

BOARD OF DIRECTORS MEETING

Agenda Item	P1-157-17	Date: 5 th July 2017					
Subject /title	Chief Executive Report – July 2017						
Author	Andrew Cannell, Chief Executive						
Responsible Director	Andrew Cannell, Chief Executive						
Executive summary and key issues for discussion							
<p>This report contains a brief summary in relation to the following topics:</p> <ul style="list-style-type: none"> • Transforming Cancer Care Programme – Building for the Future • Operational Issues – <ul style="list-style-type: none"> CQC New Guidance H-O Update • Communications 							
Strategic context and background papers (if relevant)							
Recommended Resolution							
For the Board to note the content of the Chief Executive report.							
Risk and assurance							
As per report.							
Link to CQC Regulations							
Resource Implications							
Negligible							
Key communication points (internal and external)							
Source of material for the Team Brief							
Freedom of Information Status							
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence 	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p>	<input checked="" type="checkbox"/>	A. This document is for full publication	<input type="checkbox"/>	B. This document includes FOI exempt information	<input type="checkbox"/>	C. This whole document is exempt under FOI
<input checked="" type="checkbox"/>	A. This document is for full publication						
<input type="checkbox"/>	B. This document includes FOI exempt information						
<input type="checkbox"/>	C. This whole document is exempt under FOI						

<ul style="list-style-type: none"> • Commercial interests • Info intended for future publication 	Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.
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Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		✓
Disability		✓
Sex (gender)		✓
Race		✓
Sexual Orientation		✓
Gender reassignment		✓
Religion / Belief		✓
Pregnancy and maternity		✓
Civil Partnership and Marriage		✓

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

Appendices

Strategic Objectives supported by this report

Improving Quality	✓	Maintaining financial sustainability	✓
Transforming how cancer care is provided across the Network	✓	Continuous improvement and innovation	✓
Research	✓	Generating Intelligence	✓

Link to the NHS Constitution

Patients		Staff	
Access to health care	✓	<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	✓
Quality of care and environment	✓	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

THE CLATTERBRIDGE CANCER CENTRE TRUST BOARD

TITLE: CHIEF EXECUTIVE REPORT – July 2017

AUTHOR: ANDREW CANNELL, CHIEF EXECUTIVE

FOR: DISCUSSION / INFORMATION

1 STRATEGIC ISSUES

1.1 Transforming Cancer Care Programme

Building for the Future

The construction contract for the building of our new hospital in Liverpool has now been signed with bulk excavation and foundation works progressing at pace on the site,

A “Sod” Cutting event to mark the actual start of construction of our new hospital and the next stage of our Charity Appeal took place on 3rd July 2017 with Johnny Vegas. This will be followed by major internal and external Comms programme.

A live webcam showing the actual building of our new landmark hospital can be seen at

<http://www.cctvmon.com/clatterbridge.html>

2. OPERATIONAL ISSUES.

2.1 CQC and NHSI New Guidance

The CQC has published its response to its recent consultation on its next phase for regulating NHS Trusts together with a further consultation on how the CQC will regulate other sectors and the emerging new care models together with changes to the fit and proper person test requirements. NHS Providers on the day briefing is attached for information.

NHSI has also published new guidance for NHS Trusts on developmental reviews of leadership and governance using the well-led framework. The guidance strongly encourage all providers to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework every three to five years. The guidance is issued on a ‘comply or explain’ basis.

2.2 Haemato-Oncology Update

The management of the Haemato-oncology service formally transferred from the Royal Liverpool Hospital to CCC on 1st July 2017. This is a significant milestone in our Transforming Cancer Care programme. CCC now has a 4th Clinical Directorate, called Haemato-Oncology Services and welcomes 127 new colleagues whose employment contracts have transferred to CCC. This is the start of the journey to integrate HO services into CCC. The next steps will involve focussing on the critical period of the first 100 days post-transfer and moving on to the next phase of the Haemato-oncology programme, which includes implementing electronic prescribing and developing detailed proposals to integrate the Aintree and Southport HO services into CCC.

Communications update 23rd May – 27th June

It has been a good month for positive news stories about patients, research and the Charity.

The T-Vec trial for melanoma patients was featured in The Express, the third national title to publish a story about the study with good positive references for CCC. The Lancashire Evening Post also ran the T-Vec feature online that appeared in print last month, giving us another hit of publicity.

BBC North West visited the National Centre for Eye Proton Therapy where they did filming and interviews for a feature on future NHS provision of high energy proton beam therapy, broadcast on 19th June on both evening bulletins. Although CCC wasn't the focus of the piece it contained positive references. The Guardian newspaper also covered our service in a similar fashion.

The Beside the Seaside Walk was featured on Radio Merseyside and by the Liverpool Echo and Southport Visitor in both print and online, (before and after the event in the Visitor).

A media release was issued about the nurse recruitment evening and social media was used to promote the event in the weeks leading up to it. The Southport Visitor carried a story in print about the event.

We worked with the communications team at The Royal on coverage of a CCC patient ringing the bell at the Linda McCartney Centre. The story was covered by Radio Merseyside on their Drive show and on social media.

Coverage Highlights

Regional print and online

Date	Headline	Source	Reach	Sentiment
16.6.16	Herpes is curing my skin cancer	Lancashire Evening Post Online	69K	Positive
12.6.17	Carra joins hundreds on charity walk	Liverpool Echo Print	48K	Positive
11.6.17	Why Jamie Carragher led a crowd of hundreds along Crosby beach	Liverpool Echo Online	1M	Positive

Local print and online

Date	Headline	Source	Reach	Sentiment
22.6.17	Nurses sought from around the region as cancer base expands	Southport Visitor Print	5K	Positive
21.6.17	Patients give top marks to Wirral's cancer centre	Wirral Globe Print	112K	Positive
20.6.17	We do like to be beside the sea	The Southport Visitor Print	76K	Positive
14.6.17	Patients rate Clatterbridge Cancer Centre one of 'best' hospitals in the country	The Wirral Globe Online	35K	Positive
6.6.17	Gran, mum and daughter raise thousands in sky dive	Isle of Man Today Online	19K	Positive
6.6.17	Walk the coast for hospital	Southport Visitor Print	76K	Positive
8.6.17	Scaling Everest is latest quest for hospital doctor	Warrington Guardian Print	15K	Positive
6.6.17	Warrington Hospital doctor Thomas Hughes set to climb Everest for Clatterbridge Cancer Centre	Warrington Guardian Online	47K	Positive

National print and online

Date	Headline	Source	Reach	Sentiment
23.6.17	Cyclotron offers cutting-edge therapy for NHS cancer patients	The Guardian Print	161K	Positive
13.6.17	Skin cancer symptoms - unexpected	Daily Express Online	19M	Positive

	treatment could cure patients and help YOU live longer			
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Broadcast

Date	Subject	Source	Reach	Sentiment
26.6.17	New hospital build	BBC Radio Merseyside Linda McDermott show featuring James Kingsland (former non-exec) and Aindan Kehoe	101K	Positive
21.6.17	Patient Margie Shields ringing the end of treatment bell at Linda Mc Centre	BBC Radio Merseyside Drive show	101K	Positive
19.6.17	Proton Beam Therapy	BBC North West Tonight (2 bulletins)	916K	Positive
11.6.17	Beside the Seaside Walk	BBC Radio Merseyside	101K	Positive



CCC online

Meltwater: 23rd May – 27th June

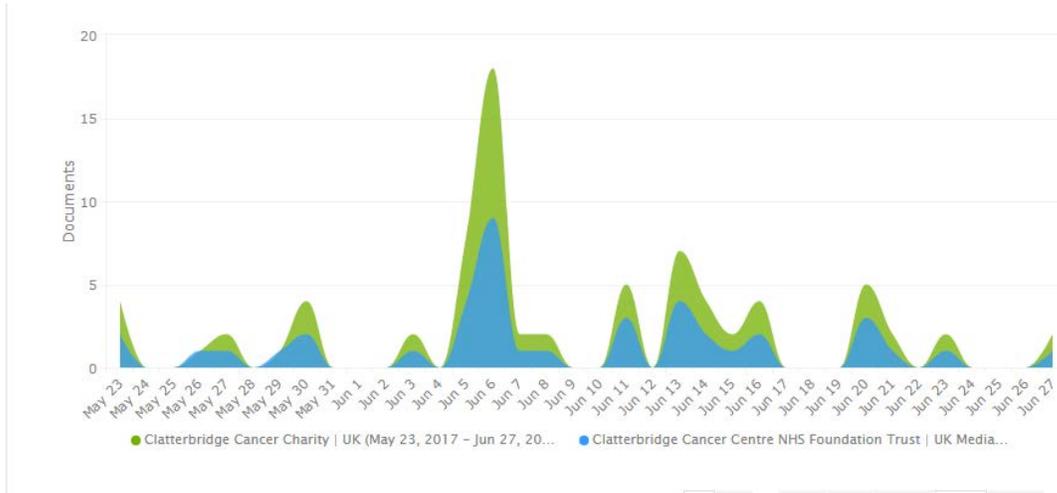
Facebook: 30th May – 26th June

Twitter: 31st May – 27th June

Website: 24th May – 27th June

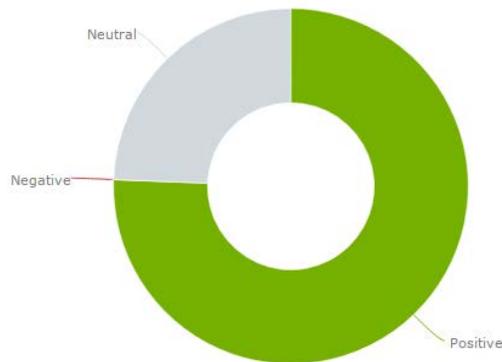


Media exposure – online 23rd May – 27th June

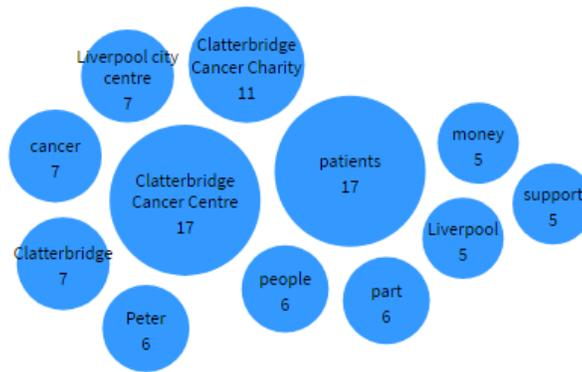


Sentiment – online 23rd May – 27th June

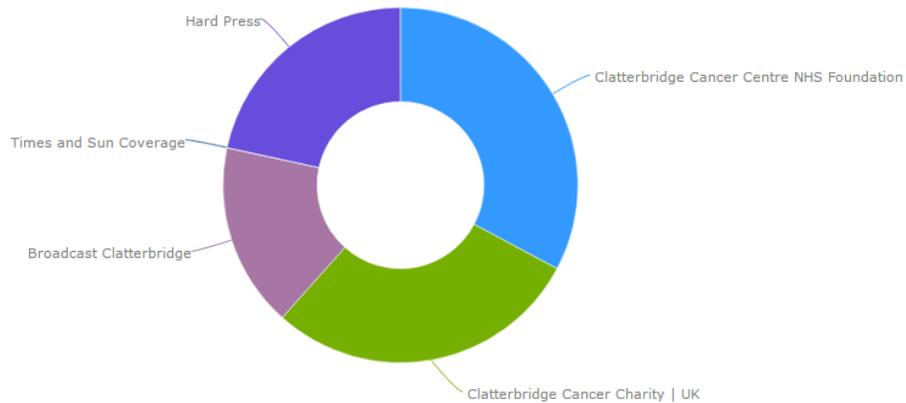
Neutral - 10
Positive - 31



Trending themes – online – 23rd May – 27th June



Total coverage breakdown – 23rd May – 27th June



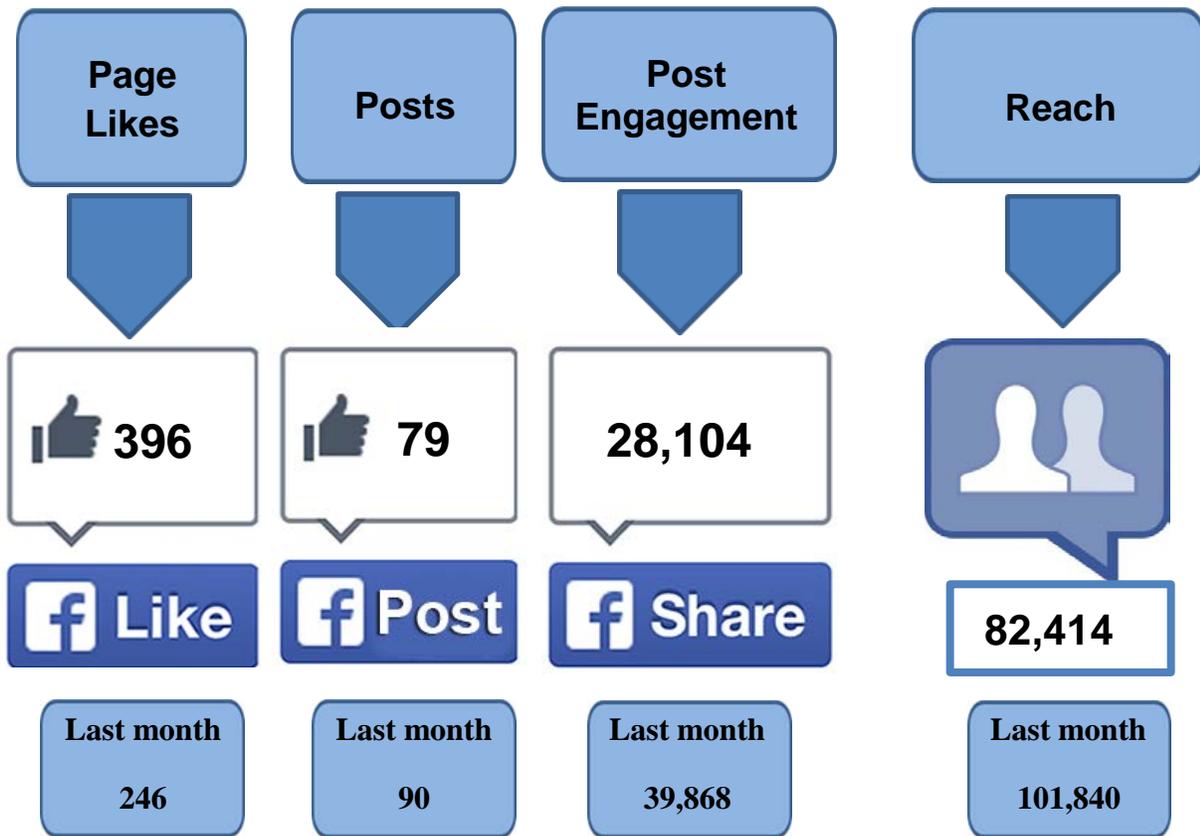
CCC – 41

The Clatterbridge Cancer Charity – 36

Broadcast – 21

Hard press – 27

Facebook: 28 day forecast / 30th May – 26th June



Twitter: 31st May – 27th June

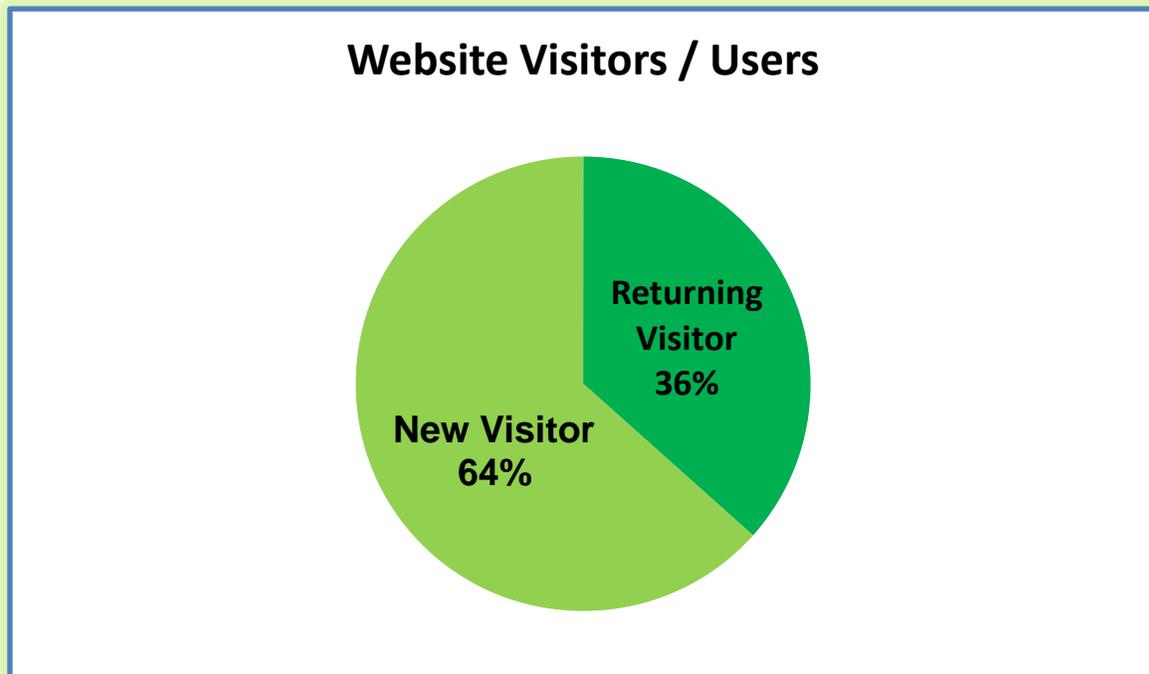
(Last month)

Followers	3,455	3,388
Tweets	55	54
Retweets	178	160
Link Clicks	144	200
Likes	265	316
Impressions	71.4k	69.5k

Website: 24th May – 27th June

(Last month)

Page Views	39,008	32,038
Users	10,867	9,123
Length of visit	00:02:16	00:02:17



Social media

- **Objective:** To reach 4,000 Twitter followers of @CCCNHS by 31 March 2018
- **Starting point:** c400 in January 2014
- **Current followers:** 3,455 (27th June 2017)
- 67+ compared to 3,388 on 23rd May 2017 

CQC NEXT PHASE CONSULTATION RESPONSE AND FOLLOW-UP CONSULTATION – ON THE DAY BRIEFING

Today the Care Quality Commission (CQC) has published its **response** to its recent consultation on its next phase for regulating NHS trusts. NHS Providers submitted a response to the consultation, which was informed by feedback from members and can be found on our **website**. This briefing summarises the conclusions following the consultation and highlights next steps of relevance to trusts.

Alongside this, a further consultation has been published today which sets out proposals for how the CQC will regulate the other sectors within its remit, but also how it will look to adapt its regulatory approach in response to the emergence of new care models and carry out its role in relation to the fit and proper person requirements. If you have any questions about this briefing or would like to feed into our response to the new consultation, please contact **Cristina Sarb**, Policy Advisor (Regulation) or **Cassandra Cameron**, Policy Advisor (Quality).

WHAT HAS BEEN PUBLISHED TODAY?

- The **CQC's response to its next phase of regulation consultation**
- Updated guidance **on how the CQC monitors, inspects and regulates NHS trusts**
- Updated **assessment frameworks** for health care services
- The CQC's **second next phase consultation seeking views on:**
 - how it will regulate primary medical services and adult social care services
 - how it will monitor, inspect and rate new models of care and large or complex providers
 - how it uses its role to encourage improvements in quality of care in local areas
 - how it will carry out its role in relation to the fit and proper person requirement

OUTCOME OF NEXT PHASE OF REGULATION CONSULTATION

The consultation set out the CQC's approach for regulating NHS trusts going forward and covered all of the elements of the new model including monitoring, inspecting and rating. The main feedback and CQC's response to this feedback is finalised below. An independent analysis of the consultation responses by OPM is also **available**.

Monitoring: CQC Insight

Feedback: The CQC insight model increase administrative requirements on trusts and asked for reassurance that duplication would be avoided and that existing data would be used as much as possible. The need for transparency and clarity about the data sources and weighting given and how it would work particularly for mental health services was stressed.

CQC's response: The content of CQC Insight will initially focus on existing data collections that are available nationally. CQC will share information with NHS Improvement and discussing with other national partners how to further align or reduce the cost of information collections. It will pilot each Insight product with providers before releasing them to ensure they are clear in terms of the data used, how it is analysed and how it will be shared with

others. Once ready, Insight products will be shared with providers and CQC will be asking for feedback to continuously improve them.

Relationship management

Feedback: Respondents to the consultation called for a clearer, more formal and consistent approach to relationship management and also for the CQC to work more closely with local partners.

CQC's response: Relationship management meetings with providers will be quarterly, with an improved structure and format. The relationship owner will develop an understanding of the organisation and CQC will aim to avoid changing this as much as possible. Relationship management meetings will inform the CQC's regulatory planning.

Provider information requests (PIR)

Feedback: Respondents requested further information about the information to be collected, the timing of PIRs within the new annual process and the IT systems providers will need to use to submit the PIR. Concerns were also raised about the potential for PIR data to be outdated by the time of inspection or duplication with data already submitted to other national bodies.

CQC's response: CQC has now published the new PIR [template](#). Providers will receive their first new PIR between June 2017 and autumn 2018. The PIR marks the start of the annual inspection cycle – with targeted inspections expected within the following six months. Thereafter they will be requested approximately once a year. The intention is to move all provider information collections to the new system by April 2018.

Inspections

Well-led inspection at trust level

The main issues raised in the consultation were relating to the challenge of assessing well-led at trust level in a consistent way, particularly across large providers with different types of services. It was also raised that well-led inspections could be too frequent, could increase administration or duplicate work by NHS Improvement. The CQC will ensure the new approach is evaluated and refined during roll-out, including by further assessing the appropriate frequency and approach to future inspections of well-led at trust level.

Core service inspections

Respondents to the consultation sought clarification about how the CQC will select core services to inspect and what role providers may have in influencing that and also how the regulator will ensure that the scope of inspections will be appropriate to the provider size. The selection of core services will be guided by its frequency principles. **Every year the CQC will inspect all core services rated inadequate; half of those rated requires improvement; a third that are rated good; and a fifth that are rated outstanding.**

In some cases, the CQC will consider giving short notice periods for trusts where it would be logistically challenging for an inspection to be unannounced. However, the default will remain unannounced core service inspections.

Use of accreditation schemes

The CQC will only use an accreditation scheme to reduce its inspection activity in a particular core service if it meets key quality standards and has adequate uptake among NHS providers. This will be considered under the well-led and effective key questions but the absence of accreditation would not limit a rating.

Rating

Feedback: Respondents stressed the importance of transparency, clarity and communication of ratings and how aggregation of ratings takes account of complex providers, services that span different geographical locations or that comprise services of different sizes. The issue of if and how the new use of resources rating will be aggregated was also raised.

CQC's response: The CQC will continue to rate NHS trusts at provider level during 2017/18 based on their assessment of the well-led key question and use aggregation principles and professional judgement of inspection teams to rate the other four key questions. The intention is to rely more greatly on professional judgement in agreeing trust-level ratings for trusts that combine different types of health and care services. The [accompanying provider guidance for NHS trusts](#) explains how professional judgement might be used.

Implementation timeframe for the new approach

The consultation document sets out the following timetable for rolling out the new approach:

- Begin using the new assessment framework and approach from the second half of June 2017 and first new PIRs to be sent out at that point.
- First regulatory planning meetings will take place from August, the first next phase inspections will take place between September and November 2017 and the first next phase ratings and inspection reports will be published in early 2018.
- The minimum inspection activity for an individual provider will be one core service and assessment of the well-led key question (at provider level).
- After the CQC's internal regulatory planning meeting, trusts will be informed of timing of the well-led inspection.
- The CQC is intending to send PIRs to around a third of NHS trusts by the end of December 2017 and ensure all NHS trusts receive a new PIR by autumn 2018. The early trusts will be identified on a risk basis and/or those that have not been inspected in the previous 12 months.
- The CQC is expecting that the new approach will be fully embedded by spring 2019.
- Both the initial planning and the final review meetings will be chaired by either CQC's Chief Inspector of Hospitals or a Deputy Chief Inspector to ensure consistency.
- The CQC will retain flexibility to carry out a focused, responsive inspection if concerns arise during the year. **Although it will inspect trusts approximately once a year, this will not be at the same time each year.**
- Following an inspection, the CQC will publish a shorter and more focused inspection report, together with an evidence appendix. These will be quality-assured and factually checked by the provider. After that it will hold an internal final review meeting to ratify the ratings and publish the report.

Revised guidance, assessment framework and PIR template

Alongside the consultation response, the CQC has also published a suite of supporting materials which members will wish to familiarise themselves with, which includes:

- The [updated assessment framework for healthcare services](#), including a [version showing changes from the previous frameworks](#)
- The revised [provider guidance](#), which includes [the new PIR template](#)

CQC'S SECOND NEXT PHASE CONSULTATION

The CQC has also published a second 'next phase' **consultation** today which includes proposals that apply to all regulated sectors and encompass how CQC will register, monitor, inspect and rate new models of care and large or complex providers; how CQC aims to encourage improved quality of care in local areas; and the fit and proper person requirement will be applied in this context. These proposals are summarised below.

Part 1: Regulating in a complex, changing landscape

1.1 Clarifying how we define providers and improving the structure of registration

CQC proposes to adapt its current approach to registration to better align with the accountability of organisations for the care they provide, and to better adapt to changing models of care. The proposed changes seek to:

- properly inform the public about ownership of providers, what services are provided, to whom and where;
- clarify who is required to register to improve accountability and responsibility for quality improvement;
- accommodate large and complex organisations to enable a more targeted and responsive regulatory approach;
- restructure registration to build CQC's understanding of services offered, and make it easier to register new organisational forms and innovative types of services.

Key points on changing registration:

- All current providers will remain registered.
- Any related organisations, such as parent companies, will also be registered and appear on the register.
- Where a service changes owners, or a legal entity changes for an existing owner, the regulatory history stays with a service including ratings and enforcement action, including the information available on the CQC website.
- By linking up providers to parent companies, CQC seeks to target regulatory action and recommendations at the appropriate leadership level to enact change and establish the correct accountability for improvement.
- Inspections will be enabled at relevant parent company headquarters where appropriate.
- Reporting on inspections will more explicitly draw links between local services, providers and any overarching leadership entities.
- The CQC register will use information that providers submit in their statement of purpose so that the register available to the public will include information about what type of services are provided, who the service is for, what type of setting it is provided in, where the service can be found and where relevant, how much care is provided.
- The new approach will have implications for the fees scheme, although the CQC does not propose to change the proportion of costs recovered from fees (90%) from providers in 2017/18.

Defining accountability for quality of care:

CQC intends to only 'show interest' in those parts of an organisation that exert significant influence over the quality and safety of services. Criteria for when an entity has responsibility for quality, and so should be registered, include:

- Manages and delivers assurance and auditing systems or processes that assess, monitor and drive improvement in the quality and safety of the delivery of regulated activity and to which entities delivering that activity are accountable.
- Has the right to require providers of regulated activity to submit consolidated annual budgets in advance for approval.

- Has the right of veto such that entities providing regulated activity will only be entitled to carry on their business in accordance with financial plans that have been signed off.
- Directly develops and enforces common policies on matters such as staffing levels, clinical policy, governance, health and safety, pay levels and procuring supplies that must be adhered to by entities providing regulated activity.
- Has the right to make employment decisions concerning people who work in, seeking to work in, run or join the board of an organisation delivering a regulated activity.

Timetable for implementation:

April 2017 to March 2018	Develop, plan and assess the impact of the proposed changes.
April 2018 to March 2019	Start live testing, continue to engage with stakeholders and begin phased implementation.
April 2019 to March 2021	Continue phased implementation and engagement with stakeholders.

1.2 Monitoring and inspecting new and complex providers

In response to increasing number of providers operating across multiple sectors, and new and complex models of care emerging including accountable care organisations and systems, CQC’s proposes to use a more ‘intelligence-driven’ approach to better monitor and inspect ‘complex providers’, defined as:

Organisations that deliver services across more than one sector. For example, NHS trusts that provide GP services or care homes, independent community health providers that deliver NHS 111 services, or ‘new models’ and ‘accountable care organisations (ACOs)’, such as fully integrated multi-specialty community providers (MCPs) and integrated primary and acute care systems (PACS).

To achieve this, CQC proposes to:

- Identify a single CQC relationship-holder for each complex provider, who will work alongside named leads for each type of service to coordinate regulatory activity for that provider based on combined information about all services provided.
- Align the collection of information from providers and combine monitoring information to inform a single regulatory plan, reviewed annually by CQC, and reduce the number of information requests of providers.
- Coordinate scheduled inspection activity for a complex provider within a defined period, except for any focused inspections in response to concerns about quality in individual services.
- Assessing the ‘well-led’ domain will encompass leadership and governance across all registered services across the sectors and partnership working, and in any future provider-level assessments in other sectors
- As the legal arrangements underpinning ACS do not change, the regulatory approach will continue to treatment as individual providers. However, the CQC will still seek to test the coordinated approach to planning and inspection scheduling with a small number of accountable care organisations and systems in 2017/18.

Timetable for implementation

April 2017 to March 2018:	<ul style="list-style-type: none"> • test a coordinated approach to monitoring, inspecting, rating and reporting on health and social care services in a sample of areas, with a focus on evolving ACOs and ACSs • identify relationship holders and introduce joint regulatory planning meetings and joint inspections for existing complex providers
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	<ul style="list-style-type: none"> begin using provider information collections to identify complex providers and links between services.
April 2018 to March 2019:	<ul style="list-style-type: none"> continue using provider information collections to identify complex providers and links between services test approach with independent health and social care led organisations, alongside live testing of provider-level registration test approach to provider-level assessment and, if appropriate, ratings for complex providers agree approach to regulating ACOs and groups of organisations in ACSs.

1.3 Provider-level assessment and rating

CQC will assess the quality of care at 'provider level', meaning:

The highest level at which CQC register any organisation that delivers more than one service. This would include the board level of an NHS trust or independent sector provider, or the management level of a GP federation or care home group.

Summary of proposed changes:

Subject to the outcome of proposed changes to registration, CQC proposes:

- to continue to rate NHS trusts at provider level in 2017/18 for all five key questions based on assessment of the well-led key question, and aggregation and professional judgement to rate the other four key questions.
- there will be a new provider-level assessment for NHS trusts, corporate providers of health and social care services, large-scale general practices and other complex providers.
- For provider-level assessment for all sectors, CQC sets out a range of possible approaches including:

Option	Assessment framework	New or existing framework?	Ratings	Assessment or aggregation?
1	Provider level assessment	New	One provider rating	Assessment
2	Provider well-led	Existing	One well-led rating	Assessment
3	Provider five key questions	New	Five key questions and overall ratings	Assessment, with aggregation for overall rating
4	Provider well-led	Existing	Five key questions and overall ratings	Assessment for well-led/aggregation and professional judgement

- Assessment will still be made at trust level for well-led and reflected in the trust level rating.
- The provider-level assessment approach will be developed in parallel to the approach to assessing use of resources, which is in pilot phase and will be consulted on later in 2017.

April 2017 to March 2018:	<ul style="list-style-type: none"> Consultation on more detailed proposal, informed by the current consultation (Winter 2017/18) Development of operational approach (Spring 2018).
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April 2018 to
March 2019:

- Pilot assessments alongside live testing of registration approach
- Publish final assessment approach
- Begin provider-level assessment in line with registration timetable.

1.4 Encouraging improvements in the quality of care in a place

Recognising that people’s experiences of care are affected by how well services work together and that quality can be influenced by factors that are outside a provider’s direct control, CQC aims to develop an approach to encouraging improvement, innovation and sustainability in the ‘quality of care in a place’, meaning:

The quality of health and social care services within a geographical area and their collective impact on people’s experiences and outcomes. For example, the quality of care provided within local clinical commissioning group or local authority commissioning areas, within sustainability and transformation plan areas, or nationally in England.

CQC proposes to:

- use monitoring and inspections of individual providers to assess how well services are working together and to understand the impact on people’s experiences of care, by:
 - develop CQC Insight at provider level to include information about quality in local areas and, where relevant, about the quality of a provider’s different services
 - use cross-sector risk and planning and scheduling arrangements to identify, share and follow up information about quality in a place
 - develop inspection prompts for hospital, primary medical care and adult social care services that enable CQC to assess the interactions between providers and the impact on people using services
 - report findings about local partnership working and integration in provider inspection reports to highlight cross-system issues
 - develop CQC Insight products to provide a view of quality across national, STP and local commissioning area footprints
 - share information with national partners, local commissioners and other stakeholders, including Quality Surveillance Groups, to help them identify priorities for improvement and agree where further monitoring, inspection or other activity may be required.
- use insight about quality in a place to better understand the context in which providers are working and develop a framework to assess quality across a local system, with a focus on leadership, governance and collaboration between providers and commissioners across sectors.
- undertake a small number of targeted reviews that look at how health and social care work together and identify improvements that build on previous local area pilot reviews by CQC.

Timetable:

April 2017 to
March 2018:

- publish findings from reviews in Cornwall and the London Borough of Sutton (Summer 2017)
- develop and test prompts to assess integration as part of service-level inspections
- continue to develop and test area data profiles
- carry out targeted reviews in a small number of areas, as requested by the Secretary of State

April 2018 to
March 2019

- continue to developing approach to sharing insight and agreeing action with national and local partners and agree a programme of reviews using section 48 powers, as required

Part 2: Next phase of regulation for medical services and social care

This section sets out CQC's intended direction of travel for adapting regulation for primary medical services and social care in line with ambitions of the GP Five Year Forward View, and the changing landscape of provision for primary and social care including multispecialty community providers and GP federations.

The proposals for primary care and social care include annual online provider self-report submissions on quality, development of CQC insight, targeted re-inspection and modified ratings approach. Where an adult social care service is provided alongside hospital or primary care services within a complex provider, CQC will monitor quality and plan a coordinated inspection schedule as set out in Part 1. Consultation questions in this section will be of interest to members working in multispecialty care provider arrangements.

Part 3: Fit and Proper Persons requirement

This section sets out proposed changes to the way CQC will carry out its role in relation to the fit and proper persons requirement (Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Key proposals include changing the way CQC will share with providers any information of concern from a third party about the fitness of a director, specifically:

- Ask providers to assess all the information CQC receive concerning their directors and require them to detail the steps they have taken to assure themselves of the fitness of the director.
- Ask the person providing the information for their consent to do this, and protect their anonymity if necessary.
- Inform the director to whom the case refers, but will not ask for their consent and will not disclose the identity of the person who provided the information.
- Indicate what type of response will be needed from a provider in response to a concern, including assurance that:
 - they have used a fair and proportionate process to establish the primary facts of any matter giving rise to a concern about the director (the investigation stage)
 - having ascertained the primary facts, they have assessed whether the facts establish that the director falls within any of the categories in Regulation 5(3) (the assessment stage)
- If CQC is either concerned that the provider has not applied appropriate checks, or applied appropriate checks but not made a reasonable assessment about fitness of the director, further regulatory activity will be undertaken.

Guidance has also been provided in Annex A of the consultation to assist in interpreting and implementing the regulation in respect of what constitutes 'serious misconduct and serious mismanagement', which we encourage all members to consult.

NHS PROVIDERS VIEW

Responding to the Care Quality Commission's response and the launch of the second phase of consultation, Amber Davenport head of policy for NHS Providers, said:

"These proposals are a vital step in ensuring that the system of regulation for trusts is fit for the future. Trusts are positive about the direction of travel set out and the move to a more risk-based and proportionate regulatory model.

"We welcome the steps taken by the CQC to provide clarity about how and when it will begin to implement the changes which will see the next phase of inspections begin in September 2017.

"However our own findings suggest that the level of burden on trusts from regulation is still too high and the CQC must work with others to align activity and reduce duplication. We therefore urge the CQC to monitor this as it implements the new regulatory regime. We look forward to continuing our work with the CQC on this and facilitating engagement with the provider sector.

"The new regime must be able to respond to the changing way in which we deliver health and social care. Success will depend on having the right level of training for its inspection teams and the resources in place to deliver the right level of inspection activity as set out in the response.

"We therefore welcome the second consultation which seeks views on how the CQC inspects and rates providers that combine a complex mix of services and those involved in new models of care. The CQC must carefully consider each of the options about how it will approach ratings at provider level in the future. Lastly we welcome the CQC reviewing its approach to the fit and proper test and would encourage it to seek feedback from providers about how effectively the test has performed to date."