
Position Specification

Chief Inspector of Hospitals
Care Quality Commission

5 April 2013

Private and Confidential

#624456

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Letter from the Chief Executive

Dear Candidate,

Thank you for your interest in the role of **Chief Inspector of Hospitals** for the Care Quality Commission (CQC).

The Chief Inspector of Hospitals is an important new role that makes sure hospital services provide safe high quality care. The Chief Inspector will improve CQC's assessment and judgment of NHS services and make sure we and our partners in the health and social care system, focus on the things that matter to people.

Getting the right individual for this role is crucial. We are looking for someone who can lead and design an effective system for hospital inspections, and will work with the CQC Board to ensure delivery of regulation of care in England.

This is an exciting time for the CQC. We have a new Chair and Chief Executive in post and are about to launch our strategy for the next three years following extensive consultation. We are clear that our purpose is to make sure health and social care services provide people with safe, high quality care that they have a right to expect. We expect those services to continuously improve. Our role in this is to ensure providers are meeting fundamental standards. It is the primary duty of hospitals, care homes and other providers of health and social care services to ensure their services improve.

To deliver our purpose and our role we need an exceptional individual who can inspire the trust and confidence of CQC staff, providers, clinical professionals, our strategic partners, and the public.

I would welcome a telephone call from any interested candidates. Please do visit our website at <http://www.cqc.org.uk> for more information.

I look forward to hearing from you.



David Behan
Chief Executive

Background

About the Care Quality Commission

The Care Quality Commission is the regulator of health and adult social care in England. We were created in April 2009 by merging three predecessor commissions.

Our purpose is to make sure health and social care services provide people with safe, high quality care that they have a right to expect. We expect those services to continuously improve.

Our role in this is to ensure providers are meeting fundamental standards. It is the primary duty of hospitals, care homes and other providers of health and social care services to ensure their services improve.

We carry out our role by:

- setting standards of quality and safety that people have a right to expect whenever they receive care
- registering services that meet our standards
- monitoring, inspecting and regulating services to make sure that they continue to meet our standards
- protecting the rights of vulnerable people, including those subject to the powers of the Mental Health Act
- listening to and act on people's views and experiences of the care they receive
- taking action if services are failing to meet the standards
- carrying out in-depth investigations to look at care across the system
- publishing clear, accurate, timely information about care services
- involving people who use services in our work, working with local groups, strategic partners and the public to make sure that people's views and experiences are at the centre of what we do.

We currently:

- have an annual budget of £153m;
- employ 2,300 staff;
- ask our 955 compliance inspectors to inspect almost 32,000 locations spread across 291 NHS trusts, 25,008 adult social care locations, 2,764 independent healthcare locations, 3,545 dentists and 322 private ambulance locations.

Our Strategy for 2013- 2016

People have a right to expect safe, high quality care. As regulator of health and social care in England, CQC plays a vital role in making sure that care services meet those expectations.

As it moves on from the first phase of its development, CQC has carried out a fundamental review of how it carries out its role and it is making radical changes. Our forthcoming strategy will set out those changes and demonstrates our commitment to making sure that hospitals, care homes, home care agencies, GP and dental practices provide people with safe, high quality care. In making these changes, we will make sure that above all else we are always on the side of people who use care services and that we maintain our focus on human rights and equal opportunities.

We will begin to make these changes in 2013 – 2014 and we are determined to make swift progress to put changes into play, setting out clearly what we will do and how we will do it.

Our inspection and regulation of all care services will address the following questions:

- are services safe?
- are they effective?
- are they caring?
- are they well-led?
- are they responsive to what people are telling them?

The Francis Report into the failings at Mid Staffordshire NHS Foundation Trust found that the failure of the NHS to put the interests of patients at the centre of all that they do had resulted in neglect, poor clinical outcomes and a defensive and closed culture.

A key element of the Government's response was the creation of a Chief Inspector of Hospitals to champion the interests of patients and make judgements about the quality of care and undertake a graded performance assessment of all hospitals in England in order to enable more informed patient choices and commissioning decisions.

The Role

The Chief Inspector of Hospitals “the Chief Inspector” will be responsible for assessing and judging how well hospitals put the quality of care at the heart of everything that they do, protecting the interests of people that use services. He or she will be charged with leading the CQC’s hospital inspectorate to accomplish this goal. As part of the CQC’s unitary board, the Chief Inspector will assess the performance of all hospitals in England and publish a rating in order to enable more informed patient choices and commissioning decisions. The Chief Inspector is expected to deliver a crucial role in the assurance that fundamental standards are being met by all Trusts. Where Trusts are in breach of these standards, the Chief Inspector will determine what action should be taken, including whether a Trust is entered into a failure regime.

The successful candidate will lead a newly-created national inspection team that will be tasked with undertaking in-depth inspections. This team will comprise senior, specialist inspectors, relevant clinical experts, and experts by experience (service users). The principal focus of these in-depth inspections will be on organisations that are of concern to the CQC, though all hospitals are expected to undergo an in-depth inspection on a regular cycle, proportionate to the level of risk to quality of care.

Furthermore, the Chief Inspector will lead regional teams of dedicated inspectors who will undertake routine inspections on a regular basis of all hospitals. This will ensure an ongoing programme of surveillance in addition to reported quality indicators. This will be accomplished by splitting the existing generalist teams, and by a programme of capability building. The Chief Inspector will be responsible both for establishing a methodology for inspections as well as the operational delivery of the inspection programme, and for raising the quality of the inspections that are performed so that they are able to properly identify areas of concern and issues of compliance.

All of our hospital inspections in future will examine whether the services within a Trust are:

- safe
- effective
- caring
- responsive to what people are telling them
- well-led

The Chief Inspector will undertake a graded performance assessment of all hospitals in England, identifying good as well as poor care, in order to enable more informed patient choices and commissioning decisions. The Chief Inspector will provide assurance that all Trusts are meeting the fundamental standards and will be able to require action where improvements are needed.

Accountable to the Chief Executive and to the board of the CQC, the Chief Inspector will be an extremely senior figure who must inspire the trust and confidence of the public and have instant credibility across the clinical professions. This is a public-facing role and the Chief Inspector must have the professional standing to be persuasive to the Secretary of State, clinical professions, and the public.

Key Responsibilities of the Chief Inspector of Hospitals

The new Chief Inspector of Hospitals will be responsible for shaping the creation of a new system of hospital inspections and for working with the board of the CQC to ensure the effective regulation of care in England.

His or her key responsibilities are:

Strategic Development

- Devise, implement and lead a new system of hospital inspection that includes in-depth inspections and incorporates a rigorous intelligence-based approach to decisions about the frequency and depth of such inspections.
- Build key working relationships with Department of Health, NHS England, Monitor, the NHSTDA, hospital management, the clinical professions and other key stakeholders, whilst maintaining independence and ensuring that the CQC is on the side of patients.
- Work closely with the medical and nursing professions, the Medical Royal Colleges, the RCN and other national organisations to build a team of clinicians and senior managers who will contribute to the inspection process.
- Encourage a culture of candour within hospitals so that concerns are reported through the correct channels.
- Ensure CQC's quality judgements about hospitals are sufficiently rigorous to trigger escalation, take regulatory action and place Trusts into a failure regime, working closely with other national regulators.
- Engage the public in the work of the CQC, securing their trust in the activities and judgements of the inspections team and ensuring intelligence and information from the public is fed into inspection decisions.

Operational Delivery

- Determine the set of data which will be used to contribute to judgements about hospitals, working closely with NHS England, Monitor, the NHSTDA and NHS Information Centre.
- Conduct in-depth and standard assessments of a hospital's current care quality performance, Board governance and organisation culture.
- Work with other hospital regulators on regulatory issues from authorisation of foundation trusts through to escalation and regulatory action.
- Advise on the capacity and capability of trusts entering the failure regime or undergoing reconfiguration to deliver fundamental standards of care.

People and Organisational Development

- Restructure the inspections teams and develop a cadre of specialist inspectors who are trained in the principles of hospital care, as recommended in the Francis report. This includes the formation of a new National Hospital Team staffed by senior clinicians, acknowledged experts, former senior NHS managers and clinical experts.
- Encourage a culture that values rigour and challenge.
- Contribute effectively to the CQC board.

Communication

- Be the accountable, authoritative public face of CQC in communication with the general public about the national state of hospital care and hospital's care quality.
- Publish an annual state of health and care report.

The Candidate

The appointment of a Chief Inspector of Hospitals calls for a nationally respected leader with exceptional skills and experience.

The successful candidate will be able to demonstrate an excellent record of leadership, whether through clinical practice or the most senior levels of executive management. The candidate will oversee the CQC's inspection teams for hospitals and should be confident working with hospital leaders and senior clinicians and, liaising with other national players including advising ministers. Responsible for leading a large and geographically distributed team of inspectors, the candidate should possess appropriate managerial and leadership experience.

The respect of the clinical community is essential and it is likely that this person will be an experienced clinician or a seasoned hospital chief executive from a leading Trust. Professionals who wish to maintain clinical practice will be welcomed and accommodated in this role, within reason, given the challenging nature of the tasks at hand.

Candidates with experience from systems outside the UK must display a knowledge of, and commitment to, the NHS as well as a sound understanding of hospital management. The Chief Inspector's career will have involved working at the most senior levels with the proven ability to forge key alliances through influencing, networking and diplomacy skills. S/he will have first-class leadership skills, experience of delivering change successfully, and the ability to provide clear direction and motivation to staff and external partners.

The successful candidate will be able to demonstrate evidence of the following core competences:

Leadership and change management

- Outstanding strategic skills with a proven track record in effective change management.
- Impeccable and unquestioned professional values, capable of creating, leading and inspiring cultural change within an organisation and the ability to do so across a sector.
- Experience in large scale, complex organisations.

Capability and integrity as a leader in the health system

- Excellent communication skills including, ideally, media experience, demonstrating an ability to engage clinicians, managers and members of the public on complex and sensitive issues.
- The confidence of clinicians and hospital leaders and the ability to win the trust of the public.
- The ability to support and enable the board to deliver across all the activities of the CQC.

- A high level of integrity and the ability to give independent advice – working within the framework of the Civil Service values.
- Understanding of the effectiveness of quality indicators and potential approaches to measuring care quality through metrics.

Personal Effectiveness

- Well-developed interpersonal skills, authority and judgement including the ability to communicate well with a wide range of audiences.
- Experienced in building strong relationships and delivering with and through others.

Application and Selection Process

The Care Quality Commission has appointed Russell Reynolds Associates (RRA) to work with them on the appointment of the Chief Inspector of Hospitals.

For an informal discussion about the role, please contact:

Patrick Johnson +44 (0) 20 7830 8052
fiona.birkmire@russellreynolds.com

Clare Gumbley +44 (0)20 7198 1876
clare.gumbley@russellreynolds.com

The provisional closing date for applications is Noon, Friday 26 April 2013. All applications received will be acknowledged, considered by the selection panel and a shortlist of candidates will be invited to interview.

The *indicative* timetable for the process is as follows:

Proposed Dates	Actions
Noon, Friday 26 April	Advert closes
w/c 29 April	Long List Review
w/c 6 May	Long Listed Candidates: Preliminary assessment interviews and/or further discussions with RRA
w/c 20 May	Short List Review
w/c 20 and 27 May	Short Listed Candidates: Pre-interview informal discussions with some key stakeholders and executives
w/c 3 June	Final Panel Interviews

The selection panel is likely to comprise at least:

- David Behan, Chief Executive, CQC;
- Una O'Brien, Permanent Secretary, Department of Health;
- David Prior, Chair, CQC.

All applications will be acknowledged. Candidates wishing to apply should submit the following information to Russell Reynolds Associates:

- A CV with educational and professional qualifications and full employment history, giving details where applicable of budgets and numbers of people managed, relevant achievements in recent posts and latest remuneration;

- A supporting statement of not more than two pages giving evidence and examples of your ability to meet each of the criteria in the candidate profile;
- A statement of conflicts of interest (if applicable): if you, your spouse, dependants, business partner or associate have any business interest or other activities which are or could be perceived as a conflict of interest with the activities of CQC, you should declare that in your application;
- A clear statement if you have a problem with any of the dates set out in the previous section. Please give details in your covering letter;
- It will be helpful to have your preferred telephone and email contact details for all correspondence, which will be used with discretion.
- A Monitoring Form is attached at Appendix 1 for your completion. This form will not be disclosed to anyone involved in assessing your application.
- Please state in your covering letter if you wish to make a Guaranteed Interview Scheme Declaration. This declaration is for people with disabilities. All monitoring data will be treated in the strictest confidence and will not affect your application in any way.
- Please indicate two possible referees. References will be taken after final interview for the successful candidate only and will be taken with the prior consent of the candidate.

All applications should quote the following reference number: 1303-044L

By Email (preferred): Responses@RussellReynolds.com
Reference 1303-044L in the subject line

By Post: Patrick Johnson
Reference No 1303-044L
Russell Reynolds Associates
Almack House
28 King Street
London SW1Y 6QW

Terms and Conditions

This appointment will be made on a 3 year fixed term basis.

Salary

A competitive salary is being offered.

Accountability

The Chief Inspector of Hospitals will report to David Behan, the Chief Executive of the CQC. Regular contact with the Secretary of State and Ministerial team is anticipated; this will always be in the context that the Chief Inspector and CQC will be independent in their judgements.

Location

London with national travel.

Pension

CQC operates the NHS Pension Scheme, and all new starters are automatically placed into the scheme on starting employment.

The scheme is currently a contracted out, final salary, defined benefit arrangement and contributions are banded depending on the appointee's rate of whole time equivalent pay.

For more information, please visit the NHS Pension Scheme's official website:

<http://www.nhsbsa.nhs.uk/pensions>

Leave entitlement

There is an annual leave allowance of 27 days, plus 8 days bank holidays.

Conflict of Interest

Candidates will have to declare any interests they may have that might cause questions to be raised about their attitude to the business of the Care Quality Commission. Candidates are required to declare any relevant business interests, share holdings, positions of authority, retainers, consultancy arrangements or other connections with commercial, public or voluntary bodies, both for themselves and for their spouse/partner. The successful candidate will be required to give up any conflicting interests and other business and financial interests may be published.

Transparency

The Government has set out its clear commitment to improved transparency about how it spends public money. Greater transparency is at the heart of the Government's commitment to enable the public to hold politicians and public bodies to account. Details of the successful candidate's remuneration including pension benefits will be subject to disclosure.

Nationality

The post is open to EU nationals, members of the Commonwealth, European Economic Area (EEA), Swiss nationals and certain non-EEA family members. Candidates from the Commonwealth must be free from any restrictions to reside and take up employment in the UK.

Equal Opportunities

The Care Quality Commission aims to be a modern and equitable employer. We recognise and encourage the potential of a diverse workforce, positively welcome all applications, and appoint on merit.

Guaranteed Interview Scheme for Disabled People

The Care Quality Commission operates a guaranteed interview scheme for disabled people (as defined by the Disability Discrimination Act 1995), who meet the minimum essential criteria for this appointment as published in this leaflet.

Complaints

The CQC's recruitment processes are underpinned by the principle of selection for appointment on merit based on fair and open competition as outlined in the Civil Service Commission's Code which can be found at www.civilservicecommission.org. If you feel your application has not been treated in accordance with the Code and you wish to make a complaint, you should contact Lucy Robbins at lucy.robbins@cqc.org.uk in the first instance. If you are not satisfied with the response you receive, you can contact the Civil Service Commission.

This section of the application form will be detached from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of applicants and appointees to jobs in support of their equal opportunities policies.

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

* I would describe my ethnic origin as:		
<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this
<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	

Equality Act 2010

* Please select the option which best describes your sexual orientation		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other