Launch of a consultation on CQC’s strategy for 2021 and beyond

Introduction

The Care Quality Commission (CQC) is approaching the completion of its 2016-2021 strategy, and has today launched their consultation for their strategy for 2021 and beyond. In the document, CQC sets out how it plans to develop its approach in line with a changing health and care landscape taking into account the context and learning from COVID-19, the development of system working and greater use of digital technologies. CQC has identified a need to transform and ensure its regulatory model is relevant and fit for purpose in an evolving system.

This briefing summarises the main points set out in the strategy document and NHS Providers view. We would greatly appreciate any feedback you may have to feed into our response to this consultation, and we would also encourage trusts to submit their own responses to the consultation. Please send any comments to Leanora Volpe, policy advisor, at Leanora.volpe@nhsproviders.org.

Key points

- The strategy identifies four key areas of focus, which set out how CQC plans to change its approach to regulation. A common thread runs throughout of reviewing health and care systems and how they are working together to reduce health inequalities.
- The strategy describes an intention to take a more dynamic approach to regulation, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously. Local teams will have a more regular view of the services they manage and ratings will be updated more regularly.
- There will be an increased focus on people’s experience of care, with a stronger emphasis on gathering the public’s feedback in accessible ways, and using that feedback as part of CQC’s overall insight into quality of care, and as part of the rating and published information about services that CQC holds.
• CQC will provide a clearer definition of what ‘good’ and ‘outstanding’ care looks like, based on what people say matters to them, which is accessible to everybody and underpins CQC’s assessments of services.
• CQC will work with providers and other regulators to coordinate data collections, reduce duplication and workload and only ask for information they cannot get elsewhere. They will explore how to improve digital interfaces with services to make it easier for providers to submit data.
• CQC describe a series of changes to support providers to develop strong safety cultures where risks are not overlooked and staff can report concerns openly.
• As well as assessing individual services, CQC will hold local care systems to account for the quality of care in their area, and call out issues in services and systems as well as highlighting good practice. As part of this CQC will consider it unacceptable for providers not to collaborate as part of the system.

Four key areas of focus

The strategy identifies four key areas of focus, which set out how CQC plans to change its approach to regulation. Throughout the four themes, a common thread focuses on their ambition to understand how health and care systems are working together to reduce inequalities.

1. People and communities

The strategy describes an ambition to regulate according to how people experience services, with a closer focus on people’s experience and outcomes of care. CQC set out an intention to change how they encourage and enable people to share their experiences of care, and transform how they use that feedback to build trust with the public and motivate people to share their experiences. CQC identifies a number of key actions to meet this ambition:
• They identify a need to improve their capacity and capability to get the most out of feedback, by identifying more and better ways of gathering experiences, and changing the way they record feedback so it can be used to quickly identify changes in quality of care.
• The draft strategy stated that it would not be possible to achieve a rating of good or outstanding without evidence of best practice in encouraging and enabling people to speak up, and acting upon it. This has been amended to a commitment to improve the way CQC assesses how services encourage and enable people to speak up and how they act on it – however the strategy states that it will not be acceptable for providers not to be doing this.
• Providing a clearer definition of what good and outstanding care looks like, based on what people say matters to them, which is accessible to everybody and underpins CQC’s assessments of
services, and these definitions will be easy to understand and access. They will change the outputs they produce and how information is provided so that it is more relevant, up to date and meaningful for people using services.

2. Smarter regulation

The strategy describes an intention to take a more dynamic approach to regulating, including moving away from periodic inspections of services, and instead harnessing information from multiple sources on a more continuous basis to assess quality and update ratings. CQC set out an ambition to make it easier for services to work with them through open, ongoing and constructive relationships based on trust and a common drive to improve care. Key changes include:

- While acknowledging that site visits are a vital part of performance assessments and essential in some settings to observe the care people receive, CQC will aim to take a more dynamic approach to regulation, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously.

- Continuing to use inspections when appropriate, in response to risk, when specific information is needed, to observe care, and as part of checks on the reliability of their view of quality.

- They will use the best information they can get to keep ratings and information about quality up to date, rather than relying on the outcome of periodic all-inclusive inspections. This includes a better understanding of people’s feedback and experiences, coupled with a combination of targeted inspections, national and local data from other organisations, insight from their relationships with providers and partners, and providers’ own self-assurance and accreditation.

- The strategy describes how a combination of IT systems that can handle large amounts of data, artificial intelligence and innovative data analysis methods will enable CQC to be alert and ready to act quickly in a targeted way where needed.

3. Safety through learning

The new strategy sets out a series of changes to drive providers to see safety as a top priority, with stronger safety cultures where risks are not “overlooked, ignored or hidden”, and staff can report concerns openly with confidence that they won’t be blamed. CQC want to see this approach reflected with leaders, staff and people using services involved. The strategy acknowledges that there is no national agreement on what we mean by safety in different sectors and services, and sets an intention to work with others to agree a definition and language for safe care, to create a better understanding of risk across health and care to help minimise harm. Key changes include:
• Assessments of safety will have a sharper focus on checking for open and honest cultures, with learning and improvement at their core.

• Looking for processes to show that leaders and staff are committed to involving people in their own safety throughout their health and care journey, and checking that people have the information they need to help them be equal partners in their care and play a part in their own safety.

• Increasing their safety expertise and expecting services to do the same, using training and insight to ensure staff are familiar with the most up-to-date safety concepts, and how system design can influence safety practice. They will challenge and highlight provider and system failures, and support services to learn and improve.

• Seeking to understand where there is a lack of support and expertise for safety, and work with others to develop solutions to ensure all services have support and leadership during difficult times and the right tools to provide safe care. They will use insight and independent voice to promote a conversation about safety across the health and care sector.

4. Accelerating improvement

In this theme CQC sets out how it intends to ensure equal and consistent access to improvement support for all health and social care services, through the establishment of an improvement alliance with key partners from across all sectors. This will enable access to shared learning, information, advice and support, empowering services to help themselves while retaining their own core regulatory role. Key changes include:

• Establishing and facilitating national sector-wide improvement coalitions with a broad spectrum of partners within health and care, including those representing people who use services, which would work collaboratively to improve the availability of support for improvement.

• Developing collaborative relationships with providers to help them find their own route to improvement, pointing them to sources of guidance, best practice and other organisations, rather than ‘telling them what to do’, enabling CQC to support services without compromising their core regulatory role.

• Being proactive in understanding changes on the horizon and working with health and care services to develop ways of regulating innovations and new technology effectively, including mitigating risks of technology creating or exacerbating inequalities in care.
Assessing systems

CQC has set out an ambition to adapt its approach in the context of accelerated system working, and to use its influence to look at how different parts of the health and care system work together to provide joined up care, and tackle inequalities.

The draft strategy in September 2020 described many actions as set out above which apply to both individual services and to local systems, signalling an intention to explore numerous metrics and indicators at both provider and at the system level. The final strategy reflects a number of changes, and CQC will expand their definition of what they consider to be a provider of care and what it means to carry on a regulated activity so that they can register all parts of an organisation that are responsible for directing or controlling care, so that they can be held accountable.

The strategy also describes how they will seek to ensure services in local areas are working together to improve outcomes:

- As well as assessing individual services, CQC will look at how services work with each other and in partnership with communities, to make improvements, including how effectively they involve people in designing and improving services, how they embed equality, diversity and inclusion, and corporate social responsibility in everything they do to benefit local health and wellbeing, society, the economy and the environment.

- CQC will hold local care systems to account for the quality of care in their area, and call out issues in services and systems as well as highlighting good practice. Likewise, CQC will consider it ‘unacceptable for providers not to work as part of the system.’

- As part of their approach to regulating services, they will look at how they work with other services in the system, and with local people and communities, as part of their improvement.

NHS Providers view

We welcome the development of new strategy for CQC and the opportunity to engage with CQC’s ambitious proposals, however this consultation does fall at a time of unprecedented pressure for trusts which may impact on their ability to engage at this time.

That said, we fully support CQC’s intentions to take a more proportionate and risk-based approach to regulation, and to minimise burden where possible, supporting trusts to drive their own improvement. Trusts will also welcome the proposed move towards a more flexible, ‘real-time’ approach, based on developing constructive relationships with their local CQC teams, and less reliance on resource
intensive, ‘set piece’ inspections, although there will be a need to understand what fewer inspections means for those trusts keen to improve their ratings or to exit special measures for example.

Trust leaders will also welcome CQC’s intention to develop a regulatory model which is more responsive to how individual organisations operate within the context of system working. There seems to us to be an important opportunity for better alignment of a new regulatory model between CQC and NHS England and NHS Improvement (NHSE/I) as they similarly seek to develop their approach to system oversight to a similar timeframe for roll out from April.

These proposals suggest the potential for an important evolution to CQC’s approach. We look forward to working with CQC to understand what these changes to the overall model of inspections, insight and ratings will means for trusts’ relationship with the regulator, and welcome the opportunity to respond to the consultation.