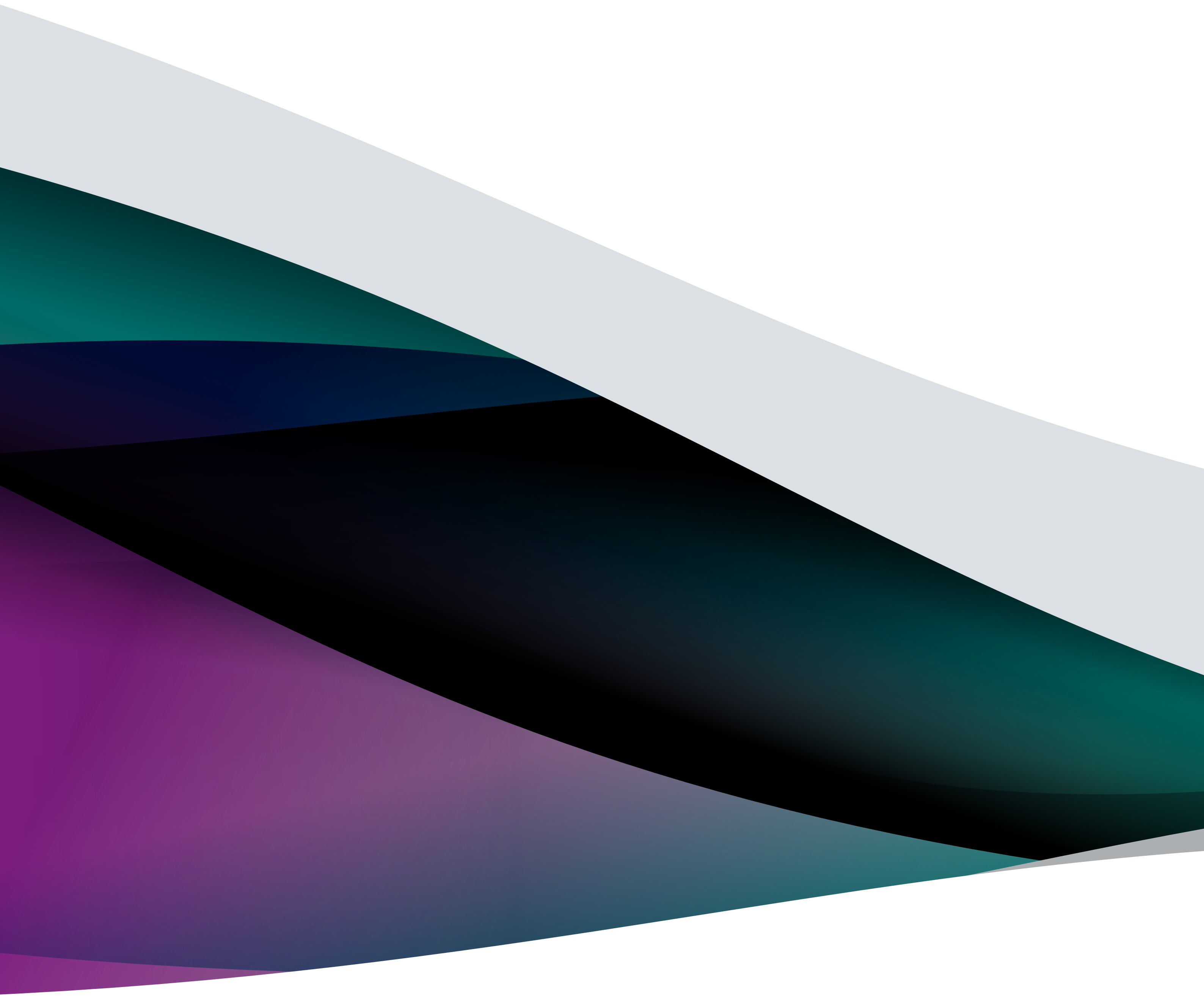
GOOD QUALITY REGULATION

How CQC can support trusts to deliver and improve

MARCH 2024



GOOD QUALITY REGULATION
How CQC can support trusts to deliver and improve

CONTENTS

KEY POINTS

- In our 2023 regulation survey, and in subsequent discussions with us, trust leaders shared a range of concerns they had about the approach the Care Quality Commission (CQC) has taken to quality regulation in recent years.
- In response, we set out to identify the characteristics of good quality and safety regulation, and to explore how CQC's approach could become more supportive and constructive in the future.
- Our research has identified that by focusing on the right-touch regulation principles of proportionality, consistency, targeted nature, transparency, accountability and agility, and the concept of responsive regulation, CQC could build its credibility with the provider sector and regain its trust.
- Trust leaders fully support CQC's role in assuring the quality and safety of services, and believe regulation is an essential element of a high-performing health and care sector.
- However, they believe CQC could be doing more to support providers to improve and innovate, by sharing good practice, focusing conversations on improvement and even by helping trusts build connections with their peers.
- Our interactions with members highlighted the importance of consistent, stable and trusting relationships between the regulator and providers at a local level.
- Unfortunately, trust leaders flagged variable quality of these relationships, and variable experiences of CQC's regulatory activities, including its inspections, reports and ratings. They also reflected on the negative impact that these sometimes had on their staff's morale, recruitment and retention, as well as on public perceptions.
- Overall, providers support the changes CQC is introducing to its regulatory approach, with the launch of its new single assessment framework and the potential of its new system assessments. However, trust leaders are keen to see how this potential will be realised in practice.
- This report makes 10 recommendations for how CQC could modify its approach, or build on progress currently being made. Taken as a whole, these recommendations could help CQC add value to trusts and the services they provide, and may also improve CQC's relationship with providers, and enhance their confidence in its activities and outputs.

NHS PROVIDERS' RECOMMENDATIONS FOR CQC

1

We recommend that...

1. **CQC fully embraces the principles of right-touch regulation**.
2. **Given its important role in encouraging improvement and innovation, CQC makes the most of its privileged observer position** by sharing good practice, engaging in improvement-focused conversations with providers, and working with organisations that have a direct role in improvement.
3. **CQC appreciates the value of supportive, consistent and stable relationships between local CQC teams and providers and actively encourages these**. This will enable open, honest and collaborative dialogue.
4. **CQC continues to invest in improving the training, as well as the conduct and behaviour of its inspection teams**, to ensure greater credibility, consistency and objectivity, and to allow for transparent, well-informed and constructive provider and system assessments.
5. **CQC better reflects operational circumstances in its inspections and reports, and highlights providers' positive achievements alongside their shortcomings.** Trusts would like to see CQC build on improvements it has made in acknowledging the operating context they are working in, as witnessed over the most recent winter period.
6. **While retaining its impartiality and objectivity, CQC could reflect on the tone and delivery of its inspection activities, including its inspections, reports and ratings**, to make sure its outputs do not have an unintended adverse impact on providers.
7. **CQC re-evaluates the success of its single-word ratings against their intended purpose, and considers the addition of a narrative rating qualifier as part of its new provider assessments reports**, in the context of the Ofsted inquiry findings.
8. **CQC fully delivers on the potential of its new single assessment framework, which promises to provide greater objectivity and a more 'live' picture of quality**. Ratings, particularly for providers considered lower risk, should reflect this.
9. **CQC takes the opportunity to explore entire patient pathways, rather than only assessing individual care settings**. CQC's new role in assessing integrated care systems and local authorities could make it possible to build a system-wide picture of the challenges that impact on services, and how these might be tackled. CQC should take the opportunity to explore entire patient pathways, rather than only assessing individual care settings.
10. **It is for CQC to act on feedback about its credibility and work with providers to regain their trust**. It should consistently act with openness and transparency, meaningfully collaborate with those it regulates, and display a positive learning attitude.

BACKGROUND AND METHODOLOGY

2

In the summer of 2023 NHS Providers published *Improving regulation for the future*, which detailed the findings of our annual survey exploring trusts' perceptions of regulation. The survey focuses specifically on trust leaders' experiences of regulation by CQC, NHS England (NHSE) and integrated care boards (ICBs).

While nearly 80 per cent of respondents supported the changes that CQC has been making (CQC, 2023) under its latest strategy (CQC, 2021), the results of the survey and our interactions with trust leaders indicate a decline in trusts' confidence in CQC's regulation. Several respondents queried whether the regulator had become too 'bureaucratic' and 'out of touch' and whether it was 'fit for purpose'. Many expressed concerns over the skills and expertise of CQC inspection teams, the extent to which the regulator reflected the needs of different sectors, and its ability to support providers to improve and innovate.

Having identified a range of issues and concerns, we have set out to explore the purpose of regulation in health and social care and the positive role it can play. The purpose of this report is to consider how CQC can make sure it fulfils its role in a way that supports innovation and improvement and maintains the trust of those it regulates. As CQC resets its approach, with the rollout of its new single assessment framework, new provider portal and changes to the structure of its operational teams (CQC, 2023), we have made a set of recommendations for how it can build its relationship with providers, and strengthen their confidence in its activities and outputs. Our intention is to be constructive, and we hope this publication will be a helpful contribution to the ongoing debate about the future of health and care regulation in England.

This report is based on background research, and a series of in-depth conversations with trust chairs, chief executives and relevant stakeholders, undertaken between October and December 2023. It is also reflective of our 2023 regulation survey results and of the emerging themes from member events carried out throughout the past year.

WHAT IS GOOD REGULATION?

3

Many of the behaviours trusts would like to see from CQC align with the principles of 'right-touch regulation' – the conceptual framework developed by the Professional Standards Authority (PSA, 2015), building on the Better Regulation Executive's work on 'good regulation' (Better Regulation Task Force, 2003). Right-touch regulation is a concept applicable to different sectors and types of regulators, as it is founded on good regulatory practice. The right-touch regulation principles are:

- **Proportionality**: regulators should only intervene when necessary.
- **Consistency**: rules and standards must be joined up and implemented fairly.
- **Targeted nature**: regulation should be focused on the problem, and minimise side effects.
- **Transparency**: regulators should be open, and keep regulations simple and user friendly.
- **Accountability**: regulators must be able to justify decisions, and be subject to public scrutiny.
- **Agility**: regulators should look forward to anticipate change, rather than looking back to prevent the last crisis from happening again.

According to the PSA, right-touch regulation is the "*right amount of regulation... needed for the desired effect. Too little is ineffective; too much is a waste of effort.*" Right-touch regulation recognises that there is no such thing as 'zero risk' and accepts the valid trade-offs between different risks and competing benefits. It is based on a proper evaluation of risk and creates a "*framework where professionalism can flourish and organisations can be excellent*." The above should be guiding principles for CQC's regulation.

Another useful concept is that of 'responsive regulation', as described by Judith Healy and John Braithwaite (Healy J and Braithwaite J, 2006). This refers to the use of mechanisms that are responsive to the context, conduct and culture of those regulated, and to an approach that values trust, transparency and professionalism in the relationship between the regulator and those regulated. The authors propose a regulatory pyramid that begins with 'persuasion' and continues with the capacity to escalate and 'punish' those regulated, should persuasion fail.

Joy Furnival and Kieran Walshe's analysis on emerging hybridity (Furnival J and Walshe K, 2017) reveals that "*effective regulatory oversight relates to the ability of regulatory agencies to balance the requirements to assure and improve care*". It recognises the tension between the regulatory aims of improvement, accountability and assurance and recognises the complexity, but also the benefit, of such hybrid models of regulation. The authors argue that, instead of high levels of ongoing intervention and support for improvement, "*regulatory agencies could strengthen their approaches to assure and improve care by focusing on the development of improvement capability as well as seeking to ensure compliance with standards and performance within regulated organisations*". This suggested approach combines support for improvement with CQC's ultimate goal to assure the public of the quality and safety of care.

RECOMMENDATION 1

We recommend that...

CQC fully embraces the principles of right-touch regulation.

CQC REGULATION AND ITS ROLE IN IMPROVEMENT AND INNOVATION

4

According to its founding legislation, the Health and Social Care Act 2008, CQC's main objective is "*to protect and promote the health, safety and welfare of people who use health and social care services*" (Part 1, Chapter 1, Section 3(1)).

Trust leaders fully appreciate the value of external regulation and oversight, exercised by an accountable independent body, which holds providers to account for the safety and quality of care they provide. They understand that safety and quality regulation complements, but does not replace, the role of the trust board, which is to provide strong leadership, good governance, and capacity and capability for self-reflection.

Trust leaders value CQC's main purpose in terms of protecting patients and service users, ensuring that the fundamental standards of care (CQC, 2022) are met, and reporting publicly on the level of service provision. They perceive CQC's role as being to 'hold a mirror' up to the trust. While the regulator should not normally be able to tell the organisation something it does not know already, its value lies in triangulating information independently, highlighting areas of concern, and benchmarking providers against others to help them improve.

Improvement

According to the Health and Social Care Act 2008, CQC's general purpose is to encourage "*the improvement of health and social care services*", alongside ensuring a focus "*on the needs and experiences of people who use those services*", and "*the efficient and effective use of resources*" (Part 1, Chapter 1, Section 3(2)).

CQC has to date worked on the basis that improvement action is primarily the responsibility of other agencies to take forward (including NHSE, ICBs and other system partners),[1] and has normally intervened only when it judges it necessary to protect people who use services from harm and the risk of harm, and to ensure that services are of an appropriate standard. These interventions are made under its enforcement powers (CQC, 2023) to require improvement, and to make sure that has been achieved, via action plan requests and warning notices.

Our work with trust leaders has revealed a strong sense that CQC could be doing more to support and encourage improvement and innovation. Our members believe the regulator should use its national level view of safety and quality and its access to qualitative and quantitative information to engage in improvement-focused conversations with providers. This could include discussing what providers could be doing differently, and even helping them connect and network with their peers. Another potentially valuable way that CQC could help providers deliver good quality care is by sharing sector-specific good practice in reports and case studies, detailing providers' improvement journeys and the factors that contributed to them.

1 As per the Health and Care Act 2006, Health and Care Act 2022 and the NHS oversight framework.

To date CQC has not done all it could to make supporting improvement a key building block of its approach to regulation. However this has begun to change following the publication of its new strategy (CQC, 2021) and the recent project (CQC, 2023) funded by the Regulators' Pioneer Fund (Department for Business and Trade, 2022).

CQC's latest strategy highlights the contribution of innovative practice and technological change to improvement in health and care, and recognises the regulator's role in creating a culture where innovation and research can flourish. One of the most positive aspects of the strategy is that it aims to encourage and enable "*safe innovation that benefits people or results in more effective and efficient services*".

CQC's recent project report on capturing innovation to accelerate improvement (CQC, 2023) indicates an appetite to do more to support providers. In particular, it reveals organisations need more information and clarity on CQC's approach to innovation, including safety and risk management implications for providers that make bold decisions or make changes with the aim of delivering better care. The report highlights that innovation depends on an improvement culture in which "*people feel supported to try new things and have the space to reflect on progress and setbacks*".

Given the legislative underpinning for this role, and the useful academic reflections on the value of balancing the requirements to assure and improve care, CQC could be doing more to harness its regulatory power and national-level insight to support improvement. Without being prescriptive, CQC could actively look for improvement and innovation cultures in trusts, focus more on outcomes for patients and people using services, actively share stories and examples, and signpost to other relevant organisations and peers.

RECOMMENDATION 2

We recommend that...

Given its important role in encouraging improvement and innovation, CQC makes the most of its privileged observer position by sharing good practice, engaging in improvement-focused conversations with providers, and working with organisations that have a direct role in improvement.

THE IMPACT OF CQC'S REGULATORY ACTIVITIES ON PROVIDERS

5

Research by the King's Fund and Manchester University (Smithson R et al, 2018) found that CQC's regulation (in particular its inspections, reports and ratings) impacted providers in many different ways. The research concluded that the value and purpose of regulation is rarely contested by providers, but the way in which it is practiced and experienced makes all the difference. It stated: "*That does not mean that regulatory standards and procedures do not matter, but that the human interactions and social dimensions of inspection and rating are very important indeed.*" The report went on to say that providers particularly valued "*consistency, fairness and objectivity, experience and credibility, and a strong orientation towards patients or service users. They also highlighted the importance of what might be termed soft or interpersonal skills – such as sensitivity, kindness, putting people at ease, showing empathy and facilitating discussion or enquiry. However, sometimes CQC staff were quite negatively perceived, for example as being aggressive, nitpicking, critical or confrontational.*" These findings strongly resonate with what we have heard in our various interactions with trust leaders.

Relationships

Trust leaders often describe the regulator's ideal role as being a 'critical friend', constructively challenging their weaknesses and acknowledging their strengths. However, they often report a significant power imbalance, and describe an 'adult/child' dynamic.

Trust leaders greatly value a positive, consistent relationship with their local CQC relationship manager and team. They appreciate being able to operate on a 'no surprises' basis – keeping their local team abreast of changes in their trust, sharing concerns as they arise and seeking advice on an ongoing basis, rather than waiting for the time of the next inspection. This allows trust leaders to work with CQC representatives who understand the operational reality of their trust and adequately reflect that in their regulatory outputs.

However, many report frequent changes in personnel and lack of continuity, which make it harder to build such relationships. We have also noted that, under its new approach, CQC will be scaling back its relationship management function at a local level (CQC, 2023) for many adult social care, primary and independent healthcare services. While these functions are being preserved for trusts and community interest companies in the short term, it will be important that CQC continues to recognise the value of stable stakeholder relationships on an ongoing basis. Such relationships enable some of the right-touch regulation principles, specifically the principles of consistency, transparency and accountability – to be fully enacted in practice. These relationships are vital in setting the tone for the national level relationship between providers and CQC, and determine the overall level of trust in the regulator.

RECOMMENDATION 3

We recommend that...

CQC appreciates the value of supportive, consistent and stable relationships between local CQC teams and providers and actively encourages these. This will enable open, honest and collaborative dialogue.

Inspections

Our regulation survey findings and subsequent member interviews revealed that the experience of being inspected by CQC and the quality of inspection reports depended on the skills and expertise of the team involved. While in some cases trusts said CQC had provided a fair and honest assessment of their service – even while being critical – in other cases their experience was very poor. Trust leaders shared that they often experienced inspections by teams with no sector-specific expertise, or by staff who were not senior enough for the interactions they were having with the trust's executive team.

The anticipation of inspections was often described as 'stressful' and was compared to preparing for an exam. Trust leaders reported negative attitudes from CQC inspection teams, including some accounts of 'bullying'. They believed inspectors sometimes arrived with a preconceived idea, or not having reviewed the evidence the trust submitted in advance.

RECOMMENDATION 4

We recommend that...

CQC continues to invest in improving the training, as well as the conduct and behaviour of its inspection teams, to ensure greater credibility, consistency and objectivity, and to allow for transparent, well-informed and constructive provider and system assessments.

Trust leaders also shared an observation that CQC inspectors sometimes prioritised process over patient outcomes and were not receptive to examples of good practice. They described a predominantly transactional approach, focused on procedure, and a tendency to over-emphasise technical failings, such as in relation to fridge temperatures, the condition of facilities, or recommended staff training, even when patients were receiving good quality care. They felt the inspection and reporting regime did not acknowledge how trust staff often had to make pragmatic decisions in imperfect circumstances to keep services running as effectively as possible at times of extreme pressure.

We heard repeatedly that CQC inspection teams did not take the operating context into account, particularly since the Covid-19 pandemic. For example, some members experienced planned inspections during periods of industrial action. We also heard about a lack of recognition of events and circumstances outside of the trust's control, such as systemic workforce challenges or crumbling estates (caused by dated infrastructure and insufficient capital funding).

Trusts also shared experience of inspection reports containing multiple factual inaccuracies, which consumed time, effort and energy from trust staff to correct. Much of trust leaders' criticism of CQC's inspection reports was linked to their tone and narrative. They believed that reports should also aim to capture the positive stories and the good practice examples witnessed by the inspection team, and those shared by interviewees during the inspection and beyond.

These points demonstrate how CQC could modify its approach to become more agile and targeted in its interventions. A regulatory approach that is more responsive to context, evaluating how organisations and their staff deal with imperfect circumstances beyond their control, would be more constructive and useful to providers and the wider public. We have witnessed a positive shift in CQC's recognition of some providers' operational pressures in recent months, accounting for the impact of industrial action among other challenges. This recognition needs to become the norm.

RECOMMENDATION 5

We recommend that...

CQC better reflects operational circumstances in its inspections and reports, and highlights providers' positive achievements alongside their shortcomings. Trusts would like to see CQC build on improvements it has made in acknowledging the operating context they are working in, as witnessed over the most recent winter period.

Ratings

Ratings for health and social care services were suggested by the health secretary in 2012 (BBC, 2012) with a view to provide an "*easy-to-understand, independent and expert assessment of how well somewhere is doing relative to its peers*". They were introduced by CQC in 2013, following an independent review carried out by the Nuffield Trust (Nuffield Trust, 2013) and a public consultation (CQC, 2013).

The Nuffield Trust review identified five possible purposes of ratings: to increase public accountability; to aid choice; to help improve the performance of providers; to identify and prevent failures in the quality of care; and to provide public reassurance for the quality of care. It suggested that "*a system of provider ratings could act to improve accountability for the quality of care, provided ratings were simple and valid, and were reported publicly, widely and accurately*". The review recognised the potential of ratings in bringing transparency, aiding choice and providing a level of public reassurance, but also described their limitations in terms of preventing future failures and bringing improvements. It also referred to the ratings' timeliness as a prerequisite for their usefulness and added value. Importantly, the review highlighted the inherent tension between the need for simplicity (particularly in providing public accountability) and for sufficient complexity (for example, to capture the complex nature of different services within the same trust).

In line with this, trust leaders feel ratings are a complex issue. Many see them as an over-generalisation of care quality, while also recognising their value in providing transparency and being easy for patients and the public to understand.

Trusts' main concerns about ratings were linked to their objectivity and their timeliness. Trust leaders felt ratings were too subjective and dependent on the assessment of the individual inspector on the day. They also believed that CQC ratings provided a snapshot in time and that, given there is often a long gap between inspection and re-inspection, these could become more misleading over time. This was particularly true for services and providers rated as 'requires improvement'. This rating category applies to a very large number of providers, which are traditionally considered low risk by CQC and are therefore not a priority for re-inspection. Trust leaders shared experiences of being 'stuck' in this rating category and left unable to demonstrate the improvements they have made.

Objectivity and timeliness of ratings are key for delivering on the original intended purposes of ratings, as defined by the Nuffield trust. They also support the right-touch principles of transparency, accountability and agility.

Our interviewees described the impact that ratings can have on staff and service users. They reflected on how a negative rating had had a demoralising effect on their staff and how it had directly affected recruitment and retention. They were also concerned about the message such a rating gives out to the public and how it affects public perceptions and patient choice. The unintended consequences of ratings for staff and patients should draw CQC's attention to the principle of targeted regulation, one which is focused on the problem and aims to minimise side effects.

RECOMMENDATION 6

We recommend that...

While retaining its impartiality and objectivity, CQC could reflect on the tone and delivery of its inspection activities, including its inspections, reports and ratings, to make sure its outputs do not have an unintended adverse impact on providers.

The above comments and recommendations are even more pertinent in the context of the recently published findings of the inquiry into Ofsted's inspections by the House of Commons Education Committee (UK Parliament, 2024). The latter considered aspects of Ofsted's approach in light of the tragic death of primary school headteacher Ruth Perry, and made a series of recommendations which could be applied to some of the areas of concern raised about CQC. These include inspectors' behaviour and expertise, the use of single word ratings, and the regulator's complaints procedure.

CQC's recent board paper on this topic is important, as it outlines its plans to develop a training programme for inspection teams (HSJ, 2024) to help them identify and manage signs of distress in providers.

While we recognise the differences between the two regulators' approaches, we believe that now is the right time to take stock of these findings and apply relevant learning and recommendations to CQC's work. For example, CQC may need to consider the value of its single-word ratings, modelled upon Ofsted's rating system. As suggested by the Nuffield Trust and by many trust leaders, a single-word rating will inevitably oversimplify what happens in a very complex organisation.

A narrative rating qualifier might provide additional nuance, to aid public understanding and capture the positive achievements of providers alongside the one-word rating. This could be consistent with CQC's new assessment approach, which aims to provide shorter, better-evidenced, and more consistent inspection reports. For example, this could be captured alongside, or as part of, the summary view of the service (CQC, 2023), which has been suggested for inclusion in future reports.

RECOMMENDATION 7

We recommend that...

CQC re-evaluates the success of its single-word ratings against their intended purpose, and considers the addition of a narrative rating qualifier as part of its new provider assessments reports, in the context of the Ofsted inquiry findings.

THE OPPORTUNITIES OF CQC'S NEW REGULATORY APPROACH

6

Since the publication of *A new strategy for the changing world of health and social care* (CQC, 2021), CQC has been developing its new approach to regulation (CQC, 2022). It has been working with providers, stakeholders and members of the public to co-create, test and pilot aspects of that new approach, and in November 2023 it formally launched its new single assessment framework (CQC, 2023).

The new framework, which is designed to apply to providers, systems and local authorities, promises a more granular and transparent assessment, greater focus on what matters to people using services, and more scope for providers to benchmark themselves against others and to follow their own progress within a rating category. Under CQC's new approach, a set of new quality statements and the evidence categories that underpin them will be scored to arrive at an overall rating for each key question, service and location (CQC, 2023).

Thanks to an improved provider portal (CQC, 2024) and increased reliance on data and technology, CQC has suggested it will be better able to review new evidence, and will be able to update provider ratings more quickly, without the need to wait for a full-scale re-inspection.

The promise of greater objectivity and a more 'live' picture of quality is encouraging, as it speaks directly to the right-touch regulation principles of transparency and accountability, and could enhance CQC's ability to be more agile and targeted in its decision-making and activity.

While the shift to the new single assessment framework was seen as an improvement, trust leaders were unsure whether it would lead to an improvement in the re-inspection and re-rating of services. They welcomed the ability to compare themselves to others and to see their progress within a rating category, but they also feared that, with the added CQC remit of system and local authority assessments, an even more stretched regulator would be even less able to prioritise providers considered lower risk.

RECOMMENDATION 8

We recommend that...

CQC fully delivers on the potential of its new single assessment framework, which promises to provide greater objectivity and a more 'live' picture of quality. Ratings, particularly for providers considered lower risk, should reflect this.

CQC's new powers to review and assess integrated care systems (ICSs) and local authorities, under the Health and Care Act 2022, became effective in April 2023. Since then, the regulator has carried out five pilot assessments and produced guidance for local authority assessments. It is also currently piloting its approach to ICS assessments and has produced interim guidance for these assessments (CQC, 2023).

Trust leaders were generally positive about CQC's new role in system assessments. They felt this could enable the regulator to capture the challenges and achievements of providers, provider collaboratives and place-based partnerships within systems. They thought it presented opportunities for CQC to be more agile and to identify issues earlier, or even to anticipate them. By 'joining the dots' between different system players, the regulator could better enable them to integrate and improve services. Trust leaders also highlighted that, as it assesses systems, CQC would be well-placed to look at entire patient pathways and to better understand the patient journey and experience. The regulator could do this by speaking to staff and leaders, as well as to other stakeholders in the system, and by holding patient focus groups to hear directly about their experience of health and care.

RECOMMENDATION 9

We recommend that...

CQC takes the opportunity to explore entire patient pathways, rather than only assessing individual care settings. CQC's new role in assessing integrated care systems and local authorities could make it possible to build a system-wide picture of the challenges that impact on services, and how these might be tackled.

TRUST AND CONFIDENCE IN CQC

7

Several trust leaders mentioned their own experience as specialist advisors on CQC inspection teams in the years before the pandemic and said they had been proud to support their peers and bring in an external, objective contribution to CQC's work. However, interviewees said they would not return to this work now, because they did not support what they perceived to be a fault-finding attitude to inspections. They felt that the regulator had lost the trust of providers, and was no longer seen to be credible.

When asked about the decline in CQC's credibility, trust leaders mentioned perceived changes in CQC's culture and an inability to self-evaluate, to internalise feedback and to act on it. They also believed that CQC's work was often defensive and led by external pressures and government priorities, which made them less willing to trust the regulator's actions, judgements and priorities.

Trust leaders believe CQC could regain providers' trust by exercising a proportionate and consistent approach, and by acting with openness and transparency, in line with the principles of right-touch regulation. They expect the regulator to act as an objective critical friend to providers, holding them to account, but also setting realistic, clear expectations, recognising their achievements, and engaging in trusting, improvement-focused relationships.

They also mentioned the importance of CQC accepting that its new regulatory approach would need to be implemented, reviewed and refined in collaboration with those using services and those regulated. Better alignment with other bodies, including NHSE, was also mentioned as being key, particularly in sharing information and intelligence aimed at reducing duplication and regulatory burden.

RECOMMENDATION 10

We recommend that...

It is for CQC to act on feedback about its credibility and work with providers to regain their trust. It should consistently act with openness and transparency, meaningfully collaborate with those it regulates, and display a positive learning attitude.

CONCLUSION

8

This research set out to describe good quality regulation and to make recommendations for CQC on how it could improve, so it can play a positive role in the health and care system, while realising the potential of its new approach.

Right-touch regulation, responsive regulation, and academic reflections on the value of balancing the requirements to assure and improve care, provide a helpful framework within which to understand the gap between trusts' experience of regulation and a more optimal system, and show where CQC could helpfully focus its efforts. CQC's statutory regulatory purpose can comfortably co-exist with an increased emphasis on encouraging service improvement.

CQC's regulatory activities, including its inspections, reports and ratings, are changing under its new regulatory approach, and there may be scope to further consider other elements of its inspection regime, such as how single word ratings are used and presented. However, many of the key changes providers, and ultimately patients, would benefit from are as much behavioural as they are structural, including relationship management, and the conduct and expertise of CQC inspection teams.

CQC's new single assessment framework promises to provide a more dynamic picture of quality, and its new system assessments present an opportunity to 'join the dots' between services and to follow entire pathways of care. These opportunities must be fully seized: if they are not, CQC could risk undermining the credibility and success of its new approach.

It is vital that CQC regains the trust and confidence of those it regulates, by continuously engaging with providers, by staying true to its founding objectives, by observing the principles of good quality and safety regulation described in this report and, most importantly, by adopting an improvement-led approach to its own work.

We look forward to continuing our constructive dialogue with CQC and to helping them address our recommendations for change, alongside the introduction and evaluation of their new regulatory approach.

APPENDIX

Our interviewees

Between October and December 2023, we carried out 12 interviews, most of which took place virtually. As part of this work we spoke to:

- Eight trust chairs and chief executives, representing a range of sectors and geographical areas
- Care England
- The Independent Healthcare Provider Network
- The Professional Standards Authority
- The Regulation and Quality Improvement Authority (Northern Ireland)

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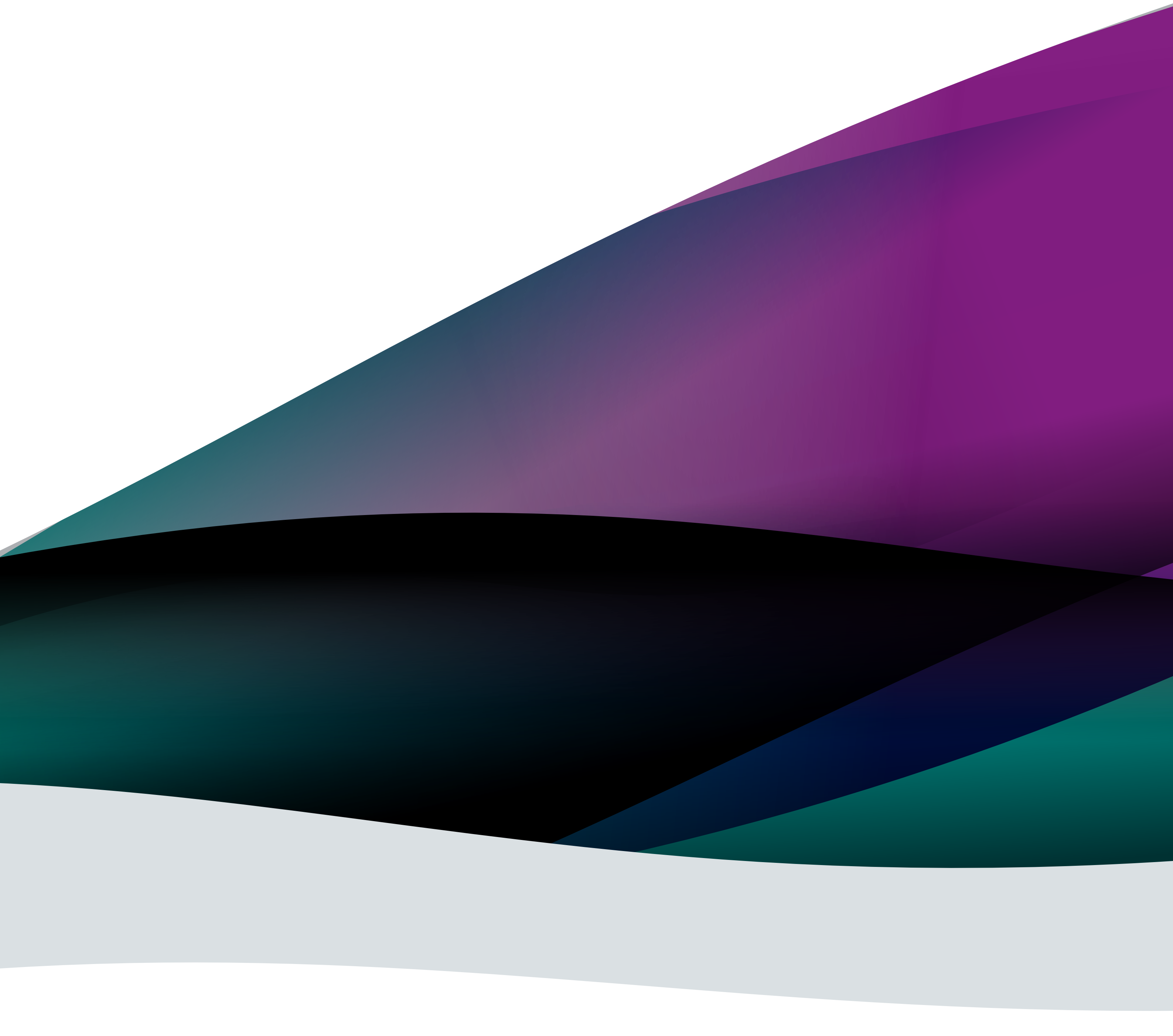

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