

cqc.consultation@cqc.org.uk

17 October 2014

Dear Sirs

CQC Guidance Consultation

We are grateful for the opportunity to respond to your consultation on draft guidance concerning the fundamental standards. As you will be aware, AvMA is the UK charity for patient safety and justice, with over 30 years' experience of supporting people who have experienced avoidable harm in healthcare and working with health professionals and the systems to improve patient safety and how medical accidents are responded to.

We are pleased with the overall direction set out in your consultation, but do have some important points of concern which we set out below.

Firstly, we believe that the CQC needs to do more to deal with the apparent tension between regulating "fundamental standards" and its approach to monitoring and inspection, which seeks to move away from monitoring compliance. Put simply, we believe that the public have a reasonable expectation in the wake of Mid Staffs that compliance with the fundamental standards will be proactively and robustly monitored and regulated. A system which simply "looks for good" and only probes further if prompted to do so is unlikely to be fit for purpose.

We would like to re-state points we have made before about the need to prioritise patient safety and other fundamental standards, and for this to be reflected through the whole CQC system for monitoring and regulation. It should therefore not be possible for an organisation to be rated "good" overall if it "requires improvement" on patient safety. Equally, it should not be possible to be rated "good" on patient safety if the organisation is not fully compliant with respect to the guidance on fundamental standards. For example, an organisation should never be able to be rated "good" on patient safety if it is not compliant with patient safety alerts by the deadline given, or if it has not complied with the fundamental standard on "Duty of Candour". It is this sort of unambiguous commitment to enforcing the fundamental standards and prioritising patient safety which we would like to see and from our detailed involvement in the issues it is certainly what the public expect.

We have already responded in detail to your consultation on "fit and proper person" and "Duty of Candour", and so will restrict our comment on the detail of the guidance to the following:-

Regulation 12: Safe Care and Treatment

We think the guidance relating to patient safety alerts should stipulate the requirement to comply with the alerts by the deadline given.

We think the guidance on investigation of incidents should make clear that incidents with the potential to affect health, safety etc. should be investigated, not just those that have. The guidance should make clear that information about investigations should be made available to patients/their family (ref Duty of Candour) and they should have the opportunity to contribute to the investigation.

Regulation 17: Receiving and acting on Complaints

The guidance should make clear not only that complaints should be investigated but that this investigation and the response to the complainant should be completed within a reasonable timescale. It may be helpful to reference adherence to standards that we understand are being developed based on the initial Patients Association model.

The guidance should include the need to have a complaints system with a genuinely independent review/appeal/arbitration stage if the complaint has not been resolved.

The section dealing with support to the complainant should give guidance that all organisations should provide complainants with information about where they can access independent and specialist advice. For example, information about the complaints advocacy service, AvMA and other advice/advocacy organisations.

Regulation 17: Good Governance

We would like to see explicit guidance on the need both to listen and respond to concerns raised by staff, and to ensure that staff raising concerns are supported and protected.

We hope these comments are helpful and would be very happy to discuss them in more detail. Moreover, we would like to repeat a suggestion we have made previously about the establishment of an advisory group on the CQC's monitoring and inspection regime comprising the likes of AvMA, Healthwatch, Patients Association etc. We think this would provide the CQC with a greater connection with the patient/service view perspective, as well as fresh and constructive ideas for improving the system.

Yours sincerely

Peter Walsh

Peter Walsh
Chief Executive