Shaping the future: CQC’s strategy 2016 to 2021

Amanda Hennessy – CQC Inspector
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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 register, 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
Why a new strategy?

A changing environment

Use and delivery of regulated services is changing

CQC must deliver its purpose with fewer resources

Adapt and improve

We want to become more efficient and effective to stay relevant and sustainable for the future

The public, and organisations that deliver care, have told us we have improved but we know there is more to do
Our ambition for the next five years:
A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care
Four priorities to achieve our strategic ambition

1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve our efficiency and effectiveness
We will know we have succeeded when...

1. People trust and use our expert, independent judgements about the quality of care

2. People have confidence that we will identify good and poor care and that we will take action where necessary so their rights are protected

3. Organisations that deliver care improve quality as a result of our regulation

4. Organisations are encouraged to use resources as efficiently as possible to deliver high-quality care
What will stay the same?

- Our **purpose, role and operating model** - inspections will continue to be central to our assessments of quality.

- Our **work with the public** to understand and focus on what matters to people.

- Our role in **protecting and promoting equality and human rights** - including for people being cared for under the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards.
What we will do differently

• Support innovation by working with providers delivering care in new ways
• Focus more on the quality of care for population groups and how well care is coordinated across organisations
• Rate how well NHS Trusts are using their resources
• Focus resources towards higher-risk applications at registration
• Build and use our insight to target our inspections where risk is greatest or quality improving
What we will do differently

- Expect providers to describe their own quality against our five key questions
- Share data sets with partners, other regulators and commissioners on care quality

- Improve the experience of providers and the public by moving as many interactions as possible online
- Invest in our internal systems and improve our processes to make sure that we can work efficiently and effectively
Since September 2013 – 289 inspections

Over 2 years – 190 NHS trust inspections;

- 97 Acute trust inspections
- 14 Specialist trust inspections
- 10 Ambulance trust inspections
- 11 Community trust inspections
- 58 Mental health trust inspections
25 NHS hospitals were in special measures, 11 have improved. This equates to over 5 million people now receiving better care.
What will our strategy mean for hospital inspections?

- Focus on core services that require improvement
- Separate out core services to ensure the focus is appropriate and inspect additional core service where needed.
- Update ratings based on smaller, more focused inspection; use more unannounced inspections
- Introduce as assessment of well-led at trust level
- Produce shorter reports

Hold an annual review of each provider to determine where to focus our inspection activity for the year ahead
Our ratings

Outstanding
The service is performing exceptionally well.

Good
The service is performing well and meeting our expectations.

Requires improvement
The service isn't performing as well as it should and we have told the service how it must improve.

Inadequate
The service is performing badly and we've taken action against the person or organisation that runs it.
• Use of CQC Insight and ongoing engagement with trust and other stakeholders.

• Ongoing evidence gathering throughout the year
  □ Staff to demonstrate good/outstanding ward/unit practice.
  □ CQC focus groups held on site throughout the year.

• Making greater use of unannounced inspections.

• Short notice announced inspection 4-6 weeks.

• Inspection of selected core services plus annual trust well-led inspection.

• CQC team size to reflect number of core services inspected.

• Shorter, more succinct reports
### Trust ratings grid

#### Ratings for Somewhere General Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent &amp; emergency services</td>
<td>Requires improvement↑</td>
<td>Good↑ Feb 2017</td>
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<td>Requires improvement↑</td>
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<td>Requires improvement↑</td>
</tr>
<tr>
<td>Medical care (including care for older people)</td>
<td>Requires improvement↑</td>
<td>Good↑ Feb 2017</td>
<td>Outstanding↑ Feb 2017</td>
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<td>Good↑ Jan 2014</td>
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<td>Children and young people’s services</td>
<td>Good↑ Feb 2017</td>
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<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Good↑ Feb 2017</td>
<td>Not rated</td>
<td>Good↑ Feb 2017</td>
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<td>Medical care</td>
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<td>Good</td>
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<tr>
<td>Surgery</td>
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<td>End of life care</td>
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*Princess Royal*

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TIME FOR QUESTIONS