



Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
18 October 2017 at 11.00am

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| Peter Wyman (PW) | Chair |
| David Behan (DB) | Chief Executive |
| 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 |
| Paul Rew (PR) | Non-Executive Board Member |
| Andrea Sutcliffe (AS) | Chief Inspector of Adult Social Care |

In attendance

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| Eileen Milner (EM) | Executive Director of Customer and Corporate Services |
| Kate Harrison (KH) | Director of Finance, Commercial and Infrastructure |
| Rebecca Lloyd Jones (RLJ) | Legal Advisor to the Board |
| Martin Harrison (MH) | Senior Corporate Secretary (minutes) |
| Paul Williamson (PWi) | User Voice Development Manager (item 5) |
| Helen Louwrens (HL) | Director of Intelligence (items 5 and 7) |
| Andrew Larter (AL) | Director of Digital Operations (item 7) |
| Pete Sinden (PS) | Chief Digital Officer (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. There were no interests declared.

ITEM 2 – MINUTES OF THE MEETING HELD ON 13 SEPTEMBER 2017 (REF: CM/10/17/02)

2. The minutes of the meeting held on 13 September 2017 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/10/17/03)

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

ITEM 4 – CHIEF EXECUTIVE'S REPORT (REF: CM/10/17/04)

5. DB presented his written report to Board. The following matters were highlighted:

Performance report: Staffing

6. Attention was drawn to staffing levels and the potential impact upon capacity across the directorates. The Board noted plans in place to address this, including work taking place with HR colleagues to address specific 'hotspots' where recruitment and retention was proving a particular challenge.

Performance report: Safeguarding KPI

7. The Board noted the small number of instances where the KPI had not been achieved on safeguarding ('alerts referred to local authority' and 'requiring a mandatory action' - slide 5). EM highlighted the upward trajectory of performance and confirmed that this was expected to continue as a result of action in both NCSC and across the organisation. It was also noted this was sometimes a recording issue where a report was incorrectly identified as a safeguarding issue. Action was also in place to address this.

Performance report: Enforcement

8. The Board noted the volume of enforcement action in progress and the impact that this had on the workload of inspectors. RLJ reported on work to develop criteria for prioritisation which would assist in the triaging of notifications and referrals and for plans to look in more detail at how inspectors could best be provided with balanced support at the investigative stage. It was suggested that the Regulatory Governance Committee could provide some helpful scrutiny on developing proposals.

Action: Secretariat to provisionally add to RGC forward work plan – Secretariat

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

ITEM 5 – NATIONAL PATIENT EXPERIENCE SURVEY PROGRAMME STRATEGY (REF: CM/10/17/05)

9. HL and PWi joined the meeting to seek Board consideration of the proposed strategic direction for the National Patient Experience Survey programme.
10. In discussion, the following comments were made:
- It was important to be mindful of those that did not engage digitally and therefore the retention of the helpline and paper options was welcomed;
 - In light of the developing provider landscape it was important to make appropriate links with other surveys and to give consideration how, in the future, more regular 'pulse' type surveys could be used to give a more up to date picture;
 - In light of the developing technological landscape, consideration should be given to how the survey could be better presented in a digital format.

Decision: Subject to the above comment, the Board AGREED the proposed strategic direction for the National Patient Experience Survey programme.

ITEM 6 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE – REPORT OF MEETING HELD ON 27 SEPTEMBER 2017 (REF: CM/10/17/06)

11. PR reported on the Audit and Corporate Governance Committee meeting held on 27 September.
12. In discussion, the Board highlighted the item on pension governance. It was noted that that CQC made contributions to a number of Local Government Pension Schemes for staff employed by a predecessor organisation of CQC. While there was no specific reason for concern, Board noted ongoing work to seek assurance on the running of the schemes and clarity on Department of Health undertakings related to potential liabilities.

ITEM 7 – DIGITAL AND INTELLIGENCE STRATEGY; NEXT STEPS ON PRIORITIES AND PROGRAMMES (REF: CM/10/17/07)

13. HL, AL and PS joined the meeting to seek Board consideration of priorities for the Digital and Intelligence strategy for the remainder of 2017/18 and 2018/19.
14. In discussion, the Board welcomed the clear statement of priorities set out in the report and the positive collaborative work that had already taken place. The ambition of the current plans was acknowledged but there was a need to be mindful of a potential gap between expectations and delivery. As such, it was suggested that a phased approach to development could be appropriate – building only in certain areas but with benefits becoming apparent sooner in those areas. This would allow for the creation of a feedback loop through which plans could be refined and made more effective as the work developed. A phased approach would also allow for more effective mitigation against risk. It would mean that benefits might not become apparent across the whole organisation as early as desired but should lead to more deeply rooted benefit in the longer-term. As implementation progressed, it was important that there was capability within the organisation to ensure a balance between introducing new ways of working while also maintaining ‘business-as-usual’ activity.
15. To do this, it would be important to bring together technical staff and users to reach a solution that worked practically and also to engage with providers and those that used services. Accordingly, it was important that the project was perceived as a digital transformation for the whole business not just a project for the Digital Team. In light of the rapid development of the wider health and social care landscape, there was a need to work at some pace even using a more phased approach.
16. In light of this discussion, the next stage would be for priorities to be converted firm deliverables which should give greater clarity on costings which would, in turn, provide further clarity around benefits. Further work would be folded into business planning activity where issues around cost and capability would be addressed.

Decision – Subject to the above comment, the Board AGREED the Digital and intelligence priorities for the remainder of 2017/18 and 2018/19 as set out in the written report.

ITEM 8 – ANY OTHER BUSINESS

Eileen Milner

17. The Board noted that EM would shortly be leaving CQC to take up a new role and that this would be her last Board meeting. On behalf of the Board, PW thanked EM for her work as part of the Board and for her wider contribution to the work of CQC.
18. There was no further business. Time allowed for further questions / comments from members of the public.
19. With regard to the inspection of hospitals, Robin Pike asked about inspection in the next phase with particular regard to larger institutions where some services would be located in older buildings, for example UCLH. EB confirmed that any inspection would look comprehensively at risk across the whole institution, including the estate. A key consideration was not so much related to the age of a building but whether it had been maintained and adapted satisfactorily. EB confirmed that, if CQC was made aware of particular issues related to a provider's estate, CQC would take appropriate action. With regard to UCLH, EB reported that CQC had inspected twice and were aware of the nature of the estate and inspected accordingly.
20. Jade Taylor highlighted an article in the Mail on Sunday on 3 September by Professor Brian Jarman, in which Professor Jarman drew attention to "up to 19,000 'unexpected' deaths not included in official NHS statistics over the past five years" and asked why the NHS kept making the same mistakes over and over again. In response, EB noted the complexity of the subject but confirmed that CQC looked at a range of mortality data across all NHS trusts to inform action along with the continuous monitoring of other data and, if outliers arose, CQC would take appropriate action. As demonstrated in the above discussion at item 7, CQC was putting in place a Digital and Intelligence strategy that would aim to make CQC's use of intelligence more effective. If Professor Jarman wished to discuss this further, EB would be happy to do so.
21. PW thanked all for attending and brought the public session to a close.

CLOSE

22. The meeting closed at 12:45pm.