

Social Partnership Forum meeting with CQC, Mike Richards & Andrea Sutcliffe – Action Note

20th April – 12noon – 1.00pm - Unison Building, Euston Road, London – U.G.1

Chair - Christina McAnea & Danny Mortimer

Attendance

Danny Mortimer, NHS Employers
Andrea Sutcliffe, CQC
Jon Restell, MiP
Victoria Small, NHS Employers
Claire Sullivan, CSP
Tim Connolly, BMA
Josie Urwin, RCN

Christina McAnea, Unison
Mike Richards, CQC
Helga Pile, Unison
Rebecca Smith, NHS Employers
Barrie Brown, Unite
Nick Clarke, DH
Sue Fletcher, DH

Background from previous meeting:

SPF members met with Mike Richards and Andrea Sutcliffe on 26th September to discuss:

- Well led domain – issues of staff engagement
- Equality and BME issues
- Consideration of level playing field and how could monitoring of all staff groups be achieved
- Opportunities for SPF members to be involved in inspection regime in way of training
- Notification for regions of up and coming inspections and to include feedback

Discussion Items for 20th April:

- Staff side sharing information with CQC – proposals and ideas following meeting in September 14.
- CQC new approach to regulating forward view care models
- National annual review of avoidable deaths which has been introduced by Jeremy Hunt – what this means for the CQC? What format will it take? i.e. will it be numbers / data and actions and lessons learnt?
- Freedom to Speak Up – the parallels with CQCs requirements for a well-led organization – how will links into the review be made and support implementation?

Actions / Outcomes from 20th April

Staff Experience

- Contact list to be sent to CQC of all unions that want notifying of inspections.
- CQC are prioritizing the need for BME figures/data before inspection. Focus groups with BME staff haven't been successful due to low attendance compared to other staff group focus groups.
- Guidance being developed by staff side for local branches to include recommendation that CQC meet with Staff-Side Chair and also Staff-side lead for health and safety committee. Also to include in guidance to ensure that regional staff side colleagues are aware that publication of report is due to prepare media team.
- Jon/Rebecca to collate/refresh IWL metrics that might be useful for CQC as metrics.

New Ways of Working

- CQC business plan – includes a pilot for two specific geographical areas where CQC will present a whole system perspective (based on information from the 3 sectors CQC covers), which is expected to aid both commissioners and health and well being boards.
- CQC is committed to not being the barrier to the development of new models of care.
- CQC is in the very early stages of exploring the potential development of an adult social care staff survey with providers and other national partners.
- Avoidable deaths are extremely hard to have consistency in results. CQC are looking at the quality of mortality meetings trusts are holding. The introduction of a medical examiner would be welcomed by CQC – log for future discussions with SPF & CQC.

Francis and Raising Concerns

- Consultation on how Freedom to Speak up should be implemented, DH feels like the CQC is the most likely best place for the guardian to report to.
- Concerns that are currently raised with CQC during inspections – informs the planning of the inspection – this is across both acute and social care. CQC are looking at how they can handle concerns from staff or carers – so they can track what's happening and feedback from each feedback/issue. If a number of concerns are raised from a particular area – this would impact on well-led score / feedback, as this would highlight a culture that would not be well led.
- Guardians would not cause staff not to bring concerns to CQC. Concerns around the links with guardians and other areas of local links – i.e. staff side. – Things need to be joined. Needs to allow each local area to decide locally who the correct person would be for the guardian.
- Critical thing for CQC is what happens when a concern is raised – what support that person gets and what happens to their concerns.
- There should be some form of standard for all staff being trained to raise and receive concerns – this would be over seen by HEE to ensure that all staff receives this training.

Other

- A further meeting with this group to be arranged for October/November. Agenda to include:
Development of state of care report – represent the findings of this report on the well led domain. –
Developments in greater Manchester and links with CQC.