



Keeping quality at the heart of patient experience
September 19th 2017, Guildhall, London

Where have we come from?



2009

- CQC was established, bringing together 3 organisations: HCC, MHAC, CSCl
- Generic model of inspection, with inspectors expected to cover care homes, GPs, dental practices, hospitals, mental health etc.
- Mental Health Act work carried out in isolation from other inspections

2013

- Francis Report on Mid Staffordshire, February 2013
- Concerns that other problems had not been uncovered (e.g. Winterbourne View; Morecambe Bay)
- Keogh reviews of 14 trusts with high mortality
- "Raising standards, putting people first" CQC Strategy May 2013
- "A new start" consultation June 2013
- CQC appoints 3 chief inspectors
- Wave 1 inspections for 18 acute hospitals

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Where have we come from?



2014

- Hospitals Directorate established
- Comprehensive inspection programme rolled out across acute, mental health and community health trusts

2016/17

- All trusts and independent sector providers inspected
- MHA incorporated into operational teams
- Good overview of services that can inform wider policy
- Methodology being refreshed

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Current Ratings: NHS Trusts



	N	I	RI	G	O
Acute	136	7%	57%	32%	4%
Specialist	18	-	28%	44%	28%
Ambulance	10	20%	40%	30%	10%
Community	18	-	44%	56%	-
Mental Health	55	-	58%	38%	4%
Overall	238	5%	54%	36%	5%

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Current Ratings: Independent Sectors



	N	I	RI	G	O
Acute hospitals	113	1%	29%	65%	4%
Single speciality	2	50%		50%	
Community	3		67%	33%	
Mental Health	205	4%	26%	66%	3%
Overall	323	4%	26%	66%	3%

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Variation between Acute trusts/locations



Frimley Park NHS Foundation Trust 2014

Wexham Park Hospital 2014

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Outstanding	Requires Improvement	Good	Outstanding	Outstanding	Outstanding
Medical care (excluding other people's care)	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Surgery	Good	Good	Good	Outstanding	Outstanding	Outstanding
Intensive / critical care	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
Maternity and baby planning	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires Improvement	Good	Outstanding	Good	Good	Good
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Outpatients	Good	Requires Improvement	Good	Outstanding	Good	Good
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Requires Improvement
Medical care (excluding other people's care)	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Intensive / critical care	Good	Good	Good	Good	Good	Good
Maternity and baby planning	Good	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Requires Improvement

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Variation between Mental Health Trusts

	Safe	Effective	Caring	Responsive	Well-led	Overall
East London NHS Trust 2016	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Norfolk & Suffolk NHS FT 2014	Requires improvement	Requires improvement	Good	Good	Good	Good

Wexham Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
2014	Good	Good	Good	Good	Good	Good
2015	Good	Good	Good	Good	Good	Good

Calderstones Partnership NHS FT

	Safe	Effective	Caring	Responsive	Well-led	Overall
Calderstones Partnership NHS Foundation Trust 2014 (shadow ratings not published)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Calderstones Partnership NHS Foundation Trust 2015	Good	Good	Good	Good	Good	Good

Impact of our inspections on quality and safety

- We know that providers make improvements before our inspections – but difficult to quantify
- We observe improvements when we raise immediate concerns during an inspection
- We observe changes in response to enforcement action
- The provider survey tells us that our inspections are helpful in identifying areas for improvement
- Ultimately: We reinspect to assess change over time

Our next phase of regulation

"A more targeted, responsive and collaborative approach"

Strategic objectives

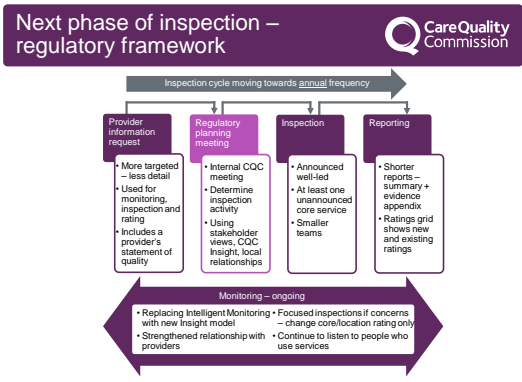
- Encouraging improvement among providers
- Intelligence driven inspections
- Developing a shared view of quality
- CQC becoming more efficient

NHS trust inspections – what we are proposing to change

Changes to KLOEs and inspection methodology

- Focus our inspections where we have the greatest concerns or services that might have improved
- Develop our local relationships with providers, with Healthwatch and local and regional public organisations
- Accommodate new models of care
- Align our approach with NHS Improvement to avoid duplication





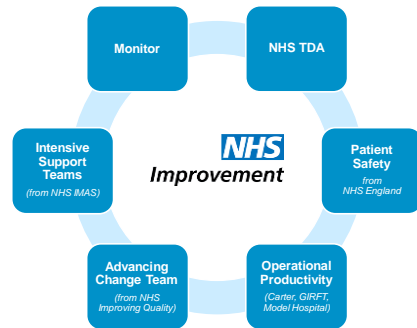
The updated well-led framework: Key Lines of Enquiry

Is there the leadership capacity and capability to deliver high-quality, sustainable care?	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?	Is there a culture of high-quality, sustainable care?
Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well-led?	Are there clear and effective processes for managing risks , issues and performance ?
Is appropriate and accurate information being effectively processed, challenged and acted on?	Are the people who use services, the public, staff and external partners engaged and involved to ensure high-quality sustainable services?	Are there robust systems and processes for learning , continuous improvement and innovation ?

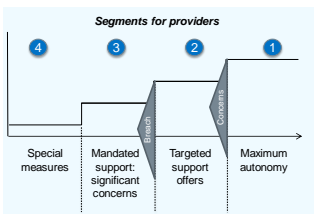
Other changes in next phase

- Maternity/gynaecology: Separate
- Outpatients/Imaging: Separate
- Mental Health in acute trusts: New approach
- Use of Resources: Work in progress with NHSI

NHS Improvement has brought together six organisations



Our Single Oversight Framework was launched in September 2016



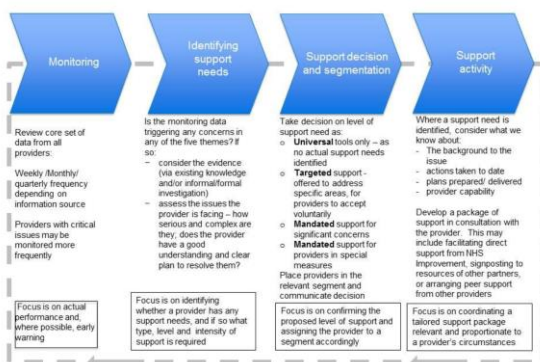
The segmentation approach intends to help identify the support that providers need across the five SOF themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Segmentation will not in itself determine the precise support package, which will need to be individually tailored to providers' needs.

Single Oversight Framework themes

- Quality of care**
 - CQC assessment: safe, effective, caring, responsive
 - Progress in implementing 7-day services
- Finance and use of resources**
 - Financial performance and efficiency, control totals
 - Use of resources assessments
- Operational performance**
 - Includes A&E, 18 weeks, 62-day cancer waits
 - Performance vs Sustainability & Transformation Fund trajectories and absolute targets where relevant
- Strategic change**
 - How providers are supporting strategic change in their local health economy – 5YFV, Sustainability & Transformation Plans, new care models, devolution
- Leadership and improvement capability**
 - Build on existing tools (eg well led framework), working with CQC



Example quality challenges / concerns

- Increased financial pressures (↑pay budget)
- Continued focus on driving efficiency savings
- Demoralised / pressurised workforce
- How to meet safe and sustainable staffing levels
- Poor operational performance (proxy for quality)
- Continued iatrogenic harm (falls, pressure ulcers, recognition of deteriorating patient)
- Environmental risks (ligatures, accommodation)
- Prone restraint, high suicide, poor crisis case
- Delayed transfer of care
- Poor patient / service user experience

Recurrent issues in CQC reports

- Culture where staff unable or unhappy to raise concerns
- Staffing levels / skill mix of staff
- Disconnect between risks articulated by front line staff and formal risk intelligence (risk registers)
- Gaps in effective investigation of and learning from incidents
- Gaps in basic safety checks (equipment , meds)
- Poor pt flow, inappropriate admissions and delayed discharges
- Poor leadership and teamwork in clinical teams that is not effectively addressed
- History of leadership taking false assurance from inadequate information
- Weak relationships with external stakeholders

CQC ratings July 2017



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Driving Improvement

- Quality improvement methodology
- Leadership development
- Oversight of quality plans
- Quality reviews.
- Workforce and safer staffing
- Learning from incidents

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