

# What's next for CQC?

*The Care Quality Commission's strategy consultation contains some good ideas about system regulation and digital technology, among other things. Now it must be made to work at a system level.*

The Care Quality Commission's (CQC) strategy consultation, launched earlier this year, focuses on four facets:

- People and communities
- Smarter regulation
- Safety through learning
- Accelerating improvement

Given the imminence of integrated care legislation, it is welcome that the strategy starts to paint a picture of system and provider collaborative regulation. CQC had made previous attempts at piloting regulation of pathways but these had no legislation behind them.

The move towards holding providers to account about system working is also welcome, but the definition of how this can be assessed when a provider is balancing its system aims with its own provider aims will need careful consideration. Leaders continue to be concerned the system and their own provider will always bat on the same side so any decisions that affect its regulatory duties will need an appropriate approach from CQC.

GGI is also happy to see the move towards a more digital and analytics-backed style of regulation, with less emphasis on on-site inspection and more use of data and information received remotely. The use of other engagement tools when risks appear to emerge would be a good addition – showing a true move by CQC to a triangulated, balanced approach.

## Work to do on inequalities

The emphasis on inequalities is good to see but there is no hint of a change on the key lines of enquiry to focus on this.

GGI has worked with the Seacole Group on a more robust set of well-led questions about equality and inclusion. Taking these suggestions on board would demonstrate that CQC is taking this issue seriously and would create a climate for leaders to have it as a focus across the whole of health and social care.



CQC has been using multiple methods of engaging with communities since its inception, including experts by experience, local Healthwatch, community focus groups as well as speaking with people who use services.

The more important point CQC raises in its strategy is holding providers and systems to account for being engaged in their community. We know this has continued to be an area of weakness for most of health and social care.

ICSs, ICS health and care partnerships and ICPs offer potential vehicles for health and social care to make community engagement real as we have already seen good examples of co-production from provider collaboratives and alliances already in practice. Making this the way of working in the future should be what CQC should be asking of the sector.

We know providers will welcome the move to reducing duplicated requests for information. We often have to work with providers to support them getting information into a format that CQC will accept, such as the PIR. A move away from this rigid approach towards something more flexible and linked to the way providers work would be very welcome.

## Beyond the purely financial

The move towards looking at social and ethical responsibilities is also welcome. We advocate a move away from a purely financial focus on the use of resources towards an approach that is financially and environmentally sustainable while also meeting providers' social obligations. It's a key facet of governance that has been underdeveloped and a regulatory climate that brings this more to the fore should be welcomed.

CQC should also be applauded for its focus on safety culture rather than just culture in its overall sense in the well-led domain. Most providers now have quality improvement plans and methods in place but we often see embedding this culturally is the hardest part. It is important that CQC doesn't just look at whether a method is being used but whether the provider is using this as part of its day to day practice.

A move towards sharing best practice is welcome. There continues to be a tension that CQC is a regulator, not an improvement agency, but providers want CQC to share best practice that they can learn from.

## Apply and explain

This also points to some inconsistencies from CQC in the past. We don't advocate the 'comply or explain' approach CQC uses but more 'apply and explain', which better enables innovative approaches to improvement and learning.

The national sector-wide improvement coalitions offer a way for this to happen but should not be allowed to turn into a rehash of the patient safety collaboratives at AHSN level where a lot of good work continues to be done.

CQC also needs to approach innovation in a positive way. So rather than penalising innovative approaches that haven't worked, it should encourage attempts as they go through improvement cycles. By their very nature improvement cycles will often fail, but this should be acknowledged as part of the regulatory approach.

There is a huge focus on safety and engagement but CQC must not forget how important clinical effectiveness is too. Improving service user outcomes should be the bedrock of quality. Safety and experience are only two sides of the triangle of quality, as highlighted by Lord Darzi in the High quality care for all report.



We have seen innovative approaches to clinical effectiveness, such as more individualised patient reported outcomes that can be measured and reported at board level. Its key improvements in care include a real focus on this area rather than just safety and experience.

We think providers should, in general, welcome the CQC strategy, which moves in some positive directions. The worry is that we have seen positive CQC strategies before that failed to deliver on the promises made.

The key will be how CQC makes its regulatory approach work at system level. The words sound good but the right legislation to back them up will be vital.

## Illuminations

- Providers need to think about some of the new concepts CQC will start looking at such as working in collaboratives, sustainability and inclusion – all areas in which regulation has, at best, had a light touch approach previously.
- Boards should start to consider what the strategy changes could mean for CQC preparations and engagement in the future.
- System leaders should start to consider what a regulatory oversight of their work means for how they govern and work.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk).