Handbook for Specialist Advisors in Primary Medical Services: GP Providers

Contents

1. Welcome message

Dear Colleagues,

I am delighted to welcome you as a specialist advisor for CQC. Congratulations on your appointment! I very much hope that you will find the experience both interesting and rewarding. Specialist advisors have a crucial role in ensuring the credibility of our inspections, working alongside our inspectors. They have a real opportunity to contribute to the improvement of clinical services beyond their normal working environments. The aim of this handbook is to outline the background and functions of CQC and your role within the inspection process.

Our first round of GP inspections showed that the quality of General Practice is England is generally very good, with 95% of inspections rated good or outstanding. We have recently introduced the Annual Regulatory Review – an annual review of both qualitative and quantitative data to enable us to take a more targeted approach to our inspections driven by intelligence. I am keen that we support all practices to embed a culture of continuous improvement so patients using services can get the best possible care. Your role in this will be extremely valuable.

We know Primary Care is rapidly changing and we are working to evolve and adapt our methodology accordingly. Please do not hesitate to get in touch with myself or the PMS team if you have any comments or questions.

Best Wishes

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care,
Care Quality Commission

2. Background to Care Quality Commission (CQC)

CQC was formed in 2009 under the Health and Social Care Act, 2008; bringing together the previous functions of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

When CQC was first established, the task of regulating so many different service types was supported by a generic regulatory model, based mainly on whether services were complying with the law. However, in 2013, following the Francis Report on Mid Staffordshire and the Keogh Review of the 14 trusts with the highest mortality rates, concerns were raised that there were inherent problems in the system, which were not being uncovered. Therefore, CQC responded by developing a strategy to 'raise standards and put people first.' This involved a complete transformation of our ways of working and moved to our new approach, with three different inspection directorates:

- **Hospitals**
- **Primary Medical Services (PMS) and Integrated Care**, and
- **Adult Social Care (ASC)**

In addition to the inspection directorates, the **Strategy and Intelligence** directorate works to enable CQC to deliver its purpose, and the **Customer and Corporate Services** directorate works to provide consistently high standards of support.

CQC has now developed sector-specific approaches to inspection with specialist inspection teams operating under each of our directorates.

Within the hospitals directorate, the first round of comprehensive inspections for all NHS trusts and independent mental health providers was completed in July, 2016. Going forward to the 'next phase' of inspections there is going to be considerable change in the regulatory model; however the role, purpose and values of CQC will remain constant.

3. CQC's role and purpose

The role of CQC is to act as an independent regulator of health and adult social care in England; we have no power to act in Scotland, Wales or Northern Ireland.

CQC regulates the quality of services in both the public and independent sector, looking to ensure that health and social care services provide people with safe, effective, compassionate and high-quality care. CQC is specifically a government regulator, which means that:

CQC is sponsored by, but independent of, the government. In our case, our 'sponsor' is the Department of Health. We work closely with that department to develop policy, allocate resources, and review and revise legislation. However we make our own independent judgements about the quality of health and adult social care services, and it is our decision about what course of action we take when we find poor care.

CQC is a statutory body. This means that we exist only because we were established by an Act of Parliament and so we can only do the things that are described in that Act. In our case, our 'parent' Act is the Health and Social Care Act 2008. This includes the regulations made under it.

CQC cannot step outside of its prescribed functions and powers. Although the functions that the Health and Social Care Act 2008 gives us are quite widely defined, we cannot do other things. As a simple example, we could not just decide to regulate chiropodists, or to be funded by a health provider. CQC may only spend money on the activities that it was established to do. It would be unlawful for CQC to act outside its statutory powers, and if we did we might have to compensate anybody who suffered as a result. Ultimately, the Department of Health may choose to take away the powers that Parliament has given us if we act unlawfully in serious ways.

CQC is a public body. This has many implications. For example, to be employed by CQC is to hold public office. This means we must observe codes of conduct for public employees. As an organisation, CQC must act fairly, and in accordance with public law, so we must always be transparent and accountable to the public who fund our work. The Human Rights Act 1998 applies to us, meaning that it is unlawful for us to act in a way which is incompatible with any person's Convention right under the European Convention on Human Rights.

CQC exercises its powers on behalf of the public. We make sure that health and adult social care services are being delivered to an acceptable standard. We have the power to ask those who provide and manage those services to change the way they operate. We must exercise our powers, but we must only act where necessary, and in the interests of people who use services.

4. Primary Medical Services and Integrated Care

The Primary Medical Services Directorate encompasses general practice and inspects traditional general practices, federations and emerging models of primary care, urgent primary care, such as out-of-hours services and NHS 111, dentistry, health and justice services, digital health care, independent general practices, defence medical services and children's services. The directorate also hosts the medicines optimisation team.

4.1. Teams in Primary Medical Services

Children, Health and Justice

CQC's specialist Children's Services Inspection team deliver a wide range of specialist inspections, some of which are delivered in partnership with other inspectorates, including those listed below.

Our inspections within the criminal justice system are intended to provide reassurance that the health needs of service users are both identified and met in the same way as they would in the general community.

Dentistry

CQC inspects all dental practices in England.

General Practice (includes Out of Hours and NHS 111)

Our new inspection approach is about raising the standard of primary care – addressing inequalities in the provision of healthcare and inadequate practice head-on.

We know a minority of practices provide unacceptable care – we must shine a spotlight on these bad practices to ensure patient care improves. At the other end of the spectrum, we also wish to highlight good and outstanding practice and encourage improvement in GP surgeries across England.

We rate and inspect by Clinical Commissioning Group area and inspected all GPs between October 2014 and March 2016, rating them based on our findings, and taking action where needed, including closing down unsafe providers.

Integration

The team leads on integration and developing our understanding of how our services work together to deliver co-ordinated and bespoke health and social care for individuals.

This includes developing our approach to regulating new models of care and delivering themed inspection programmes and also testing our approach to regulation of a Place.

We work across directorates, promoting cross sector working to encourage a coordinated approach to regulating services and responding to risk and issues particularly in relation to systems and across a Place.

Our work reports to the Populations, Integration and Place Board.

Medicines Optimisation

The Medicines Optimisation team support the PMS inspection programme with regard to how medicines are stored and managed safely and also looking at safe and effective prescribing.

We provide support across all the inspection directorates, making a positive contribution to work around integrated care.

4.2. Structure of PMS

The structure of PMS is described in Appendix 1. National advisors are listed in Appendix 2.

5. CQC's values– what is important to us?

We are open to constructive challenge to enable us to learn from our mistakes and we agree stretching goals in our shared drive to be a **high performing organisation.**

Our work is underpinned by a desire **to treat everyone with dignity and respect.**

We are open, honest and transparent in all our work. We are objective and free from bias to ensure that our judgements are viewed as ethical, fair and driven by a passion for **doing the right thing.**

We recognise the strengths of others and look for ways to complement them. We learn from each other to enable us **to be the best we can be.**

6. Key questions

When we are monitoring, inspecting and rating providers we look to align what we find with our five key questions.

The key questions look to answer whether services are:

Safe: Are people protected from abuse and avoidable harm?

Effective: Does people's care, treatment and support achieve good outcomes, promote a good quality of life, and is it based on the best available evidence?

Caring: Does the service involve people and treat them with compassion, kindness, dignity and respect?

Responsive: Are services delivered to meet people's needs?

Well-led: Does the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture?

Having a standard set of questions ensures consistency in regards to what we look at and helps inspections to focus on those areas that matter most. This is vital for reaching a credible, comparable rating.

For each key question, we ask a number of questions, called key lines of enquiry (KLOEs); each KLOE is also supported by a number of prompts to help guide the questions.

7. CQC's current operating model

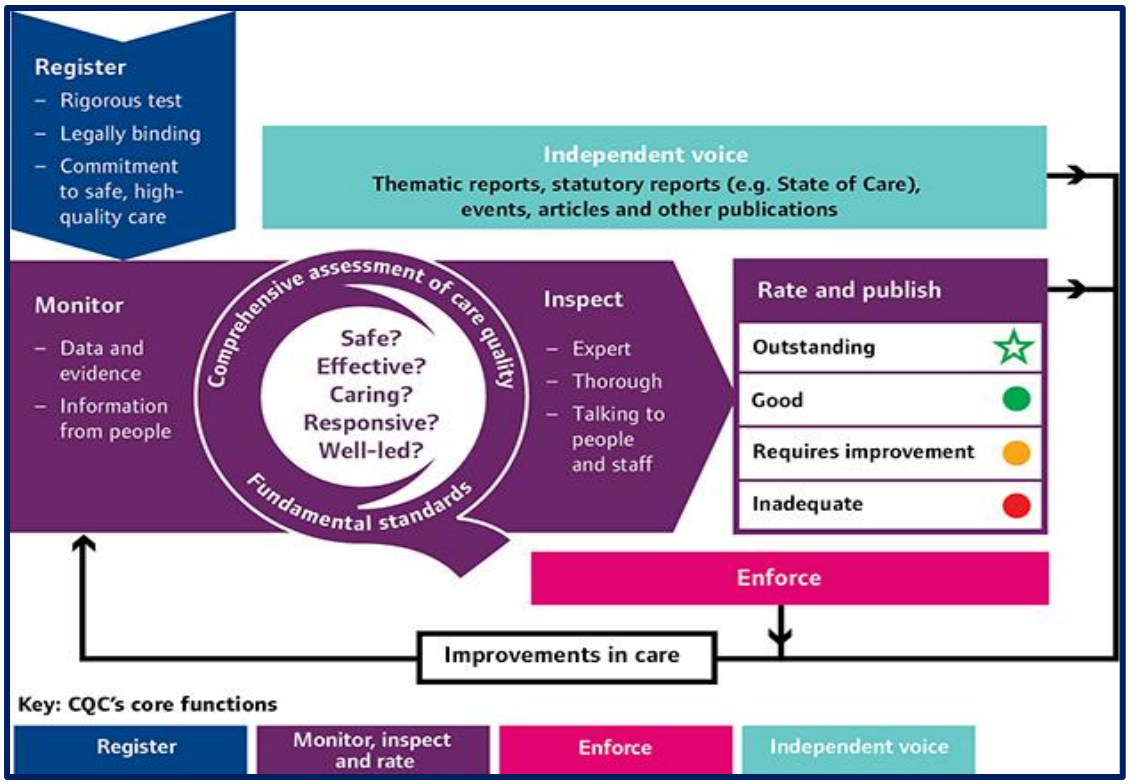
The CQC current operating model has four key functions:

Registration. CQC registers those who apply to provide health and social care services in England.

Monitoring, inspection and rating. CQC monitor and inspect services to ensure that they are safe, effective, caring, responsive and well led. CQC then give overall ratings, which are published and made publicly available.

Enforcement. CQC is a statutory body and was established by an Act of Parliament, The Health and Social Care Act. When CQC identifies poor care it uses its legal power to take action. However, it is worth noting that CQC can only do things, which are described in the Act and it cannot act outside of its statutory powers.

Independent voice. CQC looks to speak independently and publish regional and national views of major quality issues within health and social care; looking to encourage improvement by highlighting good practice

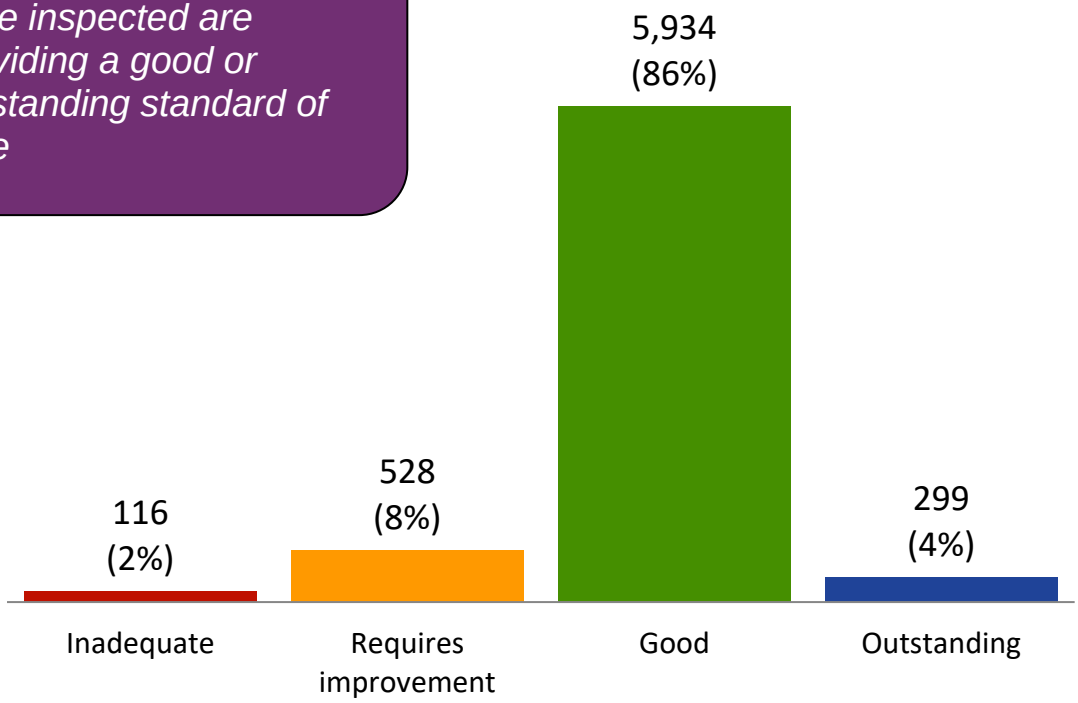


8. CQC 'Next Phase'

8.1 First Round of Inspections

We have completed our first round of inspections of all GP practices in England; and many urgent care inspections. More services are rated as good in general practice than any other sector CQC regulates, although pockets of persistent poor care remain. Our inspections have helped to deliver improved care for more than 3.6 million patients.

90% of GP practices we have inspected are providing a good or outstanding standard of care



8.2 NHS England General Practice Forward View

The NHS England GP Forward View pledges to address issues around investment, workforce, workload, infrastructure and the redesign of care. As part of this we have committed to reducing unnecessary burden arising from regulation, with our national partner organisations through the GP Programme Board. We will continue to evolve our approach, improving and learning as we go, in line with our strategy..

8.3 CQC Next Phase Methodology

Going forward into the 'next phase' of inspections, whilst the four core functions will remain the same, the strategy for 2016-2021 sets out the vision for a **more targeted, responsive and collaborative approach to inspection**:

Building on the baseline information that we hold to enable us to identify risks and trends as well as improvements to enable us to target our inspection activity

Developing our working relationship with providers to achieve a level of maturity so providers are open and transparent when sharing their own view of quality

Developing a framework that is flexible enough to accommodate new models of care working effectively across sector boundaries

Aligning our approach with NHS Improvement to prevent any duplication of work for providers and enabling us to reach robust judgements across the well-led key question and the use of resources

CQC's strategy for 2016-2021

If you want to know more about CQC's strategy for 2016 to 2021, please follow the link

9. CQC Inspection Process

9.1. Role of a SpA

Your role as a SpA while on inspection is vital. You are there to:

- **Support the inspection team**
- **Provide specialist advice**
- **Ensure that CQC's judgements are informed by up-to-date and credible clinical and professional knowledge and experience.**

You will be guided by an inspector who will provide you with a template highlighting the areas you should focus on. Your role will include reviewing clinical notes and interviewing GPs and other clinical staff, as well as speaking to patients, reviewing medicines stored on site and other activities as directed by the inspector. You will also have a role in supporting the inspector to provide feedback to the practice at the end of the inspection.

9.2. Responsibilities of a SpA

To be able to successfully fulfil your role as a SpA you will need to take on the following responsibilities:

- **Understand CQC's role and purpose**
- **Uphold CQC's values & reflect expected attitudes and behaviours whilst on inspection**
- **Participate in CQC inspection and monitoring activity by providing clinical expertise.**

Whilst you are out on inspection you are acting as a representative of the CQC. It is therefore important that you uphold CQC values and that your behaviour aligns with them.

As a CQC representative it is important that you:

- **Dress appropriately.** The dress code on inspection is smart office wear, but you may need to modify this to suit the environment and type of the inspection you are going on.

- **Communicate effectively.** It is important that as a CQC SpA, you are seen to treat everyone with dignity and respect. Communication with staff and patients during inspection should be sensitive and empathic. The tone of questioning must try and put people at ease and get the best out of them. This is an area where you will already have considerable skills from your clinical practice.

- **Respect patient and staff confidentiality.** Whilst on inspection you will be given access to information relating to the provider, staff and patients. It is important that you respect confidentiality at all times; if you have any queries regarding sharing information beyond your immediate inspection team then you should speak with the inspection manager. Any concerns in relation to areas such as safeguarding, and clinician performance MUST go through the appropriate CQC channels – CQC has mechanisms for dealing with all these issues and you should document clearly and highlight them with the inspector.

9.3. Preparing for Inspection

Prior to going on inspection, the inspector will send an information pack. You may need to set aside a couple of hours to read this. It may include the following:

Provider information request - This is data requested from the provider at the point when the inspection is announced., It commonly includes information about the service, QoF data etc

Information from the CCG - This varies according to locality and may include concerns about the provider and copies of correspondence

CQC Insight data - CQC 'Insight 'is the new data monitoring system, which replaces what was previously known as Intelligent Monitoring. It is used to monitor potential changes to the quality of care that a service provides. It brings together in one place information we hold about services, and analyses it to monitor services at provider, location, and core service level. This helps us to decide what, where and when to inspect and provides analysis to support the evidence in our inspection reports.

Previous CQC inspection reports - It is important to have an understanding of what performance was judged to be on previous inspections to help assess for improvement/deterioration in the quality of care.

Annual Provider Information Collection (PIC) – this is a new CQC product designed to monitor those practices who are good and outstanding and to decrease the workload of regulation for them. It is an annual information request designed to highlight any changes in the quality of care provided over the last year. Concerns highlighted in the PIC will trigger a fresh inspection as a result of the ARR (below)

Annual Regulatory Review (ARR) – annual review of information we hold on a provider; confirming inspection schedule where no change in quality indicated

Identify any conflicts of interest early - When you are given the name of the provider, please identify whether you have any potential conflicts of interest. This is normally administrated through Cygnum. This can include a personal or professional association with the provider, or with key staff working with it. If you identify any potential conflicts of interest please highlight immediately to the inspector so that a decision can be made as to whether if is appropriate for you to participate in that inspection. It causes considerable upset to providers when inspections are cancelled at late notice, and late identification of conflicts of interest is a common reason for this to occur. Please see section Appendix 3 for further information about conflicts of interest.

9.4 During the Inspection

Each inspection team is led by a CQC inspector and includes SpAs, such as GPs, practice managers and practice nurses.

Site visits

Site visits are a key part of the inspection. They will involve a range of activities including interviews, pathway tracking and visits to clinical areas to observe and gather evidence. The onsite inspection usually takes 1 day to complete, although inspections may be shorter and more focused in the next phase. Some providers including New Care Models, Out-of-Hours, 111 and others may take longer to inspect. Some providers may be based across more than one site.

ID badges and warrant letters

SpAs do not have CQC ID badges. SpAs are asked to bring their ID badge for their own organisation and are provided with a warrant letter by the inspector.

Start of inspection

The inspection may be announced or unannounced. If the inspection is announced, the Provider may give a presentation about their service; this allows them to have an opportunity to provide an overview of the background of the service; its' approach to ensuring good quality care; areas of good/outstanding practice and areas of concern.

Evidence Gathering

The inspector brings note taking templates to share with SpAs. It is extremely important that your notes are presented clearly and concisely. Try to be contemporaneous when recording your findings and ensure that there is clear documentation of the date, time, location and modality of the evidence you are collecting (i.e. note review, interview, focus group etc.); when interviewing staff, record the title, grade and initials of the interviewee. Gather hard evidence where

possible (e.g. paper copies, screengrabs) and let the inspector know if you need more time to collect evidence. Report concerns to the inspector during the day. You will be asked to define the 'impact' of the breach, which may be major, moderate or minor.

Potential impact of the breach	Definition
Major	The breach, if repeated, would result in a serious risk to any person's life, health or wellbeing including: • permanent disability • irreversible adverse condition • significant infringement of any person's rights or welfare (of more than one month's duration); and/or • major reduction in quality of life.
Moderate	The breach, if repeated, would result in a risk of harm including: • temporary disability (of more than one week's but less than one month's duration) • reversible adverse health condition • significant infringement of any person's rights or welfare (of more than one week's but less than one month's duration); and/or • moderate reduction in quality of life.
Minor	The breach, if repeated, would result in a risk of: • significant infringement of any person's rights or welfare (of less than one week's duration); and/or • minor reduction in quality of life • minor reversible health condition.

We may use the following methods to gather evidence through the onsite inspection process:

- **Speaking with individuals** - With members of the multidisciplinary team: GPs, practice manager, practice nurses, physiotherapists, pharmacists, receptionists, cleaners and patients.

- **Speaking with people who use services** - This may be on the telephone as well as face to face, particularly in the case of smaller independent hospital locations where there may not be patients using the service at the time of the inspection.

- **Small group meetings with leaders of key services**

- **Drop in sessions for staff and patients**

- **Pathway tracking** - We may track the experiences of people by a combination of patient and staff feedback and a review of electronic patient notes or records, following a significant event, complaint or concern.

- **Review of documentation**

- **Checking equipment for cleanliness and maintenance**

- **Review of complaints**

Inspection topics

SpAs may be asked to look at any area of practice during the inspection and will share evidence within the whole inspection team.

Nurse SpAs report they are commonly asked about:

- PGDs and PSDs
- Management of the cold chain
- Infection control
- Emergency equipment and medicines
- Other clinical equipment maintenance
- Training for practice nurses
- How the practice has ensured safe delegation to unregistered healthcare staff
- Learning and governance for those with an advanced clinical practice role

Corroboration

During the inspection, the CQC team meets to corroborate evidence. At the end of inspection, the inspector and SpA(s) give feedback to the practice staff and highlight urgent issues.

Prior to the feedback session, the inspector and SpA(s) agree areas for feedback and prioritise those. CQC avoids giving personal recommendations to providers during inspection although it is acceptable to signpost providers to recognised sources of guidance. It is also important to use clinical expertise to look at all of the provider's practice, rather than focus feedback on areas of personal interest.

10. After inspection

10.1 Report

Following inspection the inspectors will draft reports, which present a summary of the inspection findings, contextual information and any enforcement activity that we have taken.

The inspection report aims to focus on what our findings mean for the people who use the service. If we find examples of outstanding practice during inspection, we describe them in the report to enable other providers to learn and improve. We also describe any concerns we find about the quality of care. The report sets out any evidence we have found about a breach of the regulations and other legal requirements.

10.2 Internal quality assurance process

CQC has an internal quality assurance process, which each report will go through prior to publications. The inspection managers have oversight of this process. This involves:

- **Feedback from SpAs –** the inspector will email you a draft of the report for you to confirm it reflects findings on the day and check any clinical evidence is sufficiently well reflected in the report. For example, in relation to:
    - clinical audit / evidence of quality improvement activity
    - reporting safeguarding concerns and the action/monitoring in response
    - action taken in response to medicines and equipment alerts
    - significant events and how they were responded to
    - reasons for low performance for specific clinical indicators
    - any other significant clinical issues found on the inspection

- **Corroborating evidence -** The internal quality assurance process involves senior review; the draft report and ratings are scrutinised; looking to ensure that the information gathered and included in the report is fair and accurate.

- **Peer-review of reports -** Prior to publication of the report, it will often be shared with other members of the inspection team to ensure it fairly represents the information which was gathered.

- **Involvement of CQC's report writing team -** The report writing team at CQC provide support to the inspectors to ensure that the content of reports is of high quality and the language used is accessible to the public.

- **Panel process** – Reports rating practice as Good or Requires Improvement are discussed at a **Level 2 panel**. Reports rating practice as Outstanding or

Inadequate are discussed at a **Level 1 panel**. Reports for Defence Medical Services and Digital Health are also discussed at a Level 1 panel. SpAs are occasionally asked to attend a **Level 2 panel** to provide clinical advice. The inspector presents the report and the review process is led by a lead review, with input from other panel members, before agreeing on a final rating. Factual accuracy challenges are also discussed at panel. Any enforcement activity is undertaken separately following a Management Review Meeting (discussed below).

10.3 Factual accuracy check

When we have completed our quality checks on the inspection report, we send the draft reports to the provider. At this stage, we ask providers to comment on the factual accuracy of the draft; allowing providers to challenge the accuracy and completeness of the evidence that we have used to reach the findings and decide the ratings. The draft report will include the draft ratings, so if changes are made as a result of factual accuracy comments, this may result in a change to one or more rating.

The factual accuracy process does not deal with complaints about CQC or representations about proposed enforcement activity.

10.4 Publishing reports

Once the draft report has gone through the quality assurance processes it is finalised and then published on CQC website.

The published report is publicly available and may include:

- Details of the current and recent inspections
- The inspection report
- Evidence appendices; including supporting data and information

10.5 Management review meetings (MRM)

If enforcement action is needed following an inspection, a Management Review Meeting (MRM) with the legal and inspection teams will be organised. When a management review meeting is scheduled, you will be asked by a member of the inspection team to dial in to provide clinical input regarding the outcome of the inspection and the implications of the findings. We fully understand that you have clinical commitments, but it is crucial that you are available to join an MRM. Whenever possible, we will always endeavour to take into account your availability. Where inspectors are aware that an inspection is likely to lead to an MRM, SpAs will be forewarned in advance of the inspection. There are occasions where CQC is unable to provide forewarning due to unexpected inspection findings. As 90%

General Practice is rated as Good or Outstanding, urgent enforcement action is rare but serious and SpA involvement is critical. MRM's are likely to be called within 48 hours of inspection and last between 1-2 hours.

You will be paid half your day rate for attending an MRM. This covers any post or pre reading/activity involved, including reviewing information submitted by the practice following inspection and, if required, checking clinical information contained within CQC enforcement documentation. If you wish to have copies of your inspection notes, the inspector will scan and email them to you on request.

Once an MRM is concluded, please fill out a SpA payment form and send to the inspector for sign off and send up to the Flexible Workforce Office for payment SPApayments@cqc.org.uk

10.6 Court appearances

Very occasionally you may be asked to explain your findings in court. If this occurs, the flexible workforce team and CQC professional advisors will support you. This is extremely rare.

10.7 Enforcement action

If the inspection findings demonstrate that the care provided puts people at harm or potential harm then CQC may take civil enforcement action.

The CQC provides guidance for Providers, outlining the expected standards of care people should receive. If the level of care falls below this and people are harmed or put at risk, they may be committing an offence and CQC may take criminal enforcement action against the Provider.

10.8 Special measures

CQC may recommend that a provider is placed in to special measures when there have been **serious failures in the quality of care** provided. This may arise when a provider has been rated inadequate; and where we have concerns that the existing management cannot make the necessary improvements without extra support.

The aim of placing services into special measures is to:

- Ensure that providers found to be providing inadequate care make significant improvement.

- Enable CQC to use our enforcement powers in response to inadequate care and to work with NHS Improvement to ensure that care improves.

- Provide a clear timeframe for providers in which to improve the quality of care. (Of note, if providers fail to do so, CQC will take further action.)

10.9 Feedback for SpAs

Participating in inspection activity can be used as an important part of professional and personal development; for both continuous professional development (CPD) and appraisal.

At the end of the inspection, you should receive feedback from the lead inspector through the flexible workforce team. If you do not receive such feedback please email flexibleworkforce@cqc.org.uk who can chase it up for you.

The feedback provided will concentrate on the following areas:

- Working effectively with colleagues and other team members
- Communicating and behaving in line with our values
- Following instructions from the inspection lead
- Respecting colleagues roles in the inspection team
- Demonstrating expertise in your specialist field
- The quality of the evidence you gather and production of clear detailed notes
- Keeping to the inspection timetable
- Demonstrating professional appearance and demeanour in line with CQC values

If concerns are raised in any of the above areas and you fail to meet reasonable expectations this will be discussed with you and could prevent you from attending further inspections.

Of note, SpAs are also encouraged to submit feedback on their experience of inspection; either via the online form SpA Feedback on Inspection Survey or by emailing SpAFeedback@cqc.org.uk.

11. Practical information

11.1. Point of contact

As part of CQC's People Directorate, the Flexible Workforce Office is the central point of contact for Specialist Advisors. Please contact this team if you need to tell us about any changes to your personal details, it's essential that you also inform us of any updates in relation to your professional registration, employment or DBS check.

The team will contact you from time to time with any updates to contractual agreements, policies or processes, and will also send you the quarterly SpA bulletin. Engagement colleagues are available to listen to and discuss any concerns or feedback to ensure that you feel fully supported in your role.

Email: flexibleworkforce@cqc.org.uk; Tel: 0191 233 3591

We also have a dedicated Webpage for SpAs www.cqc.org.uk/SpAInfo

11.2. Clinical Practice and Professional Registration

SpAs in clinical roles are required to be in or within 2 years of clinical practice and registered with the appropriate professional body. As agreed by the Responsible Officer within CQC, due to the casual nature of the work CQC is unable to act as the designated body for SpAs who are GMC registered.

11.3. Scheduling

SpAs are allocated to inspections by the Flexible Workforce Team. The team will contact you primarily using the Cygnum online resourcing tool but also may contact you by email/telephone. If you have questions regarding any of our inspections please use the contact details below:

Email: fwoscheduling@cqc.org.uk

Phone: 0191 2333591

11.4. Cygnum

Cygnum is our national resource planning system and supports us in the way we plan, manage and schedule our work. This includes registration, inspection and the other activities CQC undertakes.

Cygnum offers a range of functionality accessible through the Cygnum self-service portal - this access will enable both us and you to communicate directly with each other in relation to scheduling you on CQC activities using the following functionality:

- **Non-availability/ Availability** - you can use Cygnum to let us know when you are not available to work with CQC, or when you are, so that when we are planning we can include you in these plans, subject to your acceptance.

- **Accept/reject allocations to CQC activities** - You will receive automatic emails advising that we want you to attend an inspection and you will be able to see the details of each of these activities in Cygnum. You will also be able to accept or reject these invitations to work with us so that your allocation in our plans can be quickly confirmed.

- **Conflicts of Interest** - you will be able to maintain your declarations of conflicts of interest in Cygnum so that we can use these to plan effectively and ensure you are not asked to attend an inspection where you have previously declared a conflict (see Appendix 2).

- **Timesheets** - You will be able to confirm your attendance on an inspection using the online timesheets which are then authorised by the Lead Inspector.

As part of your recruitment process you should receive full login details and a guide on how to use the system. Please contact the Flexible Workforce team if you experience any issues or need further support with the system.

12. Contractual arrangements – terms, conditions and payments

We offer two contractual agreements to SpAs, details of which are provided below. Please note you can only have **one** type of contract in place at any time.

12.1. Casual worker agreement (CWA)

A casual worker agreement is between the individual and CQC; the SpA attends inspections outside of any other employment they may undertake.

Workers are automatically enrolled into the NHS Pension Scheme, and all income is subject to PAYE deductions and NI contributions. The standard CQC pay date is the 19th of each month. If you wish to opt out of the pension scheme the Flexible Workforce team can provide you with details of how this can be arranged.

At the end of an inspection, please complete claim forms as detailed on our SpA Webpage below (including your Payroll Assignment Number) and submit these to the lead Inspector at the end of the inspection. These should be submitted to the SpA payment team either by the SpA following authorisation or the inspection lead may submit these on your behalf.

Email SPApayments@cqc.org.uk for claims queries.

Please note your fee includes the pre and post inspection work outlined above. In the rare cases where a SpA is asked to attend a court hearing, an additional payment will be made.

Out of hours inspections extend into the evening period. As a result they incur an additional payment of half the daily rate.

12.2. Secondment agreement

A secondment agreement is between the SpA, their current employer and CQC. The employer releases the SpA for the inspection, and CQC reimburses the seconding organisation at the rate outlined above, plus approved expenses. The payment process is detailed below.

Please submit any pay and mileage claims to your employer. These claims **must** be countersigned by a CQC Head of Inspection or an Inspection Manager; it is recommended that you do this at the end of your final day on inspection.

Form can be found on our SpA Webpage

Email SPAsecondedclaims@cqc.org.uk for queries about claims.

12.3 Travel and accommodation

The National Customer Service Centre (NCSC) Support Team is responsible for booking all travel and accommodation required for inspections. You **must** request all rail travel and accommodation in advance, using the form below. Only in exceptional circumstances can NCSC Support arrange for a rail ticket on departure.

Form can be found on our SpA Webpage

Email: TravelandAccommodation@cqc.org.uk; Tel: 0191 556 2289.

12.4 Expenses

Please see the CQC Expenses Policy as detailed on our webpage; please ensure any receipts are included with all claims.

Please see full details on our SpA Webpage

12.5 Cancellation policy

CQC recognises the impact of short notice cancellations and we work hard to avoid these wherever possible. When a cancellation is unavoidable and we are unable to offer an alternative inspection to the SpA we will offer the day rate for cancellations which occur within 24 hours of the inspection starting, or a half day rate for those cancellations that take place 24-48 hours prior to the inspection starting.

12.6 Sickness or injury

In the event of sickness or injury when you have agreed to undertake activity for CQC, you must inform the Scheduling Team as soon as possible and aim to give a minimum of 2 weeks' notice where possible. For the avoidance of doubt, no fee will be paid to you in respect of any period during which you are not providing services to CQC and you are not entitled to receive sick pay.

In the event of sickness on the day or at late notice, please contact the Inspector or their Inspection Manager to inform them.

12.7 Policies and procedures

Whilst undertaking an assignment, you are required to provide the relevant services with all due care, skill and ability.

You must comply at all times with all relevant CQC policies and procedures and the required values and behaviours and you must make yourself familiar with these. In particular, your attention is drawn to the following policies and procedures:

- Alcohol and drug misuse
- Bullying and harassment
- Code of conduct
- Code of practice on confidential personal information
- Counter fraud policy
- Declaration of interest and resolution of conflicts
- Equality, diversity and human rights
- Gifts and hospitality
- Health and safety
- Information security and governance
- Manual handling
- Social media and twitter
- Speak up policy
- Travel and expenses – Specialist Advisors

CQC may notify you about other applicable policies and procedures from time to time. To avoid doubt, CQC's policies and procedures are not incorporated into this handbook and CQC has the discretion to withdraw, vary or replace them from time to time.

CQC recognises that in the course of your regular work outside of CQC, you may be asked to speak at conferences or make presentations to various groups. In these presentations you may wish to use your experiences of participating in CQC inspections to illustrate your talk. In such circumstances you must:

- notify the conference organisers that you are not speaking on behalf of CQC
- not imply that you are appearing and/or speaking for or on behalf of CQC;
- anonymise any data from which an individual could be identified; and
- not breach the confidentiality provisions as set out in this Agreement or any relevant CQC policy on confidentiality.

We advise you to seek guidance from CQC if you are unsure about your obligations around this and how they apply to a given set of circumstances.

12.8 Media engagement

Inspection team members should not speak directly to the media unless this has been agreed with CQC's media team. If approached by the media they should state that CQC and the provider are working closely with the press during the visit and all information is published on CQC's website. Refer any journalist's to CQC's media team on 020 7448 9401 during office hours or 07789 876508 out of hours. Email: media.team@cqc.org.uk

> ❖ **SpA responsibility**
>
> It is important to remain responsible when using **social media** around the time of inspection. Some inspections are unannounced and information surrounding the inspection is strictly confidential.

12.9 Public engagement

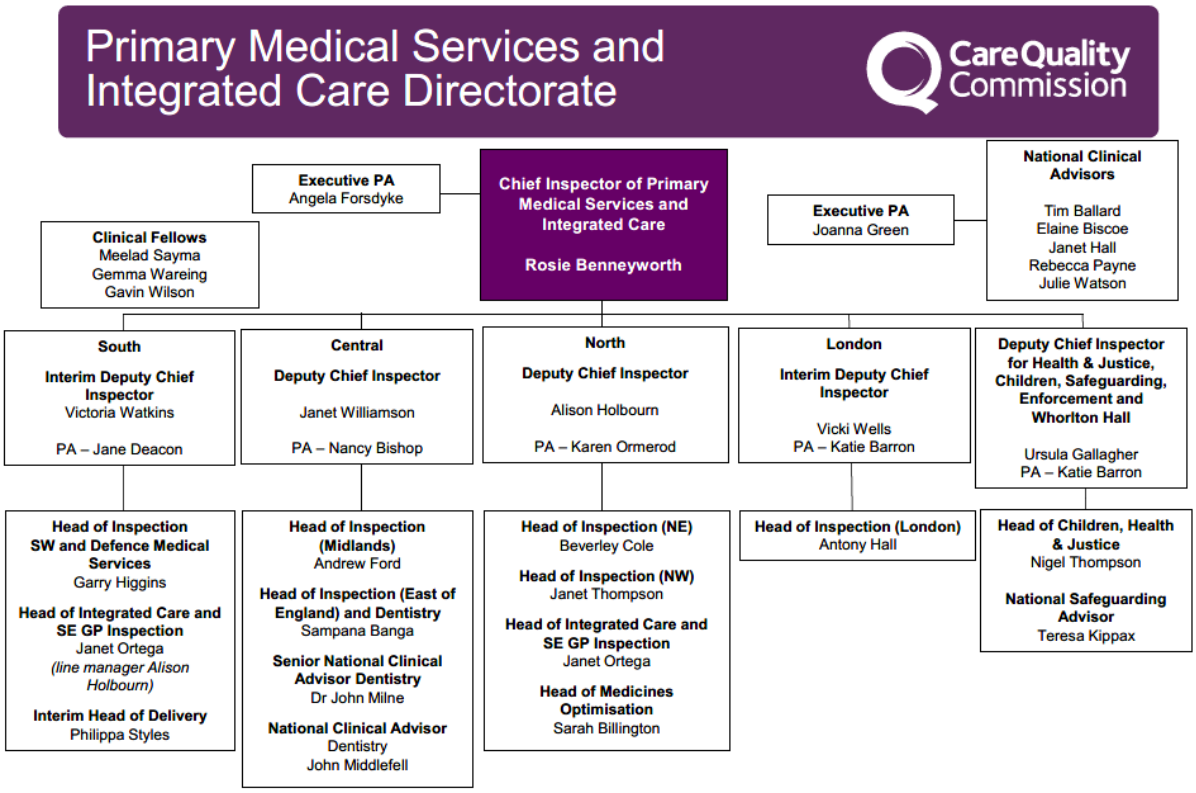
CQC recognises that in the course of your regular work outside of CQC you may be asked to speak at conferences or make presentations to various groups. In these presentations you may wish to use your experiences of participating in CQC inspections to illustrate your talk. In such circumstances you must:

- Notify the conference organisers that you are not speaking on behalf of CQC;
- Not purport to be appearing and/or speaking for or on behalf of CQC;
- Anonymise any data from which an individual could be identified; and
- Not breach the confidentiality provisions as set out in your SpA Agreement or any relevant CQC policy on confidentiality.

You are advised to seek guidance from CQC if you are unsure as to your obligations around this and how they apply to a given set of circumstances.

Occasionally you may be asked to speak on behalf of CQC and this would be through our "speaker bids" coordinator. In these circumstances your title and the title and content of your talk would be agreed by CQC.

Appendix 1: Structure of Primary Medical Services



Appendix 2: National Clinical Advisors

National Clinical Advisors are listed below:

Name	Contact
Elaine Biscoe	Elaine.biscoe@cqc.org.uk
Rebecca Payne	Rebecca.payne@cqc.org.uk
Tim Ballard	Tim.ballard@cqc.org.uk
Janet Hall	Janet.hall@cqc.org.uk
Julie Watson (Children's Advisor)	Julie.watson1@cqc.org.uk

Appendix 3: Conflicts of interest

All SpAs should complete a record of their conflicts of interest on Cygnum. All CQC staff are required to identify and disclose activities and relationships that might give rise to conflicts of interest or the perception of conflicts and to ensure that such conflicts are seen to be properly managed or avoided.

It is the responsibility of each individual to recognise situations in which he or she has a conflict of interest, or might reasonably be seen by others to have a conflict, to disclose that conflict and to take such further steps as set out in this policy. If in doubt the individual should declare the activity or relationship in the interests of transparency and CQC will take a view on whether this constitutes a conflict.

If an individual is uncertain about a potential conflict of interest might affect his or her activities or has any questions about this please discuss the matter with the Flexible Workforce Office, who can advise accordingly.

A conflict of interest arises where the commitments and obligations owed by a SpA to the CQC are likely to be compromised, or may appear to be compromised. This may include:

- A SpA has competing interests or loyalties that are, or could potentially be, at odds with each other.
- A SpAs private affairs or financial interests (or those of a person with whom the person has a close personal relationship) are in conflict, or could result in a perception of conflict with those of CQC.
- A staff member's actions could give rise to an appearance of bias or favouritism towards another person or body within or outside CQC

There can be situations in which the appearance of conflict of interest is present even when no conflict actually exists. It is important for all to consider how it might be perceived by others. Conflicts of interest may be financial or non-financial or both. Failure to disclose any potential conflict of interest may lead to an investigation and potential disengagement from CQC.

- You will be asked at the point of acceptance of an inspection opportunity to declare that you have no conflicts of interest in accepting the inspection.

- We recognise that there may be exceptional occasions where a conflict of interest could not be foreseen prior to arrival at inspection. In such situation please ensure that you alert the lead inspector to the situation as soon as this comes to light so they are able to manage the conflict accordingly and ensure that it does no impact on the inspection activity.
- Please see our Declaration of Interest and Resolution of Conflicts Policy for further details which can be found on our SpA Webpage