

Action plan for working with people who use services and the public 2013-2016

September 2013

About the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage services to improve.

Contents

Background	3
Measures of success in 2013 to 2016	3
Putting people first	
1. Better use of information and inspection	4
2. Working better with our partners in the health and social care system	5
3. Building better relationships with the public	6
4. Building relationships with those we regulate	6
5. Strengthening how we deliver our responsibilities in terms of mental health and mental capacity	7
6. Building a high performing organisation	7

Background

This plan describes how we will deliver the promises we have made in *Putting people first*, our Statement of Involvement. We will update the plan each year and we will report on what we have achieved. We will provide updates and share progress during the year on our website and through our wider networks. We will recruit a panel of people who use services to hold us to account and to scrutinise us on the promises we have made.

We have developed this plan with a range of people who use services and groups that represent them, both locally and nationally. We have also drawn on the feedback people gave to our consultation on our Strategy 2013 to 2016, *Raising Standards, putting people first*.

We have taken account of the recommendations following the public inquiry into the Mid Staffordshire NHS Trust, and the learning from the review of the abuse identified at Winterbourne View hospital. A particular focus of our work this year will be to improve how we gather and use evidence from people using learning disability services, mental health services, acute NHS care and from children, young people and their carers. We will also improve how we use the information available about people's complaints about services.

The changes to the way health and social care services were organised made in April 2013 are important for this plan. We will build relationships with local Healthwatch, Healthwatch England and with the new local complaints advocacy organisations. We will also share information we find about people's experiences with the new health and wellbeing boards to encourage effective commissioning.

We will make sure that we involve a range of people in our work. This includes the development of our work programmes, how we gather views from people who use services, how we communicate with people and our Experts by Experience programme.

Measures of success in 2013 to 2016

By April 2016 we will have achieved the following:

- Our reports and information reflect what people have told us about their care and set out how we have used this information.
- People from diverse communities have helped us shape new fundamental standards, the rating systems for services and the new inspection programmes across the health and social care sector.
- We share information with each local Healthwatch organisation and we can show the impact of their evidence in our work.

- We share information about care services with key local voluntary and community organisations, and this improves our ability to respond to poor quality services.
- We can demonstrate that we have received and used more information from people using services.
- Experts by Experience have taken part in more inspections, including a focus on in-depth NHS inspections, and in more Mental Health Act visits and themed inspections.
- People who read our inspection reports tell us they are more useful and easier to find when they are choosing care.
- Our themed inspections will be informed by people who use services, their families and carers, and they have developed and delivered the work with us.
- Our staff have the skills, knowledge and support to work effectively with people who use services.
- People contacting us report that they are treated in a compassionate way, with respect for their rights and that their experience of contacting us is a positive one.

Putting people first

Our priorities	What we will achieve by April 2016	By when
1. Better use of information and inspection		
<p>Give people more say in our plans</p> <p>What you said:</p> <p><i>“Nothing about us without us – an old phrase but still important”</i></p> <p><i>“Show you are an open organisation by working with all kinds of people”</i></p>	<p>The new fundamental standards and the measures and methods for the new inspection programmes are developed with input from a range of people who use services and carers.</p> <p>People who use services, carers and their representatives inform the development of the programme of work led by the Chief Inspector of Hospitals, and subsequent programmes led by other chief inspectors.</p> <p>Our website and other reports explain how information about people’s experiences of care makes a difference to our work. We will improve the analysis of the feedback we get and publish data on what we know about services from people who use services.</p> <p>We will review the weight we give to people’s stories of care as part of our new model of assessing risks in services and be clear how we will use evidence from people in future. We will start with the NHS and then develop this further in other sectors.</p>	<p>March 2014 and March 2015</p> <p>December 2013 – December 2014</p> <p>March 2014</p> <p>December 2014 and December 2015</p>

	We will involve people with dementia, young people, carers and families in developing our reviews of dementia care and the transition from children's to adults' services. We will track people's experiences across pathways of care in these programmes.	December 2014
2. Working better with our partners in the health and social care system		
<p>Work in partnership with local people and voluntary organisations</p> <p>What you said:</p> <p><i>"Our groups want to talk to someone from CQC who is local"</i></p> <p><i>"There should be consistently strong relationships between CQC and Healthwatch"</i></p> <p><i>"Increase CQC's work with user-led organisations and advocacy services"</i></p>	Every local Healthwatch has an effective relationship with CQC and regularly shares information about people's experiences of care.	March 2014
	We are involving health scrutiny committees and foundation trust councils of governors in the new NHS inspection programmes.	October 2013
	We have an agreed and consistent approach to involving social care scrutiny in adult social care inspections.	March 2014
	In every inspection of GP practices we have asked the patient participation group, where they exist, to tell us about people's views and experiences.	July 2013
	We provide coordinated communications to local Healthwatch, health and wellbeing boards, scrutiny committees, foundation trust governors, and patient participation groups about CQC and our work.	March 2014 for all groups
	We have improved our local relationships and information sharing with key community and voluntary groups, through Regional Voices and other networks. We will focus on relationships with groups of people using mental health and learning disability services, carers and children and young people.	March 2015
	We will increase our use of Experts by Experience – to join all NHS inspections, in more Mental Health Act visits, and in other services where people can find it more difficult to speak up for themselves, such as home care. For example, we will increase the use of telephone interviews where Experts by Experience gather the experiences of people using home care agencies.	October 2013
	We will develop new (and continue existing) 'Tell us about your care' partnerships with voluntary and community sector partners, e.g. projects with the Relatives and Residents Association and Patients Association.	March 2014

3. Building better relationships with the public		
<p>Increase public understanding of what we do and what we say about services</p> <p>What you said:</p> <p><i>“We want to know which services are registered with CQC in our area and how good they are”</i></p> <p><i>“We want information in accessible formats”</i></p> <p><i>“Can you explain the standards of care and what compliance means?”</i></p> <p><i>“I want to read an inspection report and know what a service is really like to use or live in”</i></p> <p><i>“We can be CQC champions and help spread the word”</i></p>	<p>We will have promoted our new statement of involvement and provided regular updates on its progress to the public.</p>	December 2013
	<p>We will establish a panel made up of people who use services from a diverse community to act as a consultation mechanism and provide scrutiny on our work.</p>	January 2014
	<p>We will regularly communicate with local Healthwatch, health and wellbeing boards, scrutiny committees, foundation trust governors and patient participation groups, so that these groups know about CQC and its work.</p>	December 2013
	<p>We will develop and extend our public reference panels to help us improve the content and channels we use for our public communications, and to deliver effective communication to people with different needs.</p>	December 2013
	<p>We will continue to promote CQC using leaflets and posters in GP practices, care homes, hospitals, dentists, libraries, and through other local authority information channels.</p>	September 2013
	<p>We will use information from people’s complaints about poor practice to inform our inspections. We will report annually on how we have used this information.</p>	September 2014
4. Building relationships with those we regulate		
<p>Make sure providers listen to people and act on what you tell them</p> <p>What you said:</p> <p><i>“The onus is on providers to prove to you they involve people”</i></p>	<p>We will start to check that new services have a plan to work with relevant user groups in their community and patients/service users when they register with us, starting with learning disability services.</p>	October 2013
	<p>New fundamental standards for each sector will include how providers involve people using their services and carers in their care, and relevant user groups to maintain the quality of the care they provide.</p>	As the standards are developed and by 2015
	<p>We will run a review looking at how well different types of services are involving people and what good</p>	March 2015

<p><i>“People are frightened to speak out; you must stop that culture”</i></p> <p><i>“If providers are working with people, their services will be better”</i></p>	<p>practice looks like. We will publish the outcome of this review on our website.</p> <p>We will make it easier for people to understand our role in complaints.</p> <p>We will make more use of complaints information and how complaints are responded to. We will work with complaints advocacy organisations.</p>	<p>March 2014</p> <p>March 2014</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

5. Strengthening how we deliver our responsibilities in terms of mental health and mental capacity

<p>Make every voice count on our inspections and Mental Health Act visits</p> <p>What you said:</p> <p><i>“We want you to do more to observe people’s care when they can’t speak for themselves”</i></p> <p><i>“We need to find out what ‘a day in the life of a service’ is like for someone using it</i></p> <p><i>“You should follow people’s pathway of care across different services to know how well they work together”</i></p>	<p>We will develop, monitor and deliver a tailored set of methods for observing care, talking to people and their carers, and tracking the pathway of individuals’ care to effectively gather information about people’s experiences across our new inspection programmes.</p> <p>Our inspection and Mental Health Act reports have been improved to be easier to access and better meet the needs of people who use services, their families and carers.</p> <p>We will test and introduce ways of gathering more information from people who are subject to Deprivation of Liberty Safeguards and Community Treatment Orders.</p>	<p>March 2014</p> <p>March 2014</p> <p>December 2014</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

6. Building a high performing organisation

<p>Support CQC staff to work with people who use services</p>	<p>We will involve people who use services in training programmes for our staff to help them communicate with and understand the experiences of a range of people who use care services. We will do this by working directly with the voluntary sector, Experts by Experience, and SURP members as appropriate.</p>	<p>September 2013</p>
----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

	<p>Frontline staff have received training and support to understand the role of patient and public representatives and other local groups including community groups they need to work with.</p> <p>Our procurement and payments policies make it easier for people who use services from a range of backgrounds to work with us and to enter into contracts with us.</p> <p>CQC board papers include a 'what people have told us' section where it is appropriate.</p> <p>Our Equality Voices group of people who use services will continue to monitor how well we meet our equality and human rights duties and keep informing our plans. Their views will be taken into account when we report on our actions around involvement.</p>	<p>September 2013</p> <p>March 2014</p> <p>October 2013</p> <p>On a quarterly basis</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

How to contact us

Call us on: **03000 616161**

Email us at: **enquiries@cqc.org.uk**

Look at our website: **www.cqc.org.uk**

Write to us at: **Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA**



Follow us on Twitter: **@CareQualityComm**



Read more and download this report in other formats at

www.cqc.org.uk/statementofinvolvement.

Scan this code on your phone to visit the site now.

Please contact us if you would like a summary of this report in another language or format.

**Corporate member of
Plain English Campaign**

**Committed to clearer
communication**

459

