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Health and Social Care Sector
Health and Safety Executive
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23 December 2014

Dear Sir/Madam

Care Quality Commission Agreement Consultation

With a membership of almost 415,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the opportunity to respond to this consultation on the proposed liaison agreement between the Care Quality Commission and the Health and Safety Executive.

The RCN broadly supports the changes in legislation that have led to the need for this liaison agreement, however we have concerns about the capacity of CQC to train and support its staff to implement these changes in a timely manner alongside ongoing inspection activity. The RCN is aware that CQC are still seeking to recruit more specialist inspectors, with a recruitment campaign running until next year. The shortage of inspectors presents challenges for staff in that the demand for inspections is greater than the number of inspectors available. This leads to a heavy workload for those inspectors and long hours of work. The RCN envisages that this may present a challenge in retaining Inspectors if the current schedule of Inspections is to be delivered.

We are also concerned that as powers shift to the CQC, the Health and Safety Executive may become less active in the sector with employee health and safety dropping further down the list of priorities for an already stretched enforcer. We believe that safe care for patients is intrinsically linked to safe and healthy working environments for staff and would want to see a programme of proactive employee focussed inspection activity. Poor safety cultures and resulting systems failures have the potential to impact on both patients and staff and robust mechanisms for information sharing on failures are key. We would expect both parties to share concerns and take appropriate action, for example, if CQC pick up concerns regarding bullying we would want the HSE to investigate further and scrutinise organisational risk assessments, policies and practices in relation to compliance with the Management of Health and Safety at Work Regulations 1999 and the management of work related stress.

In response to the specific questions:

1) *Does the proposed liaison agreement make it clear which body has responsibility to take action over health and safety incidents and in what circumstances?*

   The issue of individual responsibility (under section 7) is not entirely clear. If this is due to failings in care or clinical decisions would the regulator be the HSE or both?

2) *Do the criteria cover the correct issues?*

   We have concerns about the assessment on the degree of harm in Annex B. Who will make that assessment and if CQC lead who will ensure that the issues affecting staff are properly addressed?

3) *Is it clear how the bodies would share information on incidents?*

   It is not clear how information/intelligence from other non regulatory parties currently shared with HSE such as NHS Protect on security incidents (via the Concordat) will be shared with CQC e.g. patient on patient violent incidents.

   Under current formal operating procedures, HSE inspectors should make arrangements to meet with trade union safety representatives in private when carrying out an inspection of a workplace. This practice can provide the inspector with useful intelligence and information on safety culture within the organisation. What measures are being put in place to continue such practices in CQC related inspections? Will similar operational procedures and sector information minutes be developed and will they be publically available?

We would hope that the agreement is subject to a regular review to ensure that it is robust and is working in the best interests of patients and employees who are affected by health and safety failings in the workplace.

Yours sincerely

E Janet Davies

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