

Trust Board Paper Q

To:	Trust Board						
From:	Medical Director						
Date:	30 May 2013						
CQC regulation:	All regulations						
Title:	CQC Strategy for 2013 to 2016 "Raising standards, putting people first"						
Author/Responsible Director: Director of Clinical Quality/ Medical Director							
Purpose of the Report:							
<ul style="list-style-type: none"> ➤ On the 18th April 2013 the Care Quality Commission (CQC) published its three year strategy, "Raising standards, putting people first". This outlined what the regulator wants to achieve over the next three years. ➤ This paper provides a summary of the changes outlined. 							
The Report is provided to the Board for:							
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Summary / Key Points:			
The major changes planned are:-			
- The appointment of Chief Inspector of hospitals and social care and support. - Developing new fundamental standards of care. - Publishing better information for the public including rating of services.			
Recommendations:			
- The Trust Board are asked to receive this briefing on CQC's "Raising standards, putting people first" strategy for 2013 to 2016 and note the proposed future change.			
Previously considered at another corporate UHL Committee?			
No			
Board Assurance Framework		**Performance KPIs year to date**	
Resource Implications (eg Financial, HR):			
To be determined			
Assurance Implications:			
Internal CQC assessments will reflect new methodology.			
Patient and Public Involvement (PPI) Implications:			
Greater public involvement by CQC in future.			
Stakeholder Engagement Implications:			
Equality Impact:			
CQC have assessed equality impact of proposed changes.			
Information exempt from Disclosure:			
No.			
Requirement for further review?			
To be advised.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 30th May 2013

REPORT BY: Director of Clinical Quality/ Medical Director

SUBJECT: CQC Strategy for 2013 to 2016 “Raising standards, putting people first”.

1.0 Introduction

1.1 On the 18th April 2013 the Care Quality Commission (CQC) published its three year strategy, “Raising Standards, putting people first”. This outlined what the regulator wants to achieve over the next three years.

1.2 The strategy outlines changes to the way the CQC will inspect and regulate services to make sure those services provide people with safe, effective, compassionate and high quality care.

1.3 This paper provides a summary of the changes outlined.

2.0 Summary of Changes

2.1 The full strategy is attached at Appendix A.

2.2 The major changes planned are:-

- The appointment of a Chief Inspector of hospitals and social care and support.
- Developing new fundamental standards of care.
- Publishing better information for the public including rating of services.

2.3 The changes will come into effect in NHS hospitals and mental health trusts first.

2.4 The CQC plans are structured under six areas of focus. These being:-

- Better use of information and inspection.
- Working better with partners in the health and social care system.
- Building better relationships with the public.
- Building relationships with those regulated.
- Strengthening how they deliver their responsibilities in terms of mental health and mental capacity.
- Building a high-performing organisation.

3.0 The CQC plans for the next three years

3.1 Better use of information and inspection.

Plans include:

- Rethink, redesign, more focus on information/evidence including development of triggers.
- More views, experience of users and use of Friends and Family Test.

- Greater openness and sharing of information and analysis of data.
- Improved process of inspection, including across services/boundaries, targeted on risk (more frequent if high risk or vulnerable patients) and joint inspections.
- Development of new fundamental standards and close working with NICE on the measures used in assessments.
- New specialist teams, in depth investigations, direct observation of care and unannounced inspections.

3.2 Working better with partners in the health and social care.

Plans include:

- Working with other regulators and organisations to improve the use of resources and avoid duplication (including Monitor, NHS England and the Trust Development Authority).
- Introducing a rating by the Chief Inspector of hospitals.
- Working closely with Healthwatch, Ofsted HMI Probation, professional regulators, Local Government Ombudsman, the Parliamentary and Health Service Ombudsman, employers, organisations and professional associations.
- Developing a relationship with local Healthwatch organisations, lead local authorities, clinical commissioning groups, foundation trust councils of governors and health and wellbeing boards.

3.3 Building better relationships with the Public.

Plans include:

- Improving public awareness/understanding of the CQC including “rarely heard” and vulnerable people.
- Making it easier to feedback and searching for comments on social media and other digital media, using the Friends and Family test.
- Improving collection and listening sharing and acting on complaints (and participating in national review of complaints).
- Encouraging staff to contact CQC if they have concerns about their place of work.
- Publishing a rating and an expectation that Trusts publish their own up to date information and responsibilities under the Mental Health Act.
- Developing involvement of people who have experience of health care (experts by experience) in inspection programmes.

3.4 Building relationships with those regulated.

Plans include:

- More vigorous testing including an explanation from Directors how they plan to deliver and maintain safe, effective, compassionate, high quality care with a declaration of this in the Statement of Purpose.
- An expectation that providers encourage users and staff to speak out without fear.
- Being fair in the application of regulations and not being heavy handed if there is an openness and honesty of when things go wrong.
- Investment in CQC staff to ensure they have the right skills/abilities for the role.
- Working with providers on changes to methods, plans, standards and guidance and providing guidance to encourage improvement.

3.5 Strengthening delivery of responsibilities in mental health and mental capacity.

Plans include:

- To better understand and fulfil monitoring role under DoLs.
- To develop monitoring under the Mental Health Act.
- To work with partners to increase the CQC's expertise and increase their level of training.
- To include experts by experience.

3.6 Building a high performing organisation.

Plans include:

- Strengthening CQC Board membership through new directors.
- Building an open culture and being open and transparent about CQC's own performance.
- Improving experience of those staff contacting the CQC.
- Creating a training academy for staff to access and empowerment of staff.
- Developing a secondment/work exchange programme for sharing of learning and knowledge.

4.0 Conclusion

4.1 The CQC has outlined the changes it intends to make to the system of regulations and inspection over the next 3 years.

4.2 The CQC intend to put the strategy into practice in the business plans over the next three years, beginning with its business plan for 2013/14.

4.3 The CQC business plan for 2013/14 has been published and prioritises eight changes. These are supported by objectives and milestones together with key measures of success.

5.0 Recommendation

5.1 The Trust Board are asked to receive this briefing on CQC's Raising standards, putting people first" strategy for 2013 to 2016 and note the proposed future changes.



Raising standards, putting people first

Our strategy for 2013 to 2016



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Foreword



David Prior
Chair



David Behan
Chief Executive

People have a right to expect safe, effective, compassionate, high-quality care. As the regulator of health and social care in England, we play a vital role in making sure that care services meet those expectations.

This strategy sets out what we aim to achieve in the next three years. In developing it we have looked closely at how we carry out our role, listening to what people who use health and social care services, providers of those services and others tell us about what matters to them.

We are making major changes to what we do and how we do it. We will make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we will encourage services to improve. We will make sure that above all else our judgements are completely independent of the health and social care system and that we are always on the side of people who use care services.

We recognise that quality care cannot be achieved by inspection and regulation alone. The main responsibility for delivering quality care lies with care professionals, clinical staff, providers and those who arrange and fund local services. However, we

will set a clear bar below which no provider must fall and publish clear ratings of services which will encourage and drive improvement.

The changes set out below will apply to most services and will be developed with our staff, providers, the public, our partners and others.

- We are planning to appoint chief inspectors of hospitals, and of adult social care and support, and considering appointing a chief inspector for primary and integrated care.
- We will change what we look at when we inspect so that we tackle the following five questions about services.
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they well led?
 - Are they responsive to people's needs?
- We will develop new fundamental standards that focus on these five areas. We will work with the public, people who use services, providers and professionals, and our partners to do this.
- We will make sure our inspectors specialise in particular areas of care and lead teams that include clinical and other experts, and people with experience of care who we call experts by experience.
- In NHS hospitals, we will introduce national teams with specialist expertise to carry out in-depth reviews of hospitals, particularly those with significant or long-standing problems and trusts applying to be foundation trusts.
- In NHS hospitals, we will introduce a clear programme for failing trusts that makes sure that immediate action is taken to protect people and deal with the failure.
- We will predict, identify and respond more quickly to services that are failing, or are likely to fail, by using information and evidence in a more focused and open way. This includes listening better to people's views and experiences of care as well as care staff who tell us about their concerns.
- We will improve our understanding of how well different care services work together by listening to people's experiences of care when they move between different care services.
- We will work more closely with our partners in the health and social care system to improve the quality and safety of care and co-ordinate our work better.
- We will publish better information for the public, helping them to easily find and understand our reports on their care services. This will include ratings of services.

- We will introduce a more thorough test for organisations applying to provide care services, including making sure that named directors, managers and leaders of a service commit to meeting our standards and are tested on their ability to do so.
- We will strengthen the protection of people whose rights are restricted under the Mental Health Act.
- We will build a high-performing organisation that is well run and well led, has an open culture that supports its staff, and is focused on delivering its purpose.

The changes will come into effect in NHS hospitals and mental health trusts first because we recognise there is an urgent need for more effective inspection and regulation of these services. We will extend and adapt our approach to other sectors in 2014 and 2015.

We will continue to carry out our programme of unannounced inspection and enforcement across the sectors we regulate. We will also continue to publish our inspection reports, national reviews and other information about the quality and safety of services. We will continue to involve people who use services and their families and carers in our work. We will maintain our focus on human rights, equality and diversity.

In developing our plans we have taken into account the transformation of the health and social care system, which makes it even more important that existing and new organisations work together efficiently and effectively. And we have reflected the Secretary of State's initial response to the landmark Francis Report into the failings at Mid Staffordshire NHS Foundation Trust, which set out important new responsibilities for us.

Finally, we want to thank the thousands of people who kindly gave up their time to give us their views before, during and after our consultation on this strategy. We have published a separate document setting out what people told us, and our response (see note¹). We thank them for their time and their commitment in helping us to clarify our purpose and do our job better. We have a real opportunity to make a difference and will work with pace, passion and determination to do so.

1. *Raising standards, putting people first – Response to the consultation: The next phase: our consultation on our strategy for 2013 to 2016.*

Our purpose, role

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

and principles

What we do

We carry out our role by:

- ▶ setting standards of quality and safety that people have a right to expect whenever they receive care;
- ▶ registering care services that meet our standards;
- ▶ monitoring, inspecting and regulating care services to make sure that they continue to meet the standards;
- ▶ protecting the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act;
- ▶ listening to and acting on people's views and experiences of the care they receive;
- ▶ challenging all providers, with the worst performers getting the most attention;
- ▶ making fair and authoritative judgements, supported by the best information and evidence;
- ▶ taking appropriate action if care services are failing to meet the standards;
- ▶ carrying out in-depth investigations to look at care across the system;
- ▶ reporting on the quality of care services, publishing clear and comprehensive information, including performance ratings to help people choose care; and

▶ involving people who use care services in our work, working with local groups, our partners in the health and social care system, and the public to make sure that people's views and experiences are at the centre of what we do.

Our principles

- ▶ We put **people who use services** at the centre of our work.
- ▶ We are **independent, rigorous, fair and consistent**.
- ▶ We have an **open and accessible** culture.
- ▶ We work **in partnership** across the health and social care system.
- ▶ We are committed to being a **high-performing organisation** and apply the same standards of continuous improvement to ourselves that we expect of others.
- ▶ We promote **equality, diversity and human rights**.

The environment we work in

▶ There have been important and rapid changes in the economy, government policy, society and technology that shape the world we work in and affect what we will focus on in the next three years.

▶ The 2012 Health and Social Care Act has introduced a new way of working for the health and social care system. The Department of Health's responsibilities have moved to different organisations, and there is a new consumer champion, Healthwatch. Changes to the way social care is provided and funded are set out in the 2012 White Paper, *Caring for our future*, and in the Care and Support Bill. The Government's policy expects NHS England to give mental health the same level of importance as physical health.

▶ Government policy has been to move power away from central government and towards local people, which in turn will encourage changes to how services are arranged and funded.

▶ People expect public bodies to be open so that they can be held to account.

▶ People are expecting a better customer experience online, having the service, help and advice they need at the click of a button whenever they need it. However, many people prefer to use more traditional ways of communicating.

▶ With the NHS and social care sector facing spending pressures, it will be a challenge for organisations that arrange, pay for and provide services. People who fund their own care will demand better information to make informed choices.

▶ And, while we can celebrate the fact that we are living longer, health and social care services are under more pressure because of it. It will be a priority to keep people well and promote their well-being and independence.

▶ These changes all present opportunities and challenges which we will constantly need to adapt to. We will have to make the most of how we work with our new partners, embrace new forms of IT and improve our own efficiency, effectiveness and productivity.

Our plans for 2013 to 2016

The rest of this document sets out our plans for the next three years. We will focus on the following.

- 1 Better use of information and inspection
- 2 Working better with our partners in the health and social care system
- 3 Building better relationships with the public
- 4 Building relationships with those we regulate
- 5 Strengthening how we deliver our responsibilities in terms of mental health and mental capacity
- 6 Building a high-performing organisation

1. Better use of information and inspection

We will regulate different services in different ways based on what matters to people, making better use of tailored information and expert inspection to assess performance.



Better use of information

- ▶ We will rethink and redesign the way we use information and evidence. We will use it in a more focused and open way so that we identify, predict and respond more quickly to services that are failing, or are likely to fail. We will develop a series of ‘triggers’ that allow us to predict where there may be problems and make better decisions about when, where and what to inspect.
- ▶ We will gather more views and experiences from people who use services, and use them more effectively. We will make sure we use the full potential of the results of the ‘Friends and Family Test’ and other similar information in our work.
- ▶ We will be more open about sharing our information and analysis, and build effective systems for sharing information with our partners in the health and social care system, backed up by stronger national and local relationships.
- ▶ We will continue to make the best use of evidence to judge whether we are achieving our aims.

Better inspections

- ▶ We are planning to appoint a Chief Inspector of Hospitals, and a Chief Inspector of Social Care and Support, and considering appointing a chief inspector for primary and integrated care. The chief inspectors will improve the way all the services we regulate are assessed and judged and make sure we, and our partners in the health and social care system, focus on the things that matter to people. The chief inspector for primary and integrated care would look at people’s experiences as

they move between different services, for example older people with more than one condition.

- ▶ Increasingly, the frequency of our inspections will depend on the ‘risk’ involved. By this we mean the quality and safety of a service, and the type of care being provided. We will inspect services more often where there is a high risk of harm to people who use them, and where people are vulnerable because of their circumstances, such as services caring for people with learning disabilities, those caring for people in their own homes, and those caring for people with mental health issues.
- ▶ Our inspection and regulation of care services will ask the following questions about services.
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they well led?
 - Are they responsive to people’s needs?
- ▶ We will develop new fundamental standards that focus on these five areas, working with the public, people who use services, carers, providers and professionals, and our partners to do so. We will make sure they are driven by the interests of people who use services.
- ▶ We will work closely with our partners and the National Institute for Health and Care Excellence (NICE) so we are clear about the measures we use in our assessments.

▶ The standards and the measures will depend on the types of services we regulate. Where necessary, we will work to change the regulations that are behind the standards.

▶ We will monitor and assess performance using our standards and measures. However, we will always use our professional judgement so that we never tick the box but miss the point.

▶ When we look at whether services are well led, we will want to be sure that they have an open and transparent culture, backed up by effective leadership, governance and clinical involvement. We will want to be sure that the services put people first, protect their rights, and encourage them to speak out without fear.

▶ Our inspectors will specialise in particular areas of care and will lead teams that include clinical and other experts, and people with experience of care who we call experts by experience.

▶ In the NHS, we will also introduce national teams with specialist expertise to carry out in-depth reviews of hospitals, particularly of those with significant or long-standing problems and hospitals applying to become foundation trusts.

▶ We will build more effective approaches to our inspection and monitoring of mental health services.

▶ We will consider working with other agencies to carry out inspections and make greater use of reviews carried out by others.

▶ During our inspections we will continue to observe care directly and we will always talk to people using the service, their families and carers, and care staff about their views and experiences of care. We will also continue to check whether the right systems and processes are in place to deliver good care.

▶ We will continue our programme of unannounced inspections across the sectors we regulate and inspections based on particular aspects of care. We will also continue to inspect whenever we have a concern, or when we do not have enough information about a service.

Action we will take when we see unsafe and poor care

▶ When it is necessary, we will protect the public by making full use of our powers and those of others to take effective action. Our chief inspectors will make sure that concerns about quality and safety are brought to the attention of other regulators and partners in the system and that appropriate action is taken and properly co-ordinated.

▶ If an NHS service fails to meet our standards, or an issue is particularly severe, we will work with our partners to put the trust responsible into a clear programme that takes immediate action to protect people and to deal with the failure. We are working with the Department of Health, Monitor and the NHS Trust Development Authority to develop how this will work and to review our regulatory and enforcement powers to make sure we, or others, have the power to act where necessary. We will work closely with the Health and Safety Executive to make sure that appropriate action is taken against healthcare providers who break health-and-safety law.

▶ We will also carry out in-depth investigations to look at system-wide concerns and issues and recommend action. For example, we may investigate system-wide issues relating to the care that people with dementia receive.

2. Working better with our partners in the health and social care system

We will work more closely with our partners in the health and social care system to improve the quality and safety of care and co-ordinate our work better.



- ▶ Nationally and locally we will work with other regulators and organisations that manage and oversee the health and social care system to identify and act on the public's concerns.
- ▶ The chief inspectors will play a central role in this, making sure that concerns about quality and safety are acted on and brought to the attention of all of our partners in the health and social care systems.
- ▶ Together with our partners we will improve how care is overseen, make the most efficient use of our joint resources, and reduce duplication. We will build effective systems for improving how we share information and evidence, strengthening our ability to listen better to people's views and experiences, identify new problems more quickly, and co-ordinate our inspections and other activities better.
- ▶ We will begin by working better with those national partners that are new in the health and social care system or have significant changes to their responsibilities. Our priority will be to work with Monitor, NHS England and the NHS Trust Development Authority to develop a clear programme to tackle the failure of an NHS trust to meet fundamental standards.
- ▶ We will also work with our national partners to give the public and others a single, clearer picture of how NHS hospitals are performing on things that matter to people. This will include a rating given by our Chief Inspector of Hospitals.
- ▶ We will work closely with Healthwatch England to make sure that we are acting appropriately on information we receive and that we do not miss opportunities to identify poor care or shed light on failings affecting people using health and social care services. Over time we will identify topics where we can work jointly at national level to influence improvement in standards of care.
- ▶ We will continue to work closely with Ofsted on our inspection of children's services, and with HMI Probation and HMI Prisons on our joint inspections of youth offending and health services provided in prisons.
- ▶ We will also continue to develop our working relationships with other organisations to make sure we co-ordinate our roles and methods effectively. For example, we will improve the way we work, and share information with, the professional regulators, the Local Government Ombudsman and the Parliamentary and Health Service Ombudsman, employers' organisations and professional associations.
- ▶ Locally we will focus on developing relationships with local authorities, clinical commissioning groups, local Healthwatch organisations, overview and scrutiny committees, foundation trust councils of governors, quality surveillance groups, and health and wellbeing boards.

3. Building better relationships with the public

We will promote greater public understanding and awareness of our work, improve our public information, improve how we listen to and act on people's views and experiences of care, and involve more people in our work.



Greater public understanding and awareness of our work

- ▶ We will improve public awareness and understanding of what we do so that people know where to find us when they need us. We will make sure people who use services understand the standard of care they should expect, and use our information to support their judgement and choice of care service.
- ▶ We will focus on improving awareness and understanding among people who are choosing, researching or receiving care. We will make sure that we particularly reach people who are rarely heard from and who are vulnerable because of their circumstances. We will work with people who use services to help us in our approach, tailoring the communications we produce and the channels we use to meet people's different needs.

Listening to, and acting on, people's views and experiences of care

- ▶ We will make it easier for people to tell us about the reality of the care they receive and we will improve how we respond to and report on how their views and experiences have informed our work. We will focus on gathering the views of people in the most vulnerable circumstances.
- ▶ We will search for both positive and negative comments on what is being said about services, including using social media (for example, Facebook and Twitter) and other electronic media, such as our website. We will make sure that the full potential of the results of the 'Friends and Family Test' and other similar information is used in our work.

- ▶ We will share information with Healthwatch England and local Healthwatch about people's experiences of care. In involving foundation trust councils of governors, overview and scrutiny committees, regional voices, voluntary organisations, and other groups representing people who use services, we will make sure we better share information locally about people's experiences of care.

Better handling of people's complaints

- ▶ We will improve the way we collect, listen to, share and act on complaints people make about services as they provide important information about the quality of care. We will build a more detailed picture of the concerns and formal complaints that providers and others are receiving, and the action and learning that results from them. We will continue to encourage care staff to contact us if they have concerns about their place of work.
- ▶ We will improve our understanding of how well different care services work together by introducing specific reviews of people's experiences of care when they move between care services. These will focus on those with the poorest experiences.
- ▶ We have acknowledged the continuing frustration with the current system of handling complaints and continuing confusion about our role in it. We welcome and will take part in the current review, led by Ann Clwyd MP of how NHS complaints are handled. In the meantime, it is important that the public understands that we do not resolve individual complaints (except for those to do with the Mental

Health Act) and that the Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and the Independent Sector Complaints Adjudication Service are the organisations that have the power to do this. We will work with them, and with Healthwatch England, to improve how we explain our roles to the public and how we share information on complaints.

Keeping people informed about the quality and safety of care

- ▶ We will publish better information for the public that will help people choose care. We will provide a balanced, clear, timely and accurate picture of the quality of a service, highlighting both what the service does well and where its performance is poor. We will take forward the recommendations of the Nuffield Review to publish ratings of services, working with people who use services, professionals and providers to develop how we do this.
- ▶ We will tailor our information to meet people's needs, making sure that it is easier to find when people most need it, in a format that is understandable to them. We will share our information with other websites and other organisations to help make it more widely available. We will publish regular insights on issues, trends and specific aspects of care at a national and local level with improved information on what works well.
- ▶ We will make clear, as part of the terms of their registration, an expectation for providers to display relevant materials we provide, including the latest inspection reports and information about our responsibilities under the Mental Health Act.

We will also expect care services to publish their own up-to-date accurate information on how they are performing.

- ▶ NHS hospitals will have a duty to tell people when things go wrong. We will work with the Department of Health and others to clarify our role in monitoring this duty, which will need to be set out in law.

Involving people in our work

- ▶ We will publish a statement of involvement that will set out how we will involve people who use services, and public representatives, for example governors and councillors, in our work.
- ▶ We will further develop the involvement of people who have experience of health, social care and mental health services – experts by experience – in our inspection programmes, including in our changed approach to inspecting NHS trusts, and our Mental Health Act monitoring.
- ▶ We will set up a panel of people who use services to inform all aspects of our work and improve how we gather the views of the people who use services.
- ▶ We will create effective working relationships with local Healthwatch to improve our knowledge of health and social care at a local level.
- ▶ We will improve how we involve small and diverse community groups in our work.
- ▶ When new care services register with us, we will check that they have a plan to work with patients and people who use services.
- ▶ We will use the fundamental standards to check how well services involve people in their care.

4. Building relationships with those we regulate

We will expect to have an intelligent, mature relationship with care providers based on trust, openness and mutual respect. Our approach will depend on their past performance and we will be less involved with those services that have consistently delivered good-quality care.



A more robust test for those applying for registration with us

- ▶ We will make sure that those applying to offer new care services face a more rigorous test of whether they are fit to do so. We will tailor our approach to the type of service being proposed. Only organisations that pass the test will be allowed to provide care to the public.
- ▶ We will also expect directors and managers of care services to explain how they plan to deliver and maintain safe, effective, compassionate, high-quality care and to make a declaration that they will answer for it in their statement of purpose. We will introduce this approach first to services for people with learning disabilities, other high-risk services where there is less public scrutiny and openness, and then all organisations proposing to offer new care services. This will be an effective way of holding people to account for the quality of care provided by their organisation.
- ▶ We will expect providers to encourage people who use their service, and the people who work in it, to speak out without fear about what they see, hear and experience. We will expect managers and boards to promote an open culture that encourages this. We will expect all services, particularly those for people with mental health issues, learning disabilities and dementia, to have effective ways of making sure they listen to, and act on people's views and experiences.

What providers can expect from us

- ▶ We will have an approach that encourages services to be honest about issues and problems that are affecting the quality and safety of people's care. We expect the provider to respond positively to feedback and to take action to put things right where necessary.
- ▶ If there is openness and honesty about things that go wrong, and a willingness to take responsibility for putting them right, we will not be heavy handed in our response.
- ▶ We will be fair in how we apply the regulations in making our regulatory judgements and we will make fair assessments based on our professional judgements about the quality of care provided. We recognise the importance of quality assurance and consistency, and we will develop and publish our quality-assurance tools and frameworks.
- ▶ We will continue to invest in training our staff to make sure that they have the right skills and abilities to carry out their role.
- ▶ We will continue to offer a professional registration service that deals efficiently and effectively with all applications. We will provide high-quality online services for providers, making sure that they can easily apply to make changes to their registration and that we maintain accurate information about them.

▶ We will continue to involve and work with providers on changes to our methods, plans, standards and guidance. We will continue to work with providers in developing our approach to fees and we will keep our efficiency under review, so that we make the most of savings where we can. We are publishing our fees strategy alongside this strategy.

Encouraging improvement in those we regulate

We will encourage improvement in those we regulate in the following ways. We will:

- ▶ provide guidance on how to apply for registration with us;
- ▶ provide guidance, with clear measures, on meeting new fundamental standards of quality and safety;
- ▶ provide information about other sources of guidance;
- ▶ provide assessments of services that give an organisation rating and a clear, balanced report of the quality of care, including what works well and what needs to improve to support people's choice of care service;
- ▶ comment on themes, new trends and issues and make recommendations for action;

- ▶ comment on the effectiveness of commissioning if it affects the quality of services provided;
- ▶ publicly make sure that managers, boards and leaders answer for the safety and quality of the care they provide; and
- ▶ take action where needed using our regulatory powers and by working with our partners.

5. Strengthening how we deliver our responsibilities in terms of mental health and mental capacity

We will strengthen our focus around the Mental Health Act, the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) to protect the human rights of some of the most vulnerable people in society, particularly those who have had their freedom restricted by being detained and treated against their will. We are committed to strengthening the protection of people with learning disabilities, whether or not they are detained.



Defining our responsibilities more clearly

- ▶ We recognise that when people's ability to agree to and make decisions about their care and treatment is affected by ill health or mental disability, it is an issue for all health and adult social care services, not just mental health services. We will continue to work with national organisations to better understand and fulfil our monitoring role under DoLS as case law and policy on deprivation of liberty are developed.
- ▶ We will use the main findings of an international review of methods of monitoring mental health legislation to inform what we do. In particular, we will develop our monitoring under the Mental Health Act in line with our responsibilities under the Optional Protocol to the Convention against Torture (OPCAT).
- ▶ We will work with partner organisations to increase our expertise. We will also work with them to understand our unique contribution in terms of mental health and mental capacity, and how we can make the best use of our resources to achieve the greatest effect. We will clarify our role with partner organisations and communicate this to the public.

Monitoring patients under the Mental Health Act in the community as well as in hospital

- ▶ We recognise the need to look at the rights and treatment of patients with mental health issues in the community as well as those detained in hospitals. We will build on the individual-centred approach and expertise we use in our monitoring work under the Mental Health Act. This is because issues such as blanket restrictions can affect voluntary patients as well as those formally detained. We will do this while still keeping a clear focus on monitoring how the Mental Health Act operates as protection for patients detained in hospital.

Increasing our ability to monitor people's rights under the Mental Capacity Act

- ▶ We will increase the level of training and guidance on mental capacity that we give to our frontline staff to strengthen the links between our assessment of providers' practice under the Mental Capacity Act and their performance against the Health and Social Care Act regulations.
- ▶ We will develop our ability to monitor the activity of local social-services authorities in their role as 'supervisory organisations' in the Deprivation of Liberty Safeguards system.

Listening to people who use services and their families and involving them in our work

- ▶ The views and experiences of people who use services will continue to play an important part in our work. We will involve more people with direct experience of care – experts by experience – in our inspection and Mental Health Act visits. We will involve a wide range of people who use mental health services, and people currently or previously detained under the Mental Health Act, in our work.
- ▶ We will increase our understanding of people's and their families' experience of DoLS by listening more to community and advocacy organisations.

Linking our work on the Mental Health Act and mental capacity with our regulatory work on mental health services

- ▶ We will improve the links between our work under the Mental Health Act and how we regulate mental health services. We will build on and test the current processes we have for joint working across the different teams, including how we collect and use information. Our aim is to make sure that our regulation of services and Mental Health Act monitoring work together effectively.
- ▶ We will set up efficient digital services that will improve the way we collect and monitor information about people who have been detained under the Mental Health Act.

6. Building a high-performing organisation

We will continue to build a high-performing organisation that is well run, has an open culture that supports its staff, and is focused on delivering its purpose.



How we are governed and our leadership

- ▶ We will strengthen the membership of our Board and include a number of new non-executive directors and executive directors. The Board will hold the Executive Team to account more effectively.
- ▶ We will deliver a leadership development programme through our new training academy that will make sure our leadership can lead our workforce. We will make sure our leaders involve all staff in our performance and that they demonstrate our values, including those of openness and honesty.

Creating an open and honest culture

- ▶ We will build an open culture which actively encourages staff to voice their views and concerns without fear, supported by a 'zero tolerance' of bullying. We will involve our staff and others with an interest in our work in everything that we do. We will encourage them to comment and we will respond positively to it.
- ▶ We will be open and transparent about our performance as an organisation and to having our decisions audited and scrutinised. We will use all the feedback to build teams that perform even better.
- ▶ We will involve more people, including people who use health and social care services, in developing our work.

A people-focused approach

- ▶ We will make sure that we are always on the side of people who use services and put their interests first.
- ▶ We will improve the experience people have when they contact us, dealing with their questions and requests professionally and efficiently. We will measure our performance by checking the effect of our work and by asking how people who use services and their carers, the public, providers and others think we are doing.
- ▶ We will continue to develop a culture of efficiency, effectiveness and value for money, putting customers at the front of our work.
- ▶ We will build efficient digital services that will transform the way providers get involved and communicate with us. Providers will have their own account to view and manage their activities with us. We will develop digital services tailored to the needs of different types of providers to support registration, notices, compliance and other areas.
- ▶ We will use the latest techniques to understand and analyse the services we regulate.

Building a motivated, skilled and effective workforce

- ▶ We will create a training academy to support our staff so they can access a wide range of training, development and learning. We will give our managers and staff the power and ability to do their jobs effectively and with confidence by developing their skills and capabilities. We will make sure that our staff have enough time and space to keep up their skills and knowledge.
- ▶ We will develop a more skilled, specialist workforce, who are supported to deliver their roles. This will include targeted training for specific technical knowledge and skills.
- ▶ We will develop a secondment programme or a work-exchange programme for staff and professionals in health and social care sectors so they can share learning and knowledge more effectively.
- ▶ We will aim to further develop and support a workforce from a range of backgrounds that understands and values difference and which reflects all society, including those that use health and social care services.

Measuring our performance

We will develop an overall framework to measure our performance and success, including:

- ▶ maintaining standards of skills for frontline roles;

- ▶ learning from the responses to our yearly staff survey and generating further initiatives to improve our culture, ability and effectiveness;
- ▶ introducing a resource model to make sure we use our resources as effectively as possible to create the biggest effect;
- ▶ making sure staff demonstrate organisational values and behaviour that improves organisational performance;
- ▶ introducing key measures of performance to demonstrate the amount of work we deliver against our public commitments and what value we are to the public purse;
- ▶ introducing our own quality framework to show how well we deliver against published standards of service; and
- ▶ learning from complaints about us to improve the way we work.

We will continue to make the best use of evidence to judge whether we are achieving our aims.

Next steps

We will put this strategy into practice in our business plans over the next three years, beginning with our business plan for 2013/14. We will work with our staff, the public, providers and others to do so. We will continue to update our Board and the public on our progress so we can be challenged on our performance.

How to contact us

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