



# Raising standards, putting people first

Response to the consultation:  
The next phase: our consultation on our  
strategy for 2013 to 2016



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# 1. Introduction

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.

Our strategy for 2013 to 2016 *Raising standards, putting people first* 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.

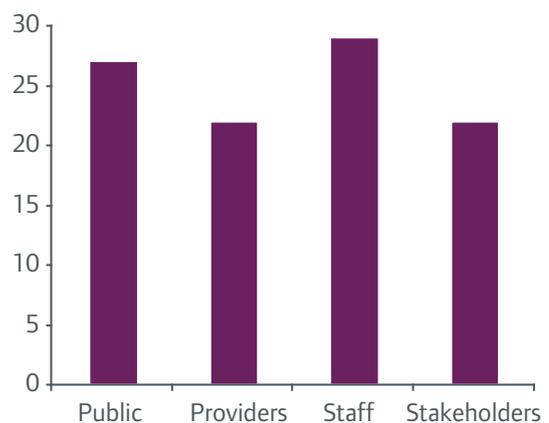
## 2. Our consultation

We went out to consultation on our draft strategy between September and December 2012. The consultation documents were available on our website throughout this period. People could send us responses online, via social media, by post or by telephone. We also carried out a programme of communications and engagement before and during the consultation period.

The programme involved national and regional events held around England for CQC staff, people who use services, providers and stakeholders. There were also public focus groups, online discussions and e-bulletins to all our key audiences. It ensured we listened to the views, experiences and opinions of thousands of people, including members of the public, people who use services, carers, our staff, organisations that provide care, care professionals, voluntary organisations, and the main organisations we work with in the health and social care system.

We received formal consultation responses from CQC staff, the public, providers and stakeholders (which includes commissioners, professionals and other regulators). They can be broken down as follows:

**% of formal consultations responses from each group**



The consultation responses we received and the views we heard during our programme of communication and engagement showed that most people supported our proposed purpose and strategic priorities. However, many also requested further explanation, especially about our role in improvement. Below is a summary of the feedback we received on this, and our response.

# 3. Our purpose

We consulted on the following purpose.

## **To drive improvements in the quality of care through the unique function of measuring whether services meet national standards of quality and safety.**

### **What you said:**

- ▶ People generally welcomed a shift towards a focus on improvement. However they highlighted the need for further explanation, as there has been confusion in the past about our role. In particular, they requested clarity on whether or not our role is to bring providers up to national standards of quality and safety, or beyond that.
- ▶ There was a lack of agreement among some about our role in improvement and what this should be.
- ▶ The public want us to do more than make sure services meet minimum standards of quality and safety. They accept the importance of services meeting these standards. However they do not recognise the value of a regulator that does not encourage improvements beyond these minimum standards.

- ▶ Some stakeholders felt the responsibility for improvement was with providers, commissioners and other improvement agencies, while our role was a 'back stop'. As a result, this meant we should focus on setting standards of quality and safety, monitoring to make sure that organisations keep to the standards and taking action where standards aren't being met.
- ▶ Others felt we should do both ie making sure services meet minimum standards of quality and safety while indirectly encouraging services to improve beyond these standards.
- ▶ People felt there was a need for a simple statement that is easily understood, clearly states our purpose and expresses what kind of regulator we are.

### **Our response:**

- ▶ Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.
- ▶ Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care.

## Commenting on what works well

Our strategy proposed that we would comment on what works well in services as well as poor care. Discussion about this was relevant to the discussion about our role and purpose.

### What you said:

- ▶ There was overwhelming support for this proposal. It was seen as an effective way to encourage improvement directly or indirectly.
- ▶ However, there was some concern about the need for a consistent view of what 'good' looks like. There was also concern about our ability to comment on what good looks like, as it is a significant step change from our current model.
- ▶ Many of those who responded said that identifying both good practice and poor care is an effective way to promote improvement. However, people also requested clarity about what kind of regulator we are.
- ▶ Some people highlighted that we should have a bigger role in improving quality. For example, we could do this by using NICE's quality standards to report what 'good' looks like.
- ▶ People felt that reporting on what works well and encouraging improvement was a positive step as long as we were clear about the purpose. People also felt that we should involve our stakeholders, providers and the public in developing an effective framework on which to base our decisions. They felt that our reporting should be clearly understood by providers so they can learn from it to help them improve.

### Our response:

- ▶ We will publish better information for the public that will help them choose care. We will provide a balanced, clear, timely, 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.

# 4. Our strategic priorities

## Strategic priority 1: Making greater use of information and evidence to achieve the greatest impact

### What we said in our consultation:

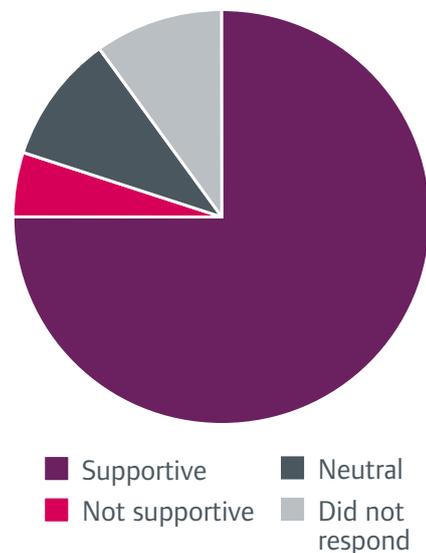
We will continue to regulate all health and adult social care services that provide regulated activities, we will move towards a model of differentiated regulation. This means we will regulate different sectors in different ways. To do this we will make greater use of information, including an evaluation of the impact of our regulatory activities. This will determine how we use our resources to achieve the greatest impact on improvements to the quality of care. We will also apply this approach to our responsibilities under the Mental Health Act and the Mental Capacity Act. We will draw on our unique sources of data, intelligence and knowledge, and that of others, to become a more authoritative voice on the state of care. We will use this voice to drive improvement in how services are provided and commissioned, and to influence the sector. Underpinning this approach, we will continue to advance people's human rights and their rights to equality throughout our regulatory work.

### What we asked in our consultation:

What are your views on us making greater use of information and evidence to guide us in regulating services, which may mean we regulate different services in different ways?

### Overall response:

People's views on CQC making greater use of information and evidence to regulate different services in different ways



## The right approach for each sector, based on evidence

### What you said:

- ▶ There was overwhelming support for our proposal to regulate different services in different ways. There was agreement that a 'one size fits all' model is not effective.
  - ▶ Some people supported an approach that was specific to sectors while others felt we needed more separation within sectors, for example inspecting a large corporately owned 100-bed care home with a high percentage of residents with dementia compared to a small individually owned 10-bed care home.
  - ▶ Members of the public said whatever approach we used, we should make sure the best outcomes are achieved for people receiving care and not reduce the number of inspections we carry out. This view was supported by some care providers.
  - ▶ People also said that the vulnerability of people using a service such as individuals with learning disabilities or mental health issues should be a factor in determining how often we look at a service.
- ▶ There was general agreement that we should keep a minimum inspection regime and that we should continue to carry out unannounced inspections. There was strong opinion that adult social care services, and residential settings in particular, should go no longer than one year without an inspection. Some representative groups of people who use services called for two inspections each year.
  - ▶ A small number of those who responded were not in favour of this proposal, as they were concerned that this would mean a move away from annual inspections and that this would have a negative effect on the quality of care.

### Our response:

- ▶ We will regulate different services in different ways, making better use of tailored information and expert inspection to assess performance.
- ▶ 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 at any time when we have a concern, or when we do not have enough information about a service.

## Building the evidence base

### What you said:

- ▶ There was general support for making greater use of information. People noted that there is a range of information already available, for example, assessments and judgements made by partner organisations and accreditation schemes.
  - ▶ However it was acknowledged that there is limited information available in some sectors compared to the NHS, particularly independent health and adult social care, and that we need to take this into account when developing a model dealing with risk so we do not unfairly disadvantage any sectors.
- ▶ People stressed that our information should be high quality and that it should be:
    - reliable
    - up to date
    - checked
    - reviewed
    - refreshed (updated on a regular basis).
  - ▶ People also said that we need to be open and transparent about the information we use and allow for challenge if people spot anything which is not accurate.

▶ People said there should be more of a focus on gathering information about people's experiences. They said we need to improve how we capture, analyse and use the voice of people using services, their families, carers and advocates and that it should be clear how this information has influenced the regulatory action we have taken.

### **Our response:**

▶ 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 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 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.

## **An authoritative voice**

### **What you said:**

▶ There was broad support for us becoming an 'authoritative voice' and providing comments on the state of care. However, as mentioned earlier, people said that we need to be clear about what quality care looks like and our role in encouraging improvement. They said we should use our state of care report to comment on national policy where it identifies concerns in the safety and quality of care.

▶ Stakeholders and providers were particularly interested in how we planned to comment on commissioning. Commissioners and providers need to understand what we plan to assess and we need to make reference to commissioning so we can give an accurate picture when reporting on the state of care.

▶ There was support for us continuing our themed work and highlighting issues which affect services that influence policy, so we can encourage improvements.

▶ 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 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 consider working with other agencies to carry out inspections and make greater use of reviews carried out by others, including Monitor, the organisation which also regulates health care, local Healthwatch and overview and scrutiny committees.

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

### **Our response:**

▶ 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. Our information will help providers to measure their performance against others to encourage improvement, and will encourage change.

▶ We will also 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 become foundation trusts.

▶ We will:

- comment on themes, new trends and issues and make recommendations for action; and
- comment on the effectiveness of commissioning if it affects the quality of services provided.

## Understanding cultures and behaviours

### What you said:

▶ There was general support for assessing the culture and behaviour of organisations. However it was acknowledged we would need to develop measures for doing this by working with others and that we should be open and transparent about what these measures are.

### Our response:

▶ 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.

▶ 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 service puts people first, protects their rights, and encourages them to speak out without fear.

▶ 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.

# Strategic priority 2: Strengthening how we work with strategic partners

## What we said in our consultation:

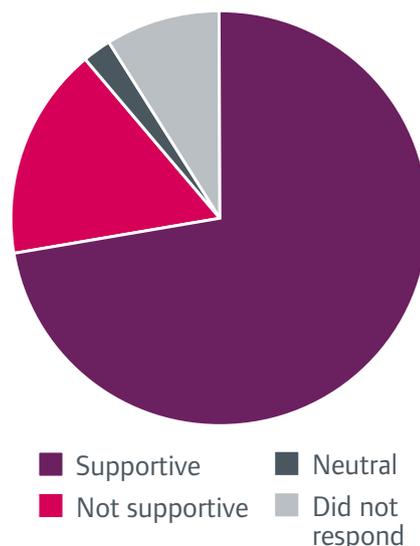
We will remain independent in our ability to decide when and how we regulate, and in the regulatory judgements we make. However, in the context of a changing health and adult social care system, we will develop interdependent relationships with national strategic partners, including Monitor, the NHS Commissioning Board, the Association of Directors of Adult Social Services (ADASS), Healthwatch England, the Health and Social Care Information Centre, the Local Government Association (LGA), the National Institute for Health and Clinical Excellence (NICE), the National Trust Development Authority, the National Quality Board, the Office for Standards in Education, Children's Services and Skills (Ofsted), the professional regulators, and Public Health England. We will build constructive relationships with a range of other organisations nationally and locally.

## What we asked in our consultation:

What are your views on our approach to managing our independence and working with our national strategic partners and other organizations? Does it strike the right balance?

## Overall response:

### People's views on our approach to managing our independence and working with national strategic partners



## Key interdependencies with our strategic partners

### What you said:

► There was support for this proposal. Many services and organisations were identified as missing from the list of strategic partners and that the public should also be a partner. However, people also felt the number of partners listed suggested a lengthy, slow moving, bureaucratic process. Many people also appreciated the complexities of achieving our aim.

► People said that we need to clearly explain the roles and responsibilities of each partner and what our working relationships with them will be. They said we need to work with our partners to develop an approach that allows all partners to work together, using each other's powers, to drive improvement in failing services.

- ▶ People said that we also need to balance our national strategic relationships with work at a local operational level to coordinate our activities and reduce the burden on services.
- ▶ Some of the complexities arising from closer working or joint activity include different organisations' legislative remits and data protection laws; therefore there is a need for transparent governance around these issues. We need to use this as a real opportunity to reduce the burden and bureaucracy caused by regulation, by creating effective ways of working together and sharing information.
- ▶ People also highlighted the need for us to explain how we plan to work with Monitor on joint licensing, with NHS England, and with clinical commissioning groups and the quality surveillance groups.

### Our response:

- ▶ Nationally and locally we will aim to 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.
- ▶ Our chief inspectors will play a central role, making sure that concerns about quality and safety are acted on and brought to the attention of all of our partners.

## Independence

### What you said:

- ▶ We need to maintain a level of independence to make sure we focus on delivering our purpose. If we are under pressure to direct our focus elsewhere we must be willing to challenge this.
- ▶ We also need to explain our relationship with providers, as some members of the public believe our relationship with providers affects their trust in us.

- ▶ 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.

### Our response:

- ▶ We will make sure that above all else our judgements are completely independent of the health and social care system and always on the side of people who use care services, putting their interests first.

## Working with our other stakeholders

### What you said:

- ▶ There was support for building local relationships at an operational level. Many felt this level of partnership working will have the most benefit for people using services and that we need to have more of a local presence.
- ▶ We need to clarify how commissioners will be involved in this work and what these relationships will be for both health and adult social care services.

### Our response:

- ▶ 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.
- ▶ We will also continue to develop our working relationships with other organisations to make sure we coordinate 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 Parliamentary and Health Service Ombudsman, employers' organisations and professional associations.

# Strategic priority 3: Continuing to build better relationships with the public

## What we said in our consultation:

We will make the most of the opportunity Healthwatch offers, and support its development to make sure people's views, experiences and concerns about their local health and social care services are heard. We will improve the information we provide to the public, do more to raise awareness and understanding of our work and empower people to demand better care. We will make sure people's views, experiences and concerns more systematically inform who, when and what we inspect. We will do more to involve people in our work to make sure their experiences are at the centre of our inspections, including extending the use of Experts by Experience – people who have personal experience of care.

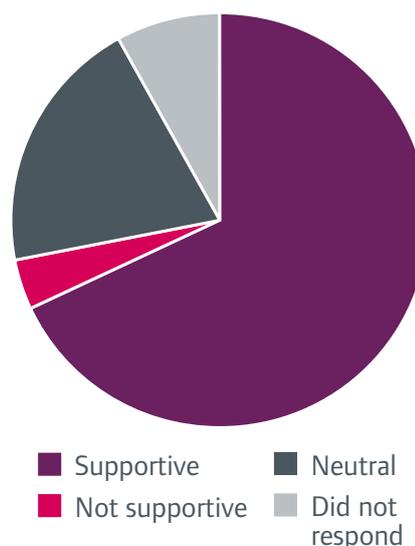
## What we asked in our consultation:

What are your views on our approach to building better relationships with the public?

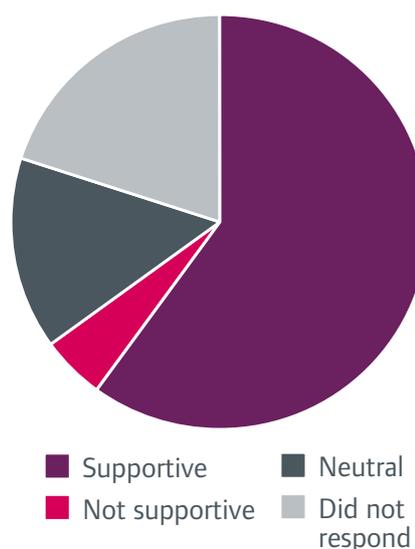
What are your views on our proposed approach to tackle complaints?

## Overall response:

### People's views on our approach to building better relationships



### People's views on our proposed approach to tackling complaints



# Listening to people's views and experiences

## What you said:

- ▶ It is essential that we are more active in gathering the views of people using services, particularly vulnerable people. We also need to recognise the value of gathering the views of carers and relatives.
- ▶ We need to make better use of people's views and experiences already available in different parts of the health and social care system.
- ▶ The public felt it was important that we feed back the outcome of any enquiries resulting from concerns they raised, to encourage people to share this information.
- ▶ We need to work with our main partners to develop a joined up approach to sharing information gathered from people's views and experiences. We also need to encourage people to comment on good care as well as poor care.
- ▶ It is important for us to gain a full picture when inspecting concerns raised by people using services. We need to be clear about the information used and give providers the right to reply.
- ▶ We also need to make sure we check that providers have effective methods for listening to people using their service. We need to make sure providers gather and use the views of people to improve their services.

## Our response:

- ▶ 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 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 digital media, such as our website. We will ensure 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 experience 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 share information better locally.
- ▶ 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.

# Raising public awareness and understanding of our role

## What you said:

- ▶ We need to develop a higher public profile and explain our role better. However, to do this we need to provide a clear and concise description of what we do so the public understands our role and deal with any misunderstandings.
- ▶ We need to broaden our target audience and improve how we use social media such as Twitter and Facebook. To prevent confusion we need to be clear about how we work with other organisations that involve the public to gather their views on health and social care.
- ▶ We need to have wide ranging methods of communication for us to successfully raise our profile. We must become a trusted organisation that listens and acts quickly when concerns are raised.
- ▶ The few people who did not support this proposal suggested we should check whether or not services have a complaints process that leads to improvement so that people who use services do not need to contact CQC to raise concerns.

## Our response:

- ▶ 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 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.

# Handling complaints

## What you said:

- ▶ This part of the strategy provoked a great deal of comment. Everyone who responded agreed there is much confusion around the current complaints system and that we need to explain the process.
- ▶ We need to provide explanations but not to build up expectations that we will investigate complaints. It is important to respond to people who have given us information about complaints to encourage the public to continue to share this information.

- ▶ Members of the public wanted to be able to report concerns anonymously and for there not to be any negative repercussions. They felt that we need to introduce a one-stop shop for dealing with complaints that takes the responsibility for managing the information and feeding back the outcome.
- ▶ We need to explain our role more clearly and explain the value of people reporting concerns to us as this is not currently understood. Reporting the outcomes resulting from information shared by the public would be an effective way of showing the value of what we do.

- ▶ We need to check providers are managing complaints appropriately and use information from complaints better by introducing a formalised and effective method for gathering this information and using it.
- ▶ The changing landscape introduces more difficulties as there will be more routes for people to send us information about concerns, for example Healthwatch and NHS England. We need to take account of the impact of this change.
- ▶ We should either direct people making complaints to the right process for resolution or we, alongside other relevant organisations (such as the Department of Health and the Ombudsmen), should develop a single point for complaints. However, there is the possibility that this could make the complaints process more complicated and bureaucratic as well as prejudicing an investigation.
- ▶ We need to check that concerns reported to us have been raised with the relevant provider to allow the provider to deal with the issue, make any necessary changes and give them the right to reply.

## Involving people in our work

### What you said:

- ▶ Members of the public support our proposal to improve how we involve people in our work and make greater use of ‘experts by experience’ in all our inspections.
- ▶ We need to involve more marginalised groups and communities, such as travellers.

### Our response:

- ▶ We will improve the way we collect, listen to, share and act on complaints people make, as they provide important information about the quality of care. We will build up a more detailed picture of the concerns and formal complaints 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 the place they 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 of how NHS complaints are handled led by Ann Clwyd MP. In the meantime, it is important that the public understands that the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman can investigate complaints. CQC does not take up individual complaints about a service directly with the provider (except for those to do with the Mental Health Act). We will work with the Ombudsman services, and with Healthwatch England, to improve how we explain our roles to the public and how we share information on complaints.

### Our response:

- ▶ 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 and 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.

## Improving our information to support people's judgements and choices

### What you said:

- ▶ Our reports need to be clearer and simpler, to be focused at people using the service and written in a language that the public understand. We should tailor information for different audiences and include information that the public will find useful and of real value, such as quality of life issues and what works well.
- ▶ Many of our target audience do not use social media, so we need to consider how we will communicate with this audience.
- ▶ There was a difference of opinion about whether we should provide information to support choice. While the public were mainly in favour of information that supported choice, other people who responded felt it was outside our remit and that other organisations are responsible for providing this information.
- ▶ We need to improve the timeliness and quality of information we publish and should consider publishing post inspection action plans after inspections so services can be held to account while improvements are being implemented.
- ▶ Many people who responded highlighted the desire to reintroduce a rating of services, particularly for adult social care services.

### Our response:

- ▶ We will publish better information for the public that will help them choose care. We will provide a balanced, clear, timely, 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 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.

## Making the most of the opportunity offered by Healthwatch, the new consumer champion

### What you said:

- ▶ We need to have effective working relationships with Healthwatch England and local Healthwatch and consider them as partners.
- ▶ However, we should not rely too much on information provided by Healthwatch as the view of people who use services nationally and locally. We should use this as one of a range of methods for gathering the views and experiences of people using services.
- ▶ How will we work with Healthwatch England and local Healthwatch?

### Our response:

- ▶ We will share information with Healthwatch England and local Healthwatch about people's experience 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.

# Strategic priority 4: Building our relationships with organisations providing care

## What we said in our consultation:

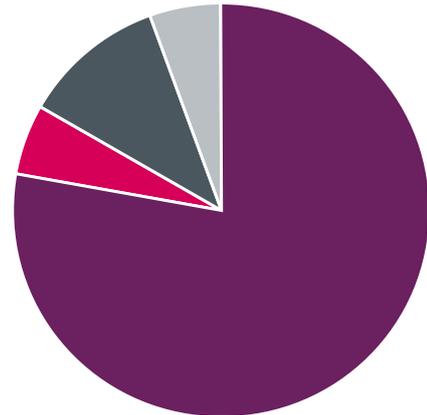
We will continue to build respect and credibility with organisations that provide care and will be 'good to do business with'. We will continue to deliver a professional standard of registration services that swiftly and effectively enable organisations to enter the sector when they meet the required standards of care; we will be consistent in our application of the regulations; we will build confidence in the expertise of our inspectors; constantly tackle unnecessary regulatory burden and support innovations that improve the quality of services; and we will provide insight on what works well across the sector.

## What we asked in our consultation:

What are your views on whether our proposals will build respect and credibility among providers?

## Overall response:

### People's views on our proposed approach to building credibility among providers



Supportive Neutral  
Not supportive Did not respond

## Continuing to deliver a professional standard of registration services

### What you said:

- ▶ We need to be stronger in our approach to regulation to make sure services do not provide care unless we are confident they will deliver good quality care.
- ▶ We should use this as an opportunity to use existing professional standards and accreditation information when making assessments on new services.
- ▶ We need to make sure we have a timely registration process that prevents unnecessary cost to businesses.

### Our response:

- ▶ 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, 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.

## Consistency in applying the regulations

### What you said:

▶ We need to make sure we apply the regulations consistently and have clear criteria for reaching judgements. We should be open and transparent about the judgements we reach and should publish a quality assurance framework that describes how we check consistency. Providers need to be sure that the judgements we make are robust, rigorous and based on evidence.

### 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.

## Confidence in the judgements of our inspectors

### What you said:

▶ Our inspectors need to be confident and knowledgeable about the services they inspect. They need to be skilled so that they can challenge senior leaders during inspection and reach judgements that are based on robust evidence and solid knowledge.

▶ We need to design an approach that allows staff to better understand the providers they are responsible for inspecting. We need to make sure inspectors can have a real influence because they have expert knowledge about the services they are inspecting.

▶ Some providers highlighted the importance of us making sure that individuals with specialist expertise form part of the inspection team when checking specialist areas, as well as appropriately skilled inspectors.

### Our response:

▶ We will continue to invest in training our inspectors and our staff to make sure that they have the right skills and abilities to carry out their role.

▶ 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.

# Tackling unnecessary regulation, supporting innovations

## What you said:

▶ Providers strongly supported us in reducing unnecessary work as a result of regulation. As discussed before, we need to have an effective process for sharing information so we do not ask for duplicate information that has been provided to other organisations. We need to match our regulatory activities, and where relevant, carry out joint inspections with our partner organisations, as well as look at how we can bring about change using a combined approach rather than on our own.

## Our response:

▶ 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.

▶ 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.

# Providing insights

## What you said:

▶ We will develop new fundamental standards which 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 these five areas working with the public, people who use services, carers, providers and professionals, and our partners and 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. We will monitor and assess performance using our standards and measures, but we will always use our professional judgement so that we never tick the box but miss the point.

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

▶ We will continue to involve and work with providers on changes to our methods, plans, standards and guidance.

▶ 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; and
- 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.

# Strategic priority 5: Strengthening the delivery of our unique responsibilities on mental health and mental capacity

## What we said in our consultation:

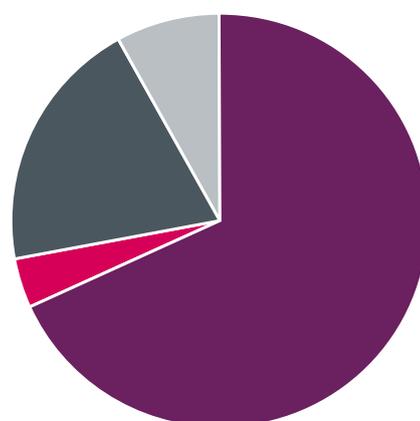
Our statutory responsibilities under the Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) were established to protect the human rights of some of the people who are the most vulnerable due to their circumstances in the health and social care system. We will focus on how we can use the full range of our powers to conduct these responsibilities as effectively as possible. We will develop our approach and methods in partnership with key stakeholders, not least those who use services and those who speak on their behalf.

## What we asked in our consultation:

What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?

## Overall response:

People's views on our proposed approach to strengthening how we meet our responsibilities on mental health and mental capacity



Supportive Neutral  
Not supportive Did not respond

## Defining our responsibilities more clearly

### What you said:

▶ Those with an interest in our work (stakeholders) support us in defining our unique responsibilities more clearly so we do not confuse the responsibilities we have under the Mental Health Act and Mental Capacity Act within our wider regulatory framework.

### Our response:

▶ 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

### What you said:

▶ Stakeholders believe that we should operate at all levels of care that people experience. For example, this could involve using police powers under the Mental Health Act. The cycle of regular unannounced inspections is important as an essential form of protection for people held in hospital. However, stakeholders believe that there is a need for monitor care in community services of those under community treatment orders and the experience and treatment of those with mental health problems who go to A&E departments. These are exactly the areas included in the monitoring framework we introduced early last year, and initial findings from this approach are revealing issues that we had not previously

come across. This feedback reinforces the need to continue to develop and review this model as we have planned to do for 2013/14.

### Our response:

▶ 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

### What you said:

▶ People said that the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) are seen as being uneven in how they are put into practice, including in primary care and acute hospitals. Stakeholders believe that we have a critical role in monitoring its use, for example checking that care staff are trained and correct procedures are followed. We need to provide enough resources for our activities linked to the Mental Capacity Act and DoLS activities, as well as make sure that our staff have suitable training to assess day-to-day practice on the Mental Capacity Act.

### Our response:

▶ We will increase the level of training and guidance on mental capacity which 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 bodies" in the Deprivation of Liberty Safeguards system.

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

### What you said:

▶ Stakeholders welcomed the commitment in our strategy consultation document to better involve people using services who often cannot speak up for themselves. There were a number of suggestions on how we can communicate better, such as providing information at places where people go when they need to know it. Also we need to take time to listen to people and their families and carers about their experiences of care.

### Our response:

▶ 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 continue to 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

### What you said:

▶ Our staff felt that the separate nature of our functions under the Mental Health Act was a main barrier to working more closely with regulatory colleagues, and that there was a need to improve the training of regulatory staff on mental capacity and DoLS issues.

### Our response:

▶ 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.

# Strategic priority 6: Continuing our drive to become a high- performing organisation

## What we said in our consultation:

We will build on the foundation laid in the last three years and become a higher performing organisation. We will do this by being flexible and adaptable; by being a dynamic organisation; by building a motivated, skilled and effective, workforce; and by measuring success.

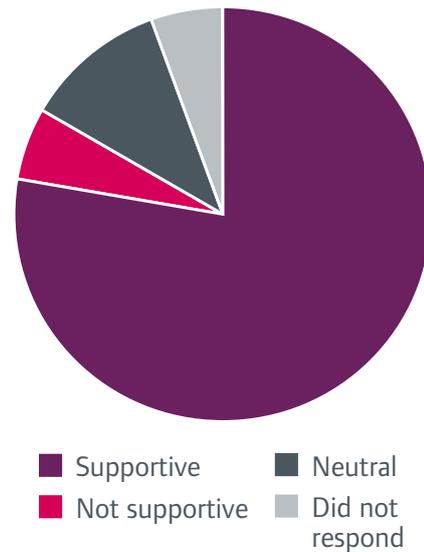
## What we asked in our consultation:

What are your views on how we might most effectively measure our impact?

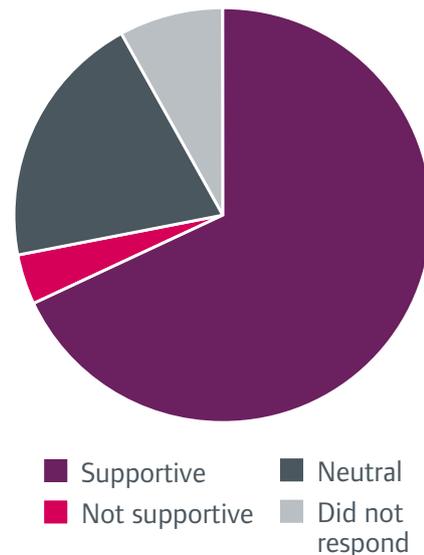
What are your views on our proposal to become a high-performing organisation? Are there other factors that we need to take into account?

## Overall response:

### People's views on how we might most effectively measure our impact



### People's views on our proposals to become a high-performing organisation



## Flexible and adaptable

### What you said:

- ▶ There was support for us evaluating ourselves, showing that we have learned from failure and using this information to continuously improve.
- ▶ We need to take account of the Francis inquiry and recommendations of other public reports along with the outputs from the consultation when developing our strategy.

### Our response:

- ▶ 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 which perform even better.

## Building a motivated, skilled and effective workforce

### What you said:

- ▶ There was broad support for our proposal to build a motivated and skilled workforce to make sure we can perform better as an organisation.
- ▶ We need to develop staff training and consider how we can effectively motivate our workforce. This includes making sure we provide effective management and leadership which is central in developing a motivated workforce.
- ▶ We should consider developing a secondment programme for staff and for professionals in health and social care sectors to spread learning.
- ▶ We need to have strong leadership to deliver the proposals in the strategy. The ambition is admirable but challenging and we should not set our targets too high but be realistic about what we can deliver.

### Our response:

- ▶ 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 impact

### What you said:

- ▶ People supported the idea of us measuring our impact and publishing this information. We should develop a range of key performance indicators that effectively measure the impact we have had to make sure we are providing value for money. However, people accept that we are part of a wider system and determining our impact will be difficult.
- ▶ There were many suggestions of measures, for example the public asked that the experiences of people receiving care should be used as the main measure of our success or failure.
- ▶ We need to be clear about our measures for monitoring the impact we have had on health and adult social care, regularly measure our performance and publish this information. We should align our measures with our partners to make sure we are consistent.

### Our response:

- ▶ 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.

## Other areas highlighted

Below are points that were raised as part of the consultation that do not directly link to any of the questions we asked. However they are valid issues that need to be considered alongside the issues listed above.

- ▶ Some people commented on the 'unit' we assess. For example, our judgements should be on a wider assessment of services delivered in a hospital than we currently use.
- ▶ We need to take account of equality, diversity and human rights when developing our new approach. We need to refer more to how we intend to take this into account.

### Our response:

- ▶ Our principles:
  - We promote equality, diversity and human rights
- ▶ Our statement of user involvement will set out how we will maintain our focus on human rights, equality and diversity.

# Appendix A: Summary of engagement programme

We held 10 national and regional stakeholder events across England where senior staff presented to over 200 people, including people who use services, providers, commissioners, regulators and other key stakeholders. A further 18 smaller events involved senior leaders from across health, social care and regulation.

More than 10 events focused specifically on people who use services, with 240 people attending. Sessions were held with experts by experience, LINKs representatives and CQC's eQuality Voices group. These groups also received regular updates through their bulletins.

Harder to reach groups were targeted to ensure we got a view from across the diverse communities that use health and social care, such as travellers, Polish people, Jewish women and young Asian men. Discussions were also held with groups of people that are regular users of health and adult social care, which included people with learning disabilities and older people, as well as sessions focused on mental health and mental capacity.

In addition to the external events we held a live Q&A webinar session that could be accessed by all members of our provider reference group and more than 400 responses were submitted online. Staff's views and opinions were also gathered through internal events held across England.

Events	Number of events	Number of people who took part
National stakeholder events	2	35
Regional stakeholder events	8	187
Staff events	27	417
Events with representative groups of people who use services	12	240
<b>Total</b>	<b>49</b>	<b>879</b>

Other engagement	Number of events	Number of people who took part
Meetings with senior representatives	10	89
CQC Stakeholder Committee		15
Advisory Groups	8	34
Parliamentary meetings		8
Public reference group online responses		44
Provider reference group online responses		24
Service User Reference Panel postal responses		7
Consultation online responses		463
<b>Total</b>	<b>18</b>	<b>684</b>

## Breakdown of engagement events

National and regional events that involved people who use services, providers, commissioners and supervisory or regulatory bodies and professionals.

Venue	Date	Number of people who took part
London	08/11/12	30
Leeds	14/11/12	22
London	14/11/12	16
Cambridge	15/11/12	15
London	16/11/12	19
Bristol	16/11/12	40
Newcastle	20/11/12	21
London	21/11/12	37
Preston	22/11/12	22
Birmingham (am)	28/11/12	22
Birmingham (pm)	28/11/12	24
London	06/12/12	24
<b>Total</b>		<b>292</b>

## Events with people who use services

Venue	Date	Number of people who took part
London	19/09/12	67
Bury St. Edmunds	05/11/12	12
Derby	10/11/12	7
Manchester	13/11/12	12
West Bromwich	14/11/12	11
Kings Lynn	17/11/12	10
Halifax	16/11/12	9
London	22/11/12	7
London	29/11/12	70
London	15/11/12	15
Birmingham	19/11/12	6
London	13/12/12	14
<b>Total</b>		<b>240</b>

# Appendix B: Percentages of people in support of our proposals

The table below details the percentage of people that provided a positive response for each consultation question.

Consultation questions		% of positive responses
1	What are your views on us making greater use of information and evidence to guide us in regulating services, which mean we regulate different services in different ways?	75
2	What are your views on our approach to managing our independence and working with our national strategic partners and other organisations? Does it strike the right balance?	72
3	What are your views on our approach to building better relationships with the public?	68
4	What are your views on our proposed approach to tackle complaints?	60
5	What are your views on whether our proposals will build respect and credibility among providers?	78
6	What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?	68
7	What are your views on how we might most effectively measure our impact?	78
8	What are your views on our proposal to become a high-performing organisation? Are there other factors that we need to take into account?	69



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