

‘Preparing for CQC’ - Forum for Practice Managers & GP CQC leads Workshop 8

Erika.bowker@sslmcs.co.uk

About this session: The content of this session is intended to provide general guidance based on our current understanding of CQC expectations. It should not be relied upon as definitive or exhaustive advice. As CQC approaches and areas of focus may change, practices remain responsible for their own compliance and governance arrangements.

Session 8: Essentials of Well Led

- GP Partner / Registered Manager Governance oversight
- Vision & Strategy – staff and patient involvement
- Freedom to Speak Up
- Audits / QI – second cycles
- PPG role in CQC inspections

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Common issues CQC pick up in Well Led

If the practice has been marked down as not 'Safe' by CQC then it is unlikely you will achieve 'Well Led'

- GP Registered Managers need have to have an overview and understand the practice governance meetings and processes – governance is part of Well Led
- Make sure your Business Continuity policy / plans are up to date, including minimum staffing levels
- [GP mythbuster 69: Business continuity - arrangements for emergencies and major incidents - Care Quality Commission](#)
- Registered managers and Practice manager to be aware of what they need to report to CQC – see here [GP mythbuster 21: Statutory notifications to CQC - Care Quality Commission](#)

The Full CQC Preparation Quality Statement List:

Prioritise Safe and Well Led then move on to other KLOEs

Safe:

Learning culture
Safe systems, pathways, and transitions
Safeguarding
Involving people to manage risks
Safe environments
Safe and effective staffing
Infection prevention and control
Medicines optimisation

Well-led:

Shared direction and culture
Capable, compassionate, and inclusive leaders
Freedom to speak up
Workforce equality, diversity, and inclusion
Governance, management, and sustainability
Partnerships and communities
Learning, improvement, and innovation

Caring:

Kindness, compassion, and dignity
Treating people as individuals
Independence, choice, and control
Responding to people's immediate needs
Workforce wellbeing and enablement

Effective:

Assessing needs
Delivering evidence-based care and treatment
How staff, teams and services work together
Supporting people to live healthier lives
Monitoring and improving outcomes
Consent to care and treatment

Responsive:

Person-centred care
Care provision, integration, and continuity
Providing information
Listening to and involving people
Equity in access
Equity in experiences and outcomes
Planning for the future

The Well Led Quality Statements used in CQC inspections

Wel-led:

Shared direction and culture

Capable, compassionate, and inclusive leaders

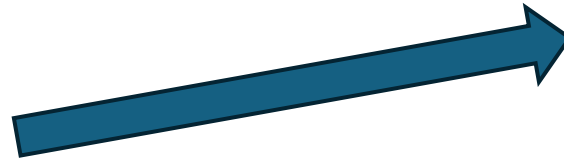
Freedom to speak up

Workforce equality, diversity, and inclusion

Governance, management, and sustainability

Partnerships and communities

Learning, improvement, and innovation



Shared direction and culture

What this quality statement means:

- Leaders ensure there is a shared vision and strategy and that staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.
- Staff and leaders ensure that the vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners.
- Staff and leaders demonstrate a positive, compassionate, listening culture that promotes trust and understanding between them and people using the service and is focused on learning and improvement.
- Staff at all levels have a well-developed understanding of equality, diversity and human rights, and they prioritise safe, high-quality, compassionate care.
- Equality and diversity are actively promoted, and the causes of any workforce inequality are identified and action is taken to address these.
- Staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans.
- Subtopics this quality statement covers

Strategy and vision

- Organisational culture
- Values
- Addressing social impact

Practice vision & strategy - Not a dusty old document!

Featured in all CQC inspections so far

CQC will expect that your Practice Strategy:

- Responds to the needs of the population and communities served
- Have staff and patient (suggest PPG) involvement & input into your vision & strategy documents
- How do you review your strategy and where is your documented action plan to show achievement against your strategy?
- Intent to **reduce health inequalities** supported by identified priorities and improvement **actions**.
- Leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an **action plan** to address them.

Organisational Culture

- CQC will expect you to have a good understanding of your organisational culture and maybe examples of where you have a good workplace culture or consider a staff survey
- **Staff Surveys are a good idea** to do a regular 'temperature check' of how staff are feeling and ideas you can get from them for consideration, to improve things from their perspective
- You can use the annual national GP Practice survey if you want – but to get your data back – a certain % of staff have to answer before you receive your data.
- Or do your own – CQC don't mind what you use.
- Make sure you feed back to the staff -the survey results– maybe at PLT or meeting/s and any anything as a senior management team you may want to consider / discuss – try and keep discussions problem and solution focused.
- Your organisational culture may not be quite where you want it to be yet – but what can you demonstrate to CQC that you are working on this?

Capable, compassionate and inclusive leaders

Capable, compassionate, and inclusive leaders

What this quality statement means (according to CQC!)

- Leaders have the experience, capacity, capability and integrity to ensure that the organisational vision can be delivered and risks are well managed.
- Leaders at every level are visible and lead by example, modelling inclusive behaviours.
- High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning.
- Leaders are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role.
- Leaders are alert to any examples of poor culture that may affect the quality of people's care and have a detrimental impact on staff. They address this quickly.

Freedom to Speak Up

Freedom to speak up

What this quality statement means (according to CQC)

- Staff and leaders act with openness, honesty and transparency.
- Staff and leaders actively promote staff empowerment to drive improvement. They encourage staff to raise concerns and promote the value of doing so. All staff are confident that their voices will be heard.
- There is a culture of speaking up where staff actively raise concerns and those who do (including external whistleblowers) are supported, without fear of detriment. When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on.
- When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.

Subtopics this quality statement covers:

- Speaking up culture
- Freedom to speak up guardian
- Whistleblowing
- Closed cultures

Freedom to Speak Up continued

- GP mythbuster 87: Freedom to Speak Up - Care Quality Commission
- What is your Freedom to Speak up process and are your staff aware – **consider posters.**
- Can use this service (funded by ICB) or have your own external arrangement
- Don't forgot Whistleblowing policy – can combine the two elements.
- CQC will ask all grades of staff if *they feel safe and comfortable to raise concerns and be assured that their concerns will be considered and acted on appropriately.*

Contact@signalspeakup.co.uk

If you want more posters

**Speaking up:
Your voice, our
purpose**

signalspeakup.co.uk

**WORKPLACE
CONCERN?**

*This isn't
right...*

Surrey and Sussex ICB have partnered with Signal Speak Up to give you free external freedom to speak up services, so you can feel confident your issues are listened to and respected.

**We're here
to listen
and help**

**Speak to your
FTSU Guardians**

SPEAK UP LISTEN UP FOLLOW UP

0800 94 94 94 1

**Scan!
Book!
Speak!**

ISSEX

Workforce equality, diversity and inclusion

Workforce equality, diversity and inclusion - Care Quality Commission

What this quality statement means (according to CQC)

- Leaders take action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion.
- Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact.
- Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce within their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all.
- Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups.
- Leaders make reasonable adjustments to support disabled staff to carry out their roles well.
- Leaders take active steps to ensure staff and leaders are representative of the population of people using the service.
- Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service. Staff feel empowered and are confident that their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation.

Governance, management and sustainability

Governance, management and sustainability - Care Quality Commission

What this quality statement means

- There are clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities. Managers can account for the actions, behaviours and performance of staff.
- The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to **managing risk** that allows new and innovative ideas to be tested within the service.
- Data or notifications are consistently submitted to external organisations as required.
- There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.
- Leaders implement relevant or **mandatory quality frameworks**, recognised standards, best practices or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities.
- Roles, responsibilities and accountability
- Governance, quality assurance and management
- Cyber security and data security and protection toolkit **(DSPT)**
- Emergency preparedness, including climate events
- Sustainability, including financial and workforce
- Data security/data protection
- Statutory and regulatory requirements
- Workforce planning
- External recommendations, for example safety alerts
- Records/digital records

Partnerships and communities

Partnerships and communities - Care Quality Commission

What this quality statement means

- Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies.
- Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care.
- Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service. They use these networks to identify new or innovative ideas that can lead to better outcomes for people.

You have lots of good examples of this – make sure you tell CQC about them!

Subtopics this quality statement covers

- Sharing good practice and learning
 - Integration health and social care
 - Partnership working and collaboration
-
- Can contact your care homes etc for feedback

Learning, improvement and innovation

Learning, improvement and innovation - Care Quality Commission

What this quality statement means

- Staff and leaders have a good understanding of how to make improvement happen. The approach is consistent and includes measuring outcomes and impact.
- Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives.
- There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving.
- Staff are supported to prioritise time to develop their skills around improvement and innovation. There is a clear strategy for how to develop these capabilities and staff are consistently encouraged to contribute to improvement initiatives.
- Leaders encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. There is a strong sense of trust between leadership and staff.
- The service has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation.

Subtopics this quality statement covers

- Innovation
- Learning and improvement
- Research
- Learning from deaths



Audits and Quality Improvement

CQC **will always want to see audit** and quality improvement work – have at least 4-5 good quality audits to hand

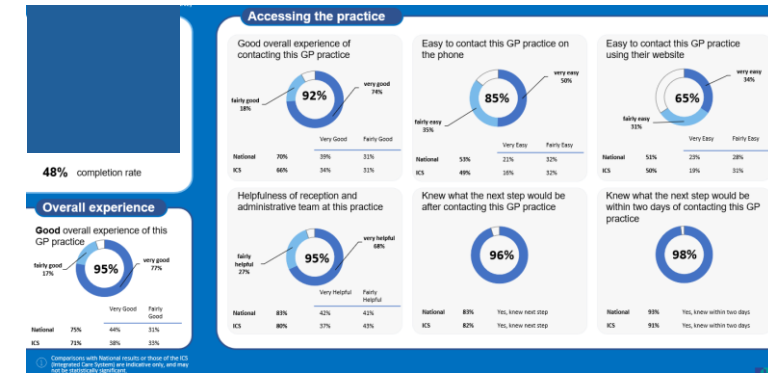
- Needs to be within last 12 months – can include any work as part of PCN audits – consider antimicrobial stewardship, gabapentin prescribing / multiple hypnotics etc
- CQC very keen on **second cycles** – why is this?
- Like to see QI and audit work that arose from issues or significant events but not essential
- Addressing inequalities is a key theme in new & existing CQC framework – maybe consider this to support any work in this area: [Course: Fairer Practice Toolkit | RCGP Learning](#)
- Consider how you use GP trainees in QI and audit work – e.g. could you align with lower QOF scores and QI work for CQC? Give trainee's a list of topics to choose from?

GP mythbuster 4: Quality improvement activity - Care Quality Commission

PPG role – Patient Participation Group & Patient feedback

CQC will want to speak to your PPG chair and up to 5 members (every inspection)

- Often ask for minutes of last PPG meeting
- Look for how feedback from PPG feeds into your governance meetings



Are you aware and reviewing all of your patient feedback? This is publicly available about your practice:

[friends-and-family-test-gp-data-march-2026.xlsm](#)

[GP Patient Survey](#)

[GP mythbuster 16: The Friends and Family Test - Care Quality Commission](#)

If below PCN or ICB averages consider a documented action plan

What other patient surveys do you do? Is there a variety of ways patients can feedback – online, paper based etc?

Consider patient feedback poster in waiting room as well as website

Reflection on today



What will you take away and implement or change in your GP Practice?



Please write in the chat