

Scrutiny and regulation working together



Claire Martin
Inspection Manager
GPs (Surrey and
Sussex)

CQC's Strategy for 2013 to 2016 states that

'locally we will focus on developing relationships with local authorities...overview and scrutiny committees'.

Also 'in involvingoverview and scrutiny committees...we will make sure we better share information locally about people's experiences of care.'

“CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source” (47)

These slides give an overview of:

- CQC's new strategy
- Changing our approach to regulating, inspecting and rating services
- How we want to work with your Overview and Scrutiny Committee
- Further information

Our purpose and role



Our purpose

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

Our role

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

We will be a strong, independent, expert inspectorate that is always on the side of people who use services



'Raising Standards; Putting People First 2013-2016'

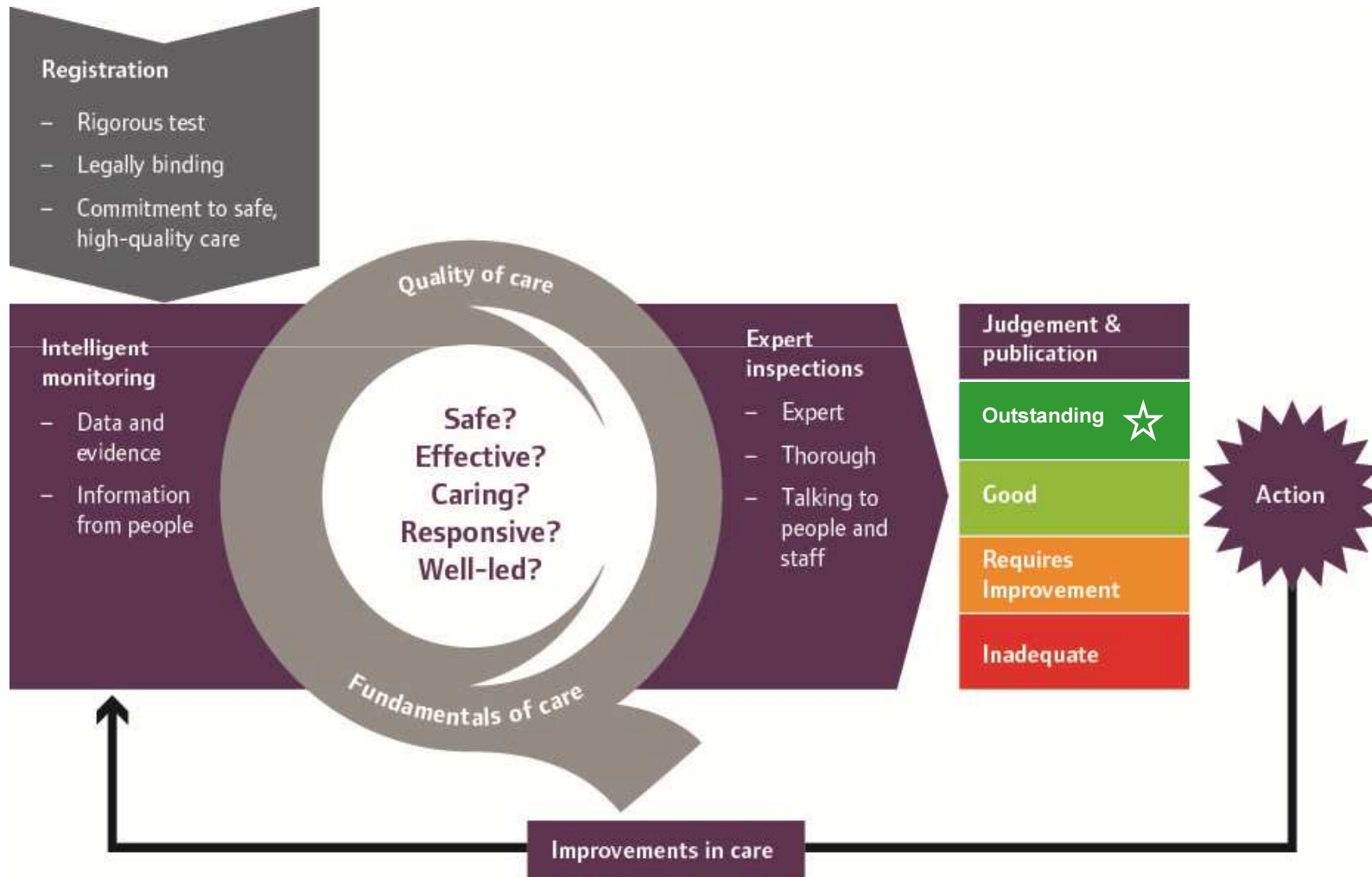


- Better information for the public including ratings
- Improved assessments of services and Chief Inspectors
- Stronger national and local partnerships – eg. health and wellbeing boards, Healthwatch, OSCs
- A more rigorous test for organisations applying for registration with CQC
- Changing our approach to the NHS acute trusts and mental health -New fundamental standards
- Improve our assessments of how services work together – for example dementia care



Our new approach (1)

Page 19



Our judgements will be independent of the health and social care system

We will always be on the side of people who use services.

This is why our relationships with overview and scrutiny committees are an important part of how we work.

Developing the changes



We are co-producing the changes by working closely with our partners, providers, key stakeholders, the public and people who use service:

- **A new start consultation launched June 2013**
- **Advisory and co-production groups**
- **Targeted focus groups and research**
- **Activities on public online community**
- **Social media activity E.g. Twitter chats**



What will be different?



Future
More targeted inspections
Making judgements using the 5 key questions
Commitment to taking firm action
Clearer reports
Better information

Timetable

**Oct 2013 –
March 2014** Co-production and development to
shape consultation proposals

**April
2014** Consultation on regulatory approach,
ratings and guidance

**June
2014** Evaluation; guidance and standards
refined.

**July
2014** Consultation on regulations and
enforcement policy

**Oct
2014** New approach fully implemented
and indicative ratings confirmed



**4 June:
Consultation
closes**

Five areas of quality and safety in our new approach to inspections



Our new inspections across all sectors ask:

Are services safe?

Are they effective?

Are they caring?

Are they well-led?

Are they responsive to what people tell them?

We want to use any information available from OSCs to support these inspections – especially feedback from local people

By safe, we mean that people are protected from abuse and avoidable harm.

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

By responsive, we mean that services are organised so that they meet people's needs.

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

What we will continue to do



- Inspections at any time in response to concerns
- Reviews on particular areas of care – including a review of emergency mental health care and a review of end of life care
- Regulatory and enforcement action

Ratings

Four point scale



Judgement & publication

Outstanding



Good

Requires Improvement

Inadequate

High level characteristics of each rating level

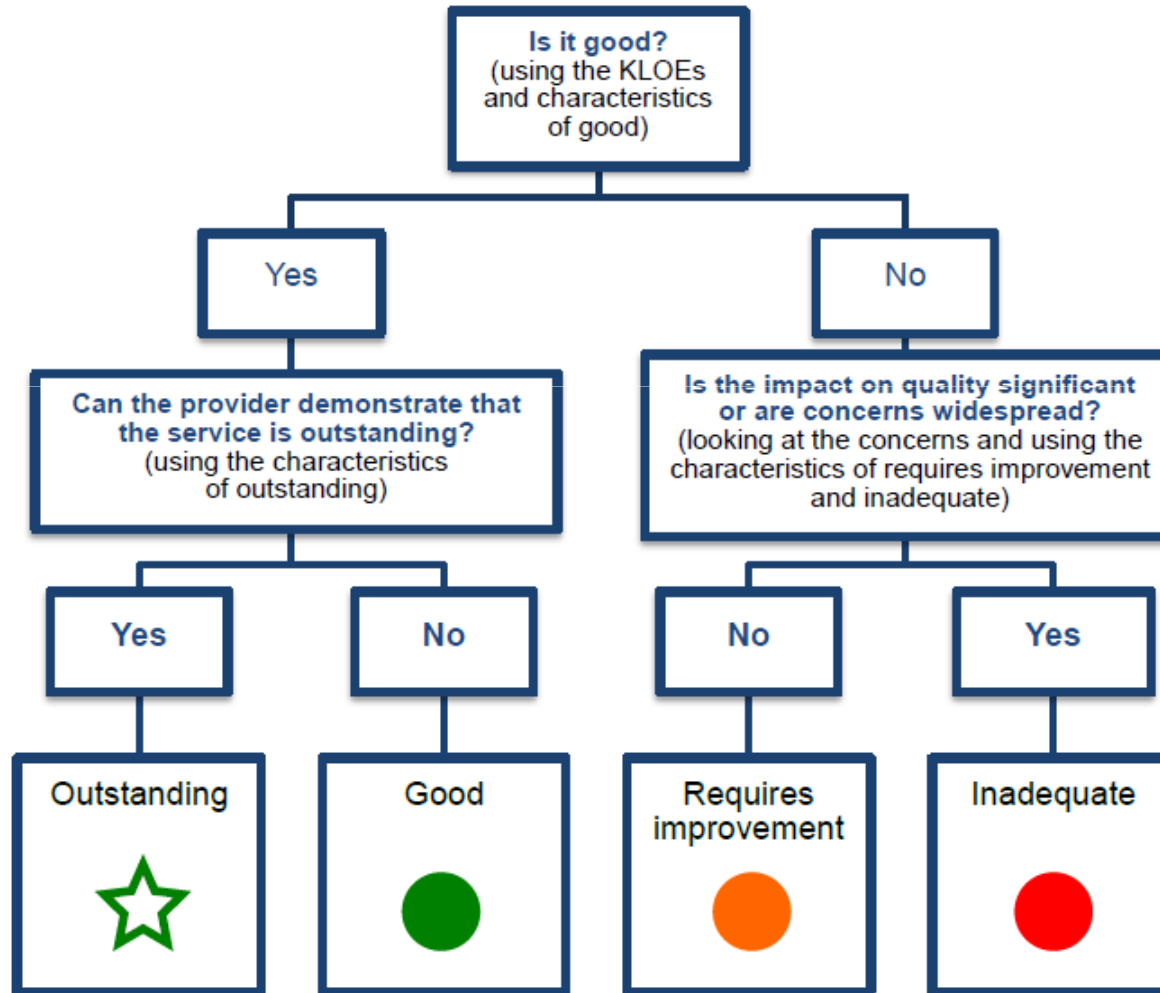
Innovative, creative, constantly striving to improve, open and transparent

Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong

May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong

Severe harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

How do we decide a rating?



How do we give ratings?



Services will be rated at two levels:

- level one - we will produce separate ratings for each of the five key questions
- level two - we will combine these separate ratings up to get an overall location rating using 'ratings principles'

Level 1

	Safe?	Effective?	Caring?	Responsive?	Well-led?
Rating	Good	Good	Good	Inadequate	Good

Level 2

Overall rating

Requires improvement

Overall ratings are given using the following principles:

- If two or more of the key questions are rated 'inadequate', then the overall rating will normally be 'inadequate'
- If one of the key questions is rated 'inadequate', then the overall rating will normally be 'requires improvement'
- If two or more of the key questions are rated 'requires improvement', then the overall rating will normally be 'requires improvement'
- At least two of the five key questions would normally need to be rated 'outstanding' before an overall rating of 'outstanding' can be awarded

From April 2014



- We now have a new organisational structure
- Our new approach to acute hospital inspections has been introduced following our pilot inspections – **July – September 2014 Inspection Programme has recently been announced**
- Adult Social Care and primary care inspections started
- We continue to inspect other services as usual

- We have inspection teams responsible for:
- Primary and integrated care
- Adult social care
- Acute, community and mental health services

We will maintain local relationships with scrutiny committees

Inspection teams will work together to coordinate their contact with scrutiny committees

We want Overview and Scrutiny Committees to:



- Continue an ongoing relationship with local CQC staff
- Advise us as part of our new inspections of NHS trusts – sharing evidence and contributing to the Quality Summits
- Know what we have done with your information
- Know about all our inspection activity and where we have concerns about services
- Explore how we best work with scrutiny committees in the new primary care and social care inspections

We will be working with the Centre for Public Scrutiny to develop closer working relationships with scrutiny committees and elected members to:

- Help improve the consistency and quality of local relationships
- Increase evidence gathered and used to inform our regulatory activity
- Increase the use of CQC information in local scrutiny
- Develop information sharing between scrutiny, Healthwatch and Health and Well Being Boards

Top tips for scrutiny committees



- Build a dialogue with CQC – with regular informal contact and chairs able to ‘pick up the phone’
- Let CQC know your committee’s plans and progress of work
- Meet with CQC – as a partner not as a ‘witness’
- Use our information – the registered services in your area, our inspection activity and our findings
- Share information with CQC about people’s experiences of the local health and care system and of individual services
- Information from scrutiny reviews, public meetings, issues from councillors can all be useful to CQC
- Share your findings and recommendations from reviews
- Expect feedback from CQC on how we use your information

In return, your local CQC contact will:



- Aim for a 'no surprises' relationship – regular structured contact
- Meet with OSCs – but as a partner, not an interviewee
- Explain how CQC fits into the local health and care system
- Provide feedback on how we use information from scrutiny
- Explain how services do/don't meet the fundamental standards and what CQC expects of providers
- Have confidential conversations with the chair/lead officer where agreed
- Hold joint meetings where needed with you and the local Healthwatch
- Help councillors understand the inspection process

- We will continue to write to all scrutiny committees as we announce new inspections and alerting committees to public listening events
- You should receive local press releases and updates on our national reports.
- We now send a two monthly ebulletin for all OSCs— setting out our latest news and ways you can get involved in our work
- We are planning an updated briefing for OSCs about working with CQC (due summer 2014)
- A new report on how CQC and district councillors can work together (due summer 2014)

On our website, you can now sign up to receive alerts about our inspections of your local care services.

You can subscribe to receive alerts from the profile of any service in England. See our instructions on how you can sign up for these alerts. <http://www.cqc.org.uk/public/our-email-alerts>

As well as subscribing to email alerts, you can find out where we have published reports on the [Our latest reports](#) page

Read the CQC strategy on our website at

[Care Quality Commission www.cqc.org.uk](http://www.cqc.org.uk)

Telephone 03000 616161 if you want to speak to someone at CQC

Email enquiries@cqc.org.uk to send us information from your scrutiny reviews and other work from your programme

Please email involvement.edhr@cqc.org.uk if you want to get involved in national CQC developments. This will take you directly to the involvement team

More information



Guide for local councillors on working with CQC

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_councillors.pdf

Guide for overview and scrutiny committees on working with CQC

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_oscs_0.pdf

Information about the government standards we check on

<http://www.cqc.org.uk/public/what-are-standards/national-standards>

This is an example of a public guide - about the standards you can expect in hospital. <http://www.cqc.org.uk/public/what-are-standards/standards/standards-hospitals>

There are also guides about what you can expect from your care in care homes, care at home and dentists

This page is intentionally left blank