to the Board
Chris Day (CD)	Director of Engagement
Chris Usher (CU)	Director of Finance, Commercial & Infrastructure
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
Pete Sinden (PS)	Chief Digital Officer (item 5)
Ruth Bailey (RB)	Director of People (item 5)
April Cole (AC)	Regulatory Policy Officer (item 6)
Dave James (DJ)	Head of Adult Social Care Policy (item 6)
Ursula Gallagher (UG)	Deputy Chief Inspector (item 7)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Louis Appleby and Paul Rew. There were no interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 13 JUNE 2018 (REF: CM/07/18/02)

2. The minutes of the meeting held on 13 June 2018 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/07/18/03)

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

ITEM 4 – EXECUTIVE TEAM’S REPORT (REF: CM/07/18/04)

5. AS presented the written report to Board. The following matters were highlighted:

Staff turnover

6. The Board drew attention to staff turnover figures which showed 24% as avoidable or negative. AS explained that this was partly due to new starters arriving but realising that they were not suited to the job, for example, the impact of home working. To address this, People Directorate colleagues were producing a more detailed job pack. The induction programme was also being extended with the aim of improving the capability and confidence of new starters. It was noted that the reward package was also a factor in that CQC was recruiting in a similar job market to other Arm’s Length Bodies but often lacked a competitive salary offer. As previously reported to the Board, work was taking place to look more widely at the full recruitment and retention package.

Inspection report timeliness

7. The Board noted the range of improvement activity that was underway which would be co-ordinated by the newly-established Quality Improvement Steering Group. It was important that, as action took place to improve timeliness of report production, there should be no drop in the quality of reports. It was suggested that the current KPI for report production in hospitals could benefit from review, although any review should take place after implementation and assessment of the planned improvement measures.
8. As part of the reporting process, it was noted that providers were informed immediately of any significant issues found during an inspection but the challenge was around how the public were made aware of such issues prior to report publication. The Board felt it would be helpful to see a process map of the production of inspection reports in hospitals. EB agreed to provide this.

Action: Process map for production of hospital inspection report to be shared with Board – Edward Baker.

Inspections: productivity (performance report - slide 10)

9. EB confirmed that, while the performance in hospitals had declined in May, performance tended to oscillate from month to month and current levels of performance were as expected for this point in the year.

Whistleblowing (performance report - slide 30)

10. AS confirmed that the slide presented an overall picture of all referrals received by CQC. Action taken was then dependent on the nature of the information received – some information would be passed to the local authority but CQC inspectors would also assess the information and consider the appropriate regulatory response. Further discussion took place at agenda item 7 (see paragraphs 22 – 23 below).

Local System Reviews

11. Following publication of the national report of review findings on 3 July, SF reported that discussions were ongoing with the Department of Health & Social Care on carrying out

further reviews, including returning to 3 areas and considering the development of the methodology. Conversations at a national level were also continuing with NHS England and NHS Improvement and work was taking place with other partners to look at how findings were best disseminated, how local engagement took place, how colleagues and partners understood barriers to change and how these could be overcome. Although the Reviews had focused on low performing areas, it was noted that there were still examples of good practice and the key was to disseminate that good practice both locally and across the country.

Report of the Gosport Independent Panel

12. Since the period covered by the report there had been major changes in clinical governance and regulation nevertheless, the Board raised the need to be mindful of the fact that relatives had still been frustrated at some official responses as late as 2011, much later than 2000 when the last deaths had occurred.

Health & Social Care Select Committee Inquiry into prison health and social care

13. SF reported on evidence that he and Jan Fooks-Bale, Inspection Manager for Health and Justice, had given to the Health and Social Care Select Committee on 3 July. The Board noted that a further evidence session was due to be held on 11 July and a report of the inquiry would be published later in the year.

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

ITEM 5 – CHANGE UPDATE (REF: CM/07/18/05)

- a. Digital and Intelligence
14. PS presented an update on progress of Digital and Intelligence Priorities as set out in the written report.
15. In discussion, the Board drew attention to ongoing frustration within CQC related to IT issues. It was noted that the Digital Team had now been fully recruited and a significant amount of work was underway to address these issues but the effect would not always be seen immediately by colleagues. Some could be resolved fairly easily, for example, enlarged mailbox size, improved connectivity between offices, while some were more challenging although problems should, in the most part, be resolved by the end of the year. PS would provide a list of hygiene factors setting out work to address them. It was suggested that it would also be helpful to share this within CQC to keep staff informed.
16. It was suggested that it would be helpful to link work with the People strategy in order to assess how staff were using the new technology and how it was impacting on their work. It was noted that a pulse check survey on equipment and IT was due to be carried out shortly as well as ongoing conversations with staff and internal user groups. It was suggested that it would be helpful to spend some time identifying those areas that could be outliers due to greater complexity and as such, would require greater resource to address.

Action: List of hygiene factors to be provided to the Board and shared with staff – Pete Sinden.

Decision: The Board noted the following, as set out in the written report:

- **Creation of an improved governance structures supported by a portfolio management office for CQC;**
- **Prioritisation of change activities across CQC including Digital and Intelligence;**
- **Delivery of progress in key areas;**
- **An update on the website outage of 12/13 June 2018.**

b. People

17. KS and RB presented an update on progress towards key priorities in support of the CQC People Strategy.
18. In discussion, the Board highlighted the move towards an increasingly risk based model of inspection and, in light of this, the importance of staff having the right skills and the freedom in order to make professional judgements. The focus on wellbeing across the dispersed workforce was welcomed along with plans to develop management skills.
19. Board welcomed the work undertaken by Roger Kline to look at recruitment and the experiences of black and minority ethnic colleagues and suggested further work around colleagues with other protected characteristics. The Board also highlighted the importance of providing staff with the right coaching and time to reflect which could allow people to think more innovatively. More broadly, as work on the People Strategy progresses, it would be helpful to consider two tests – were changes essential for the strategy and its delivery; and if so, how can the change be implemented with minimal disruption?

Decision: The Board noted progress being made on key priorities in support of the CQC People Strategy as set out in the written report.

ITEM 6 – UPDATING SURVEILLANCE INFORMATION (REF: CM/07/18/06)

20. DJ and AC joined the meeting to present proposals to establish a web resource on technology in care and to agree the framework as set out in the written report and attached at appendix A.
21. In discussion, the Board acknowledged the tension between the benefits of surveillance and concerns that its use could be abused. It was suggested that the resource should have a welcoming and encouraging tone and should be as practical as possible, identifying and setting out particular issues, explaining where information about technology could be held and how it would be used and, where possible, providing examples. It was acknowledged that it could be difficult to address exactly how every single piece of technology was used but this would be fed into ongoing discussions with NHS England, NHS Improvement and NHS Digital.

22. As technology further developed, it was important that CQC colleagues were supported to maintain their awareness and understanding of technological development and how it impacted on the way they worked. CQC also needed to be aware of how it used its Independent Voice, acknowledging where new technology could encourage improvement but balanced with awareness of the potential risks.

Decision: Subject to the above comment, the Board AGREED the proposal to establish a web resource on technology in care and the framework attached at Appendix A, which replaced the 2015 information on using hidden cameras and the related information for providers.

ITEM 7 – RESPONDING TO SPEAKING UP AND WHISTLEBLOWING – ASSESSMENT OF CURRENT PRACTICE AND ACTION PLAN FOR IMPROVEMENTS (REF: CM/07/18/07)

23. UG presented an assessment of how CQC managed and acted on disclosures it received from those working in the Health and Adult Social Care sectors and planned action for improvement.
24. The Board noted that there were now Freedom to Speak-Up Guardians in all trusts and suggested that it would be helpful to link where appropriate with the work of the National Guardian's Office. The Board emphasised the importance of information received to CQC's intelligence and inspection programme and acknowledged that CQC could perhaps be better in demonstrating how this information was used to inform the programme. It was suggested that an anonymised report could be produced to show where information had been used in order to show the practical importance of raising concerns.

Decision: The Board noted the update on how CQC managed and acted on disclosures made by people who worked in the Health and Adult Social Care sectors and planned actions, as set out in the written report.

ITEM 8 – ANY OTHER BUSINESS

25. There was no further business. Time allowed for the following questions and comments from members of the public.
26. In light of the earlier discussion on use of technology in surveillance (see paragraphs 20 – 22), David Hogarth highlighted the fact that the population was increasingly dispersed meaning that relatives were often some distance from family in care. With this in mind, he highlighted the increasingly important role that could be played by technology and suggested that the CQC resource should give some consideration of the different types of technology that were available.
27. Robin Pike asked how providers of Extended Access Primary Medical Services would be inspected and rated. SF reported that there were different models of extended access service and the service would be inspected and rated according to their model.

28. Bren McNerny fed back from his attendance at a recent LGA peer review at Plymouth City Council. He reported that, during the review, attention was drawn to the professional and personable way in which CQC had conducted its Review of Health and Social Care systems in the area.
29. PW thanked all for attending and brought the public session to a close.

CLOSE

30. The meeting closed at 12:55pm

DRAFT