Working on improvement together

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Our strategy

Our overall aim and focus is on tackling inequalities and driving improvement.
Why we’re changing?

• To have a greater focus on care across local areas or systems
• To use our new regulatory powers effectively to improve people’s care
• To make our regulation less complex and more efficient
• To regulate in a smarter way
• To work better with the sector as it changes and recovers
Changes to our regulatory approach

- Multiple assessment frameworks
- Ongoing monitoring and with inspections scheduled according to previous rating
- Evidence gathered during onsite inspection (single point in time)
- Judgements and ratings decisions made using ratings characteristics
- Narrative inspection report
- Single assessment framework
- Ongoing assessment of quality and risk
- Evidence gathered at multiple points in time (not just through inspection)
- Teams assign score to evidence
- Ratings updated, short narrative published
Our single assessment framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes

• Giving us an up-to-date view of quality

• Helping us better identify trends and patterns across areas

https://www.cqc.org.uk/page/single-assessment-framework
Good leadership, leads to improvement

- Cultural change – engaging and empowering staff
- Collaborative, distributed **Leadership**
- **Openness** to learning and improving safety – transparency
- Effective **governance**
- **Real involvement** of patient and public
- Focus on continuous **quality improvement** driven from frontline
- Being an active system partner – shaping your local offer
New responsibilities

CQC has new roles:

- The Health and Care Act gives CQC a role in reviewing integrated care systems
- It also gives CQC a new duty to assess how local authorities are meeting their social care duties under part 1 of the Care Act

These will allow us to look more effectively at how care provided in a local system is improving outcomes and reducing inequalities.

We’ve engaged extensively over the last 18 months on how we’ll do this. We want to bring together a view of quality across a local area and put people at the centre of driving improvement in care.
### CQC scope: integrated care systems

The focus of our integrated care systems will be these across 3 themes:

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Integration</th>
<th>Quality and safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shared direction and culture</td>
<td>• Safe systems, pathways and transitions</td>
<td>• Learning culture</td>
</tr>
<tr>
<td>• Capable, compassionate and inclusive leaders</td>
<td>• Care provision, integration and continuity</td>
<td>• Supporting people to live healthier lives</td>
</tr>
<tr>
<td>• Governance and assurance</td>
<td>• How staff, teams and services work together</td>
<td>• Safe and effective staffing</td>
</tr>
<tr>
<td>• Partnerships and communities</td>
<td></td>
<td>• Safeguarding</td>
</tr>
<tr>
<td>• Learning, improvement and innovation</td>
<td></td>
<td>• Equity in access</td>
</tr>
<tr>
<td>• Environmental sustainability</td>
<td></td>
<td>• Equity in experiences and outcomes</td>
</tr>
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<td>• Workforce equality, diversity and inclusion</td>
<td></td>
<td></td>
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<tr>
<td>• Freedom to Speak Up</td>
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Future

• Balancing the role between where improvements need to be made, and also supporting improvements

• Building on the approach we have taken previously – supplementing what we know from inspection with clinical expertise

• We want to be more flexible as a regulator; all information is useful information

• They have an important role in terms of trust leadership

• Collaborating for a better outcome for people using services
Improving outcomes for people and reducing inequalities

Our new powers to oversee local authorities and integrated care systems under the Health and Care Bill will support us to deliver the objectives and ambition of our strategy.

They will allow us to look at how effectively care is provided in a local system, and how it is improving outcomes for people and reducing inequalities in their care.

This will be transformative in how we bring together a view of quality across a local area, put people at the centre and help drive improvement in care.
• **Five key questions** - remaining at the core - aligned with “I” statements, drawn from work by Think Local Act Personal (TLAP), National voices and the Coalition for Collaborative Care on Making it Real.

• Focused on what people expect and need from their care.

• A basis for gathering structured feedback.

> **‘I’ statement:** When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

https://www.cqc.org.uk/page/single-assessment-framework
• **Quality statements** - Expressed as “We” statements; the standards against which we hold providers, LA’s and ICSs to account

**‘We/quality’ statement:** *We work in partnership with others to establish and maintain safe systems of care in which people's safety is managed, monitored and assured, especially when they move between different services.*

• **Evidence categories** - People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes
- **Specific evidence and quality indicators** - Data and information specific to the area of work being considered

https://www.cqc.org.uk/page/single-assessment-framework
Quality statements:
What do we mean by well led? 1/2

Shared direction and culture
We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, compassionate and inclusive leaders
We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Freedom to speak up
We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Workforce equality, diversity and inclusion
We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
Quality statements:
What do we mean by well led? 2/2

**Governance, management and sustainability**
We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

**Learning, improvement and innovation**
We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

**Partnerships and communities**
We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

**Environmental sustainability – sustainable development**
We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.
Driving change through our levers

Local
- Anticipatory
- Directive
- Relational
- Organisational

National
- Informational
- Stakeholder
- Lateral
- Systemic
- Clarity and Narrative
- Consensus making
- Coalition
Patient FIRST

• Led the way in calibrating both CQC’s experience of inspection and regulatory activity together with clinical front line expertise

• This is the model of coproduction we are keen to drive forward

• Supporting our ambition to use our independent voice to share best practice, and drive improvement

• More information can be found here: https://www.cqc.org.uk/publications/themes-care/project-reset-emergency-medicine-patient-first
We want to know more - innovation

• We’ve been conducting innovation roundtables to learn about the great things that are happening across social care

• Understanding experiences and sharing that information is vital to the vibrant and innovative culture we want to promote and be a part of

• We are talking to our regulatory counterparts across the world to hear about what they are doing

• Engage, inspire and share

East London NHS Foundation Trust (ELFT) rolled out a digital patient monitoring system to support the remote home management of patients with long-term conditions such as heart failure – find out more.