

## **Social Partnership Forum meeting with CQC – Action Note**



**Wednesday 3 February 2016 - 3-4pm - UNISON Building, Euston Road, London – U.G.1**

**Chair - Christina McAnea & Danny Mortimer**

### **Attendance:**

Christina McAnea, UNISON  
Danny Mortimer, NHS Employers  
Andrea Sutcliffe, CQC  
Mike Richards, CQC  
Rebecca Smith, NHS Employers  
Paul Taylor, NHS Employers  
Jinjer Kandola, Herts NHS FT

Steve Morrison, NHS England  
Josie Irwin, RCN  
Tracey Lambert, UNISON  
Jon Restell, MIP  
Mark Bennett, DH  
James Shepherd, SPF secretariat

### **Trade union involvement in CQC's inspection process**

- UNISON had circulated guidance to their local representatives to support them get involved in inspections. CQC's perception was that engagement with trade unions has slotted in well to the inspection process.
- Trade unions welcomed the advance warnings they receive before inspections and advised they can support inspections by highlighting areas of concern in organisations as well as letting inspectors know where services had improved.
- Trade unions recognised the professional obligation of health staff to go to CQC if they have serious concerns about the quality of care in their organisation or other care setting in which they work. Employers and trade unions have a role to ensure staff are aware of this obligation.

### **CQC's wider remit including closer working with NHS Improvement**

- CQC's job is to inspect and ensure quality and safe care. NHS Improvement's role is in its name – to support the NHS to improve the service it provides. Effective use of resources fits between the two, which is why CQC and NHS Improvement plan to work together. See [letter](#) to NHS hospital trusts: quality and finances.
- The Secretary of State has asked CQC to look at effective use of resources and CQC will cover this under its 'well led' domain. Effective use of resources will include whether patients are being treated in the appropriate care setting; have the right length of stay and the organisation rosters its staff effectively.
- Trade unions were concerned that in order to maintain quality under existing budgets this may mean services being cut. Also some trusts had large Public Finance Initiative (PFI) commitments which meant they could not achieve a financial balance.
- CQC were confident that improvements in the care pathways in low performing organisations could see them deliver a quality service in a more cost effective way and that high performing, well led organisations would be shown to also have good financial management. There was an acknowledgement that high PFI commitments could present a challenge to organisations.

### **CQC consultation on their 2016-2021 strategy**

- CQC has launched a [consultation](#) on their 2016-2021 strategy.

**Action:** Partner organisations are encouraged to respond before the consultation closes at midday 14 March 2016

### **Developments in Greater Manchester and links to CQC**

- CQC are working with Greater Manchester on how integrated care can be inspected. CQC need adequate notice on new services so they can be registered and there needs to be one organisation that has overall accountability for integrated services.

- CQC could produce a 'state of care' report for an area. The specific footprint for areas had not been determined but they could be linked to the Sustainability and Transformation Plan (STP) areas – although this could be problematic where the STP footprints did not align with local authorities

#### **Proposals on the development of a matrix for CQC on staff wellbeing to support the inspection process**

- The SPF [Workforce Issues Group](#) (formerly Staff Passport Group) had looked into using the Improving Working Lives (IWL) metrics as part of the CQC inspection process, but partners agreed that IWL was of its time and should not be reintroduced. Instead the WIG were aware of ongoing research in this area and that it would be better to wait for the outcome of this and how it could support CQC.
- The importance of the NHS Staff Survey results was recognised and there was a discussion about whether all staff in an organisation be asked to complete it and whether independent providers be required to use it. Partners agreed that it could also be useful to have qualitative data to give some context to the NHS Staff Survey results to help identify solutions. Partners recognised that potential 'survey fatigue' could arise if staff are surveyed too frequently.

#### **Director of Workforce – role remit and map of influence**

- CQC was made aware of information published on the NHS Employers website on the role of a director of workforce.

#### **Arrangements for the meetings between CQC and the SPF**

- The arrangements for the meetings were agreed, subject to including references to social care in the arrangements document. Social care issues are discussed in the meetings, in addition to the NHS.

#### **Next meeting:**

Wednesday 10 to 11am, 7 September 2016, London.