

**Minutes of the Public Board Meeting**  
**151 Buckingham Palace Road, London, SW1W 9SZ**  
**17 July 2019 at 11.00am**

Peter Wyman (PW)	Chair
Ian Trenholm (IT)	Chief Executive
Edward Baker (EB)	Chief Inspector of Hospitals
Rosie Benneyworth (RB)	Chief Inspector of Primary Medical Services & Integrated Care
Robert Francis (RF)	Non-Executive Board Member
Malte Gerhold (MG)	Chair, Healthwatch England and Non-Executive Board Member
Jora Gill (JG)	Executive Director of Strategy & Intelligence
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
<b>In attendance</b>	
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)
Susan Bevan (SB)	CQC equality networks representative
Ursula Gallagher (UG)	Deputy Chief Inspector, PMS & Integrated Care (item 5)

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

1. PW welcomed Board members and other attendees. No apologies for absence had been received and no new interests declared.

**ITEM 2 – MINUTES OF THE MEETING HELD ON 19 JUNE 2019 (REF: CM/07/19/02)**

2. The minutes of the meeting held on 19 June 2019 were accepted without amendment.

**ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/07/19/03)**

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

**ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/07/19/04)**

5. IT presented the Executive Team report as set out in the written report. The following matters were highlighted:

Performance report: Enforcement action

6. Board noted that performance for taking enforcement action within the prescribed timescale was under plan. Although numbers were small, it would be helpful to identify any issues and provide a commentary to inform further consideration which should then be scheduled into the forward plan.

***Action: Commentary on enforcement issues to inform further consideration, to be scheduled into forward plan.***

Performance report: Whistleblowing

7. On whistleblowing, IT reported on ongoing work to look at how relationships were built more effectively with whistleblowers and to keep people better informed of the outcome of the information that they had made known. The aim was that this would help to show the importance of making concerns known.

Performance report: Impact of CQC

8. CD reported on activity that sought to demonstrate the CQC's impact, particularly at a local level. It was noted that, as NHSE developed their regional approach, CQC would also explore a more regional approach going forward.

Performance report targets

9. Board noted the target figure of 30% for 'colleagues tell us that the technology we use is effective' (table 28) and 32% for 'I believe that changes are effectively implemented in CQC' (table 31). It was suggested that these targets were rather low. KS would review and report back.

***Action: KS to review target figures as detailed above.***

Performance report: uptake of L&D (slide 42)

10. MG confirmed that the high completion figures for the 'CQC Values Information' and Health & Safety at Work' modules reflected that these modules were mandatory for all CQC colleagues.

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

**ITEM 5 – UPDATE ON THEMATIC REVIEW OF RESTRAINT, SECLUSION AND SEGREGATION (REF: CM/07/19/05)**

11. PW reported that Paul Lelliott (PL), Deputy Chief Inspector for Mental Health, had been leading on the thematic review of restraint, seclusion and segregation. Unfortunately, PL was unable to attend this meeting and it was noted he would shortly be retiring from CQC. On behalf of the Board, PW thanked PL for his work on this review and for all his other work on mental health for CQC and for users of mental health services. In PL's absence, UG presented an update on progress of the review and of the recommendations contained in the interim report.

12. UG reported that an expert group would be convened to look at key features of a better system of care for people with a learning disability whose behaviour was so challenging that they were at risk of being cared for in segregation. This would include consideration of training and skills in the workforce and also of value and recognition of those roles. EB drew attention to wider systemic issues around registration that would need to be addressed.
13. Board noted the update.

***Decision: Board noted the update as set out in written report and that there would be the opportunity for further detailed discussion at Board when the report was completed.***

#### **ITEM 6 – HEALTHWATCH ENGLAND (HWE) UPDATE (REF: CM/07/19/06)**

14. RF presented a progress update on HWE’s work as set out in the written report.
15. In discussion, Board noted the wealth of information gathered by Healthwatch colleagues. With this in mind, CQC colleagues met regularly with HWE colleagues to improve information sharing processes. Relationship building between CQC and Healthwatch at a local level was also being encouraged. RF suggested that it would be helpful for HWE information to be credited where it was used.
16. Board welcomed the work that was taking place and, on behalf of the Board, PW thanked the HWE team for their work.

***Decision: Board noted the update from Healthwatch England, as set out in the written report.***

#### **ITEM 7 – ANY OTHER BUSINESS**

##### Regulatory Governance Committee (RGC): Oral report of meeting on 16/07/19

17. LS reported briefly on discussion at the RGC meeting on 16 July. The Committee had discussed developments in Primary Care Networks / Primary Care at Scale (PCAS), what they meant for CQC’s approach to regulation and how the shape of primary care delivery would be affected. The Committee also spent some time looking at CQC work on horizon scanning, looking at a number of scenarios within a number of thematic areas and providing advice on how the work could be developed through wide ranging discussion with a range of stakeholders. It was also noted that the Committee would be reviewing their terms of reference to better reflect the developing role of the Committee as it moved to looking at issues that cut across the directorates within CQC. A revised version, when ready, would be presented to Board for consideration and approval.
18. There was no further business. Time allowed for the following question from members of the public.
19. Robin Pike asked how could CQC improve its communication to the general public concerning inspections. CD outlined a range of activity taking place, ranging from CQC’s

own resources through to collaborative work with the BBC and independent television networks and including future ambitions, particularly around improvements to the website and using information to provide a real time picture of how a service was performing.

20. David Hogarth asked two questions: views on simple video communication in light of developing technologies; and whether the briefing on warning signs to be given to Hospitals directorate inspectors in the light of Whorlton Hall, should also be given to all Social Care inspectors. On video communication, PW noted that, while any technology that helped people to keep in touch was to be welcomed, there were still some limitations on the services currently available, for example, related to expense and broadband connectivity in some areas.
21. On Whorlton Hall, KT confirmed that the model had been piloted within the Adult Social Care directorate and had now been shared with all ASC managers to inform planning and activity. CD reported on work with HWE colleagues to look at how information could be shared publicly. CD and KT would work with HWE colleagues to look at how this was best done.

***Action: KT / CD to consider, with HWE colleagues, best way to share information publicly.***

22. PW thanked all for attending and brought the public session to a close.
23. The meeting closed at 12:20pm