

**Care Quality  
Commission and  
Foundation Trust  
Councils of Governors  
working together:**

**A guide for Councils of Governors  
about the CQC**

**September 2019**

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## Part 1 – About this guide

This guide aims to support foundation trust councils of governors in understanding the work of the Care Quality Commission (CQC) and how we engage with governors during our work.

People using services are at the heart of how we regulate trusts, and we recognise the key role governors have in providing them with a voice. We want governors to represent the public interest and hold trust board performance to account on their behalf.

The guide explains our inspection process, how and when we'll involve you in our work, and what we want to hear to hear from you.

The guide has been produced in consultation with NHS Providers and its Governor Advisory Committee.

## Part 2 – About CQC

### 2.1 CQC's purpose and role

We are the independent regulator of health and adult social care in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and to encourage services to improve.

Our role is to register, monitor, inspect, rate and regulate services to make sure they meet fundamental standards of quality and safety.

To find out more about what the regulated activities are and who must register, click [here](#).<sup>1</sup>

Our role includes publishing reports that show performance ratings to help people choose care and to help providers know where they need to improve. We publish thematic reviews, driving improvement case studies and other evidence-based reports to share good practice and encourage all parts of the health and social care system to work together and continually make improvements to people's care.

We are responsible for monitoring and reporting on the use of the Mental Health Act, protecting the interests of people whose rights are restricted under it, including handling individual complaints about its use. We provide the second opinion appointed doctor service which safeguards the rights of patients detained under the Mental Health Act, who either refuse the treatment prescribed to them or are deemed incapable of consenting. We also monitor and report on the use of the Deprivation of Liberty Safeguards (DoLS) across England.

In May 2019, Parliament passed the Mental Capacity Amendment Act. The Act will see the replacement of DoLS with Liberty Protection Safeguards (LPS). LPS are intended to be a simpler, less bureaucratic process for safeguarding vulnerable people. The Department for Health and Social (DHSC) intend for the new LPS system to be introduced late 2020, replacing the DoLS scheme. However, the LPS will initially run in tandem with DoLS, most likely for a period of 12 months. CQC is working with the DHSC to make sure that our inspectors and providers are prepared for the change in CQC's role under LPS.

Another part of our role is to make sure people who have director-level responsibility at trusts meet the fit and proper persons regulations. Trusts must detail the steps that they've taken to assure the fitness of the director and provide full details to the CQC. You can read more about how we ask trusts to

do that **here**<sup>2</sup> and what happens if we aren't satisfied that a proper process has been followed.

We'll further develop our approach to fit and proper persons in light of the **Kark review**.<sup>3</sup> We support the recommendations of the review and work has already begun with partner organisations to take this work forward.

While we have a role in encouraging improvement, we are not responsible for the improvement process that trusts undertake following an inspection. This is **NHS Improvement**.<sup>4</sup> There is also a role that **NHS Providers**<sup>5</sup> plays in helping trusts learn from each other. You can read more about this in section 2.5.

Something we can't do, is investigate and resolve individual complaints made about a provider. Instead we'll use information given to us about providers to make an informed decision about where to direct our resources. We can use this intelligence to bring forward or start the inspection process if we think it's necessary.

**If you're worried about somebody's immediate safety you should contact your local authority safeguarding team. Details will be available on individual council websites.**

## 2.2 When, where and how we decide to inspect

When CQC refers to hospital sector inspections this covers acute, community, mental health, ambulance and combined trusts. It also includes independent services that provide NHS services.

We have now inspected and rated every NHS trust in England, and since 2017 have been using a more targeted and responsive approach to help us decide where and when to inspect.

Our main approach is to carry out inspections of certain core services followed by an inspection of the well-led key question at trust level. During a comprehensive inspection we'll look at the well-led key question plus at least one core service, and during a focused inspection we'll just look at specific areas of concern or where intelligence tells us the quality of care might have changed.

We'll usually inspect the well-led key question for a trust annually. We'll use the trust's previous ratings and the latest information we have about it to decide

which services to inspect alongside this well-led inspection. Core services will be inspected at the following maximum intervals:

Frequency of inspections	
Previous overall rating	Maximum interval between inspections
Inadequate	Normally within 1 year of publishing the last core service inspection report
Requires improvement	Normally within 2 years of publishing the last core service inspection report
Good	Normally within 3.5 years of publishing the last core service inspection report
Outstanding	Normally within 5 years of publishing the last core service inspection report

We take into account the trust’s own assessment of the quality of its core services. If the trust tells us that services have improved, we’ll inspect them wherever we can.

To help us decide which of the core services to inspect, and where the quality of care might have changed, we gather and use the experiences of people who use services, their families, carers and local communities. Working with public representatives, including foundation trust councils of governors, is an important way in which we do this.

It may be useful to note that if the rating of a core service changes, this does not always mean a trust’s overall rating will change. An internal tool is used by CQC to determine the trust’s overall rating. A change in rating of just one core service may not be enough to trigger a change to the overall rating.

You can find more information about our approach to inspecting and rating [here](#).<sup>6</sup>

### 2.3 How do we decide what good care looks like?

There are a set of fundamental standards which nobody’s care should fall below. These standards describe the care all people using services have a right to expect in law. All providers registering with CQC must provide people with:

- person-centred care
- dignity and respect whilst receiving care and treatment

- consent before being given treatment or services
- safe care and care that is free from avoidable harm
- safeguarding from abuse
- food and drink to keep them in good health
- premises and equipment that are clean, suitable and looked after properly
- a way to complain about their care
- good governance to make sure trusts can meet these standards
- the right staff to provide their care
- fit and proper staff
- duty of candour about their care and treatment
- a display of their CQC rating

You can read more about the fundamental standards [here](#).<sup>7</sup>

To help us find out if providers are meeting these standards, there are five questions we ask when inspecting all services. They're at the heart of the way we regulate and help us to make sure we focus on the things that matter to people.

- **are they safe:** are people protected from abuse and avoidable harm?
- **are they effective:** does people's care, treatment and support achieve good outcomes, help them maintain their quality of life and is it based on the best available evidence?
- **are they caring:** do staff involve and treat people with compassion, kindness, dignity and respect?
- **are they responsive:** are services organised so that they meet people's needs?
- **are they well-led:** does the leadership, management and governance of the organisation:
  - make sure it's providing high-quality care that's based around people's individual needs
  - encourage learning and innovation
  - promote an open and fair culture?

We call these our key lines of enquiries, and you can find out more about them and what we look at as part of an inspection by [clicking here](#).<sup>8</sup>

We ask local partners, including local authorities and clinical commissioning groups to share information about the quality of services before inspections.

All year round we gather people's experiences via:

- engagement events
- the **give feedback on care form**<sup>9</sup> on our website
- our contact centre
- social media
- national patient surveys
- groups that represent members of the public

Details of the whole inspection process and can be found at:  
[www.cqc.org.uk/handbooks](http://www.cqc.org.uk/handbooks).

## 2.4 Telling people about what we've found

After every inspection, we publish a report explaining what the inspection team found. This includes examples of good practice as well as areas for improvement.

A draft report is sent to the trust to be checked and agreed. The trust will also have the opportunity during this process to challenge us if they don't agree with our findings and are able to provide additional evidence to support their challenge.

The final report includes the rating given to the organisation and its services:

**Outstanding**



**Good**



**Requires improvement**



**Inadequate**



We also work closely with NHS Improvement, to carry out an assessment on how well trusts **use their resources**,<sup>10</sup> and to give a rating on how well they do this. At the moment the assessments only apply to acute trusts and we do not currently give this type of rating to specialist trusts, like Moorfields Eye Hospital, or mental health or community trusts as we don't always have access to the data we need.

However, the assessments might be rolled out to these types of trusts at some point in the future.

As well as helping providers to improve, our ratings and reports also help people make decisions about where they or a loved one want to be cared for.

## 2.5 Taking action against poor care

We have a number of powers if we find services are not meeting the regulations for care set out by the government. These range from warnings and fines, to cancelling a service's registration so it can no longer provide care, through to prosecuting those responsible for the service.

You can read more about the action we can take, [here on our website](#).<sup>11</sup>

NHS Improvement is responsible for supporting trusts and foundation trusts to improve. This includes independent organisations that provide NHS services.

NHS Improvement:

- make sure essential services are maintained if a provider gets into serious difficulties
- make sure strong governance and accountability mechanisms are in place for systems to ensure the NHS as a whole can secure the best value from its combined resources
- are increasing the use and quality of data and information that local systems and providers have access to improve patient services

## Part 3 – How CQC inspectors involve FT governors

### 3.1 During inspections – meeting with governors

Either before or during an inspection, we'll approach the chair of the trust to invite the council of governors to meet with the inspection team to share their assessment of the leadership and quality of care. This may include examples of good and outstanding practice and feedback the council has gathered from the public and people who use services.

The council can suggest how it wishes to organise this meeting. For example, the council may wish to invite members of the inspection team to a governors' full meeting, a meeting of a specific governor committee, or to convene a specific meeting of a group of governors. It is a matter for the council as to how many governors and the mix of governors that meet with the inspection team and the arrangements for deciding what information you want to share with us. For example you may want to flag previous governor meeting minutes to us.

Governors who attend this meeting are there to bring evidence on behalf of the council of governors as a whole, not to represent their own individual views.

#### **How are you able to hold non-executive directors to account for the performance of the board?**

As part of the well-led inspection, we'll look at your ability to hold non-executive directors to account for the performance of the board.

At our meeting with you, inspectors want to know if you are effectively able to:

- receive the quality report and accounts and question the non-executives on their content?
- ask about the CQC's judgements on the quality of care provided by the trust?
- receive information updates from the board of directors and question the non-executives on their content, including the performance of the trust against the goals of the forward plan?
- invite the chief executive or other executive and non-executive directors to attend council of governors meetings as appropriate and use these opportunities to ask them questions?

- engage with the non-executive directors to share concerns, for example by way of joint meetings between the council of governors and non-executive directors?
- receive information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and question the non-executives on the board's decision-making processes, and then, if satisfied, approve the proposal?

### **How are you representing people?**

Inspectors may also want to know how you are representing the interests of members and the public. For example do you:

- seek the views of members and the public on material issues or changes being discussed by the trust?
- feed-back to members and the public, information about the trust, its vision, performance and proposals made by the trust board?
- ensure when you are communicating with directors of the trust that you represent the interests of members and the public rather than just your own personal views?
- hold governor drop-in events where members and the public can come in to meet with governors?
- have a governors' and members' section of the trust website to share information?
- hold member days where members and the public are invited to the trust for a day and governors take time to speak to them?
- conduct surveys of members seeking their views on the trust?

## **3.2 Post inspection initial feedback**

At the end of the inspection, high level verbal feedback is given to some of the trust's senior management team but CQC doesn't include governors at this meeting.

The information shared with the trust at this point is very high level, and there is unlikely to be any actionable points for governors. It is then the responsibility of the trust to feed this information from CQC to relevant internal contacts

making sure governors have all the information they need to hold the trust board to account.

CQC can't help governors circumnavigate relationship issues where this doesn't happen, as this falls outside of our regulatory remit. However, if you are not being given the information you need to carry out your role, this is information you can share with your local inspection teams, as this forms part of the well-led assessment.

Although CQC doesn't invite governors to this initial feedback meeting, there is a post-inspection letter that we send to trusts within two weeks of all routine inspections. These letters, sent from the head of inspection to the chief executive, offer a written record of the preliminary feedback given to trust representatives at the conclusion of the inspection.

We encourage and expect trust boards to discuss the findings of their inspection at their first public board meeting following a CQC inspection and ask them to do this within the letter.

While we aren't able to force trusts to publish their post-inspection letters, in cases where their final report is not available, we would expect trusts to use the post inspection feedback letter to facilitate these discussions at their next public board meeting to ensure the findings are shared publicly at the earliest possible opportunity.

If the board don't do this, the CQC may choose to publish the letter on our website.

### **3.3 Year round**

Away from the inspection schedules, councils of governors can also tell us about what they are hearing from people about the quality of services at their trust whether this is where care has improved, or an area where people are sharing concerns.

This will help us to decide which core services to focus on when we inspect.

There are various ways that councils can submit feedback to us and also encourage people using services to do the same:

- **give feedback on care** – You can encourage people to submit information using the give feedback on care form on our **website**.<sup>12</sup>
- **contact centre** – You can call our contact centre on 03000 61 61 61 or fill in the **online form**.<sup>13</sup>
- **inspection teams** – You can report any feedback about a service through your local inspection team.

During the year, inspection teams will also aim to attend and observe a council of governors meeting.

## Part 4 – What do we do with the information you give us?

Information you provide to CQC might include what you have told us during the governors meeting about how you are able to govern, (which tells us if the trust is well-led) and what you are hearing from people using services.

During any meetings with inspection teams you can ask them how they have used the information that you've provided.

It's worth noting that feedback or action from the information you provide may not come back in the same format it was supplied, for example at a focus group. It may also take several months before you are able to see how we have used any information you provide. Although the inspection team might not tell you directly, exactly how your information has been used, it will be used in other publicly available formats. It might be used:

- in an inspection report
- to contribute to a CQC thematic review
- to bring forward an inspection date
- to help us decide which core services to inspect.

Members of the public who contact us, to share concerns about care or give positive feedback about a service, and provide contact details (email, telephone, address), will receive:

- acknowledgement that thanks them for taking the time to give us information.
- clear information that describes the potential actions we may take in response.
- signposting information on how to make a complaint.
- signposting information to the whistleblowing helpline (if applicable).
- invitation to sign up to an email alert which will tell them when the care service they shared feedback on has been inspected.

In response to information from individuals about their experiences of care we will give them:

- an enquiry reference number so that individuals can use this if they want to make further contact with us about the information they have shared.
- the name of the inspector who the information has been passed to.
- information that advises a CQC inspector may choose to contact them if they need to seek further information but not to be surprised if they do not hear further from us.

No other form of feedback about what happened as a result of the information received will routinely be provided by CQC.

We recognise that people may expect to receive more feedback from us about what we've done in response to information they've shared with us. Right now, we don't have the resources to be able to provide individual feedback to people about what action we've taken. We are continuously reviewing ways of improving how we do this.

## Part 5 – Outcomes of a CQC inspection and report

The outcome of a CQC inspection and the ratings given to your trust and its services will be critical to the board's activities and the council of governors' assessment of the board's effectiveness.

The inspection report should enable you to understand the quality of care the trust provides for patients and service users and help your understanding of leadership and staff morale and CQC's recognition of good practice. It should support a culture of continuous learning, part of which will be to address any areas of improvement which we have identified.

The board should use our findings to inform its quality strategy and other improvement plans. Councils of governors will need to take note of the outcome of the inspection, and whether the findings raise new issues that you were not aware of.

## Part 6 – CQC information to help you carry out your duties

Councils of governors may find the following information from CQC useful to support their duty to hold the trust board to account:

### 6.1 Contact details for your local inspection team

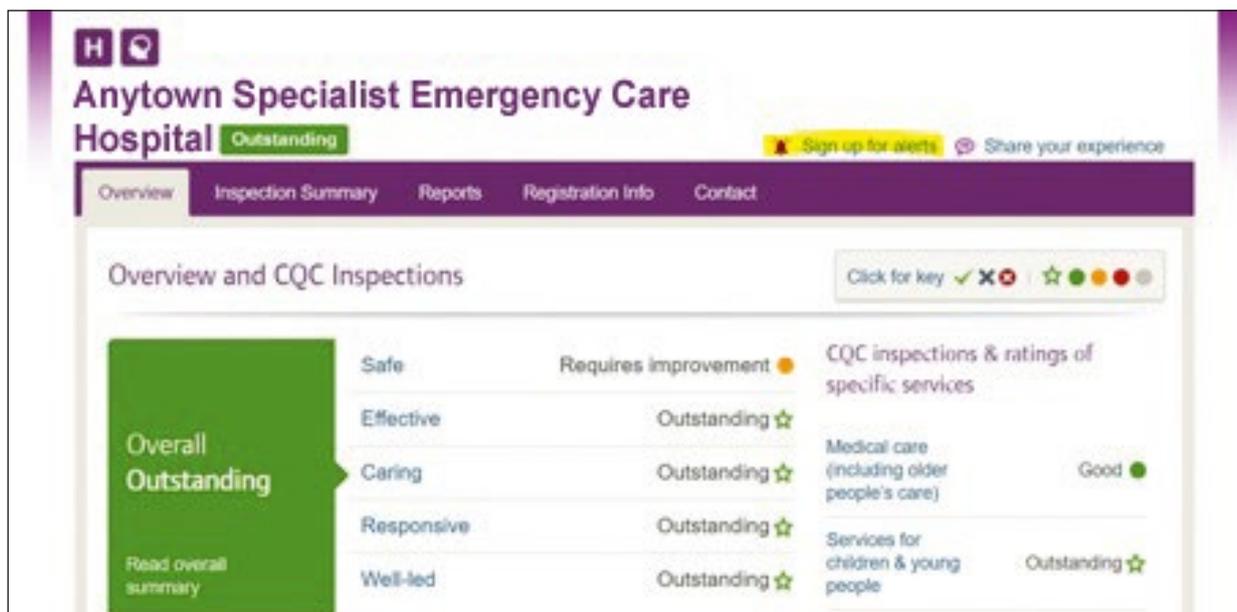
If your council don't currently have any CQC inspection team contacts, you can find out who these are by emailing [DLS&IRegionalCommunications@cqc.org.uk](mailto:DLS&IRegionalCommunications@cqc.org.uk).

If councils are having trouble establishing or maintaining a relationship with local inspection teams you can contact [engagementandinvolvement@cqc.org.uk](mailto:engagementandinvolvement@cqc.org.uk).

NHS Providers can also provide advice and be contacted on [governors@nhsproviders.org.uk](mailto:governors@nhsproviders.org.uk).

### 6.2 Where you can find data we hold about your trust

We publish reports on our website at [www.cqc.org.uk](http://www.cqc.org.uk). You can sign up to receive all the inspection reports published on your trust by visiting their page on our website and clicking the button highlighted in the image below.



You can only do this for individual locations, if you want to be notified about overall trust wide reports you can follow the instructions in the next section to sign up for our local weekly round ups.

We publish thematic reviews and reports to give you a better understanding of certain topics, and good examples of care from other trusts that could be highlighted to your trust.

If you want to find out the wider picture of care quality, including ratings, in your area you can use our **data directory**<sup>14</sup> which is updated once per month. The data directory is a filterable spreadsheet. It shows all services, not just hospitals and their current rating, and can be broken down into areas such as:

- all NHS trusts rated as Good in the South of England
- all home care services rated as Inadequate in the Leeds local authority area
- all GP surgeries rated as good in the North of England
- all forensic inpatient wards rated as Outstanding in England (for example could be used in local improvement work to learn from others)

We also have local area data profiles which give a picture of the health and social care system in each local authority area.

They bring together data to give an indication of how different services work together, focusing on the care pathway for people aged 65 or over

You can visit our website to **read more and download your local area data profile**.<sup>15</sup>

## 6.3 Find out about other reports publishing locally

We have three different email lists you can subscribe to if you have an interest in:

- reports we've published on providers in your local area (including your trust)
- press releases about significant reports in your local area (including your trust)
- national press releases about reports or CQC news.

You can email **DLS&IRegionalCommunications@cqc.org.uk** to get signed up to any of these lists, by specifying which area you would like to hear about.

## 6.4 Sign up to our bulletins

Once a month we also send out a bulletin to groups representing members of the public and we'd encourage all governors to sign up. Our bulletin includes:

- a roundup of what's been happening at CQC
- details of any significant reports we've published
- opportunities to work together
- any other important information from the health and social care sector we think you might need to know about.

You can fill in our web form to be added to our distribution list by **clicking here**.<sup>16</sup> To sign up to our other bulletins including provider specific bulletins you can visit **[www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc](http://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc)**.

## Part 7 – Other ways to engage with CQC

If you have an event you would like a CQC speaker at, you can contact your local inspection team.

If you would like any public engagement materials such as CQC leaflets, you can order these online **via our website**.<sup>17</sup>

Twice a year, our inspection teams in your area should have a meeting inviting voluntary groups representing members of the public to share their experiences of care. You can speak to your inspection team if you would like to be invited to these meetings to hear what the people you represent are saying about their experience of care. You can also then feed this back to your trust.

You can also help to publicise our work by engaging with us on our social media channels.

Twitter: [www.twitter.com/CareQualityComm](https://www.twitter.com/CareQualityComm)

Facebook: <https://www.facebook.com/CareQualityCommission/>

Instagram: <https://www.instagram.com/carequalitycommission/>

**If you would like any further information on anything in this guide or have any comments or suggestions for improvement, you can contact [engagementandinvolvement@cqc.org.uk](mailto:engagementandinvolvement@cqc.org.uk)**

**With thanks to NHS Providers and their Governor Advisory Committee for their input into this guide.**

## Endnotes

- 1 <https://www.cqc.org.uk/guidance-providers/registration/what-registration>
- 2 <https://www.cqc.org.uk/guidance-providers/nhs-trusts/fit-proper-persons-requirement-directors-nhs-trusts>
- 3 <https://www.gov.uk/government/publications/kark-review-of-the-fit-and-proper-persons-test>
- 4 <https://improvement.nhs.uk/>
- 5 <https://nhsproviders.org/>
- 6 <https://www.cqc.org.uk/guidance-providers/nhs-trusts>
- 7 <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>
- 8 <https://www.cqc.org.uk/guidance-providers/healthcare/key-lines-enquiry-healthcare-services>
- 9 <https://www.cqc.org.uk/share-your-experience-finder>
- 10 <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/how-we-rate-trusts-their-use-resources>
- 11 <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/taking-action>
- 12 <https://www.cqc.org.uk/share-your-experience-finder>
- 13 <https://webdataforms.cqc.org.uk/Checkbox/contactus.aspx>
- 14 <https://www.cqc.org.uk/about-us/transparency/using-cqc-data#directory>
- 15 <https://www.cqc.org.uk/publications/themes-care/local-authority-area-data-profiles>
- 16 <https://dev.webdataforms.cqc.org.uk/Checkbox/Sign-up-for-the-bulletin.aspx>
- 17 <https://cqc-oos.apsmos.com/Home.html>