

Minutes of the Public Board Meeting
151 Buckingham Palace Road, London, SW1W 9SZ
17 October 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
Paul Corrigan	Chief Inspector of General Practice
Steve Field (SF)	Non-Executive Board Member
Robert Francis (RF)	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
Kirsty Shaw (KS)	Chief Operating Officer
Andrea Sutcliffe (AS)	Chief Inspector of Adult Social Care
In attendance	
Chris Day (CD)	Director of Engagement
Chris Usher (CU)	Director of Finance, Commercial & Infrastructure
Rebecca Lloyd-Jones (RLJ)	Legal Adviser to the Board
Martin Harrison (MH)	Senior Corporate Secretary (minutes)
Farah Islam-Barrett (FIB)	CQC equality networks representative
Mark Edmonds (ME)	Director of Performance, Change & Improvement (item 6)
Andrew Larter (AL)	Director of Digital Operations (item 6)

ITEM 1 – APOLOGIES & DECLARATIONS OF INTEREST

1. PW welcomed Board members and other attendees. Apologies for absence had been received from Jora Gill and Malte Gerhold. There were no interests declared.
2. Following the inclusion seminar at the last Board meeting, a member of the CQC equality networks had been invited to attend monthly meetings of the Board. PW welcomed Farah Islam-Barrett, Chair of CQC's Race Equality Network, to this meeting

ITEM 2 – MINUTES OF THE MEETING HELD ON 19 SEPTEMBER 2018 (REF: CM/10/18/02)

3. The minutes of the meeting held on 19 September 2018 were accepted without amendment.

ITEM 3 – MATTERS ARISING AND ACTION LOG (REF: CM/10/18/03)

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

ITEM 4 – EXECUTIVE TEAM REPORT (REF: CM/10/18/04)

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

CMG v CQC: Cherry Trees First-tier tribunal win

7. Board drew attention to the significance of the recent decision related to CQC use of Registering the Right Support (RTRS) guidance and how CQC's position had been validated by the judgement.

Successful prosecution of an unregistered provider

8. Board welcomed the successful recent prosecution of a company director who had illegally provided domiciliary care services. More generally, the challenge of CQC having the right information in order to be able to take this type of action was noted. AS reported that CQC received information from a range of sources. It was noted that unregistered activity was sometimes the result of a genuine mistake and was ceased as soon as the mistake became apparent however, some cases were more difficult and CQC needed to use the range of enforcement powers at its disposal.

Quality Matters

9. The success of Year 1 activity and the plans for Year 2 were welcomed. Board emphasised the importance of the sector collectively heeding and acting upon the *Quality Matters* message. It was important that work was not perceived just as the statutory sector issuing instruction or providing all answers.

Performance report: August 2018

10. The continued improvement in report timeliness in the Hospitals directorate was noted. EB confirmed that this had been achieved through considerable effort although there had been a related impact on workload. As such, work was ongoing with frontline teams to look at better ways of working.

11. SF reported that the Local System Review work was ongoing, with Leeds currently under inspection and the focus then moving to Staffordshire for the following week. SF also highlighted a programme of work in conjunction with ASC colleagues to look at the quality of dental care in care homes. A dip in productivity in PMS during August was noted. This was a general reflection of August as a quieter month, coupled with some recording issues around monitoring activity which were being addressed, and the need to gather information manually as the anticipated digital PIC system was not yet ready.

12. It was suggested that the data on changes in quality over time could potentially rebuff questions about the efficacy of inspection regulation. A positivity towards regulation was also reinforced by high level messages from the State of Care report but complexity around the issue was acknowledged and it was suggested that the performance graphs could perhaps better reflect wider system performance to give a more effective insight into system workings. Simple performance measures were not always the best view of quality and a more nuanced understanding was often needed.

13. The increase in inspectoral strength in recent months was welcomed although it was noted that the figures discounted those that were out of the business, including those on long-term sick, on parental leave, suspensions, and external secondments. It was therefore suggested that this could be reflective of CQC becoming a more attractive place to work and the 'always on' recruitment campaign bearing fruit. However, it was possible that the discounted numbers could potentially distort such a conclusion. KS would consider further with People Director, Ruth Bailey, to look at data at a more granular level of detail and would report back.

Action: KS to consider data with Ruth Bailey as above and report back.

14. LA drew attention to the increasing number of providers rated as Good and, while this was to be welcomed, suggested that this raised wider questions around the definition of good, whether a provider might fail to address all aspects of their service if they were rated as Good overall and whether Good might be perceived as adequate thus potentially discouraging the desire to further improve. It was noted that more focused and detailed inspection reports should enable providers to better identify specific areas of a service that required improvement, even within an overall Good rating. CD also reported on messaging that was aimed at generating a curiosity within providers that would work towards encouraging improvement and encouraging a desire in those rated Good to aim for Outstanding. Nevertheless, it was emphasised that the fundamental aim for a provider should be to deliver an outstanding service, not simply to achieve an Outstanding rating. PW noted that, in current circumstances, success would be when every provider was rated as Good or better. It might, in the future, be appropriate to recalibrate ratings but for the foreseeable future, standards should be maintained and more services moving up to Good should be welcomed.

Decision: The Board noted the Executive Team report.

ITEM 5 – AUDIT AND CORPORATE GOVERNANCE COMMITTEE – REPORT OF MEETING HELD ON 9 OCTOBER 2018 (REF: CM/10/18/05)

15. PR presented a summary of the Audit and Corporate Governance Committee meeting held on 9 October 2018, as set out in the written report.

Decision: The Board noted the Audit and Corporate Governance Committee report.

ITEM 6 – CHANGE UPDATE (REF: CM/10/18/06)

16. KS presented a progress update on delivery of the change agenda.
17. Board drew attention to the recent pulse survey which had asked questions about workload, work life balance and wellbeing and how results had shown that there was still more for CQC to do to address issues around this. Board would be kept informed of any significant new developments or findings.

18. Board welcomed the range of work taking place across the change portfolio but noted its breadth and complexity and as such, suggested it would be helpful to see a clear summary of the plan, setting out what would be delivered, how it would be delivered and how performance would be measured. KS reported on work to articulate a broader vision which would include benchmarks and milestones against which progress would be measured. This would be complemented by a communication narrative that would be framed around how it would be made easier for colleagues to do their job well, how patients and the public could best access relevant information and how CQC continued to encourage providers to improve. It would also be important for work within the Quality Improvement programme to have equivalent status to the other elements of the change portfolio.
19. Following the diversity and inclusion seminar at the September meeting, it was noted that the report by Roger Kline was still in draft but, when finalised, would be presented to Board with an action plan. A specialist diversity and inclusion lead to support implementation of the recommendations and the wider cultural change was being recruited. Making this a completely new appointment should ensure that the activity did not become lost within responsibilities of another job.

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

ITEM 7 – ANY OTHER BUSINESS

20. There was no further business. Time allowed for the following question from members of the public.
21. Robin Pike asked if there was any correlation between fees charged by care homes and their ratings. AS reported that there were a number of relevant issues, including that individual care homes would charge different fee levels depending on the complexity of needs of the individual, as well as being affected by caps imposed by local authority funders. It was therefore difficult to acquire data on 'fees charged by care homes' that could be used meaningfully. Nevertheless, data collected from local authorities by Care England on the weekly fees paid for nursing and residential care was kindly shared with CQC and was analysed to look at a correlation at local authority level between fees paid and quality. A weak but statistically-significant correlation between nursing home ratings and fees paid by local authorities for nursing care was found and a very weak but statistically-significant correlation between residential home ratings and fees paid by local authorities for residential care was also found. The results did suggest that, to a limited extent, as fees paid increased, so too did quality, with a stronger link in nursing homes than in residential homes. However, there were caveats along with many other factors that affected both quality and local authority fee levels.
22. PW thanked all for attending and brought the public session to a close.

CLOSE

23. The meeting closed at 12:20pm