

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
18 September 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
In attendance	
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)
Jenny Ross (JR)	CQC equality networks representative

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 17 JULY 2019 (REF: CM/09/19/02)

2. The minutes of the meeting held on 17 July 2019 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/09/19/03)

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

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/09/19/04)

5. IT presented the Executive Team report. The following matters were highlighted:

Responsible Officer report

6. 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 2018-19 and the annual organisational comparator report 2018-19.

7. The Responsible Officer role within CQC had been undertaken by Professor Nigel Sparrow OBE. PW reported that Professor Sparrow would be retiring from CQC at the end of September 2019 and that Board had APPROVED Dr Nigel Acheson to be appointed to the role from 1 October 2019. He would undertake the role alongside his role as Deputy Chief Inspector (Hospitals). On behalf of the Board, PW thanked Professor Sparrow for his work as the Responsible Officer and for his wider work for CQC.

First tier tribunal outcome

8. KT highlighted the outcome of a recent first tier tribunal where a residential service, supporting 6 residents was proposing changes to accommodation to incorporate 2 further residents. CQC's view was that the changes would not be in keeping with best practice and that current residents had not been properly consulted. Despite further discussion a compromise could not be reached and the case had been

taken to tribunal. KT reported that the judge ruled in CQC's favour noting that CQC's approach had been fair, proportionate and reasonable throughout. This was a good outcome for those using the service and CQC's position had been vindicated.

Restraint, Seclusion and Segregation thematic

9. Board welcomed the learning from the review, noting that this demonstrated a rigour in approach and a highlighting of problems that been previously identified by CQC. EB emphasised the need for a robust response across the whole system.

Decision: The Board noted the Executive Team report.

ITEM 5 – 2019-20 QUARTER 1 CORPORATE PERFORMANCE REPORT (REF: CM/09/19/05)

10. IT, with contributions from Executive members, presented the corporate performance report for Q1 of 2019-20.
11. Board noted that the Return to Rating data for PMS (slide 6 of the pack) showed that return to 13% of services rated inadequate fell outside of the KPI. RB explained that this was a result of changes within the directorate with a resulting impact on scheduling but figures should now improve going forward. It was also noted that there was no suggestion of a lack of activity but that activity was taking place which might not always be fully captured through the data and that sometimes measures used might require amplification or explanatory narrative.
12. The upward trend in staff turnover in the PMS directorate was noted. RB reported that this was due mainly to colleagues retiring. There had been no adverse impact at this stage but the situation would continue to be monitored. KS also confirmed that data by protected characteristics was captured in figures for turnover and sickness. More generally, KS confirmed that Gill Nicholson, the new People Director, would be reviewing people data and metrics to be considered as part of a future presentation to Board
13. It was noted that the figures for inspections undertaken on receipt of new information tended to remain at a fairly constant level but, as an increasingly intelligence driven approach developed, it was likely that this would change.
14. On hospital report timeliness, EB confirmed that a QI programme had looked at process of report production. A different approach was being piloted, with a shortened evidence appendix and a shorter, more accessible report.
15. On risk, KT reported that the risk score for Market Oversight had increased as a result of issues around recruitment and retention in an area that required a very specific skillset. Action was in place to address this.

Decision: Board noted performance for Q1 of 2019-20 as set out in the written report and accompanying slide pack.

ITEM 6 – TRANSFORMATION PORTFOLIO QUARTERLY UPDATE (REF: CM/09/19/06)

16. KS presented a progress update on delivery of the transformation portfolio as set out in the written report.
17. Board noted the developing work on Give Feedback on your Care and emphasised the ongoing importance of information provided by the public to work of CQC. CD reported that the intention was to launch once final testing had been completed, possibly around the time of the State of Care launch.
18. On timeliness of publishing inspection reports, KT reported on the introduction of a new style report in ASC. Work was now ongoing to assess its impact and whether it had met anticipated deliverables. More generally, work was ongoing across the directorates to look at how publication of inspection reports could be improved. Board noted that further specific interventions were planned in the hospitals directorate.
19. KS reported that, in order to build capacity to deliver training in the QI Gold programme, work was taking place to train colleagues who would then be able to deliver the training.
20. IT reported that a significant migration of information from data centres to the cloud had taken place over the weekend of 12 and 13 October. This had been largely successful although there were some minor issues which were being addressed.

Decision: Board noted the progress in delivery of CQC's change and improvement portfolio as set out in the written report.

ITEM 7 – REGULATORY GOVERNANCE COMMITTEE (RGC): REPORT OF THE MEETING ON 17 SEPTEMBER (Oral)

21. LS gave a brief oral update from the Regulatory Governance Committee (RGC) meeting that took place on 17 September.
22. At the meeting, the Committee finalised revised terms of reference that reflected how the role of the Committee had developed since it was first established. Subject to some further, minor change, these would be presented to Board for final approval in October. Going forward, the Committee would: continue to look systematically at regulatory risk guided by the risk register; continue with deep dives into specific business areas; consider those areas of work that cut across the organisation; and look at future challenges for regulation.

23. The meeting had also looked in more detail at complex providers and the potential impact of wider developments on CQC's regulatory model. MG explained that a 'sandboxing' approach would be used for technological developments and new approaches to care. This would help to broaden CQC's understanding and help to ensure that decisions being made now were fit for the future and allowed for sufficient flexibility to incorporate future developments in the wider health and social care landscape.

ITEM 8 – ANY OTHER BUSINESS

24. There was no further business. Time allowed for the following question from members of the public.
25. Robin Pike asked what proportion of inspections across the three inspectorates were carried out without prior notice? PW reported that, in the previous 3 months, across the directorates, 62.5% of inspections have been unannounced. Broken down by individual directorate, there were 78.1% in ASC, 76.9% in Hospitals and 5.2% in PMS. RB explained that PMS figures reflected the need to ensure the right people were available to carry out inspections and that some PMS inspections, for example in prisons, could not be unannounced.
26. David Hogarth asked whether changes to the ASC Provider Information Return (PIR), as set out in the Executive Team report, would impact on the information given to CQC. He also highlighted the lack of whistleblowing information in the performance report. On PIR, KT confirmed that the same information would be requested, but on an annual basis, but did not believe this would lead to providers giving information that would deter CQC from inspecting. On whistleblowing, IT reported that the figures presented for whistleblowing and for enforcement were complex and could be misleading and so colleagues were looking at ways in which these figures could be better presented.
27. PW thanked all for attending and brought the public session to a close.
28. The meeting closed at 12:15pm