

Council of Governors (Public)

Item 12.5

Subject: Care Quality Commission (CQC) Strategy Consultation
Date of meeting: 1st March 2016
Prepared by: Gill Donnelly, Membership and Communications Officer
Presented by: Lucy Lavan, Associate Director of Corporate Affairs

1. Introduction

The Care Quality Commission (CQC) launched the final consultation stage for their proposed 'CQC Strategy 2016-2021 - shaping the future' on 25th January 2016. The document is available via the website <http://www.cqc.org.uk/content/2016-2021-strategy-consultation>. Governors were asked for expressions of interests to join a discussion group to prepare a response to this document.

The discussion group was held on Monday 15th February and facilitated by Lucy Lavan, Associate Director of Corporate Affairs. The attached response has been prepared as a result of governor input and discussions held at this meeting. The Council of Governors are asked to consider this response and make any final comments. Following this, the response will be forwarded to the CQC on behalf of governors as part of this consultation, which closes at midday on 14th March 2016.

2. Recommendations

The Council of Governors are asked to note the review that was undertaken by the discussion group and offer final comments on the proposed response. Governors are asked to consider the attached response which will be forwarded to the CQC on behalf of the Council of Governors.

**LHCH Governor Response to CQC strategy 2016-2021
Shaping the future: consultation document**

Governor Discussion Group – Monday 15th February 2016

Present:

Denis Bennett, Public Governor – North Wales

Vera Hornby, Public Governor - Merseyside

Sharon Hindley, Staff Governor – Non Clinical

Allan Pemberton, Public Governor – Cheshire

Michelle Laing, Nominated Governor – LJMU

Brian Roberts, Public Governor - Merseyside

Lucy Lavan, Associate Director of Corporate Affairs

Gill Donnelly, Membership and Communications Officer

1a) Governors 'agree' with the vision set out for regulation of the quality of health and adult social care services in 2021.

1b) However, Governors believe there should be more clarity and transparency in the CQC's approach towards providers – being clear from the outset what inspectors are looking to do. Governors also stated they would like more transparency and information on how CQC inspectors are trained and updated.

2a) Governors 'agree' with the proposal of greater use of data and information to better guide in identifying risk, how the CQC registers and inspects services.

2b) However, there needs to be a clear measure of data quality. Governors had concerns around the administrative burden this may have for providers and felt that the request for data should be around specific issues/risks identified rather than a blanket approach – this would alleviate the cost and resource required to respond to this.

Governors also felt that a self-assessment going forward would be a good approach (aligned to that set out in Monitor's Well Led Framework) and then a lower key inspection could take place to confirm this is true, accurate and a fair reflection of the provider.

Governors also felt social media may be an unreliable source of data. However, acknowledged this may be useful intelligence as an indicator of risk of the provider.

3) Governors agree with the proposal for implementing a single shared view of quality.

4a) Governors agree in principle with the proposal for targeting and tailoring inspection activity, including reducing the frequency of some inspections so resources are targeted on the areas of greatest risk. However, felt CQC should also target areas of outstanding practice in order for these to provide good feedback across the board. Targeting should not just be for areas at risk.

4b) However, Governors believe there needs to be a self-assessment document for use as a tool to enable providers to assess and continuously improve. There should be a training module available for inspectors to enable them to test the outputs of self-assessment. This would help regulators to target high risk/ areas of concern. Governors considered that the inspection process seems expensive and time and resource consuming at the moment.

The process needs to avoid duplication with Monitor's well led framework.

If the provider is deemed as low risk would the annual fee be lower than those deemed high risk?

5) Governors 'agree' with the more flexible approach to registration.

6a) Governors 'agree' with and support the proposal for assessing quality for populations and across local areas

6b) Governors raised issues around any overlap of this assessment with Monitor and TDA and external audit – recommend that duplication should be avoided.