

CQC strategy from 2021 – a new strategy for the changing world of health and social care

Introduction

This briefing summarises the Care Quality Commission's (CQC) new five-year strategy from 2021, *A new strategy for the changing world of health and social care*, which combines its learning and experience over the past five years with contributions from its stakeholders and partners.

We are pleased to have engaged with CQC and fed into the development of its new strategy over the past year on behalf of trusts. This includes attending CQC's stakeholder engagement events, providing feedback on its *draft strategy*, responding to its *strategy consultation* and its *consultation on flexible and responsive regulation*, and gathering trusts' views on proposals set out in the strategy through our *annual regulation survey*.

CQC continues to build on its four thematic areas of focus within the new strategy: a focus on people and communities; smarter regulation; safety through learning; and collaborating for improvement. The strategy restates CQC's commitment to ensuring health and care services provide people with safe, effective, compassionate, high-quality care, and to encourage those services to improve.

Key points

- Running through each of the four areas of focus within the new strategy are two core ambitions, which are to assess local systems, and tackle inequalities in health and care.
- CQC outlines how it intends to build a culture among the public, health and care providers and wider partners that welcomes, values, and acts upon feedback. It intends to make it easier for people and their families to provide feedback on their experiences of care, and to identify better ways to gather experiences from a wider range of people. Assessments will include a measure of how services and systems encourage and enable people to speak up.
- CQC intends to move away from relying on set-piece inspections to assess quality, towards a more flexible and targeted approach. It will take a more dynamic approach to ratings, making

greater use of data and sources of feedback to update ratings more often. This will be supported by new digital platforms that better integrate the data CQC holds, enabling more consistent interpretation.

- Assessments of safety will have a sharper focus on checking for open and honest cultures with learning and improvement at their core, and CQC will seek assurance that learning and improvement is the primary response when anybody speaks up. This will include CQC embodying and demonstrating a learning culture in its own relationships with providers. It will focus closely on settings with a greater risk of poor cultures going undetected.
- CQC will support systems to drive improvement in their local areas, and to assess how well they ensure equal and fair access to care, good experience, and good outcomes. It will strengthen relationships at a local level to promote collaboration on improvement. This increased focus on systems will be underpinned by legislative change under the forthcoming Health and Care Bill.
- CQC will focus on identifying gaps that exist in improvement support and facilitate national improvement coalitions across a broad spectrum of partners. These will include people who use services, and will build on existing partnerships and programmes rather than duplicate efforts. It intends to support providers and systems to help themselves while retaining its strong regulatory role.
- CQC outlines twelve outcomes it intends to achieve by delivering its strategy. The outcomes align with the four areas of focus, and the two core ambitions of assessing local systems and tackling inequalities in health and care.

Four key areas of focus

The strategy contains four key areas of focus. Running through each are two core themes: assessing local systems and tackling inequalities in health and care. Following consultation and engagement, the final strategy places more emphasis on providing independent assurance to the public of the quality of care in their system. This likely reflects progress in work taking place as part of the development of new legislation to agree CQC's role in assessing and regulating integrated care systems (ICSs).

People and communities

The strategy outlines the importance of prioritising and empowering people and communities to influence how health and care services are delivered, and how feedback can be used to enable learning and development.

- CQC outlines how it intends to build a culture among the public, health and care providers and wider partners that welcomes, values, and acts upon feedback. The strategy sets out CQC's intention to make it easier for people and their families to provide feedback on their experiences of care, and to identify better ways, through developing the necessary skills and tools, to gather experiences from a wider range of people. Assessments will include a measure of how services and systems encourage and enable people to speak up.

CQC outlines how its proposals to assess systems will be achieved through legislation in the Health and Care Bill. It will also align with other regulators to encourage a shift towards more integrated services.

- CQC will look at how effectively a service works with others, and in partnership with local communities, to involve people in designing and improving services. It will also focus on how well local systems take into consideration what is important to people in the communities they serve, for example, how easy it is to move between services.
- CQC assessments of local systems will provide independent assurance to the public of how they are working together to deliver high-quality care and how well they understand the needs of their local populations, particularly of those who face the most barriers to good care and have the poorest outcomes.

Smarter regulation

The strategy sets out proposals to meet CQC's ambition to use its regulatory powers in a smarter, more proportionate and consistent way. CQC seeks to develop a regulatory model which is more flexible and adaptive to changes to the health and care landscape, and interventions will be targeted to where they can have the greatest impact.

- CQC intends to move away from relying on set-piece inspections to assess quality, towards a more flexible and targeted approach as set out in its [consultation on flexible and responsive regulation](#). Additionally, inspections will not be needed to update a rating, and there will be greater use of data and sources of feedback, reducing the need for site visits. This will be supported by new digital platforms that better integrate the data CQC holds, enabling more consistent interpretation.
- The strategy describes a more dynamic approach to ratings, that is more responsive to changes in quality of care. CQC sets out how it intends ratings to evolve to reflect how people

experience care, so they are more meaningful and focus on things that matter to people who use services.

- CQC commits to becoming easier to work with and will reduce and coordinate its data collections. It will also work with service providers, partners and other regulators to align its activity, understand how care is changing, and ensure its regulatory model keeps pace with changes taking place in the health and care environment.
- CQC will formulate and use a clearer definition of quality as a reference for what good and poor care look like. It will move away from long reports written after inspections, and instead provide information and data to better meet the needs of all audiences.

Safety through learning

The strategy recognises the role of culture in improving safety. It sets out CQC's desired contribution to establishing safety cultures, which make safety a top priority for all and ensure that risks are not overlooked, and that staff can report concerns.

- CQC will work with partners to establish a definition and language for safety with a focus on what is important to people using services, in order to develop a better understanding of risk across health and care and help to reduce avoidable harm.
- Assessments of safety will have a sharper focus on checking for open and honest cultures with learning and improvement at their core, and CQC will seek assurance that learning and improvement is the primary response when anybody speaks up. This will include CQC embodying and demonstrating a learning culture in its own relationships with providers.
- CQC will focus its approach to regulating safety in care settings with a greater risk of poor cultures going undetected. It will review how effective its assessments of safety are and improve its expertise in safety, including reviewing how it gathers data to ensure greater consistency across sectors.
- CQC will intervene where it has concerns. It will direct services and systems to respond to risks and demonstrate the action they will take to improve. CQC will use its regulatory powers where it considers improvement to be taking too long or where changes are deemed to be unsustainable, or where it considers a service to be unable to identify systemic issues in its own culture or learn lessons from incidents.

Accelerating improvement

CQC sets out how it plans to use its insights to drive improvements across individual services and systems and use its position in the system to spotlight priority areas for improvement. It intends to empower services to help themselves, while retaining its own strong regulatory role.

- CQC will identify gaps that exist in improvement support and facilitate national improvement coalitions across a broad spectrum of partners, including people who use services. These will build on existing partnerships and programmes rather than duplicating efforts.
- CQC will support systems to drive improvement in their local areas and assess how well they ensure equal and fair access to care, good experience, and good outcomes. It will strengthen relationships at a local level to promote collaboration on improvement.
- CQC will hold improvement conversations with services and offer a range of resources including sharing good practice and offering analysis and benchmarking data to enable them to make their own improvement plans rather than directing services on how they should improve. It intends to develop its own skills, capability and culture to support this shift.
- CQC intends to champion innovation and technology-enabled services where they benefit people and increase efficiency. It also intends to work in partnership with services and stakeholders to develop a coordinated and proportionate approach to regulating new innovations and technology, including ensuring people are not disadvantaged or excluded by innovation.

Outcomes from this strategy

CQC concludes its new strategy with twelve outcomes it plans to achieve under the four areas of focus and the two core themes detailed above. These outcomes are:

People and communities:

1. Its activity is driven by people's experiences of care.
2. It clearly defines quality and safety in line with people's changing needs and expectations. This definition is used consistently by all people, and at all levels of the health and social care system.
3. Its ways of working meet people's needs because they are developed in partnership with them.

Smarter regulation:

4. It is an effective, proportionate, targeted, and dynamic regulator.
5. It provides an up-to-date and accurate picture of quality.

6. It is easy for health and care services, the people who use them and stakeholders to exchange relevant information with CQC, and the information it provides is accessible, relevant, and useful.

Safety through learning:

7. There is improvement in safety cultures across health and care services and local systems that benefit people because of its contribution.
8. People receive safer care when using and moving between health and social care services because of its contribution.

Accelerating improvement:

9. It has accelerated improvements in the quality of care.
10. It has encouraged and enabled safe innovation that benefits people or results in more effective and efficient services.

Core ambitions:

11. It has contributed to an improvement in people receiving joined-up care.
12. It has influenced others to reduce inequalities in people's access, experiences and outcomes when using health and social care services.

NHS Providers view

The COVID-19 pandemic has offered a moment for reflection on the approach to regulation, including the need for regulators to be more responsive and flexible to changes at the frontline. We are therefore supportive of CQC's broader ambitions to ensure it is adaptable and remains fit for purpose as the environment trusts are working within evolves. We welcome the continued focus on health inequalities and CQC's ambition to assess services and local systems in ways that contribute to reducing health inequalities within the health and care system.

Trust leaders will be supportive of CQC's intentions to take a more proportionate and risk-based approach to regulation and minimise burden where possible by using a more flexible 'real time' approach. This includes the intention to move away from relying on set piece inspections and updating ratings more regularly. We would continue to encourage CQC to set out a clear framework outlining how often ratings could change and to consult providers on this process so that they are clear on the approach.

This will be particularly important amidst a backdrop of operational pressures arising from the COVID-19 pandemic, which includes the need to address the backlog of care, and the prospect of major legislative change in the upcoming Health and Care Bill.

Trust leaders will also welcome CQC's ambition to develop a regulatory model which is more responsive to how individual organisations operate within the context of system working. However, there remain clear questions about how the regulators' role in assessing quality and performance at a system level should look in practice. CQC's decision to align its regulatory approach to systems with the forthcoming legislation is, however, a welcome development.

There will be a need to ensure that the approach to regulating Integrated Care Systems is coordinated, proportionate and provides clear added value to providers and the public, and we are also supportive of CQC's intention to better align its regulatory approach with national bodies and other regulators across the system. It is positive to see that these conversations are ongoing, particularly with regards to ensuring it complements NHS England and Improvement's (NHSE/I) new system oversight approach.

We continue to emphasise the need for CQC to regularly review its approach as the strategic and operational environment in which trusts operate continues to evolve. Our annual regulation survey highlights concerns that CQC's recent regulatory activity has not consistently taken into account the significant pressures frontline services have faced during the pandemic, so we are keen to see CQC's approach takes this into consideration more effectively.

This change in approach will need to be supported by constructive relationships between trusts and their local CQC teams, and we support CQC's plans to continue to look at enabling learning cultures, and its internal capability and capacity to support the shift in how it regulates health and care. There will be a need to continue to engage with trusts throughout the implementation of CQC's new approach to assess how it is working in practice. We are also keen to see that the strategic direction CQC advocates nationally is applied consistently at a local level. We look forward to working with CQC and to facilitate engagement with trusts as it begins to implement its strategy.