

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
19 September 2018 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
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
Liz Sayce (LS)	Non-Executive Board Member
Andrea Sutcliffe (AS)	Chief Inspector of Adult Social Care
In attendance	
Kirsty Shaw (KS)	Chief Operating Officer
Chris Day (CD)	Director of Engagement
Chris Usher (CU)	Director of Finance, Commercial & Infrastructure
Naomi Paterson (NP)	Head of Governance and Private Office
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
Imelda Redmond (IR)	National Director, Healthwatch England (item 7)
Nick Kerswell (NK)	Head of Regional Engagement (item 8)
Rachael Ward (RW)	Inspection Manager, IR(ME)R (item 10)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Paul Corrigan and Rebecca Lloyd-Jones. There were no interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 18 JULY 2018 (REF: CM/09/18/02)

2. The minutes of the meeting held on 18 July 2018 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/09/18/03)

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

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/09/18/04)

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

Sexual safety on mental health wards

6. Board welcomed publication of the report on “*Sexual safety on mental health wards*” on 11 September. In discussion, the challenge of getting good data was raised. It was acknowledged that the sensitivity of the subject and ambiguity around reporting could make data gathering difficult but good data was essential in order to build an accurate picture. The report recommendation that clear guidance was developed would help to address this. EB reported that CQC would continue to work collaboratively with providers to encourage improvement. A progress update would be provided to Board in 6 months. Secretariat to include in Board forward work plan

Action: EB to provide 6 month progress update for inclusion in ET report. Secretariat to include in Board forward plan – Secretariat.

Quality improvement in hospitals

7. Board noted the quality improvement (QI) processes driving improvement in patient care and performance and set out in the recently published report, “*Quality Improvement in hospital trusts*”. In discussion, Board highlighted the potential learning from this report for CQC’s own Quality Improvement programme.

Local System Reviews

8. SF reported that Department of Health and Social Care (DHSC) had asked CQC to continue the programme of local system reviews, with three new reviews and three follow up reviews to be carried out by the end of the calendar year. The Board would continue to receive progress updates.

Responsible Officer annual report

9. Board noted:

- That the Responsible Officer had carried out the responsibilities in line with the Responsible Officer Regulations to assure the Board that all doctors with a prescribed connection to CQC for revalidation were up to date, that they remained fit to practise and without concerns; and
- That that the Responsible Officer met with the CQC Chief Executive to discuss and formally agree the annual Responsible Officer report, the Annual Organisational Audit 2017/18 and the annual organisational comparator report 2017/18.

Decision: The Board noted the Executive Team report.

ITEM 5 – 2018/19 QUARTER 1 CORPORATE PERFORMANCE REPORT (REF: CM/09/18/05)

10. MG presented the corporate performance report for the first quarter of 2018/19.

11. Board noted that the overall ASC inspection target for the year would not be met. AS reported that a plan to address this was in place. The plan was currently being refined to share resources across regions however, inspection of higher risk locations would continue to be prioritised.
12. The increase in enforcement action was noted. This was driven by a range of different reasons, but did mean that colleagues were spending more time engaged in activity related to enforcement.
13. On publication of inspection reports, Board noted changes to the identification of the two Hospitals indicators which accounted for some of the improvement in year to date figures, as well as the impact of ongoing improvement interventions. Performance figures would be tracked to ensure that improvement was maintained.
14. KS highlighted the three risks that were of most concern in delivering changes that were required to deliver the CQC Strategy. The intention was that, by the December Board meeting, a clear plan would be in place for each to move them out of the current 'red' rating. The capacity within the organisation to address this was highlighted as a key element.

Decision: Board noted the Q1 Corporate Performance report.

ITEM 6 – CHANGE UPDATE (REF: CM/09/18/06)

15. KS presented a progress update on delivery of the Change Portfolio.
16. KS confirmed that work from the Quality Improvement programme would be included in future change updates. Plans to upskill managers and work to look at capacity within the organisation to deliver change were highlighted. The people strategy was welcomed with the anticipation an outcome should be some clear, people focused KPIs.
17. It was suggested that some consideration was given to the wider organisational model to address the potential for 'silo' working and to deliver the ambition of the change programme. However, it was acknowledged that there were still hygiene factors to be addressed in the current model before any wider review could take place. Board noted a range of practical measures being implemented to better engage and connect colleagues who were largely home-based. Plans to upskill the workforce were crucial in delivering this.

Decision: Board noted the progress update as set out in the written report.

ITEM 7 – HEALTHWATCH ENGLAND UPDATE (REF: CM/09/18/07)

18. PW reported that Jane Mordue would be stepping down as the Chair of Healthwatch England (HWE) at the end of September. The Secretary of State had appointed Robert Francis as her replacement and he would take up the role of Chair from 1 October 2018. PW thanked JM for her work at HWE and her contribution to the Board.

19. JM and IR presented the progress update on HWE's work. Board noted the current difficulties around Healthwatch network funding. IR reported on the range of activity in place to address this, including meeting with ministers and engagement with local political leaders and chairs of local health and wellbeing boards. It was suggested that it might be helpful to target activity in those areas where a more integrated approach to health and social care was being championed.

Decision: Board noted the report.

ITEM 8 – FREEDOM TO SPEAK UP POLICY (REF: CM/09/18/08)

20. Nick Kerswell joined the meeting to present the Freedom to Speak Up policy for Board consideration. It was noted that a draft of the policy had previously been presented to Board as part of the annual report of CQC's Freedom to Speak Up Guardian.
21. It was acknowledged that, while the opportunity for informal mediation and conciliation was important, it should be made clear that colleagues must not feel pressure to resolve any issue through an informal route. It was also suggested that information on the policy was incorporated into the CQC induction for new staff and that a practical implementation guide could also be helpful. The need to position work within the context of the Employee Assistance programme was noted.

Decision: Subject to the above comment, Board APPROVED the Freedom to Speak Up policy

ITEM 9 – UPDATED BOARD STANDING ORDERS AND CODE OF CONDUCT (REF: CM/09/18/09)

22. Board Standing Orders and the related Code of Conduct for Board members were last reviewed in January 2013. Revised and updated versions of both were presented for Board consideration and approval.
23. A further change to the draft of the Standing Orders circulated in the meeting pack was noted. The last paragraph on page 3 should read: "*Board*" means the unitary Board of the Care Quality Commission, which consists of a Chair and up to fourteen Members, both Non-Executive members, appointed by the Secretary of State for Health and Social Care, and Executive members, appointed by the Chair and Non-Executive members. The majority of the Board must be Non-Executive Members".
24. It was also noted that paragraph 3.4 of the Code of Conduct referred to legislation that had since been superseded by the Equality Act 2010.

Decision: Subject to the above amendments, Board APPROVED the updated Standing Orders and related Code of Conduct for Board members

ITEM 10 – RECOGNITION OF OUTSTANDING CONTRIBUTION (RoC) AWARD (Oral)

25. Rachael Ward, Inspection Manager for the IR(ME)R [Ionising Radiation (Medical Exposure) Regulations 2000] team in the Hospitals directorate, joined the meeting to receive her Recognition of Outstanding Contribution Award. RW was nominated for an award for excellence and teamwork, in supporting the IR(ME)R team through a period of great change and significant challenges in the service. She also contributed largely to resolving problems within the team. On behalf of the Board, PW thanked RW for her work and congratulated her on the award.

ITEM 11 – ANY OTHER BUSINESS

- Parental leave – Executive Director of Strategy and Intelligence
26. PW reported that MG would be taking parental leave from October until the end of year and that his Directors would deputise at Board during this period.
27. There was no further business. Time allowed for the following questions and comments from members of the public.
28. Robin Pike asked who regulated NHS web-sites, drawing attention to the Patient Access site which had recently had some difficulties. PW confirmed that CQC was not responsible for regulating Patient Access or alternative NHS patient websites. These services were provided by NHS England and NHS Digital. CQC did look at how these services were used by providers and would expect providers to highlight risks if they felt they were not helping patients to access care and treatment.
29. David Hogarth asked about progress of work on the technology resource, particularly whether it had become less a catalogue of legal risk and now covered technology that would help recipients of care to be in touch with distant families. CD provided a brief update on progress and would speak to Mr Hogarth separately outside of the meeting about being part of an engagement group around the resource as it progressed towards its intended launch at the Care England annual conference on 14 November 2018.
30. PW thanked all for attending and brought the public session to a close.

CLOSE

31. The meeting closed at 12:55pm