

# Shaping the future

CQC's strategy for 2016 to 2021



**CQC is the independent regulator of health and adult social care in England.**

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

Enter



## OUR STRATEGY AT A GLANCE

**Our ambition for the next five years is**

**A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care.**

**We will achieve this by focusing on four priorities**

**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**

- People trust and use our expert, independent judgements about the quality of care.
- People have confidence that we will identify good and poor care and that we will take action where necessary so their rights are protected.
- Organisations that deliver care improve quality as a result of our regulation.
- Organisations are encouraged to use resources as efficiently as possible to deliver high-quality care.

**READ OUR STRATEGY**

# Foreword



**David Behan**  
Chief Executive

**Peter Wyman**  
Chair

We have radically changed our approach to regulating health and social care services over the last three years. Soon we will have completed inspections of all the services we rate, providing a powerful baseline understanding of the quality of care in England. We ask the same five questions of every service – Is it safe? Is it effective? Is it caring? Is it responsive? Is it well-led? – and publish our findings and ratings. We know that our work is leading to better care – providers tell us our reports help identify areas for improvement, and we regularly see improvements when we re-inspect.

Over the next five years the health and social care sector will need to adapt, and we do not underestimate the challenges that services face. Demand for care has increased as more people live for longer with complex care needs, and there is strong pressure on services to control costs. Success will mean delivering the right quality outcomes within the resources available.

We know providers are committed to addressing these challenges. Services are innovating, using technology and new ways of working to deliver care that is more person-centred. We will do all we can to encourage improvement, but we cannot do this alone. Providers, professionals, staff, commissioners, funders and other regulators need to work together, with people who use services, their families and carers, towards a shared vision of high-quality care.

Our strategy has been developed based on what thousands of people, providers, staff and partners have told us and what we have learned from more than 22,000 inspections. It sets out an ambitious vision for a more targeted, responsive and collaborative approach to regulation, so that more people get high-quality care.

As we move into this period of change, we will have fewer resources to deliver our purpose – so we need to use them as effectively as possible. We will always stay committed to our purpose, role and statutory objectives as we enter the next five years with energy, determination and passion.

# Introduction

Health and social care regulation makes a real and practical difference to people's lives. There needs to be a strong, independent regulator that will always act on the side of people who use services. Our new strategy describes how we will build on what we have learned so we can continue to improve what we do. We will keep fulfilling our purpose to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

## What we know

CQC's purpose and role remain of critical importance. Our assessments and inspections tell us that there is still significant variation in quality across different sectors and between services in each sector. In particular we are concerned about safety, which remains a serious challenge for those we have rated inadequate. Our assessments also tell us that effective leadership is very important to providing high-quality care – the overwhelming majority of good and outstanding services also feature good or outstanding leadership.

We are working in a challenging context. Demand for care has increased as more people live for longer with complex care needs. There is also strong pressure on services to control costs. To help meet these challenges, services

are changing the way they organise and deliver care, and our approach needs to evolve too. We need to develop our monitoring to make best use of available information, especially from the public, who can be our eyes and ears in services. We must adapt to new models of care and work with others to support services to improve, particularly those with poor quality. We need to become more efficient in our operations, and reduce the process requirements we put on those we regulate.

## Our ambition for the next five years

We are building a unique baseline of knowledge that provides critical insights into the quality of care people are receiving and we will soon complete inspections of all the services we rate. When we have finished, the answer is not simply to start again, but to use what we have learned – and what people tell us – to target our inspections where poor care, or a change in quality, is more likely.

## We will focus on four priorities to deliver our ambition:



**1 Encourage improvement, innovation and sustainability in care** – we will work with others to support improvement, adapt our approach as new care models develop, and publish new ratings of NHS trusts' and foundation trusts' use of resources.



**2 Deliver an intelligence-driven approach to regulation** – we will use our information from the public and providers more effectively to target our resources where the risk to the quality of care provided is greatest and to check where quality is improving, and we will introduce a more proportionate approach to registration.



**3 Promote a single shared view of quality** – we will work with others to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care.



**4 Improve our efficiency and effectiveness** – we will work more efficiently, achieving savings each year, and improving how we work with the public and providers.

Our new strategy sets out an ambitious vision for a more targeted, responsive and collaborative approach to regulation, so more people get high-quality care.

We have produced an accompanying document, *What our strategy means for the health and adult social care services we regulate*, that describes how we will regulate and encourage improvement in each sector. As we work towards achieving our ambition we will develop the detail of our plans with people who use services and their carers, providers, staff and partners. We will also address the risks and opportunities for equality and human rights as outlined in our *Equality and human rights impact analysis*. We will consult, where appropriate, on changes to our inspection approach, and measure and report on whether we have achieved our ambition (see page 19).

## 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 will be different

### We will develop our approach so that we:

- Put more of our resources into assessing the quality of care for services with poor ratings and those whose rating is likely to change, and less on those where care quality is good and likely to remain so.
- Better monitor changes in quality by bringing together what people who use services are telling us, knowledge from our inspections, and data from our partners.
- Make more use of unannounced inspections focused on the areas where our insight suggests risk is greatest or quality is improving – with ratings updated where we find changes.
- Have a more robust registration approach for higher-risk applications and a more streamlined approach for those that are low-risk.
- Focus more on the quality of care that specific population groups experience and how well care is coordinated across organisations.

- Learn alongside providers who offer new care models or use new technologies, to encourage innovation by flexibly and effectively registering and inspecting such new models.
- Develop a shared data set with partners, other regulators and commissioners, so providers are only asked for information about care quality once.
- Use online processes as the default to make interactions with providers and the public easy and efficient.
- Introduce new ratings of how well NHS trusts are using their resources to deliver high-quality care.

## PRIORITY 1



# Encourage improvement, innovation and sustainability in care

### What we know

People's health and social care needs are increasing and changing, and there are limited resources to meet those needs. Some providers have found they cannot deliver services in the same way. Boundaries between hospital care, primary care, community care and adult social care services are blurring as providers look to new models and technology to efficiently deliver person-centred care.



There is a growing awareness that for care to be sustainable and meet people's needs, improvements have to be led by providers and commissioners, and planned across local areas with local communities. Across health and adult social care, local areas are developing plans, including through devolution, guided by the *Five Year Forward View*.

We expect to see some radical innovation and change, while some services will stay the same.

### What we will do

We will continue to look for good care as well as poor care, and highlight examples of good practice and innovation, to enable learning and encourage improvement. We will do more to assess quality for population groups and how well care is coordinated across organisations, through our provider inspections and our thematic work. We will adapt our approach so we can effectively register and inspect providers who have new and innovative care models. With NHS Improvement, we will begin publishing ratings of how well NHS trusts and foundation trusts are using their resources to deliver high-quality care.

[Learn how we will do it](#) ▶

## How we will do it

### When we register services, we will:

- Use a flexible approach that supports new ways of providing health and care, such as integrated care that cuts across organisational boundaries.
- Make sure that the person ultimately responsible for care can be held accountable for quality, for example registering a provider at a corporate level if it delivers care through subsidiary providers.

### When we monitor quality, we will:

- Work more effectively to share information about how quality is changing locally, regionally and nationally. We will work with the Healthwatch network and other organisations that represent the public, with commissioners through our overview and scrutiny work, and with the Sustainability and Transformation Plan process.
- Use our information on a geographical basis to identify quality priorities and risks for local areas.
- Continue to use our market oversight function to monitor the financial health of difficult-to-replace adult social care providers.

### When we inspect services, we will:

- Continue to encourage improvement by sharing what providers are doing well, and monitoring the impact our approach has on providers and staff, including incentives for improvement.
- Strengthen our assessment of how well providers work with others to share information and coordinate care.
- Assess how well providers deliver care for specific populations groups, for example whether end of life care is meeting the needs of different groups.

- Build our capability to inspect new models of care, such as care that is organised around conditions or population groups, or where hospitals, GP practices and care homes work together to deliver care.
- Make the most effective and efficient use of Experts by Experience to make sure we hear the views of people who use services and their families, and make clear how they have informed our judgements and ratings.

### When we rate services, we will:

- Continue to publish ratings, incentivising providers to improve and recognising those who deliver high-quality care.
- Make our ratings available by area to inform planning and improvement.
- Work with NHS Improvement to publish ratings for NHS trusts and foundation trusts on how efficiently and effectively they use their resources.

### When we need to enforce, we will:

- Inform and work closely with local organisations when we consider closing services, to ensure people can continue accessing their care.

### When we use our independent voice, we will:

- Publish examples of good practice and innovative care to encourage improvement, for example through our *State of Care* report to Parliament.
- Continue producing national reports that support improvement by highlighting care quality for different population groups and pathways of care, such as *Right here, right now* our mental health crisis care review.
- Begin to publish estimates of the populations covered by good and outstanding care, to further encourage improvement.



## PRIORITY 2



# Deliver an intelligence-driven approach to regulation

### What we know

We have powerful insights into the quality of health and social care and when we complete our comprehensive inspections we will be even clearer about the data that tells us most about quality. Technology has made it easier for people to leave instant feedback about services, and new tools to analyse data are constantly evolving. We are seeing this change across the health and care system, but there is more we can do to improve how we use and capture the views and experiences of people.



Inspections are critical to our work, as the factors affecting quality cannot be assessed from data alone. By bringing together information from people who use services and their carers, knowledge from our inspections, and data from our partners, we will be better equipped to monitor changes in quality.

### What we will do

We will build a new insight model that monitors quality. We will inspect all new services, but then focus our follow-up inspections on areas where our insight suggests risk is greatest or quality is improving. We will update ratings where we find changes. By targeting our inspections, we will recognise improvement, and identify and act on poor care. We will make more use of unannounced inspections and focus on building a shared understanding of the local context and the quality of services between inspectors, providers and partners. When we register new services, we will look at risk levels and be flexible in our approach.

[Learn how we will do it](#) ▶

## How we will do it

### When we register services, we will:

- Take a more robust approach for higher-risk applications and a more streamlined approach for those that are lower-risk, for example by considering the track record of a provider and who will be using the service.
- Strengthen the link with inspection by sharing information more effectively.
- Move all our interactions with providers online.

### When we monitor quality, we will:

- Look at potential changes in quality by bringing together relevant information about a provider – our new insight model.
- Find new and better ways to encourage the public to tell us about their care and improve how we monitor, analyse and respond to their information.
- Use our insight model to make decisions about what action to take, such as responsive inspections triggered by information that highlights concerns or suggests quality has improved.
- Publish information about services so the public can access this between inspections.

### When we inspect services, we will:

- Inspect all services that have not yet had a comprehensive inspection or who are newly registered with us.
- Continue to assess how well services meet the needs of those who may be more vulnerable due to their circumstances, including people being cared

for under the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards.

- Continue to inspect all services using a tailored approach driven by the data we gather and what people tell us.
- Change the frequency of re-inspections so that services rated good and outstanding are inspected less often than those that require improvement or are inadequate, for example moving to maximum intervals of five years for inspections of good and outstanding GP practices.
- Use the information we have about a service to focus our inspections on specific areas – such as maternity care – rather than the whole provider.
- Make more use of unannounced inspections in all sectors.
- Build an in-depth and shared understanding of the local context and the quality of services with inspectors, providers and partners.

### When we rate services, we will:

- Update ratings on the basis of both comprehensive and focused inspections, for example we may inspect and rate a whole hospital or focus just on one or two core services.
- Publish ratings alongside shorter reports that make clear how we have come to our decisions.

### When we need to enforce, we will:

- Continue to use the full range of our enforcement powers, such as restrictions or closure of services, fixed penalty notices or prosecution where we find poor care below the fundamental standards, to make sure people's rights are protected and those responsible are held to account.

## PRIORITY 3

# Promote a single shared view of quality



### What we know

Care providers and other oversight bodies have welcomed the introduction of a clear way of assessing quality around the five key questions that we ask of every service: Is it safe? Is it effective? Is it caring? Is it responsive? Is it well-led? Some providers have aligned their governance processes around these questions. However, multiple definitions of care quality are still being used and we do not always make the best use of the information that services



give us. As a result, providers are committing resources to meeting different information requests. We know that regulation alone cannot improve quality, but requires the combined efforts of providers, professionals and staff, commissioners and funders, and regulatory bodies, all listening to the views of people who use services and their carers and working towards a single vision of high-quality care.

### What we will do

We will work with our partners, providers and the public to agree a definition of quality and how this should be measured based on the five key questions. We will strengthen relationships with our partners to encourage improvement, and work towards a shared data set so that providers are only asked for information once. We will encourage providers to develop their own quality assurance based on the five key questions and to share this with us as part of an ongoing conversation about quality. We cannot achieve a single shared view of quality alone and we invite our partners to join us in delivering this ambition.



Learn how we will do it ►

## How we will do it

### When we register care services, we will:

- Improve the way we request information by using a consistent framework based around our five key questions.
- Work with newly registered services to embed the key questions at the heart of their understanding of high-quality care.

### When we monitor care quality, we will:

- Work with providers and other system partners to make sure quality is measured transparently and consistently.
- Improve mechanisms for services to share information, including moving all transactions with them online.
- Develop systems for providers to make ongoing updates to information about their services – so we have an open flow of information in both directions.
- Expect providers to describe their own quality against our five key questions, including what has changed, their plans for improvement, and examples of good practice as part of annual reporting processes.
- Make use of relevant standards, such as National Institute for Health and Care Excellence (NICE) guidance, when defining what good quality care looks like.
- Share our monitoring data with partners to improve efficiency and reduce duplicate requests for information from services.

### When we inspect services, we will:

- Build ongoing relationships between providers and CQC to have transparent conversations about care quality.
- Use information submitted by providers and from people who use services and their carers to inform what to inspect and where to inspect, but never use this alone to make a judgement about quality.
- Work with local partners to support services to improve after inspection, for example making sure the Healthwatch network is part of quality summits that follow inspections.

### When we need to enforce, we will:

- Work closely with others to share information and align actions taken against services providing poor quality care.
- Make it clear how our enforcement against the fundamental standards relates to concerns under the five key questions.

### When we use our independent voice, we will:

- Make sure that we put the five key questions at the heart of how we report quality issues.

## PRIORITY 4



# Improve our efficiency and effectiveness

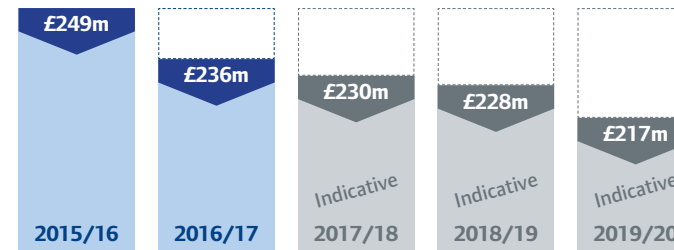
### What we know

Our overall budget will reduce by £32 million by 2019/20, so we need to deliver our purpose with fewer resources. At the same time, the main source of our funding is switching from the Department of Health to fees paid by providers. We have a responsibility to use our resources as efficiently as possible, to make sure we deliver value for money for taxpayers and providers. The commitment of our staff has been critical to delivering our registration

and inspection programme over the last three years and will continue to be fundamental to delivering our purpose, building on the foundations we have in place, and helping us to find innovative cost-saving measures.



### CQC budget levels, 2015/16 to 2019/20



### What we will do

We will work to keep our costs as low as possible as well as minimising the process requirements we have of providers. We will work more efficiently, delivering savings each year as identified in our business plans, to be a more effective regulator with a lower cost base by 2019/20. This means delivering a workforce strategy that ensures we have recruited, trained and retained the right level of skilled and expert staff. We will invest in our systems and in time-saving and online processes, so that we can improve how we work with the public and providers. We will continue to learn, share best practice, and

[Learn how we will do it](#) ▶

collaborate with other regulators in the UK and internationally. And we will continue to regularly assess and report on our value for money to understand the impact of the changes we make on providers and partners.

## How we will do it

### We will develop our people by:

- Continuing to recruit the right people at the right time and developing the skills and knowledge of all employees through effective and tailored training programmes.
- Continuing to embed our values – excellence, caring, integrity, teamwork – to maintain and improve the culture we have worked hard to build.
- Promoting equality and celebrating diversity to get the best from our people and to ensure we are well-placed to identify equality issues when we monitor and inspect services.

### We will ensure that we have the right systems and tools in place for our people and providers by:

- Building and improving quick and efficient systems for providers to submit information – such as our online provider portal.
- Improving the ways we make information available to the public, for example our website.
- Developing tools to support our regulatory activities and manage our resources – such as the national resource planning tool, which will improve how we schedule inspections.

- Supporting our people with the technology they need to work effectively and efficiently – for example by improving our IT infrastructure, our intranet and our flexible working.

### We will save time and reduce bureaucracy by:

- Producing shorter, more consistent inspection reports more quickly.
- Removing and improving registration processes that are no longer required or are overly detailed.
- Continuing our work with partners to consider the impact of our regulation on business, including the Focus on Enforcement and Cutting Red Tape reviews for adult social care, the new Business Impact Target, and innovation and growth duties.

### We will be more efficient by:

- Ensuring we are getting good value for money when we buy goods and services.
- Making the best use of the skills we have to deliver what we need.
- Ensuring we have robust financial management and reporting in place, with clear accountability and effective monitoring and escalation of risk.

## What this strategy means for people who use services

We always act on the side of people who use services to make sure they get the right quality of care. Our strategy is clear that we will continue to work with the public to focus on what matters to people, to listen and act on people's views and experiences of care, and to protect people's rights, especially people in the most vulnerable circumstances. We will keep building public trust in our work and understanding of our role and purpose. And we will make sure people understand the quality of care they should expect and how to choose between local services. People will notice some changes as a result of this strategy, including:



- More information about the quality of services, that is easy for people to use and understand, and is up-to-date and available in-between inspections.

- Information from inspection that is accessible and available to the public more quickly after inspections.
- Better access to consistent and clear information about what quality care looks like – a single shared view of quality.
- Better use of information from the public to help us spot problems quickly, so we can prevent poor care and abuse happening to others in the future, and to celebrate improvements.
- Better customer service and online communications
- Close working with the Healthwatch network and our partners to hear about people's experience of care.
- More information in our reports on how well services deliver care for specific population groups, such as people with mental health needs in an acute hospital, and how new care models affect quality.
- New ratings of how well NHS trusts and foundation trusts are using their resources to deliver high-quality care.

We will renew and publish our Public Engagement Strategy towards the end of 2016.

# Achieving our ambition together

We have set out a strategy for a more targeted, responsive and collaborative approach to regulation that ensures we continue to fulfil our purpose. We cannot do this alone and we will work closely with others to deliver our shared goal – that more people get high-quality care.

Our business plan each year will detail what we need to do to achieve our ambition over the five years of the strategy. For 2016/17, we will inspect, and where appropriate rate, all remaining services and locations at the same time as developing our approach. Changes to our inspections will come into effect from the start of 2017/18.

Over the course of the five years, we will improve our efficiency and effectiveness and develop new ways of working to adapt to the changes in the health and care sector.

We will work closely with the public, providers and our partners to develop our detailed plans for each

sector we regulate, building on the approach set out in this strategy and the accompanying document, *What our strategy means for the health and adult social care services we regulate*. We will use a set of measures to check our progress and know when we have succeeded.

## Working together

The **public and people who use services** have a crucial role to play in improving quality by sharing their experiences of care and speaking out when it needs to improve. We will:

- Co-produce our plans with people who use services, their carers and representative organisations.
- Work with the Healthwatch network, advocacy organisations and the voluntary and community sector to encourage people to share their experiences with us.





- Always speak to people who use services, their families and carers as part of our inspections.
- Make better use of people's experiences and views in our monitoring, inspections and ratings, including the expertise of Experts by Experience on our inspections.
- Build a culture that values public engagement throughout our work and equip our inspection teams to engage the public, and organisations that represent them, as part of our inspections and monitoring work.

**Health and social care professionals and staff** are the main drivers of innovation and improvement in the care that people receive. We will:

- Co-produce our approach with professionals and staff, and work with professional bodies.
- Involve professionals and staff in our inspections as specialist professional advisors.
- Always speak to staff as part of our inspections through focus groups and interviews.
- Draw directly on the expertise of our national professional advisors to inform our approach.
- Work closely with the National Freedom to Speak Up Guardian to support a culture of openness in the NHS, so that the concerns of staff are valued, encouraged, listened to and acted on.

**Providers** themselves must take responsibility for the quality of their services and drive continuous improvement and sustainable change. We will:

- Be responsive and make it as easy as possible for providers to work with us, for example through online systems.
- Co-produce our approach with providers, including through their trade associations and representative bodies.
- Reduce process requirements by streamlining data requests.
- Work together to encourage improvement at all levels, as well as holding services to account for the quality of care they deliver.

**National regulators, oversight bodies and commissioners** need to work to a single shared goal of high-quality care for people who use services. We will:

- Work through the National Quality Board and with leaders in the adult social care sector to agree and implement a single framework for defining and measuring quality.
- Contribute to the shared plans for delivering the *Five Year Forward View*.
- Continue to work with strategic partners, to ensure we are able to share information about risk quickly and effectively and work together efficiently.
- Work with NHS Improvement to develop a single view of success for NHS trusts and foundation trusts.

- Continue to work through the Future of Dental Regulation Programme Board to improve the system-wide approach to dental regulation.
- Build on the joint statement of intent with NHS England and the General Medical Council to improve how the system works with general practice by establishing a Future of General Practice Regulation Programme Board.
- Work with the Association of Directors of Adult Social Services and NHS England to find ways of creating greater consistency in how CQC, local authorities and clinical commissioning groups collect information from adult social care providers.
- Continue our current approach to joint inspections, such as the multi-agency work with HMI Prisons, HMI Constabulary, Ofsted and HMI Probation for children's services and in the criminal justice system, and look for opportunities to develop future joint inspection programmes.

## Our measures for 2016 to 2021

In order to know whether we have achieved our ambition, we will need to measure how we are doing. We will keep these measures under review.

How we will measure whether we have achieved our ambition	
People trust and use our expert, independent judgements about the quality of care.	<b>Measure 1:</b> People reading our reports say they help them make choices.
	<b>Measure 2:</b> People tell us they trust that CQC is on the side of people who use services.
People have confidence that we will identify good and poor care and that we will take action where necessary so their rights are protected.	<b>Measure 1:</b> The number of newly registered services where a regulatory response is required.
	<b>Measure 2:</b> The range of ratings across all four rating categories (outstanding, good, requires improvement and inadequate).
	<b>Measure 3:</b> The number of services that are removed from the market where they fail to improve following enforcement action.
Organisations that deliver care improve quality as a result of our regulation.	<b>Measure 1:</b> The number of services that agree our standards, guidance and reports and inspections help them to improve.
	<b>Measure 2:</b> The number of services rated inadequate or requires improvement that improve on re-inspection.
Organisations are encouraged to use resources as efficiently as possible to deliver high-quality care.	<b>Measure 1:</b> The number of NHS trusts and foundation trusts that agree that the assessments and ratings we publish with NHS Improvement help them to improve the efficiency with which they use resources. (starting from 2017/18)
	<b>Measure 2:</b> The number of NHS trusts and foundation trusts rated inadequate or requires improvement for the efficiency with which they use resources that improve on re-inspection. (starting from 2017/18)

## About CQC

**The Care Quality Commission is the independent regulator of health and adult social care in England.** 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 health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

### Our values

**Excellence** – being a high-performing organisation.

**Caring** – treating everyone with dignity and respect.

**Integrity** – doing the right thing.

**Teamwork** – learning from each other to be the best we can.

## Our statutory objectives

Our strategy is based on our main statutory objectives, which remain the guiding reason for doing what we do. These are: to protect and promote the health, safety and welfare of people who use health and social care services by encouraging improvement of those services; encouraging the provision of those services in a way that focuses on the needs and experiences of people who use those services; and encouraging the efficient and effective use of resources in the provision of those services.

### How to contact us

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Read more and download this report in other formats at **www.cqc.org.uk/ourstrategy**

Please contact us if you would like this report in another language or format.

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